GUEST EDITORIAL

Membrane-interactive lipids as experimental anticancer drugs

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Ether lipids and their derivatives represent a new class of compounds for experimental therapy of neoplasia. The activity of these agents is partially mediated through nonspecific host resistance cells (Munder et al., 1977). În addition, they possess direct effects on neoplastic cells. They are cytotoxic, anti-invasive and can induce cell differentiation. Although the molecular mechanisms leading to these direct effects are yet poorly understood, accumulation of these agents in neoplastic cells, disturbing lipid metabolism and subsequently destroying cell membranes seems to be crucial for their cytotoxicity. Thus, in the process of developing these new drugs cell membranes have evolved as a target for experimental cancer therapy. Some reviews on the development in this area have been published during the last years (Berdel et al., 1985, 1987; Baumann et al., 1987). This is a brief update of significant new aspects, which could be further exploited experimentally or are important for the clinical development of these drugs.

Preclinical studies

Alkyl-lysophospholipids (ALP) are analogs of lysophosphatidylcholine and were originally synthesised as a new class of biological response modifiers (Munder et al., 1977). During an investigation of the influence of ALP analogs on cellular immunity, strong antitumour effects of some of these compounds were observed in the allogeneic Ehrlich ascites tumour in mice (Munder et al., 1977). Further studies showed antimetastatic activity in the anaplastic Lewis lung carcinoma in mice (Berdel et al., 1980). Additional therapeutic screening of the first generation ALP analogs in different laboratories subsequently revealed that a wide variety of murine and rat tumour and leukaemia models is sensitive to the therapeutic activity of these lipids with some other tumour and leukaemia systems being rather resistant to this material (see Berdel, 1990). Some of the compounds, such as the ALP analog ET-18-OCH₃ or the thioetherphospholipid BM 41.440 (see Figure 1) have been also tested for therapeutic activity in xenotransplanted human tumours growing in athymic (nu/nu) mice. Considerable growth retardation of some gynecological tumours was found under systemic therapy with some of these compounds (Runge et al., 1980). However, other xenotransplanted human tumours have been found as being resistant (Leder et al., 1987).

Vogler and co-authors (Glasser et al., 1984; Vogler et al., 1987) demonstrated selective cytotoxic activity of ET-18-OCH₃ in experiments with a mouse model for syngeneic bone marrow transplantation. Lethally irradiated mice were transplanted with normal bone marrow cells containing 1-2%leukaemic cells (WEHI-3B) to simulate a remission marrow after the cells were incubated with various concentrations of ET-18-OCH₃ in vitro. All of the mice given cells not treated with ET-18-OCH₃ in vitro succumbed to leukaemia, whereas

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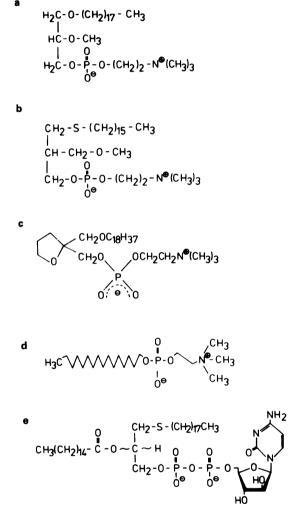


Figure 1 Structures of ET-18-OCH₃ a, BM 41.440, b, SRI 62-834, c, Hexadecylphosphocholine, d, and ara-CDP-DL-PTBA e.

there was a dose-related increase in survival in those animals transplanted with $ET-18-OCH_3$ -treated cells. Thus, ether lipids seem to be suited for purging residual malignant cells from marrows prior to autologous bone marrow transplantation (ABMT).

During the early treatment studies, it became evident that the antineoplastic activity of some ALP analogs in vivo might be partially mediated by cytotoxic macrophages (Munder et al., 1977; Berdel et al., 1980; Andreesen et al., 1984). Assessing the importance of cytotoxic macrophages as mediators of ALP-effects, it could be shown that macrophages not only are cytotoxic in vitro to a variety of neoplastic cells after incubation with these lipids, but can be also used for successful treatment of syngeneic tumour and metastasis development *in vivo*. Putative involvement of other cell types of cellular host resistance has been discussed controversely (Andreesen *et al.*, 1979; Berdel *et al.*, 1985; Talmadge *et al.*, 1987).

Later, some direct effects of these drugs on tumour cells were observed. The most striking observation was that ALP with an ether linkage in the sn-1 position of the glycerol moiety and a metabolically stable substitution in the sn-2 position were directly antiproliferative and cytotoxic in vitro at micromolar concentrations towards cells of various types of leukaemia and a wide variety of lymphomas and solid tumours, when co-incubated with neoplastic cells for more than 24 h. However, sn-1 ester analogs were ineffective within this dose range, regardless of changes made in the sn-2 position of the molecule (Andreesen et al., 1978; Berdel et al., 1985). Scanning electron microscopy revealed that destruction of the outer cell membrane occurs during incubation with the lipids (Berdel et al., 1983; Noseda et al., 1989). For the purging approach in the setting of ABMT it might be of interest that cell lines selected for resistance towards different cytotoxic drugs do not develop major cross-resistance to the cytotoxicity of ether lipids (Himmelmann et al., 1990). Furthermore, several laboratories have clearly demonstrated preferential cytotoxicity of ALP analogs within a certain dose range against leukaemic blasts, in comparison with normal human hematopoietic precursor cells in various assay systems in vitro (Andreesen et al., 1978; Dulisch et al., 1985; Schick et al., 1987; Okamoto et al., 1987a and b; Verdonck et al., 1990).

The molecular mechanisms within the cytotoxic actions of these ether lipids are poorly understood and are still controversial, although a multitude of experimental studies have been performed addressing this question. However, there is agreement that cellular uptake and accumulation of these compounds are crucial early steps in a cascade of events leading to cell death (Hoffman et al., 1986). Bazill and Dexter (1990) have concluded from their recent studies that one of the principal determinants of sensitivity or resistance to the cytotoxic action of ether lipids may be the rate at which cells take them up by endocytosis. Several studies dealing with the accumulation, intracellular fate and metabolism of ether lipids in neoplastic cells, have shown that these compounds are topically and metabolically stable and are only slowly degraded it at all, for example by phospholipase C (Snyder et al., 1987). Preexisting endogenous ether lipid concentrations in the membranes of the target cells seem to play an important role in ether lipid cytotoxicity (Chabot et al., 1989) and cellular cholesterol can down-modulate their cytotoxicity (Diomede et al., 1990). Kosano et al. (1988, 1989) have reported reduction of epidermal growth factor (EGF)-binding in human breast cancer cell lines by ether lipids and its correlation with cytotoxicity, as well as inhibition of EGF receptor-uptake. Additionally, there is inhibition of estradiol uptake and transforming growth factor α secretion in a human breast cancer cell line (Kosano et al. 1990) as well as inhibition of the binding of granulocyte-macrophage colonystimulating factor on human leukaemic cells by an ether lipid (Shoji et al., 1990). Seewald et al. (1990) described inhibition of growth factor-dependent inositol phosphate Ca²⁺ signalling by ether lipids. In contrast to these findings, transferrin binding can be induced by some ALP (Kosano & Takatani 1990). Further studies have shown inhibition of protein kinase C activity and related transmembrane signalling, as well as elevation of leukaemic cell intracellular calcium not being due to an early and grossly disruptive effect of the drug on the membrane structure (Helfman et al., 1983; Shoji et al., 1988; Lazenby et al., 1990). Disturbance of phosphocholine biosynthesis has been reported in addition (Vogler et al., 1985; Hermann & Neumann, 1986). However, whether these effects share responsibility for the cytotoxic action of ether lipids remains to be further established.

There is good experimental evidence that ether lipids show a variety of direct effects on neoplastic cells, even when tested at sublethal dose levels. Honma and co-workers (1981) have studied the morphological and functional induction of differentiation in leukaemic cells by various of these structures. Furthermore, in an attempt to understand the antimetastatic effect of ether lipids *in vivo*, studies done by Storme *et al.* (1985) showed anti-invasive activity of ET-18-OCH₃ and BM 41.440 in an *in vitro* model, in which malignant MO₄ cells were confronted with precultured fragments of embryonic chick cardiac muscle or lung fragments. Changings of cell membrane fluidity (Storme *et al.*, 1985) as well as modification of cell surface carbohydrates (Bolscher *et al.*, 1988) were discussed as playing a role in this anti-invasive effect of the ether lipids tested.

Development of new ether lipids

With the first generation of ALP analogs and particularly ET-18-OCH₃ as a reference structure, many laboratories have embarked on the chemical synthesis and the screening of a variety of structurally related compounds with possible antineoplastic activity (for further literature see Berdel, 1990). Among structures showing promising *in vitro* and/or *in vivo* action are 1-thioether phospholipids, such as BM 41.440, other sulfur-analogs, alkyl-ethylene-glycophospholipids, 2-acetamide analogs of ALP, 2-alkoxyalkyl- and 2-alkoxyalkenyl-phosphocholines, 1-N-alkylamide analogs of glycerophosphocholine and various non-phosphorus ether lipids. Other structures, such as analogs of platelet activating factor and alkyl-linked lipoidal amines show *in vitro* antitumour properties. However, some of them, such as the lipoidal amine CP 46,665, have almost no therapeutic range *in vivo* and thus are not further studied.

Addition of other cytotoxic drugs and other treatment modalities like hyperthermia have been shown to potentiate the cytotoxicity of some ether lipids *in vitro* (Okamoto *et al.*, 1988; Noseda *et al.*, 1988; Fujiwara *et al.*, 1989; Hofmann *et al.*, 1989). These additive or supra-additive effects are currently under further investigation. Interestingly, some of these membrane-active ether lipid structures inhibit infectious HIV-1 production and induce defective virus formation in T-cells (Kucera *et al.*, 1990). This effect is currently under study for combination chemotherapy with DNA-interactive anti-HIV nucleoside analogs.

Based on the hypothesis that degradation of certain ALP analogs by a phospholipase C is required for the generation of toxic metabolites (Fleer et al., 1987), Eibl and co-workers have synthesised derivatives of ether lipids such as a series of alkylphosphocholines (APC). One of the most active APC is hexadecylphosphocholine (D 18506, Asta-Werke, Germany), which is depicted in Figure 1. The investigators showed impressive therapeutic in vivo activity of D 18506 in a breast cancer model in rats (Hilgard et al., 1988). Our recent work has concentrated on chemical conjugates of ether lipids and other cytotoxic drugs, such as nucleoside analogs. It could be shown, that sn-3 lipid conjugates of arabinoside-cytosine (ara-C), when tested in vivo in various leukaemia and solid tumour models in mice including xenografts, have a comparatively high therapeutic activity (Berdel et al., 1988, 1989; Hermann & Berdel, 1989).

Clinical studies

Currently, there are four membrane-toxic lipids in early clinical trials for treatment of cancer and leukaemia. ET-18-OCH₃, the first ether lipid entered into early clinical trials (Berdel *et al.*, 1985), was given to patients with non-small cell lung cancer (NSCLC) per os in a multi-institutional phase II drug efficacy study (Khanavkar *et al.*, 1989). A multiinstitutional phase I drug safety trial with BM 41.440 given orally has been recently completed (Herrmann *et al.*, 1989) and this drug has entered phase II drug efficacy trials in a wide spectrum of neoplastic diseases. Hexadecylphosphocholine is currently being studied in a phase II trial for the topical treatment of skin metastases in patients with breast cancer (Unger *et al.*, 1988) and has completed two phase I trials in an oral formulation (Unger *et al.*, 1990; Danhauser-Riedl *et al.*, 1990). These early clinical studies have shown tumour responses in a small number of patients treated. Thus, further clinical testing of these investigational drugs as well as of other lipids on a larger scale is indicated. A cyclic analog of ET-18-OCH₃, SRI 62-834 (Sandoz Research Institute), has recently entered phase I through the CRC in the UK.

In comparison with the concentrations of these drugs needed for *in vitro* cytotoxicity the plasma levels reached for the lipids tested in various oral formulations were rather low (Khanavkar *et al.*, 1989; Herrmann *et al.*, 1989; Schaefer & Rodewald, 1989; Unger *et al.*, 1990; Danhauser-Riedl *et al.*, 1990). Limiting toxicity occurred at low doses in the gastrointestinal tract. Furthermore, in the NSCLC phase II study only few remissions have been observed with some other patients remaining with no change of their disease parameters for various times (Khanavkar *et al.*, 1989). Thus, the

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systemic clinical activity of these drugs as available and as given up to now is marginal and their clinical potential remains doubtful. On the other hand intravenous dose response relations of some ether lipids *in vivo* are impressive in animal models (Berger & Schmähl, 1987; Herrmann & Bicker, 1988). Hence, better galenic formulation and early clinical trials with parenteral high dose/long time application of some of these drugs is urgently warranted in order to clarify whether the lipids available so far can be exploited as therapeutic agents in clinical oncology.

A clinical phase I/II study to assess the safety and efficacy of bone marrow autotransplantation after supralethal chemotherapy and radiotherapy in patients with acute leukaemia using remission marrows purged with ether lipids *in vitro* is currently underway (Berdel *et al.*, 1990).

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