



Humoral enhancement of metastasis : circulating IgG interactions with tumor-bearing lymphocytes
by Cheryl Juline Aslakson

A thesis submitted in partial fulfillment of the requirements for the degree of Master of Science in
Microbiology

Montana State University

© Copyright by Cheryl Juline Aslakson (1986)

Abstract:

Using an inbred BD-IV rat metastatic model, Starkey et al. (21) had previously shown that the metastasis enhancing moieties in serum from tumor-bearing rats reside with the IgG2b fraction. Since all our previous work was done using the lung colony assay, the current study verified that metastatic (but not local) tumor enhancement could also be demonstrated in a spontaneous metastasis system. However, the lung colony assay was clearly most advantageous for quantitation. Modulation of the immune system by TBS (serum from tumor-bearing rats) during the enhancement of metastasis was studied. It was found that the Helper:Suppressor T cell ratio (H: S ratio) for peripheral blood leukocytes (PBLs) from enhanced tumor-bearing rats was greatly reduced when compared to nonenhanced tumor-bearing rats. The kinetics of this decline were also investigated. The H:S ratio for enhanced tumor-bearer splenocytes and PBLs started to decline as early as day four and continued to do so until the end of the experiment on day twenty. On the other hand, the H : S ratio for nonenhanced tumor-bearing rats transiently peaked on day four and declined thereafter. Flow cytometric analyses of lymphocytes from non tumor-bearing rats and tumor-bearing rats revealed that IgG from TBS bound to a subset of T lymphocytes. Similar results were obtained for lymphocytes removed from enhanced tumor-bearing rats. IgG2b was the predominantly binding isotype for enhanced tumor-bearing PBLs and it appeared to be bound *in vivo*; binding by other isotypes was not significant. Preferential binding of one isotype by nonenhanced tumor-bearing and non tumor bearing PBLs was not demonstrated. Tumor bearer splenocytes, sorted on the basis of their ability to bind TBS IgG, were shown to enhance experimental metastasis in the lung colony assay. All of the sorted cells were T lymphocytes and a majority of the T cells expressed the suppressor T cell phenotype. These studies suggest that suppressor T cells are involved in humoral enhancement of metastasis. The presence of these suppressor cells may also explain problems associated with the adoptive immunotherapy of cancer.

HUMORAL ENHANCEMENT OF METASTASIS:
CIRCULATING IgG INTERACTIONS WITH
TUMOR-BEARING LYMPHOCYTES

by

Cheryl Juline Aslakson

A thesis submitted in partial fulfillment
of the requirements for the degree

of

Master of Science

in

Microbiology

MONTANA STATE UNIVERSITY
Bozeman, Montana

November 1986

MAIN LIB.

N378

As51

cop.2

ii

© COPYRIGHT

by

Cheryl Juline Aslakson

1986

All Rights Reserved

APPROVAL

of a thesis submitted by

Cheryl Juline Aslakson

This thesis has been read by each member of the thesis committee and has been found to be satisfactory regarding content, English usage, format, citations, bibliographic style, and consistency, and is ready for submission to the College of Graduate Studies.

21 Nov 86
Date

Jan Richard Stahly
Chairperson, Graduate Committee

Approved for the Major Department

21 Nov. 86
Date

Norman D. Reed
Head, Major Department

Approved for the College of Graduate Studies

25 Nov 86
Date

Henry L. Parsons
Graduate Dean

STATEMENT OF PERMISSION TO USE

In presenting this thesis in partial fulfillment of the requirements for a master's degree at Montana State University, I agree that the Library shall make it available to borrowers under rules of the Library. Brief quotations from this thesis are allowable without special permission, provided that accurate acknowledgment of source is made.

Request for permission for extended quotation from or reproduction of this thesis in whole or in parts may be granted by the copyright holder.

Signature Cheryl J. Orlowski

Date November 21, 1986

ACKNOWLEDGMENTS

I would especially like to acknowledge Dr. Jean Starkey for the guidance and inspiration that was rendered during the course of this thesis. I would also like to acknowledge Dr. Sandra Ewald and Dr. Clifford Bond for their helpful discussions and guidance. Lastly, I wish to thank my family and my fellow graduate students for their interest and support.

DEDICATION

I would like to dedicate this thesis in memory of my father, John Conrad Aslakson. It is his interest in education which has sustained and given me the courage to complete my master's degree.

TABLE OF CONTENTS

	Page
ACKNOWLEDGMENTS.....	v
DEDICATION.....	vi
LIST OF TABLES.....	ix
LIST OF FIGURES.....	x
ABSTRACT.....	xi
INTRODUCTION.....	1
MATERIALS AND METHODS.....	13
Rats.....	13
Tissue Culture Media.....	13
Tumor Cell Lines.....	14
Sera.....	15
Spontaneous Metastasis Assay.....	15
Lung Colony Assay.....	16
Determination of Leukocyte Surface Phenotype...	17
Lymphocyte Preparation.....	17
T Cell Determinants.....	17
B Cell Determinants.....	19
Fluorescence Activated Cell Sorting Analyses...	20
Animal and Cell Preparation.....	20
Binding Parameters of IgG from NRS	
and TBS.....	21
Binding Parameters of IgM, IgG ₁ , IgG _{2a} ,	
IgG _{2b} and IgG _{2c} from NRS and TBS.....	22
Fab Antibody Fragment Preparation.....	23
Adoptive Transfer of Splenocytes	
Previously FACS-Sorted on the Basis	
of Binding TBS IgG.....	24
Histological Examination.....	27
Statistical Analyses.....	27
RESULTS.....	28

Enhancement of Metastasis using the Lung Colony Assay and the Spontaneous Metastasis Assay.....	28
Changes in T Cell and B Cell Phenotypes for Leukocytes from Enhanced Tumor-Bearing Rats and Nonenhanced Tumor-Bearing Rats...	30
Binding Parameters of Serum Immunoglobulin to Lymphocytes.....	36
Modulation of Tumor Lung Colonization with Adoptively Transferred FACS-Sorted Tumor Bearer Splenocytes.....	44
DISCUSSION.....	49
REFERENCES CITED.....	62

LIST OF TABLES

Table	Page
1. The Effects of Tumor Bearer Serum on Metastasis Using the Spontaneous Metastasis Assay and the Lung Colony Assay.....	29
2. Helper:Suppressor T Cell Ratios for "Serum-Enhanced" Tumor-Bearing Rats, Nonenhanced Tumor-Bearing Rats and Nontumor-Bearing Rats...	33
3. T and B Lymphocyte Counts for "Serum-Enhanced" Tumor-Bearing Rats, Nonenhanced Tumor-Bearing Rats and Nontumor-Bearing Rats.....	37
4. Binding of Serum Immunoglobulin from Tumor-Bearing Rats with Lymphocyte Populations from Tumor-Bearing Rats and Nontumor-Bearing Rats...	39
5. Interactions of Serum IgG from Tumor-Bearing Rats with Lymphocyte Populations from "Serum-Enhanced" Tumor-Bearing Rats, Nonenhanced Tumor-Bearing Rats and Nontumor-Bearing Rats...	41
6. Immunoglobulin Isotype Binding Parameters for Peripheral Blood Leukocytes from "Serum-Enhanced" Tumor-Bearing Rats, Nonenhanced Tumor-Bearing Rats and Nontumor-Bearing Rats...	43
7. Modulation of Tumor Lung Colonization by the Adoptive Transfer of FACS-Sorted Tumor Bearer Splenocytes.....	45

LIST OF FIGURES

Figure	Page
1. The Effects of Chronic Injection of Tumor Bearer Serum on Subcutaneous Tumor Growth.....	31
2. Helper:Suppressor T Cell Ratios for "Serum-Enhanced" Tumor-Bearing Rats and Nonenhanced Tumor-Bearing Rats.....	35
3. Section of Lung Tissue from a Rat Injected with 4bs Cells I.V. and FACS-Sorted Splenocytes I.P.....	46

ABSTRACT

Using an inbred BD-IV rat metastatic model, Starkey et al. (21) had previously shown that the metastasis enhancing moieties in serum from tumor-bearing rats reside with the IgG_{2b} fraction. Since all our previous work was done using the lung colony assay, the current study verified that metastatic (but not local) tumor enhancement could also be demonstrated in a spontaneous metastasis system. However, the lung colony assay was clearly most advantageous for quantitation. Modulation of the immune system by TBS (serum from tumor-bearing rats) during the enhancement of metastasis was studied. It was found that the Helper:Suppressor T cell ratio (H:S ratio) for peripheral blood leukocytes (PBLs) from enhanced tumor-bearing rats was greatly reduced when compared to nonenhanced tumor-bearing rats. The kinetics of this decline were also investigated. The H:S ratio for enhanced tumor-bearer splenocytes and PBLs started to decline as early as day four and continued to do so until the end of the experiment on day twenty. On the other hand, the H:S ratio for nonenhanced tumor-bearing rats transiently peaked on day four and declined thereafter. Flow cytometric analyses of lymphocytes from nontumor-bearing rats and tumor-bearing rats revealed that IgG from TBS bound to a subset of T lymphocytes. Similar results were obtained for lymphocytes removed from enhanced tumor-bearing rats. IgG_{2b} was the predominantly binding isotype for enhanced tumor-bearing PBLs and it appeared to be bound *in vivo*; binding by other isotypes was not significant. Preferential binding of one isotype by nonenhanced tumor-bearing and nontumor bearing PBLs was not demonstrated. Tumor bearer splenocytes, sorted on the basis of their ability to bind TBS IgG, were shown to enhance experimental metastasis in the lung colony assay. All of the sorted cells were T lymphocytes and a majority of the T cells expressed the suppressor T cell phenotype. These studies suggest that suppressor T cells are involved in humoral enhancement of metastasis. The presence of these suppressor cells may also explain problems associated with the adoptive immunotherapy of cancer.

INTRODUCTION

The demonstration by Foley in 1953 that methylcholanthrene-induced sarcomas were immunogenic in mice, was the foundation of tumor immunology (for review see Brodt in reference 1, Hellstrom et al. in reference 2). Foley removed an established sarcoma and showed that the mouse was resistant to a second tumor challenge. Corroborative reports followed in 1957, by Prehn and Main (3), and in 1960, by Old et al. (4) and Klein et al. (5). These studies excluded the possibility that the antigenicity of methylcholanthrene-induced tumors was the result of genetic heterogeneity in the inbred mouse strains used (3,4). Klein et al.'s data revealed that the autochthonous host could also be immunized to some extent against challenge with cells of its own tumor (5).

Tumor immunogenicity is not a phenomenon restricted to chemically-induced tumors. Ultraviolet (UV) light-induced melanomas are also immunogenic (for review see Kripke in reference 6). Surprisingly, many human tumors and spontaneously arising tumors in experimental animals proved to be either weakly immunogenic or non-immunogenic (for review see Brodt in reference 1, Baldwin in reference 7).

The immunity that chemically-induced experimental tumors invoke is cell-mediated and has been transferred

by immune cells from tumor-bearing hosts (for review see Hellstrom et al. in reference 2, North in reference 8). Further in vitro studies revealed that the immune cells were thymus-derived lymphocytes (for review see North in reference 8). Passive immunization, the practice of injecting tumor-bearing animals with pooled syngeneic tumor bearer serum, did not confer immunity (for review see North in reference 8).

Six years after Foley's discovery, Burnett reformulated Paul Erlich's pre-immunology theory regarding the relative lack of tumors in animals and humans (for review see Brodt in reference 1, Schwartz in reference 9). This theory, referred to as the immune surveillance theory, assumed an active role for thymus-dependent cellular mechanisms in searching out and eliminating cancerous cells in situ. The appearance of any tumors indicated a failure on the part of the host's immune system to fulfill this function (for review see Brodt in reference 1). This theory was later expanded and revised to include the non-T cell dependent cytotoxic cells such as natural killer (NK) cells, macrophages and cells mediating antibody-dependent cellular cytotoxicity (ADCC) (for review see Baldwin in reference 10).

Many objections have been raised against immune surveillance as the means for controlling the appearance of

cancerous cells (9,11,12,13). First, immunosuppressed animals and human patients develop tumors mainly of the lymphoreticular system (11,12,13). According to the surveillance theory, tumors should arise in all tissue types. Second, nude mice which are athymic and patients with immune deficiency syndromes do not develop an excess of tumors (12,14). It has been argued that the lack of thymus-dependent cellular mechanisms is compensated for by natural surveillance mediated by NK cells, macrophages and cells mediating ADCC. Athymic nude mice have high NK cell levels and develop very few spontaneous tumors (12,13). NK cells may not be the only cells responsible for abrogation of in situ tumors. Beige mice which have low NK levels develop spontaneous tumors at the same rate as their normal littermates and nude mouse strains (12,13). However, the complexity of the cancer problem did not crystallize within the confines of the immune surveillance theory. At the time the theory was proposed, it afforded answers to perplexing questions and spurred much research, opening up new areas of study in tumor immunology.

The demonstration that tumors were immunogenic was followed by attempts to explain how these tumors escaped the surveillance mechanisms of their hosts. Even though active immunity to tumors was mediated by T lymphocytes, studies then focused on why injections of serum from tumor-

bearing animals into tumor bearer hosts resulted in prolonged tumor survival (15,16,17). Immunologic enhancement, the phrase adopted to describe this phenomenon, was defined as the successful establishment of a tumor and its progressive growth resulting in the death of the host (18). Tumor growth has been passively enhanced using tumor bearer serum (19,20), antibody fractions from tumor bearer serum (21,22), antilymphocyte serum (23), alloantibodies (17), monoclonal antibodies (24), anti-idiotypic antibodies (25,26,27), immune complexes (28,29,30,31), immune factors (32) and F(ab')₂ immunoglobulin fragments (22,33). Immunologic enhancement is not limited to primary tumor growth; metastatic disease has also been enhanced (21,24).

Almost all antibody classes have been implicated at one time or another as being able to enhance tumor growth. In the rat IAR6-1-RT7-4b hepatocarcinoma model, the IgG_{2b} fraction of tumor-bearing serum enhanced experimental metastasis (21). Allogeneic enhancement of the A/J-derived sarcoma Sa 1 in CBA mice was attributed to the antibody classes IgG₂ and IgG₁ by Duc et al. (15). The growth of the mineral oil plasmacytomas, MOPC-315 and MOPC-460, induced in BALB/c mice was enhanced by the IgG₁ fraction of alloantibodies prepared in CBA or CEH mice (17). Sacchi et al. (24) prepared monoclonal antibodies to a Lewis Lung

Carcinoma-associated antigen and found that the monoclonal antibody 135-13C affected the growth of the primary tumor and its metastases differently. The primary tumor showed a reduction of 20-25% in tumor weight compared to controls, while lung metastases were increased two-fold (24). Antibodies of the IgG subclass are not exclusive in their ability to enhance tumor growth. IgM antibodies have occasionally been implicated in prolonging the survival of tumor tissue (17).

Investigators have also reported that similar antibody subclasses are also effective immunotherapeutic agents against experimental cancers (34,35,36). Denkers et al. (34) have shown that significant inhibition of the AKR/J SL 2 lymphoma cells was mediated by the anti-Thy-1.1 IgG_{2a} antibody. IgG₁, IgG_{2b} and IgG_{2c} displayed less anti-tumor activity (34). Herlyn and Koprowski (35) were also able to inhibit the growth of a human tumor in nude mice using a monoclonal IgG_{2a} antibody. Suppression of the mouse plasmacytoma MOPC 315 by the IgG₂ fraction of syngeneic antitumor globulin also corroborates the fact that the same isotypes which enhance tumor growth in one system are the tumor rejecting isotypes in another system (36).

Differences seen in the ability of a given isotype to enhance or restrict tumor growth may be attributed to many factors. These include the route of serum administration,

the dilution factor of the serum and the methods used to prepare the isotypes or serum for injection.

Many mechanisms have been proposed to explain enhancement of tumor growth. Blocking factors in the form of anti-tumor antibody, circulating antigen-antibody complexes or free-circulating antigen found in the serum from tumor-bearing animals may be capable of binding to target cells and/or effector lymphocytes (30,37,38,39). These blocking factors could conceal antigens on tumors, protecting them from immune effector cells (37,39). Alternatively, these factors could render effector cells ineffective by binding to them (37,39). Oldstone et al. (30) were able to remove blocking factors from tumor-bearing serum by absorbing the serum with the appropriate tumor cells.

Specific classes of immunoglobulins in rodents and man are capable of activating complement. Immunoglobulins which activate the human complement system are IgM, IgG₁, IgG₂ and IgG₃ (40). Analogous complement activating classes in the mouse are IgM, IgG_{2a} and IgG_{2b} (41) and in the rat are IgG₁, IgG_{2a}, IgG_{2b} and IgG_{2c} (42). Complement activation and target cell lysis are important defense mechanisms against tumor cells (8,10).

Antibodies which do not activate complement may instead enhance tumor growth. Bodurtha et al. (43)

reported on the presence of complement-activating antibodies in ten patients with malignant melanoma in relation to tumor metastasis. They found that one melanoma patient with extensive metastatic disease lacked complement-dependent cytotoxic antibodies. The other nine patients, who had no evidence of visceral metastases, possessed complement-dependent cytotoxic antibodies in their sera (43). Demonstration of anti-complement (AC) activity which may be due to anti-complement antibodies has been documented in humans with malignant melanoma. AC activity sometimes coincident with tumor recurrence was reported by Gupta et al. (44). AC activity was demonstrated in 45% of the sera drawn from human patients with malignant melanoma compared to 10% of normal, healthy controls (44).

Complex interactions exist between a tumor and its host's immune response against it. In 1972, Niels Jerne (45) formulated and proposed the network hypothesis which described the immune system as a complex network of cells linked together via complementary interactions. These interactions are mediated by structures encoded in immunoglobulin V-region genes and have since been referred to as idiotypes. The immune system exists as a network where one idio^{typ}e is balanced by an anti-idio^{typ}e, which in turn is counter-balanced by an anti-anti-idio^{typ}e, and

so forth. Via this network, the immune system is maintained in a complex state of homeostasis until perturbed by the introduction of a foreign agent (for review see Monroe in reference 46). Alterations in the host's control over responsiveness toward a specific antigenic epitope affects the body's response to further antigenic stimuli. Eichman et al. demonstrated that anti-idiotypic antibodies can specifically suppress (47) or induce (48) immune responses to a particular antigen.

Idiotypic networks have also been implicated in the immune control of tumor growth. In a study by Flood et al. (49), enhanced tumor growth was attributed to anti-idiotypic tumor antibodies. These investigators found that a UV-induced melanoma was able to grow progressively as a result of idiotype-specific suppression of the tumor-specific immune response to the melanoma antigens (49). A corroborative study by Milburn and Lynch (25,26) reported on the anti-idiotypic antibody and anti-idiotypic cellular regulation of IgA expression in the MOPC-315 BALB/c plasmacytoma. The anti-idiotypic antibody regulated expression of the immunoglobulin while the anti-idiotypic T cells regulated secretion of immunoglobulin (25). On the other hand, inhibition of in vivo tumor growth has been induced by anti-idiotypic antibodies directed at distinct immunoglobulin idiotypes on the surface of the murine

plasmacytoma MOPC-460 (50) and against murine monoclonal antibody 8.2, an antibody specific for a human melanoma-associated cell surface marker P 97 (51).

It has been confirmed many times that serum from tumor-bearing animals can passively enhance tumor growth and metastatic disease. The mechanisms involved in this phenomenon have not yet been clearly defined. In addition, it is well documented that the adoptive transfer of tumor-associated lymphocytes (52,53,54,55) can also enhance tumor growth. Treves et al. (52) found that enhancing T lymphocytes from tumor-bearing C57BL/6 mice suppressed the host resistance to the syngeneic Lewis Lung-Carcinoma (3LL). T lymphocytes obtained from the enlarged spleen of the tumor-bearing mice were cytotoxic to 3LL target cells in vitro. However, these same spleen cells enhanced tumor growth in vivo when mice were injected i.v. with a mixture of spleen cells and tumor cells (52). Results reported by Uniel and Trainin (53) corroborate the data of Treves et al. Using the same syngeneic tumor line, 3LL, they found that thymocytes or thymus-derived lymphocytes could stimulate 3LL tumor growth in recipients. This enhancing effect was manifested by a higher number of tumor takes, acceleration of tumor growth and an increase in metastasis (53).

The progressive growth of tumors has been shown to be modulated by suppressor T cells (10,56). Results reported by Cheng et al. (57) found that the generation of immune effector T cells in mice with growing plasmacytomas was down-regulated by cyclophosphamide sensitive suppressor cells. Berendt and North (58) have provided evidence consistent with the hypothesis that concomitant immunity to the Meth A Fibrosarcoma decays as a result of the generation of a mechanism of T-cell-mediated immunosuppression. In addition, North and Dye (59) reported that the Ly 1⁺2⁻ suppressor T cells down-regulated the generation of Ly 1⁻2⁺ effector T cells during the progressive growth of a P815 mastocytoma. These and other findings suggest that the failure of the immune system to reject an immunogenic tumor is the result of the generation of suppressor T cells (54-59).

Suppressor T cells derived from tumor-bearing hosts have been shown to suppress immune functions in vitro (60,61). Clerici et al. (62) reported that suppressor cell activity, enriched by hydrocortisone treatment of 3LL tumor-bearing mice, down-regulated an in vitro lymphoproliferative response of tumor bearer mouse spleen cells to mitogens. The study undertaken by Bear (63) found that spleen cells from "late" tumor-bearing hosts (18-28 days post tumor cell inoculation) completely suppressed the

in vitro cytotoxic lymphocyte response to tumor immune cells. Mixed-lymphocyte culture responses of spleen cells from tumors induced by the murine Moloney Sarcoma Virus against allogeneic spleen cells were found to be markedly depressed as indicated by three parameters: lymphoblast counts, ^3H -thymidine incorporation and cell-mediated lysis (63).

Suppression of the immune system has been reported for many other diseases and has most often been reflected by changes in helper:suppressor T cells ratios. Included in this suppressed state are patients with Acquired Immune Deficiency Syndrome (64), Systemic Lupus Erythematosus (65) and leprosy (66,67). Changes in helper:suppressor T cell ratios have not been widely reported for cancer patients. Koyama et al. (68) did find changes in B and T lymphocyte counts in canine lymphosarcoma. Marked increases in B lymphocytes and decreases in T lymphocytes were observed in the peripheral blood, spleen and lymph nodes of dogs which had been diagnosed as having lymphosarcoma (68).

Immune regulation of tumor growth is complex; both the humoral and cellular arms of the immune system control tumor proliferation. The tumor may be destroyed or alternatively, allowed to grow unchecked by the immune system. I chose to investigate one of the manifestations

of unchecked tumor growth, the immunologic enhancement of tumor metastasis.

MATERIALS AND METHODS

Rats

BD-IV rats, originally obtained from Professor Rajewsky, Institute for Cell Biology, University of Essen, Germany and from Dr. Montesano, International Agency for Research on Cancer, Lyons, France, were bred by brother-sister matings and maintained under specific pathogen free (SPF) conditions at the Montana State University Animal Resources Center. Male rats, six to twelve weeks of age were used in these studies.

Tissue Culture Media

The RT7-4bs tumor cell line was cultured in vitro in RPMI 1640 medium (GIBCO, Grand Island, NY) supplemented with 10% fetal bovine serum (FBS)(HYCLONE LABORATORIES, Logan, UT), 5ug/ml insulin (CALBIOCHEM, La Jolla, CA), 100 U/ml penicillin (GIBCO, Grand Island, NY) and 100ug/ml streptomycin (GIBCO). This formulation constitutes complete RPMI medium. Tumor cells used for subcutaneous and intravenous injections were washed and resuspended in Ca^{+2} and Mg^{+2} -free Tyrode's balanced saline (CMF). The medium used for fluorescence-activated cell sorter (FACS) analysis of lymphocyte preparations and for FACS sorting of splenocytes was McCoy's 5A medium (GIBCO) supplemented with

5% heat-inactivated FBS (CM). Dulbecco's phosphate buffered saline with 0.5% bovine serum albumin, fraction V (BOEHRINGER MANNHEIM BIOCHEMICALS, Indianapolis, IN)(PBS-BSA) and PBS-BSA with 0.01M NaN_3 (SIGMA CHEMICAL COMPANY, St. Louis, MO) were used for the determination of T and B cell surface antigens.

Tumor Cell Lines

The tumor cell lines, RT7-4bs (4bs) and RT7-4b-Ls (4b-Ls), were derived from IAR6-1-RT7, a dimethylnitrosamine-transformed culture of BD-IV rat parenchymal cells (69,70). Characterization of these cell lines is described in detail elsewhere (71,72). These tumor lines were maintained in BD-IV rats by subcutaneous transplant of each tumor every three weeks. RT7-4bs cells were obtained as primary cultures from minced subcutaneous tumor tissue passed through a 200 mesh stainless steel screen into complete RPMI medium. Cell suspensions were pelletized, washed twice in complete RPMI medium and resuspended in complete RPMI medium. Cells were plated at $1 \times 10^4/\text{sq cm}$ in 25 cm^2 tissue culture flasks (NUNC, Denmark) and incubated at 37°C in a humidified atmosphere of 7% CO_2 in air. Once a week, cell lines were harvested for passage by gentle trypsinization [0.05% trypsin (CALBIOCHEM) and 0.02% ethylenediaminetetraacetic, disodium salt (EDTA) (SIGMA CHEMICAL COMPANY) in CMF] for five minutes at room

temperature, followed by trypsin inactivation with complete RPMI medium. The cells were then replated at a 1:4 split ratio.

Sera

Blood was obtained from nontumor-bearing male rats under ether anesthesia via cardiac puncture. In an analogous fashion, blood was also obtained from tumor-bearing rats which two weeks earlier had been transplanted with small pieces of the 4bs and 4b-Ls tumors subcutaneously. The blood was allowed to clot, and then centrifuged at 4°C, 750xg for twenty minutes. Serum fractions from nontumor-bearing rats (NRS) were collected and pooled. Likewise, the serum fractions from the 4bs and 4b-Ls tumor bearing rats (TBS) were collected and pooled. Pooled NRS and TBS were divided into aliquots and stored frozen at -20°C until use. Freeze-thaw cycles were avoided.

Spontaneous Metastasis Assay

4bs tumor cells were removed from the tissue culture vessels by gentle trypsinization as described earlier. The monodispersed tumor cells were pelletized, washed twice with CMF and resuspended at a concentration of 5×10^6 cells/ml in CMF. Tumor cell viability was assessed by trypan blue dye exclusion and cell suspensions which were

greater than 95% viable were used for inoculation. Five hundred thousand tumor cells were injected subcutaneously into the right flank of each rat. Two hours post tumor cell injection, each rat in the control group was injected intraperitoneally (i.p.) with 0.2ml NRS and each rat in the experimental group was injected i.p. with 0.2ml TBS. Sera injections were continued every second day thereafter. Subcutaneous tumor growth was monitored every second day with vernier calipers and tumor volume was calculated using the formula $\frac{4}{3} \pi r^3$. At the time of necropsy, total body weight was recorded and the rats were examined for evidence of metastatic disease. Lungs, liver, spleen and the subcutaneous tumor were removed, weighed and fixed in Bouin's fixative (73). The number of spontaneous lung metastases was enumerated using a dissecting microscope.

Lung Colony Assay

RT7-4bs tumor cells were harvested from the tissue culture vessels as described earlier and resuspended at 5×10^4 cells/ml in CMF. Tumor cell viability was assessed as previously described. Ten thousand cells in 0.2ml total inoculum were injected into the lateral tail vein of each rat. Two hours after intravenous (i.v.) injection of 4bs tumor cells and every two days thereafter, rats in the control group and the experimental group were injected with serum as described for the spontaneous metastasis assay.

Post-mortem investigation included examination for extra-pulmonary metastases and recording of total body, lung, liver and spleen weights. The lungs, liver and spleen were fixed in Bouin's fixative, and the number of tumor lung colonies enumerated using a dissecting microscope.

Determination of Leukocyte Surface Phenotypes

Lymphocyte Preparation. Spleens were removed and dispersed to single cell suspensions by passing through a 200 mesh wire screen. Peripheral blood leukocytes (PBLs) were isolated from freshly drawn blood obtained via cardiac puncture. The blood was mixed with heparin (SIGMA CHEMICAL COMPANY) (50mg/ml; 0.1ml/3ml of whole blood), centrifuged at 4°C, 750xg for twenty minutes and the buffy coat removed. Erythrocytes were removed from cell preparations by hypotonic lysis using a six second exposure to sterile distilled water (74). Cells were washed twice and resuspended in PBS-BSA at a concentration of 2×10^7 cells/ml. Two million cells per well were dispensed into a flat-bottomed, 96-well, microtiter plate (NUNC), centrifuged at 4°C, 188xg for five minutes and the excess supernatant was removed.

T Cell Determinants. The following mouse monoclonal antibodies (mab), which were purchased from BIOPRODUCTS FOR SCIENCE, Inc., Indianapolis, IN, were used to label cell surface determinants on rat lymphocytes:

1.) W3/25. This mab labels the rat helper T cell subset functional in mixed lymphocyte reactions, graft versus host reactions and antibody responses (75,76),

2.) MRC OX-8. This mab labels a T cell subset which mediates suppression of antibody formation (77). It also recognizes a determinant expressed on precursor cytotoxic T cells (78), and

3.) MRC OX-19. This mab recognizes a determinant expressed on all thymocytes and peripheral T cells but does not bind to B cells, macrophages, natural killer cells, mast cells or other cell types (78).

The indirect immunofluorescence (IIF) microtitration technique was used to determine T lymphocyte subsets. Fifty ul of a 1:50 dilution of mabs W3/25, MRC OX-8 and MRC OX-19 was added to the centrifuged cells and incubated at 4°C for one hour. After the cells were washed twice with PBS-BSA containing azide, 50ul of a 1:32 dilution of the second antibody, a fluorescein isothiocyanate (FITC) conjugated goat anti-mouse IgG antibody (CALBIOCHEM) was added and the incubation continued for another hour at 4°C. The cells were washed twice in PBS-BSA containing azide and resuspended in PBS-BSA containing azide (79). One hundred cells from each labeled cell preparation were

counted and evaluated for fluorescence using a Leitz Ortholux II microscope (E. LEITZ, Inc., Rockleigh, NJ).

The helper:suppressor T cell ratio (H:S ratio) was expressed as follows:

$$\frac{\# \text{ positive fluorescent cells labeled by W3/25}}{\# \text{ positive fluorescent cells labeled by MRC OX-8}}$$

The percentage of T cells was expressed as the:

$$\frac{\# \text{ positive fluorescent cells labeled by MRC OX-19}}{\# \text{ total cells counted}} \times 100.$$

B Cell Determinants. The IIF antibody labeling procedure, a modification of the method described by Moller (80), was used to label B lymphocytes. One-tenth milliliter of a 1:64 dilution of a rabbit anti-rat IgM antibody (MILES LABORATORIES, Elkhart, IN) was added to the centrifuged cells and incubated at 4°C for one hour. After the cells were washed twice with PBS-BSA containing azide, 0.1ml of 1:100 dilution of the second antibody, a FITC-conjugated goat anti-rabbit antibody (COOPER BIOMEDICAL, Inc., Malvern, PA) was added and the incubation continued for an additional hour at 4°C. The cells were washed and resuspended in PBS-BSA containing azide. One hundred cells were counted using a fluorescence microscope and evaluated

for fluorescence. The percentage of B cells was expressed as:

$$\frac{\text{\# positive fluorescent cells labeled by anti-IgM}}{\text{\# total cells counted}} \times 100.$$

Fluorescence Activated Cell Sorting Analyses

Animal and Cell Preparation. Male rats were prepared for FACS analyses in an analogous fashion for those used in the experimental lung colony assay. Ten thousand 4bs tumor cells were injected into the lateral tail vein of each rat. Two hours after the tumor cells were injected, each rat in the control group was injected with 0.2ml NRS i.p. and each rat in the experimental group with 0.2ml TBS i.p. Sera injections were continued every second day until day fourteen. On day fourteen, the animals from the control and experimental groups and two age/sex matched nontumor-bearing rats were bled under ether anesthesia via cardiac puncture. Blood was mixed with heparin as previously described, and centrifuged at 4°C, 750xg for twenty minutes. Serum was discarded and the buffy coat saved. Spleens and thymuses were removed and were dispersed to single cell suspensions by passing through a 200 or 70 wire mesh screen, respectively. Erythrocytes were removed from cell preparations using hypotonic lysis with sterile distilled water as described earlier. The nylon wool

nonadherent splenocyte fractions were collected after incubation of splenocytes on nylon wool columns for forty-five minutes at 37°C (81). All cell suspensions were washed twice with CM and resuspended in CM at 2×10^7 cells/ml.

Binding Parameters of IgG from NRS and TBS. Preliminary experiments revealed that the optimal working dilutions for NRS, TBS and the FITC-conjugated rabbit anti-rat IgG antibody were 1:1, 1:12.5 and 1:50, respectively. One-tenth milliliter of each cell suspension was incubated with CM, NRS or TBS for thirty minutes at 37°C. After washing twice with CM, the cell suspensions were incubated with 0.1ml FITC-conjugated rabbit anti-rat IgG antibody (MILES YEDA, Ltd, Rehovot, Israel, distributed by MILES LABORATORIES) for thirty minutes at 37°C. The cells were washed twice with CM and resuspended in a total volume of 1.0ml CM.

The intensity of fluorescence of the TBS IgG-labeled cells was determined using a fluorescence-activated cell sorter, FACS 440 (BECTON-DICKINSON, MOUNTAIN VIEW, CA). The FACS 440 was interfaced with the Consort 40 equipped with the LACELL programs, ACQ4 and DISP 4 (BECTON-DICKINSON). The 488 nm line of a 164-02 Argon-ion laser (SPECTRA PHYSICS, Mountain View, CA) operated at 100 mW, was used to excite the fluorochrome. Forward scatter, 90 degree

scatter and fluorescence intensity were acquired on samples of 10,000 events using the ACQ4 program. The DISP 4 program was used to calculate the intensity of fluorescence, reflecting the amount of rat IgG bound after incubation with NRS and TBS. The data gathered from samples incubated with CM was used to discriminate between nonspecific fluorescence and fluorescence emitted from TBS IgG-labeled cells. Contaminating traces of red cells, nonviable cells and debris were excluded by appropriately setting the forward scatter threshold (82).

Binding Parameters of IgM, IgG₁, IgG_{2a}, IgG_{2b} and IgG_{2c} from NRS and TBS. Commercial antibodies used for these studies included the following:

- 1.) The monoclonal antibody MARG 2b-8 (BIOPRODUCTS FOR SCIENCE, Inc.). This antibody is a mouse monoclonal IgG₁ antibody prepared against the gamma_{2b} heavy chain of the rat IgG_{2b} immunoglobulin (83), and
- 2.) The polyclonal antibodies:
 - a.) Goat anti-rat IgM (COOPER BIOMEDICAL, Inc.),
 - b.) Sheep anti-rat IgG₁ (MILES LABORATORIES),
 - c.) Goat anti-rat IgG_{2a} (PEL-FREEZ BIOLOGICALS, Rogers, AR), and
 - d.) Goat anti-rat IgG_{2c} (MILES LABORATORIES).

These polyclonal antibodies were conjugated to FITC (COOPER

BIOMEDICAL, Inc.) using the method developed by Hapner and Hapner (84).

PBLs were incubated with CM, NRS, and TBS (using the antibody dilutions given on page 21) for thirty minutes at 37°C. Cell preparations were incubated further with MARG 2b-8 for thirty minutes at 37°C followed by incubation with a FITC-conjugated goat anti-mouse IgG antibody for thirty more minutes at 37°C. Similarly, following incubation with CM, NRS, and TBS, the same cell preparations were incubated with the conventional FITC-conjugated antibodies for thirty minutes at 37°C to determine the binding parameters of these antibody isotypes from NRS and TBS to PBLs.

The labeled cells were analyzed on the FACS 440 using the same laser setting, and data acquisition and analysis programs as previously described. The percentage of positive fluorescent cells was calculated as previously described under Binding Parameters of IgG from NRS and TBS.

Fab Antibody Fragment Preparation. The IgG fraction of TBS was obtained by precipitation with saturated ammonium sulfate (SIGMA CHEMICAL COMPANY) and then enzymatically digested with mercuripapain (COOPER BIOMEDICAL, Inc.) using the method described in Selected Methods in Cellular Immunology (85). Fab fragments were purified from the digested material by passage over a Protein A-Sepharose CL-4B column (PHARMACIA FINE CHEMICALS,

Sweden) and diluted to a final volume equal to the 1:12.5 TBS dilution used for other FACS analyses. The quality of the papain digestion was assessed using a 7.5% Sodium Dodecyl Sulfate-PAGE gel under nonreducing conditions (86). PBLs were incubated with CM, NRS and TBS (using the antibody dilutions given on page 21) and the antibody fragments as previously described for the Binding Parameters of IgG from NRS and TBS. The labeled cells were analyzed on the FACS 440 using the same laser setting, and data acquisition and analysis programs as previously described. Also, the percentage of positive fluorescent cells was calculated as previously described under Binding Parameters of IgG from NRS and TBS.

Adoptive Transfer of Splenocytes Previously FACS-Sorted on the Basis of Binding TBS IgG. Ten thousand 4bs tumor cells, prepared as previously described for the lung colony assay, were injected into the lateral tail vein of a male BD-IV rat. Two weeks after tumor cell injection, the spleen was removed and dispersed to a single cell suspension by passing through a 200 mesh wire screen. Erythrocytes were removed using hypotonic lysis with sterile distilled water as previously described. The cells were washed twice with CM supplemented with 5ug/ml insulin, 100ug/ml penicillin and 100U/ml streptomycin and resuspended at 2×10^7 cells/ml in supplemented CM. Twenty

million cells were incubated with 1.0ml TBS (using the antibody dilution given on page 21) for thirty minutes at 37°C. The cells were washed with supplemented CM and then incubated with 1.0ml FITC-conjugated rabbit anti-rat IgG antibody for thirty minutes at 37°C. The cells were sorted, using the 488 nm line of the 164-02 Argon-ion laser operated at 100 mW in log mode on the Fluorescence One Channel, on the basis of binding TBS IgG. Operation of the laser and settings for the forward scatter threshold were analogous to those used for ascertaining the binding patterns of antibodies from NRS and TBS. The cells were sorted over two hours, collected into complete RPMI medium and held on ice until the sort was completed. Five hundred thousand IgG positive-sorted cells were injected i.p. into each of five experimental rats, which two hours earlier had been injected with 1×10^4 4bs tumor cells as previously described for the lung colony assay. Control rats, which had also been injected two hours earlier with 4bs tumor cells i.v., were injected i.p. with 0.2ml 0.85% NaCl (SIGMA CHEMICAL COMPANY). Three weeks after tumor cell injection, the animals were killed and necropsied as described for the lung colony assay. Tumor lung colonies were counted under a dissecting microscope.

IgG-positive, sorted splenocytes and unsorted splenocytes were typed by IIF for helper T cells,

suppressor T cells and total T cells. Twenty million splenocytes were prepared for sorting by incubating with 1.0ml TBS (using the same antibody dilutions given on page 21) for thirty minutes at 37°C. After washing twice with CM, the cells were incubated with 0.1ml of a 1:1 dilution a rabbit anti-rat IgG antibody (COOPER BIOMEDICAL, Inc.) conjugated to rhodamine tetramethyl isothiocyanate (COOPER BIOMEDICAL, Inc.) as previously described for FITC. The fluorescently-labeled splenocytes were sorted on the basis of IgG bound from TBS. The 514 nm line of the Argon-ion laser was operated at 100 mW with the DF 575/25 band pass filter in place, and the sorting was monitored in the log mode on the Fluorescence Two channel. The forward scatter threshold was set as previously described for the cells which had been sorted and injected for adoptive transfer. The cells were collected into complete RPMI medium and held on ice as previously described. After incubation for two hours in complete RPMI medium, the sorted splenocytes as well as unsorted splenocytes were labeled with mabs W3/25, MRC OX-8 and MRC OX-19. Labeled cells were counted and the data calculated as previously described under Determination of Leukocyte Surface Phenotypes.

When it was discovered that TBS complexes on FACS sorted splenocytes, labeled with either rhodamine or fluorescein, would not cap off even after overnight

incubation at 37°C, similar cell preparations were subjected to light trypsin treatment in attempts to remove the complexes. After the splenocytes were labeled with TBS and FITC-conjugated anti-rat IgG antibody as previously described, 0.1ml trypsin was added to the splenocytes. Following trypsin addition, at thirty-second intervals up to two minutes and then at two minute intervals up to ten minutes, the cells were recovered from trypsin with complete RPMI. Following trypsinization, the cells were assessed for complex removal using fluorescence microscopy.

Histological Examination

Lungs and subcutaneous tumors from animals in the various experimental and control groups were excised, fixed in Bouin's solution, and processed routinely for paraffin embedding. Sections were stained with hematoxylin and eosin (H & E) or Periodic-Acid Schiff and hematoxylin (PAS-H).

Statistical Analyses

Differences in the number of lung metastases between experimental groups were analyzed using the non-parametric Mann-Whitney U Two-Tailed Test and were considered significant at $p < 0.02$.

RESULTS

Enhancement of Metastasis using the Lung Colony Assay and the Spontaneous Metastasis Assay

Chronic injection of TBS enhanced lung colonization by the 4bs tumor using the experimental lung colony assay. As Table 1 shows, chronic injections of TBS enhanced lung colonization 2.7 times over control animals injected with NRS. The average number of pulmonary tumor nodules was 173 for enhanced, experimental rats and 65 for control rats (Table 1.)

The spontaneous metastasis assay was used to investigate whether subcutaneous tumor growth and spontaneous lung metastasis could be modulated in an analogous fashion. As shown in Table 1, spontaneous metastasis was enhanced in animals chronically injected with TBS. Values for spontaneous metastases from "serum-enhanced", experimental rats correspond to 58 metastatic tumor lung nodules and from control rats, 17 metastatic tumor lung nodules (Table 1).

Chronic injection of TBS, however, did not significantly affect the growth rate of the primary, subcutaneous tumor (Figure 1.) As shown in Figure 1, the latent period for the appearance of the primary tumors and the growth rates were similar for both groups.

TABLE 1. THE EFFECTS OF TUMOR BEARER SERUM ON METASTASIS USING THE SPONTANEOUS METASTASIS ASSAY AND THE LUNG COLONY ASSAY

REGIMEN	RAT GROUP	MEAN NUMBER OF PULMONARY TUMOR COLONIES (RANGE) ^{pa}
<u>LUNG COLONY ASSAY</u>		
BD-IV rats were injected with 1×10^4 4bs cells i.v. Two hours after 4bs cell injection, control rats received 0.2ml NRS ^b i.p. and experimental rats 0.2 ml TBS ^b i.p. Sera injections continued every second day until necropsy at Day 20.	Controls (n = 5)	65 (35 - 120)
	Experimentals (n = 5)	173 (94 - 457) P < 0.0087
<u>SPONTANEOUS METASTASIS ASSAY</u>		
BD-IV rats were injected with 5×10^5 4bs cells subcutaneously. Sera injections were given in a fashion analogous to the lung colony assay until necropsy at Day 27.	Controls (n = 8)	17 (1 - 63)
	Experimentals (n = 7)	58 (0 - 263) P = 0.3

^aP-values were calculated using Mann-Whitney U Two-Tailed Test.

^bNRS = serum from normal rats; TBS = serum from tumor bearing rats.

Histologic examination of lung sets from control rats and experimental rats showed that the nodules counted were indeed tumor colonies. There was no discernible difference in lung morphology between the two groups.

In summary, metastatic tumor lung colonization was enhanced using the experimental lung colony assay and the spontaneous metastasis assay. Humoral enhancement was essentially restricted to metastasis. Since metastasis was enhanced using either assay, we chose to use the lung colony assay, which is inherently a better assay for quantitation, for the remainder of these studies.

Changes in T Cell and B Cell Phenotypes for Leukocytes from Enhanced Tumor Bearing Rats and Nonenhanced Tumor-Bearing Rats

TBS modulation of the immune system during the enhancement of metastasis was studied. First, changes in the H:S ratios were investigated for enhanced tumor-bearing rats. As shown in Table 2, fourteen days after i.v. inoculation of 4bs tumor cells, the H:S ratio for PBLs from enhanced tumor-bearing rats was greatly reduced when compared to nonenhanced tumor-bearing rats. The H:S ratio for PBLs from enhanced tumor-bearing rats was 0.57 ± 0.03 and from nonenhanced tumor-bearing rats was 1.49 ± 0.21 (Table 2). This reduction was restricted to circulating PBLs and was not seen for splenocyte preparations. The H:S

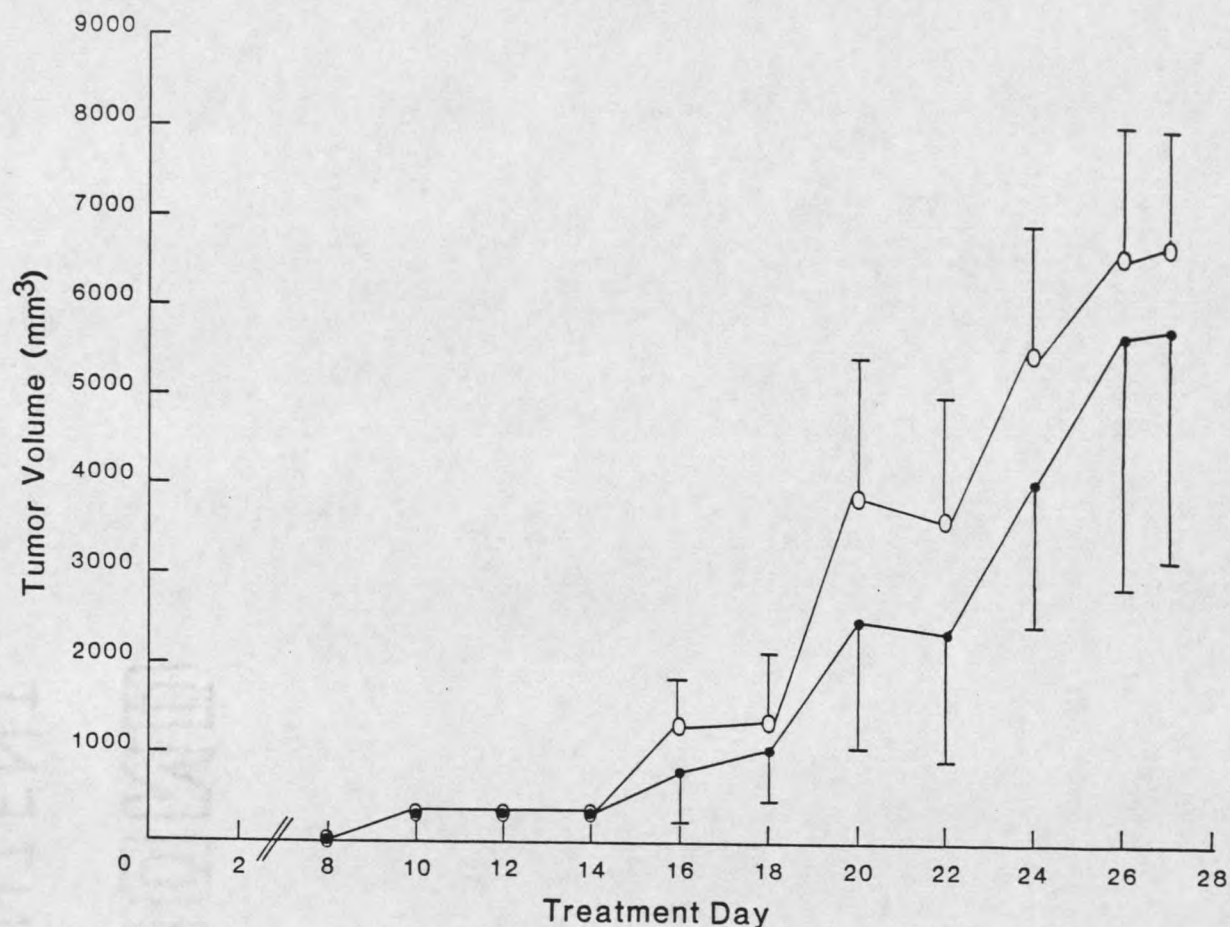


FIGURE 1. THE EFFECTS OF CHRONIC INJECTION OF TUMOR BEARER SERUM ON SUBCUTANEOUS TUMOR GROWTH. BD-IV rats were injected with 5×10^5 4bs cells subcutaneously. Two hours after tumor cell injection, control rats (●—●—●) received 0.2 ml NRS^a and experimental rats (○—○—○) 0.2 ml TBS^a. Sera injections were continued every second day until the experiment ended at day 27.

^aNRS = serum from normal rats; TBS = serum from tumor-bearing rats.

ratios for splenocyte preparations from enhanced and nonenhanced tumor-bearing rats were similar, 0.84 ± 0.16 and 0.89 ± 0.21 , respectively (Table 2). The H:S ratios established for nontumor bearer control rats were 1.63 ± 0.33 for splenocytes and 1.46 ± 0.10 for PBLs (Table 2).

Since a major reduction in the PBLs H:S ratio for "serum-enhanced" tumor-bearing rats was detected fourteen days after tumor inoculation, the kinetics of the helper:suppressor modulation was monitored every four days from the time of tumor cell injection until day twenty. Animals injected with 4bs tumor cells i.v. usually become moribund twenty-one days after injection of tumor cells. As shown in Figure 2, the immune systems of enhanced tumor-bearing rats started to change shortly after tumor injection. The H:S ratios for splenocyte and PBL preparations from "serum-enhanced" tumor-bearing animals started to decline as early as day four, although this was not as marked for splenocytes (Figure 2, Panels A and B). The H:S ratios for PBLs continued to decline until day sixteen when they stabilized. The H:S ratios for splenocytes continued to drop until the experiment was terminated. The lowest ratio, which was seen on day twenty, was 0.53 ± 0.05 for splenocytes (Figure 2, Panel A) and 0.52 ± 0.06 for PBLs (Figure 2, Panel B).

TABLE 2. HELPER : SUPPRESSOR T CELL RATIOS FOR "SERUM-
ENHANCED" TUMOR - BEARING RATS, NONENHANCED TUMOR-
BEARING RATS AND NONTUMOR-BEARING RATS

	SPLENOCYTES (HELPER:SUPPRESSOR $\pm$ S.E.)	PERIPHERAL BLOOD LEUKOCYTES (HELPER:SUPPRESSOR $\pm$ S.E.)
NONTUMOR- BEARING RATS (n = 4)	1.63 $\pm$ 0.33	1.46 $\pm$ 0.10
NONENHANCED TUMOR-BEARING RATS (n = 3)	0.89 $\pm$ 0.21	1.49 $\pm$ 0.21
ENHANCED TUMOR BEARING-RATS (n = 4)	0.84 $\pm$ 0.16	0.57 $\pm$ 0.03

Ten thousand 4bs tumor cells were injected i.v. into the lateral tail veins of four male BD-IV rats. Two hours later, two rats were injected i.p. with 0.2ml NRS^a (nonenhanced tumor-bearing rats) and the remaining two rats were injected with 0.2ml TBS^a (enhanced tumor-bearing rats). Sera injections continued every second day until day fourteen, at which time the helper:suppressor T cell ratios were evaluated by indirect immunofluorescence.

^aNRS = serum from normal rats; TBS = serum from tumor-bearing rats.

On the other hand, the nonenhanced tumor bearers exhibited a slightly increased H:S ratio on day four, possibly reflecting a generalized early stimulation of immune activity as has been reported in several experimental systems (87) (Figure 2). H:S ratios for splenocytes and PBLs taken from nonenhanced tumor-bearing rats at day four were 1.54 ± 0.02 and 1.53 ± 0.07 , respectively. After day four, the H:S ratios for splenocytes and PBLs started to decline and continued to do so until the experiment ended (Figure 2, Panels A and B). At the end of the experiment, the H:S ratio was 0.71 ± 0.02 for splenocyte and PBL preparations (Figure 2, Panels A and B). Control values for age/sex matched nontumor-bearing rats were 1.45 ± 0.07 for splenocytes and 1.45 ± 0.08 for PBLs.

H:S ratios changed for enhanced and nonenhanced tumor-bearing rats but this change was not accompanied by concomitant changes in overall B and T cell numbers. As shown in Table 3, B and T cell numbers did not change significantly when metastasis was enhanced. The percentages of T cells for splenocyte preparations from "serum-enhanced" tumor bearers were $50 \pm 1\%$ and PBLs $49 \pm 1\%$. "Serum-enhanced" splenocytes comprised $27.5 \pm 0.5\%$ B cells and PBLs $29.5 \pm 3.5\%$ B cells (Table 3). B and T cell parameters were similar for nonenhanced tumor-bearers and

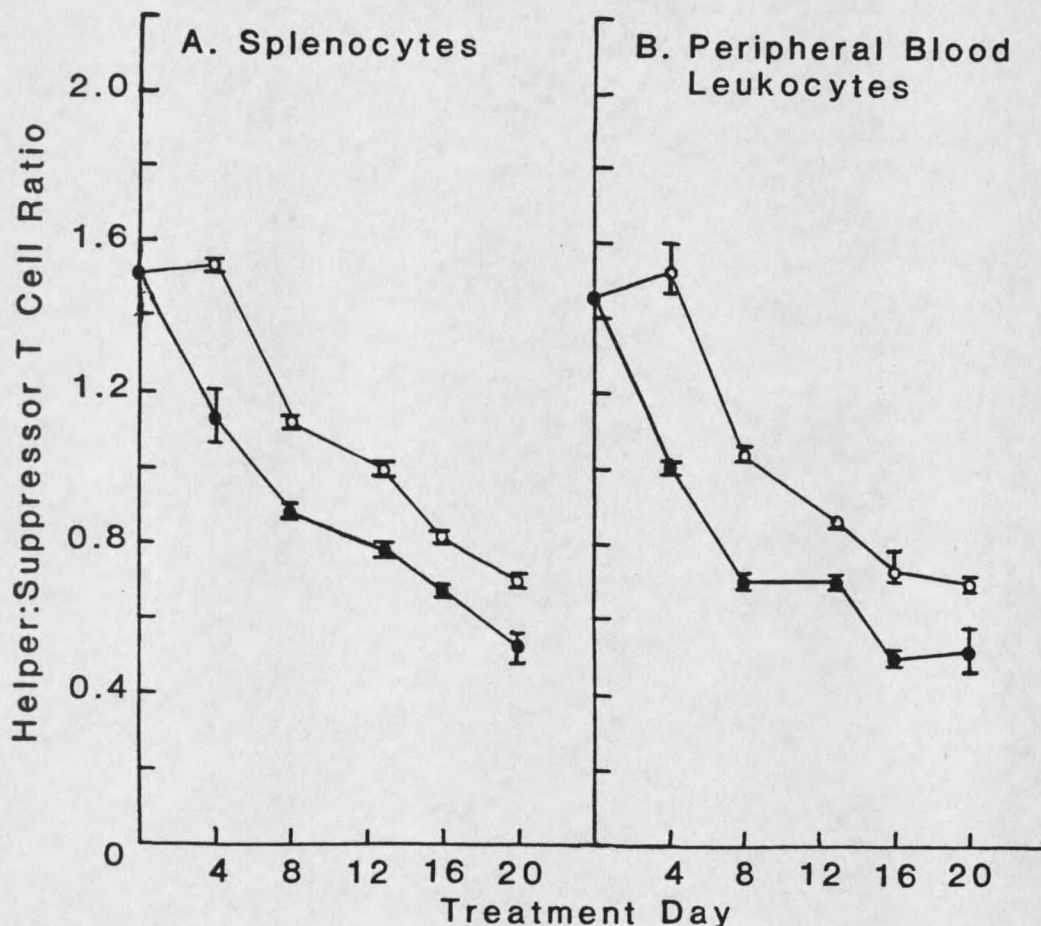


FIGURE 2. HELPER : SUPPRESSOR T CELL RATIOS FOR "SERUM-ENHANCED" TUMOR - BEARING RATS AND NONENHANCED TUMOR BEARING RATS. Ten thousand 4bs cells were injected i.v. into twenty male BD-IV rats. Two hours later, ten control rats were injected with 0.2ml NRS^a (nonenhanced tumor-bearing rats, O—O—O) and ten experimental rats with 0.2ml TBS^a (enhanced tumor-bearing rats, ●—●—●). Sera injections continued every second day. Every four days, two rats from each group and an age/sex matched nontumor-bearing control rat were assessed for helper and suppressor T cells by indirect immunofluorescence.

^aNRS = serum from normal rats; TBS = serum from tumor-bearing rats.

naive, nontumor-bearing rats as shown in Table 3. Forty-nine percent of the splenocytes and 53% of the PBLs from nontumor-bearing rats were T cells (Table 3). The percentage of B cells from nontumor-bearing rats was 25% for splenocytes and 29% for PBLs (Table 3). The proportion of T cells in splenocyte preparations and PBLs from nonenhanced tumor-bearing rats was $43 \pm 2\%$ and 45%, respectively (Table 3). B cell populations from splenocytes of nonenhanced tumor bearers was 29.5% and PBLs was 30%. (Table 3.)

Injections of TBS, using the same treatment schedule as outlined for Tables 2 and 3, did not significantly modulate T cells in a nontumor-bearing rat. The H:S ratio for splenocytes and PBLs from this rat fourteen days after TBS injections every second day, were 1.52 and 1.38, respectively (data not shown). The percentage of T cells from the spleen and peripheral blood was 56% and 50%, respectively (data not shown).

BINDING PARAMETERS OF SERUM IMMUNOGLOBULIN TO LYMPHOCYTES

Splenocytes from rats bearing subcutaneous tumors and from rats without tumors, bound IgG present in TBS. As shown in Table 4, there was little difference in the numbers of cells able to bind IgG; 65% of the splenocytes from nontumor-bearing rats incubated with TBS bound IgG compared to 62% binding by tumor-bearing rats. The IgG

TABLE 3. T AND B LYMPHOCYTE COUNTS FOR "SERUM-ENHANCED" TUMOR-BEARING RATS, NONENHANCED TUMOR-BEARING RATS AND NONTUMOR-BEARING RATS

	Splenocytes		Peripheral Blood Leukocytes	
	% B Cells ($\pm$ S.E.)	% T Cells ($\pm$ S.E.)	% B Cells ($\pm$ S.E.)	% T Cells ($\pm$ S.E.)
Nontumor-Bearing Rats (n = 1)	25	49	29	53
Nonenhanced Tumor-Bearing Rats (n = 2)	29.5 $\pm$ 2.5	43 $\pm$ 2	30.0 $\pm$ 0	45 $\pm$ 0
Enhanced Tumor-Bearing Rats (n = 2)	27.5 $\pm$ 0.5	50 $\pm$ 1	29.5 $\pm$ 3.5	49 $\pm$ 1

Ten thousand 4bs cells were injected i.v. into four BD-IV rats. Two hours later, two rats were injected i.p. with 0.2ml NRS^a (nonenhanced tumor-bearing rats) and the remaining two rats were injected with 0.2ml TBS^a (enhanced tumor-bearing rats). Sera injections were continued every second day until day fourteen, when the animals were killed and assessed for changes in lymphocyte populations by indirect immunofluorescence.

^aNRS = serum from normal rats; TBS = serum from tumor-bearing rats.

binding patterns for nylon wool-passed nonadherent splenocytes and thymocytes indicated that the cells binding immunoglobulin were T lymphocytes (Table 4). These data corroborate data obtained from FACS-sorted splenocytes. One hundred percent of the splenocytes sorted on the basis of IgG binding were shown to be T lymphocytes by indirect immunofluorescence.

Data from Table 3 indicates that 30% of the total splenocyte or peripheral leukocyte populations were B cells. Fc receptors (FcRs) on B cells may account for a large proportion of the nonspecific binding as indicated by the amount of binding by the FITC-conjugated second antibody incubated with CM only, not with serum (Table 4). At suboptimal dilutions of either the TBS or the FITC-conjugated goat anti-rat IgG antibody, the immunoglobulin binding pattern was lost.

When it was discovered that immunoglobulin from NRS and TBS bound to a population of lymphocytes from tumor-bearing rats, it was next investigated whether lymphocyte binding patterns were altered for "serum-enhanced" tumor-bearing rats. The results of this study are shown in Table 5. Binding patterns observed for PBLs removed from "serum-enhanced" tumor-bearing rats, nonenhanced tumor-bearing rats and naive, control rats, indicate that more cells bound IgG from TBS than from NRS. PBL binding patterns for

TABLE 4. BINDING OF SERUM IMMUNOGLOBULIN FROM TUMOR-BEARING RATS TO LYMPHOCYTE POPULATIONS FROM TUMOR-BEARING RATS AND NONTUMOR-BEARING RATS

<u>% Cells Exhibiting Positive Fluorescence</u>									
	Thymocytes			Unfractionated Splenocytes			Nylon wool Nonadherent Splenocytes		
	-----	-----	-----	-----	-----	-----	-----	-----	-----
Primary reaction with:	CM	NRS	TBS	CM	NRS	TBS	CM	NRS	TBS ^a
Nontumor-Bearing Rats	16	22	82	35	21	65	3	28	56
Tumor-Bearing Rats	16	18	88	50	52	62	32	39	65

The 4bs tumor was transplanted subcutaneously. Nineteen days after tumor transplant, thymocytes and splenocytes from tumor-bearing rats and two age/sex matched control rats were analyzed.

^aCM = complete medium; NRS = serum from normal rats; TBS = serum from tumor-bearing rats.

CM, NRS and TBS from "serum-enhanced" tumor-bearing rats were 44%, 52% and 83% respectively, from nonenhanced tumor-bearing rats 48%, 45% and 61% respectively, and from naive, control rats 67%, 69% and 92% respectively (Table 5). Comparable results were obtained for nylon wool nonadherent splenocytes removed from the same rats (Table 5). More IgG was bound from TBS by nylon wool nonadherent splenocytes prepared from "serum-enhanced" tumor-bearing rats than nylon-wool nonadherent splenocytes from nonenhanced tumor-bearing rats. The percentages of nylon wool nonadherent splenocytes binding IgG from serum after incubation with CM, NRS and TBS were 33%, 46% and 65%, respectively for enhanced tumor-bearing rats (Table 5). IgG-binding by similar cell preparations from nonenhanced tumor-bearing rats was 24%, 35% and 46% for CM, NRS and TBS, respectively (Table 5). IgG binding by nylon wool nonadherent splenocytes from nontumor-bearing rats was 7%, 9% and 20% for CM, NRS and TBS, respectively (Table 5).

The binding patterns for individual immunoglobulin isotypes were also investigated. These data are presented in Table 6. Since no increase in the percent cells bearing IgG_{2b} could be detected for PBLs incubated with TBS over PBLs incubated with CM, "serum-enhanced" tumor bearers appear to already have IgG_{2b} bound to all potential binding

TABLE 5. INTERACTIONS OF SERUM IgG FROM TUMOR-BEARING RATS WITH LYMPHOCYTE POPULATIONS FROM "SERUM-ENHANCED" TUMOR-BEARING RATS, NONENHANCED TUMOR-BEARING RATS AND NONTUMOR-BEARING RATS.

	<u>% Cells Exhibiting Positive Fluorescence</u>											
	Thymocytes			Unfractionated Splenocytes			Nylon-wool Nonadherent Splenocytes			Peripheral Blood Leukocytes		
	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----
Primary reaction with:	CM	NRS	TBS	CM	NRS	TBS	CM	NRS	TBS	CM	NRS	TBS ^a
Nontumor-bearing rats	1	18	91	26	54	75	7	9	20	67	69	92
Nonenhanced tumor-bearing rats	2	11	43	55	47	61	24	35	46	48	45	61
Enhanced tumor-bearing rats	2	10	84	53	59	52	33	46	65	44	52	83

Ten thousand 4bs tumor cells were injected i.v. into four male BD-IV rats. Two hours later, two rats were injected with NRS^a (nonenhanced tumor-bearing rats) and two rats were injected with 0.2 ml TBS^a (enhanced tumor-bearing rats). Sera injections were continued every second day. On day fourteen, thymocyte, splenocyte and PBL cell populations from rats from both treatment groups and age/sex matched controls were isolated and examined by the FACS.

^aCM = complete medium, NRS = serum from normal rats and TBS = serum from tumor bearing rats.

sites on PBLs. The percentage of PBLs binding IgG_{2b} following incubation with CM, NRS and TBS was 74%, 71% and 71% respectively (Table 6). These data indicate that the binding sites for this isotype were saturated prior to killing the animals and preparing the cells for FACS analysis. This phenomenon was not repeated for PBLs prepared from naive, nontumor-bearing and nonenhanced tumor-bearing rats (Table 6). PBLs from nontumor-bearing and nonenhanced tumor-bearing rats contained additional cells still able to bind IgG_{2b}. The percentage of PBLs able to bind IgG_{2b} following incubation with CM, NRS and TBS for nonenhanced tumor-bearing rats was 46%, 45% and 59% respectively and for nontumor-bearing controls was 62%, 64% and 85%, respectively (Table 6).

Binding of other immunoglobulin isotypes by peripheral blood leukocytes from "serum-enhanced" tumor-bearing rats was minimal. As shown in Table 6, PBLs were able to bind very low levels of IgG_{2a} in vivo but binding by IgM, IgG₁ or IgG_{2c} was not demonstrated. PBLs from naive rats and nonenhanced tumor-bearing rats did bind additional immunoglobulin isotypes albeit at modest levels (Table 6). PBLs from naive rats demonstrated binding of IgM, IgG₁, IgG_{2a}, IgG_{2b} and IgG_{2c} in vivo (Table 6). PBLs from nonenhanced tumor bearing rats bound fewer isotypes in

TABLE 6. IMMUNOGLOBULIN ISOTYPE BINDING PARAMETERS FOR PERIPHERAL BLOOD LEUKOCYTES FROM "SERUM-ENHANCED" TUMOR-BEARING RATS, NONENHANCED TUMOR-BEARING RATS AND NONTUMOR - BEARING RATS

		<u>% Cells Exhibiting Positive Fluorescence</u>																	
		<u>IgM</u>			<u>IgG₁</u>			<u>IgG_{2a}</u>			<u>IgG_{2b}</u>			<u>IgG_{2c}</u>			<u>IgG</u>		
Primary	reaction with:	<u>CM</u>	<u>NRS</u>	<u>TBS</u>	<u>CM</u>	<u>NRS</u>	<u>TBS</u>	<u>CM</u>	<u>NRS</u>	<u>TBS</u>	<u>CM</u>	<u>NRS</u>	<u>TBS</u>	<u>CM</u>	<u>NRS</u>	<u>TBS</u>	<u>CM</u>	<u>NRS</u>	<u>TBS</u> ^a
Nontumor-	bearing rats	15	11	12	15	9	13	15	9	13	62	64	85	18	14	14	44	32	55
Nonenhanced	tumor-bearing rats	20	13	16	17	13	14	12	10	12	46	45	59	--	--	— ^b	38	39	55
Enhanced tumor-	bearing rats	--	--	— ^b	--	--	— ^b	12	8	11	74	71	74	--	--	— ^b	18	56	78

43

Ten thousand 4bs cells were injected i.v. into four BD-IV male rats. Two hours later, two rats were injected with NRS^a (nonenhanced tumor-bearing rats) and two rats were injected with TBS^a (enhanced tumor-bearing rats). Sera injections continued every second day until day fourteen. On day fourteen, the PBL cell populations from rats from both treatment groups and age/sex matched controls were isolated and examined by the FACS.

aCM = complete medium, NRS = serum from normal rats and TBS = serum from tumor-bearing rats.

bFluorescence intensity was not measurable.

in vivo; binding was demonstrated for IgM, IgG₁, IgG_{2a} and IgG_{2b} and not for IgG_{2c}.

MODULATION OF TUMOR LUNG COLONIZATION WITH ADOPTIVELY TRANSFERRED FACS-SORTED TUMOR BEARER SPLENOCYTES

Previously, it was shown that tumor lung metastasis was enhanced by chronic injection of TBS using the lung colony assay and the spontaneous metastasis assay (Table 1). Metastasis was also enhanced by adoptively-transferring FACS-sorted, IgG binding, tumor bearer splenocytes. The average number of tumor lung nodules for rats receiving FACS-sorted splenocytes was 77.4 compared to 43.3 for rats receiving normal saline (Table 7).

Histologic examination of representative lung sets revealed that the rats whose tumor growth was enhanced by adoptive transfer had miliary micrometastases in the lung tissue surrounding advanced tumor nodules. The miliary metastases were too small and too numerous to count. This phenomenon was not observed in stained sections of lungs from the control rats (Figure 3).

At the time of injection of FACS-sorted tumor-bearing splenocytes, sorted and unsorted splenocytes were analyzed for expression of cell surface antigens by indirect immunofluorescence. One hundred percent of the sorted cells expressed the OX-19 antigen on the cell surface (data

TABLE 7. MODULATION OF TUMOR LUNG COLONIZATION BY THE
ADOPTIVE TRANSFER OF FACS-SORTED TUMOR BEARER
SPLENOCYTES

Rat Group	Mean Number of Pulmonary Tumor Colonies, (range), P ^a
Controls (saline) (n = 5)	43.3 (23-60)
Experimentals (FACS-sorted tumor-bearer splenocytes) (n = 5)	77.4 (67-83) P = 0.0079

BD-IV rats were injected with 1×10^4 4bs cells i.v. Two hours after the tumor cell injection, control rats received 0.2ml normal saline, and experimental rats received 5×10^5 FACS-sorted^b tumor bearer splenocytes i.p. Animals were necropsied twenty-four days later.

^aP values were calculated using the Mann-Whitney U Two-Tailed Test.

^bIgG-positive tumor bearer splenocytes were sorted using the same gates and parameters that were used to calculate percentage of cells exhibiting positive fluorescence in previous experiments (Tables 4-6).

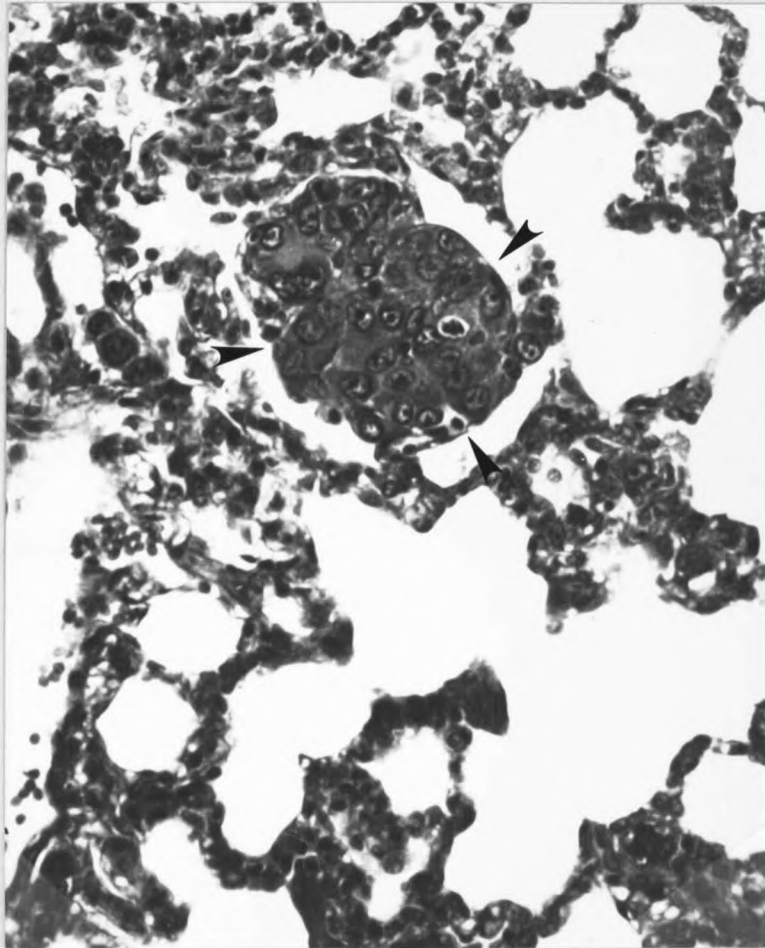


FIGURE 3. SECTION OF LUNG TISSUE FROM A RAT INJECTED WITH 4bs CELLS I.V. AND FACS-SORTED SPLENOCYTES I.P. The section was stained with hematoxylin and eosin (400x magnification) and the arrows point to a miliary micrometastatic tumor colony.

not shown). Therefore, the cells sorted on the basis of IgG binding were T lymphocytes. The H:S ratio for the sorted cells was 0.57 (data not shown). Referring back to Table 2, the H:S ratio for splenocytes taken from enhanced tumor-bearing rats on day 14 was 0.84 ± 0.16 and for PBLs it was 0.57 ± 0.03 . By comparison, 63.6% of the unsorted tumor bearer splenocytes were T cells and the H:S ratio was 0.95 (data not shown).

Fluorescence microscopy of the TBS IgG positively-sorted and the IgG negatively-sorted tumor bearer splenocyte preparations revealed different immunoglobulin binding patterns. Cells sorted as positive on the basis of IgG binding from TBS appeared to internalize the fluorescently-labeled surface components (data not shown). Cells which were sorted as negative for binding TBS IgG displayed a peripheral fluorescent pattern with the fluorescently-labeled complexes patching and capping off (data not shown).

Confirmation of the apparent internalization of the bound immunoglobulin complexes in the "positively-sorted" cells was sought by investigating the ability of trypsin to remove the membrane-bound complexes. After a very short time frame the surface complexes were unavailable to externally added trypsin, confirming their internalization (data not shown). Since the complexes were internalized

there was no ready method of removing them from FACS-sorted splenocytes. However, FITC did not appear to interfere with the ability of the FACS-sorted, IgG-binding splenocytes from tumor-bearing rats to enhance tumor lung colonization (Table 7).

Fab fragments prepared from TBS were incubated with PBLs from tumor-bearing rats and nontumor-bearing rats, to ascertain whether or not the Fc portion of the immunoglobulin was required for TBS IgG binding. As shown by FACS analysis, the binding patterns were not altered by incubating TBS fragments with PBLs from tumor-bearing rats (data not shown). On the other hand, the binding pattern for TBS fragments was lost after incubation with PBLs from nontumor-bearing rats (data not shown). Therefore, it can be concluded that the Fc portion of the immunoglobulin was not involved in the binding of TBS IgG to tumor bearer lymphocytes. The Fc portion, however, may be involved in immunoglobulin binding by lymphocytes from naive, nontumor-bearing rats.

DISCUSSION

Immunological enhancement of tumors refers to the prolonged survival of a tumor facilitated by passive immunization of a tumor-bearing host with antibodies directed against the tumor's antigens. As a consequence, the host loses its ability to mount an effective immune response against the tumor and destroy it. Enhancement has been achieved through manipulation of the humoral arm of the immune system (15-33) and includes enhancement of the primary tumor (15-20,22-33) as well as its metastases in some instances (21,24). In the experiments reported herein the process of tumor metastasis has been enhanced by chronic injection of tumor bearer serum in both the spontaneous metastasis assay and the experimental lung colony assay (Table 1). The growth rate of the primary tumor in the spontaneous metastasis assay was not significantly affected (Figure 1).

These experiments support the earlier results of Starkey et al. (21) as well as Kaliss et al. (22). Using the experimental lung colony assay, previous work by Starkey et al. (21) had shown that lung colonization of the 4bs tumor cell line was enhanced by thrice weekly injections of the IgG_{2b} fraction of tumor bearer serum.

Kaliss et al. (22) passively enhanced tumor allografts in C57BL/K mice using the F(ab')₂ fraction of anti-tumor alloantiserum, intact IgG and whole alloantiserum. Also, the work of Sacchi et al. (24) partially agrees with the current findings. Using a monoclonal antibody prepared to Lewis Lung Carcinoma antigens, Sacchi et al. (24) enhanced lung metastasis but restricted the growth of the primary tumor. In the current study, TBS did not significantly affect the growth rate of the primary, subcutaneous 4bs tumor but did enhance metastasis (Figure 1).

The demonstration that metastasis could be enhanced using the spontaneous metastasis assay satisfied objections which had been raised against using the lung colony assay as the only assay for assessing immunologic changes related to tumor growth. Injecting tumor cells directly into the veins of animals does not accurately mirror events in human cancer. Cancer patients develop a spontaneous primary tumor which, over a period of time, may progress and metastasize to distant sites of the body. The spontaneous metastasis assay better reflects the manner in which a primary tumor is perceived by its host's immune system. However, when using the spontaneous metastasis assay, each animal in the experiment develops metastases at slightly different times after tumor inoculation, and this poses difficulties when quantitating changes influenced by

treatment modalities. Use of the lung colony assay removes this variability since tumor cells enter the blood stream of each rat at the start of the experiment via i.v. injection. Therefore, the lung colony assay was chosen for the remainder of the current studies.

Enhanced metastatic tumor growth was paralleled by changes in immunologic parameters. Fourteen days after 4bs tumor cell injection, the PBL H:S ratio was depressed in enhanced tumor-bearing rats compared to nonenhanced tumor-bearing rats (Table 2). For twenty days following tumor injection, the H:S ratio for "serum-enhanced" tumor-bearing rats declined rapidly (Figure 2). In contrast, the H:S ratios for nonenhanced tumor-bearing rats transiently peaked on day 4 and declined thereafter (Figure 2).

The H:S ratio for enhanced tumor bearing rats was almost inverted compared to nonenhanced tumor-bearing rats in the single helper:suppressor assay performed on day fourteen post tumor inoculation (Table 2). This big difference in the H:S ratios between "serum-enhanced" and nonenhanced tumor-bearing groups was not seen on either day thirteen or sixteen in the multiple time point H:S experiment since in the latter experiment the H:S ratio dropped for the nonenhanced tumor bearing group (Figure 2). At least two factors may account for this discrepancy.

First, tumor populations are heterogenous and are subject to continual change (88,89). There was a lapse of six months between the time that the helper:suppressor experiments were initiated and completed. During this time, the 4bs tumor could have undergone phenotypic changes which may have led to a slightly altered immune response to the tumor. Second, the rats may not have been maintained in the proper SPF environment. Examination of H & E stained histologic sections, prepared from lung sets taken from animals for the experiment finished immediately after the single time point H:S ratio experiment (Table 2), suggested that animals in the colony were exposed to infectious agents during this time. Unfortunately, the nature of these agents was not identified. However, any agent which would stimulate the immune system just prior to, or immediately following tumor cell injection, could change some of the results obtained in studies of immunological tumor enhancement. Even though the animals appeared to be healthy at the time of tumor cell injection, exposure of the rats to a potential pathogen could have measurable effects on the immune system.

No significant overall changes were observed for the proportion of B and T lymphocytes in the spleens and peripheral blood of enhanced and nonenhanced tumor-bearing rats (Table 3). Even though changes were not seen in the

percentage of B cells, the possibility of clonal expansion for one or more B cell clones and a simultaneous decrease of another clone(s) could not be excluded. Rather than observing changes in B and T cell populations between the two tumor-bearing groups, differences occurred in the helper and suppressor T cell populations reflected by the depressed H:S ratios found for enhanced tumor-bearing rats. These results contradict those of Koyama et al. (68) who studied T and B lymphocytes in canine lymphosarcoma. They found markedly increased B lymphocyte and decreased T lymphocyte counts in the peripheral blood, spleen and lymph nodes (68). However, Koyama et al. (68) did not distinguish between neoplastic and normal lymphocytes which may explain the differences in results obtained from their research and our current study. Alterations in B and T lymphocyte subsets have been documented for patients with other diseases including IgG nephropathy and membranous nephropathy (90), systemic lupus erythematosus (SLE) (65) and acquired immune deficiency syndrome (64).

Dissemination of tumor cells can occur via several pathways. These are: the direct seeding of body cavities or surfaces by penetration into natural open fields, transplantation by mechanical means, or by lymphatic and hematogenous metastasis (91). The immune systems of the "serum-enhanced" tumor-bearing rats were likely depressed

soon after tumor cell injection as indicated by a decreased number of helper T cells and an increased number of suppressor T cells. Suppression of the mediator immune cell functions such as down-regulation of helper T cells by suppressor T cells may have allowed outgrowth of extravasated tumor emboli.

In addition to the declining H:S ratios which may correlate with immunologic suppression and enhanced tumor growth, changes in immunoglobulin binding by lymphocyte populations from enhanced tumor bearer rats was documented using FACS analysis. Immunoglobulin from TBS was found to bind to lymphocytes from "serum-enhanced" or nonenhanced tumor-bearing rats and nontumor-bearing rats, and generally, more lymphocytes bound immunoglobulin from TBS than from NRS. The population of lymphocytes labelled with TBS IgG were T cells; a majority of these cells also expressed the OX-8 antigen on their cell surface indicative of suppressor T cells. However, helper T cells were present in the T lymphocytes sorted on the basis of their IgG binding but at one-half the value usually determined for naive, non-tumor bearing rats or nonenhanced tumor-bearing rats. Similar immunoglobulin binding studies have been done using sera from SLE patients. Edwards et. al. (92) incubated SLE serum with lymphocytes from healthy patients and sorted the lymphocytes on the basis of

IgG binding. Ninety-seven percent of the sorted cells were T lymphocytes, of which 70% were helper T cells and 30% were suppressor T cells (92). In the current study, 100% of the sorted cells were T cells which is similar to the results obtained by Edwards et al. (92) in their FACS analysis of serum from SLE patients. On the other hand, the majority of the cells which bound TBS IgG were suppressor T cells. Sixty percent of the sorted cells expressed the OX-8 antigen on their surface and the remainder of the cells expressed the W3/25 antigen. These results are opposite to what Edwards et al. (92) reported.

The overall immunoglobulin binding patterns were quite similar for lymphocytes removed from tumor-bearing and nontumor-bearing rats in the initial FACS experiment (Table 4). These similarities were less evident in later FACS analyses (Table 5 and 6). Lymphocytes from tumor bearer rats for the initial FACS experiment (Table 4) were removed nineteen days after tumor inoculation; lymphocytes for experiments (Tables 5 and 6) were removed fourteen days post tumor cell injection. During the later stages of tumor growth, there is a splenomegaly caused by an increase of neutrophils in the spleens of tumor-bearing rats (93). Since neutrophils possess surface receptors for the Fc portion of immunoglobulins (94), an increased number of

neutrophils could cause a shift in the number of cells able to bind immunoglobulin.

IgG_{2b} was the predominant immunoglobulin bound to enhanced tumor-bearing PBLs and it was likely bound in vivo. Significant binding by other isotypes was not demonstrated. Previously, Starkey et al. (21) had shown that this was the enhancing antibody isotype in TBS, using the same rat hepatocarcinoma model. IgG_{2b} binding and internalization may serve as the signal for activating effector or suppressor cells. In this case, suppressor T cells could directly down-regulate the cytotoxic activity against tumor cells, or indirectly block effector signals to cytotoxic T cells. Preferential binding of one particular isotype by PBLs was not demonstrated for nonenhanced tumor-bearing rats or nontumor-bearing, control rats.

One of the problems in these kinds of flow cytometric analyses was distinguishing clearly between immunoglobulin binding by T cells and B cells. Stout and Herzenberg (95) had previously shown that the FACS-resolvable peaks for binding immunoglobulin by these two lymphocyte subsets overlapped. I attempted to circumvent this by electronically gating out B cells carrying immunoglobulin using the DISP4 program available with the Consort 40 computer. Binding parameters for the incubation of TBS

with nylon wool-passed splenocytes and sorting experiments performed on the basis of TBS IgG binding indicated that the 100% of the lymphocytes binding TBS IgG in the chosen cell population were indeed T cells.

Immunoglobulin binding by T lymphocytes from tumor-bearing animals could be attributed to Fc receptors or tumor antigen-specific cell surface receptors. Our evidence indicates that the binding of TBS IgG is not FcR dependent since Fab fragments prepared from TBS IgG still bound to tumor bearer PBLs. Previously, Miedema et al. (96) described a monoclonal antibody, anti-human lymphocyte-function-associated antigen (LFA-1) antibody, which blocks cytotoxic T, NK and K cell activity. This antigen is also present on murine lymphocytes (96) but it has not been described for rat lymphocytes. Antibodies against cell surface antigens have been shown to inhibit T cell function in experimental systems (96). If a similar receptor exists on suppressor T cells, immunoglobulin-receptor interaction could result in down-regulation of cytotoxic T cells by suppressor T cells via lymphokine signals.

Different binding patterns by FACS-sorted splenocytes were observed. T cells bound TBS IgG and internalized the bound complex. On the other hand, non T splenocytes bound TBS IgG peripherally and this subsequently patched and

capped off. TBS IgG-binding by enhanced tumor-bearing splenocytes was resistant to gentle trypsin treatment presumably due to rapid internalization. The use of TBS Fab fragments abrogated the ability of the TBS antibodies to rapidly internalize, although capping and patching were not observed.

Splenocytes from tumor-bearing rats were sorted on the basis of their TBS IgG-binding and shown to enhance experimental tumor metastasis in the lung colony assay. Earlier results obtained by Starkey and Talmadge (unpublished results) revealed that unsorted splenocytes from tumor-bearing rats equally suppressed or enhanced tumor growth in the experimental lung colony assay. Splenic T cells from tumor-bearing mice have also been shown to enhance tumor growth in a Winn-type assay by Tanaka et al. (97). The sorted cells were predominantly suppressor T cells (42% stained with OX-8 compared to 24% staining with W 3/25). The H:S ratio for the sorted cells was 0.57, which was similar to the H:S ratios for splenocytes from enhanced tumor-bearing rats at the end of the H:S T cell ratio kinetics experiment (Figure 2). Our finding that tumor-bearer lymphocytes suppress rather than enhance immune functions may explain some of the failures encountered by clinicians when they have attempted to treat tumors using adoptive immunotherapy (10, 98-100).

Tumor enhancement is not a phenomenon restricted to laboratory models. In human patients, circulating immune complexes, serum-blocking factors and anti-tumor antibodies have been implicated in the enhanced growth of malignant melanoma (20,29,43,44) and neuroblastoma (31,100). It is not known how these factors modulate the immune system, and numerous theories have been proposed. Circulating antigen-antibody complexes may block regulator cell or effector cell functions (37). Antibody may also mask tumor cell antigens so they can not be recognized by immune cells (37).

Our studies suggest that T cells are involved in the control of humoral enhancement. TBS creates the environment for suppression-the IgG_{2b} isotype may bind to suppressor T cells' antigen receptors, the result being down-regulation of helper and cytotoxic T cells. This would suppress the immune system and allow unrestrained tumor growth and the expression of metastasis. Evidence of similar suppressor activity was reported by Tagart et al. (102). They found that trinitrophenyl-induced suppressor T cells which were cyclophosphamide sensitive blocked the induction of anti-trinitrophenyl cytotoxic T cells in vivo (102). Tanaka et al. (97) found that a tumor-bearing state induces suppression of the host's defense mechanisms and enhances tumor growth in relation to T cell recruitment

from the thymus. The recruited T cells exhibited tumor-specific suppressive activity in the early stage of tumor growth which disappeared at the advanced stages of tumor growth (97). In the current study, a population thymocytes from tumor-bearing and "serum-enhanced" tumor-bearing rats bound TBS IgG (Tables 4 and 5). This population of thymocytes from tumor-bearing animals may be similar to the thymus-recruited T cells described by Tanaka et al. (97).

The lung colony assay allowed us to bypass the first stages of tumor growth - initiation, promotion, and establishment of the primary tumor, and proceed to the point when tumor cells are found in the circulation. At the advanced stages of cancer, tumor-associated antigens and antitumor antibodies are present in serum, which may favor the survival of tumor emboli in the blood stream. In previous studies, we showed that TBS injected only close to the time of tumor cell injection was ineffective (21). Only chronic TBS injections enhance metastasis. Therefore, it is likely that only tumor outgrowth was affected in the lung colony assay.

Additional studies may shed light on the mechanisms involved in humoral tumor enhancement. Previously, it has been shown that tumor-bearing splenocytes suppress in vitro cytotoxicity assays (60-63). It would be relevant to investigate whether splenocytes from enhanced tumor-bearing

rats have the ability to suppress a mixed lymphocyte reaction or a cytotoxic T cell response. Also, it is not known whether regulation of B cell clones is involved in humoral enhancement of tumor growth. Plaque assays, looking for clonal expansion and/or clonal depression in enhanced tumor-bearing rats compared to nonenhanced tumor-bearing rats, may prove to be interesting. These studies together with the current results may lead to the development of successful methods for manipulating the immune system so as to avoid tumor enhancement responses favoring metastasis.

REFERENCES CITED

1. Brodt, P. Tumor immunology-three decades in review. Ann. Rev. Microbiol., 1983, 37:447-476.
2. Hellstrom, K.E., and Hellstrom, I. Cellular immunity against tumor antigens. Adv. Cancer Res., 1969, 12: 167-223.
3. Prehn, R.J., and Main, J.M. Immunity to methylcholanthrene-induced sarcomas. J. Natl. Cancer Inst., 1957, 18:769-778.
4. Old, L.J., Boyse, E.A., Clarke, D.A., and Carswell, E.A. Antigenic properties of chemically induced tumors. Ann. NY Acad. Sci., 1962, 101:80-106.
5. Klein, G., Sjogren, H.S., Klein, E., and Hellstrom, K.E. Demonstration of resistance against methylcholanthrene-induced sarcomas in the primary autochthonous host. Cancer Res., 1960, 20:1561-1572.
6. Kripke, M.L. Immunologic mechanisms in uv radiation carcinogenesis. Adv. Cancer Res., 1981, 34:60-106.
7. Baldwin, R.W. Specific and non-specific responses in host resistance to tumors. Tokai. J. Exp. Clin. Med. 1983, 8:419-429.
8. North, R.J. Down-regulation of the antitumor immune response. Adv. Cancer Res., 1985, 45:1-43.
9. Schwartz, R.S. Current concepts - Another look at immunologic surveillance. New Eng. J. Med., 1975, 293:181-184.
10. Baldwin, R.W. Mechanisms of immunity in cancer. Pathobiology. Annual, 1981, 11:155-173.
11. Penn, I. Depressed immunity and the development of cancer. Clin. Exp. Immunol. 1981, 46:459-474.
12. Den Otter, W. Tumor cells do not arise frequently. Cancer Immunol. Immunother., 1985, 19:159-162.

13. Prehn, R.T. Do tumors grow because of the immune response to the host? Transplant. Rev., 1976, 28:34-42.
14. Rygaard, J., and Povlsen, C.O. The nude mouse vs. the hypothesis of immunological surveillance. Transplant. Rev. 1976, 28:43-61.
15. Duc, H.T., Kinsky, R.G., Monnot, P., and Voisin, G.A. Evolution of alloantibodies and suppressor cells in allografted mice treated for passive enhancement. Cell. Immunol. 1985, 95:180-194.
16. Gorczynski, R.M., Kennedy, M., Polidoulis, I., and Price, G.B. Altered tumor growth in vivo after immunization of mice with antitumor antibodies. Cancer Res., 1984, 44:3291-3298.
17. Harris, T.N., Harris, S., Henri, E.M., and Farber, M.B. Enhancement of growth of allogeneic mouse tumor by the IgG₁ fraction of alloantibody preparations. J. Natl. Can. Inst., 1978, 60:167-171.
18. Kaliss, N. The elements of immunologic enhancement: a consideration of mechanisms. Ann. NY Acad. Sci., 1964, 210:64-79.
19. Hellstrom, I., Hellstrom, K.E., Evans, C.A., Heppner, G.H., Pierce, G.E., and Yang, J.P.S. Serum-mediated protection of neoplastic cells from inhibition by lymphocytes immune to their tumor-specific antigens. Proc. Natl. Acad. Sci. USA, 1969, 62:362-368.
20. Howokawa, M., Mihich, E., Watanabe, T., and Pressman, D. Effect of antimyeloma cell antiserum on immunological enhancement. Cancer Res., 1975, 35: 591-595.
21. Starkey, J.R., Ristow, S.S., McDonald, T.L., and Talmadge, J.E. Immunologic enhancement of experimental metastasis in the rat. Cancer Immunol. Immunother., 1984, 17:42-50.
22. Kaliss, N., St.C.Sinclair, N.R., and Cantrell, J.L. Immunological enhancement of a murine tumor allograft by passive alloantibody IgG and F(ab')₂. Eur. J. Immunol., 1976, 6:38-42.

23. Gershon, R.K., and Carter, R.L. Facilitation of metastatic growth by antilymphocyte serum. Nature (London), 1970, 226:368-370.
24. Sacchi, A., Kennel, S.J., Appolloni, C., and Natali, P.G. Treatment with monoclonal antibody to a Lewis Lung Carcinoma-associated antigen: different effect on primary tumor and its metastases. Cancer Treat. Rep., 1985, 69:985-991.
25. Milburn, G.L., and Lynch, R.G. Immunoregulation of murine myeloma in vitro II. Suppression of MOPC-315 immunoglobulin secretion and synthesis by idiotype-specific suppressor T cells. J. Exp. Med., 1982, 155:852-861.
26. Milburn, G.L., and Lynch, R.G. Anti-idiotypic regulation of IgA expression in myeloma cells. Mol. Immunol., 1983, 20:931-940.
27. Schreiber, H. Idiotypic network interactions in tumor immunity. Adv. Cancer Res., 1984, 41:291-321.
28. McDonald, T.L., Collins, M., and Talmadge, J.E. Comparison of antibody isotypes in sera and circulating immune complexes during tumor growth and metastasis of three tumor models in mice. Cancer Res., 1984, 44:4933-4937.
29. Vlock, D.R., and Kirkwood, J.M. Serial studies of autologous antibody reactivity to melanoma. Relationship to clinical course and circulating immune complexes. J. Clin. Invest., 1985, 76:849-854.
30. Oldstone, M.B.A., Theofilopoulos, P.G., and Klein, G. Immune complexes associated with neoplasia: presence of Epstein-Barr Virus antigen-antibody complexes in Burkitt's Lymphoma. Intervirology, 1974, 4:292-302.
31. Oldstone, M.B. Immune complexes in cancer: demonstration of complexes in mice bearing neuroblastomas. J. Natl. Cancer Inst., 1975, 54:223-226.
32. Wexler, H., Sindelar, W.F., and Ketcham, A.S. The role of immune factors in the survival of circulating tumor cells. Cancer, 1976, 37:1701-1706.

33. Broder, S., and Whitehouse, F. Immunologic enhancement of tumor xenografts by pepsin-degraded immunoglobulin. Science, 1968, 162:1949-1945.
34. Denkers, E.Y., Badger, C.C., Ledbetter, J.A., and Bernstein, I.D. Influence of antibody isotype on passive serotherapy of lymphoma. J. Immunol., 1985, 135:2183-2186.
35. Herlyn, D., and Koprowski, H. IgG_{2a} monoclonal antibodies inhibit human tumor growth through interaction with effector cells. Proc. Natl. Acad. Sci., 1982, 79:4761-4765.
36. Harris, T.N., Harris, S., Henri, E.M., and Faber, M.B. Suppression of growth of a mouse plasmacytoma by the IgG2 fraction of syngeneic antitumor globulin. Cancer Immunol. Immunother., 1978, 5:119-127.
37. Feldman, J.D. Immunological enhancement: a study of blocking antibodies. Adv. Immunol., 1972, 15:167-214.
38. Halliday, W.J., Koppi, T.A., and McKenzie, I.F.C. Regulation of cell-mediated immunologic reactivity to Moloney Murine Sarcoma Virus-induced tumors. III. Further characterization of tumor-specific serum blocking factors. J. Natl. Cancer Inst., 1982, 69:939-944.
39. Nepom, G.T., Hellstrom, I., and Hellstrom, K.E. Suppressor mechanisms in tumor immunity. Experientia, 1983, 39:235-242.
40. Roitt, I., Brostoff, J., and Male, D. Immunology. St. Louis, Missouri: C.V. Mosby Company, 1985, p. 5.6.
41. Grey, H.M., Hirst, J.W., and Cohn, M. A new mouse immunoglobulin: IgG3. J. Exp. Med., 1971, 133:289-304.
42. Bazin, H., and Lebacqz, A.-M. Physiochemical and biological properties of rat antibodies. Transplant. Proc., 1983, 15:1669-1671.
43. Bodurtha, A.J., Chee, D.O., Laucius, J.F., Mastrangelo, M.J., and Prehn, R.T. Clinical and immunological significance of human melanoma cytotoxic antibody. Cancer Res., 1975, 35:189-193.

44. Gupta, R.K., Theofilopoulos, A.N., Dixon, F.J., and Morton, D.L. Circulating immune complexes as possible cause for anticomplementary activity in humans with malignant melanoma. Cancer Immunol. Immunother., 1979, 6:211-221.
45. Jerne, N.K. Towards a network theory of the immune system. Ann. Immunol. (Inst. Pasteur). 1974, 125 C:373-389.
46. Monroe, J.G., and Greene, M.I. Anti-idiotypic antibodies and disease. Immunol. Invest., 1986, 15:263-286.
47. Eichmann, K. Idiotypic suppression II. Amplification of a suppressor T cell with anti-idiotypic activity. Eur. J. Immunol., 1975, 5:511-517.
48. Eichmann, K., and Rajewsky, K. Induction of T and B cell immunity by anti-idiotypic antibody. Eur. J. Immunol., 1975, 5:661-666.
49. Flood, P.M., Kripke, M.L., Rowley, D.A., and Schreiber, H. Suppression of tumor rejection by autologous anti-idiotypic immunity. Proc. Natl. Acad. Sci. USA, 1980, 77:2209-2213.
50. Bridges, S.H., Le Guern, C., and Gurgo, C. Inhibition of in vivo growth of murine plasmacytoma MOPC-460 by monoclonal anti-idiotypic antibodies directed at distinct idiotypes of the immunoglobulin on the surface of MOPC-460. Cancer Res., 1984, 44:5051-5055.
51. Nepom, G.T., Nelson, K.A., Holbeck, S.L., Hellstrom, I., and Hellstrom, K.E. Induction of immunity to a human tumor marker by in vivo administration of anti-idiotypic antibodies in mice. Proc. Natl. Acad. Sci. USA, 1984, 81:2864-2867.
52. Treves, A.J., Carnaud, C., Trainin, N., Feldman, M., and Cohen, I.R. Enhancing T lymphocytes from tumor-bearing mice suppress host resistance to a syngeneic tumor. Eur. J. Immunol. 1974, 4:722-727.
53. Uniel, T., and Trainin, N. Immunological enhancement of tumor growth by syngeneic thymus-derived lymphocytes. Transplant. 1974, 18:244-250.

54. Fujimoto, S., Greene, M.I., and Sehon, A.H. Regulation of the immune response to tumor antigens I. Immunosuppressor cells in tumor-bearing hosts. J. Immunol., 1976, 116:791-799.
55. Fujimoto, S., Greene, M.I., and Sehon, A.H. Regulation of the immune response to tumor antigens II. The nature of immunosuppressor cells in tumor-bearing hosts. J. Immunol., 1976, 116:800-806.
56. Urban, J.L., Burton, R.C., Holland, J.M., Kripke, M.L., and Schreiber, H. Mechanisms of syngeneic tumor rejection. Susceptibility of host-selected progressor variants to various immunological effector cells. J. Exp. Med., 1982, 155:557-573.
57. Chen, Y.-H., Anderson, A.B., and Williams, K.G. Splenic immune effector and suppressor cells in mice bearing a growing plasmacytoma. Cancer Res., 1985, 45:5473-5479.
58. Berendt, M.J., and North, R.J. T-cell-mediated suppression of anti-tumor immunity. An explanation for progressive growth of an immunogenic tumor. J. Exp. Med., 1980, 151:69-80.
59. North, R.J., and Dye, E.S. Lyl+2- suppressor T cells down-regulate the generation of lyl-2+ effector T cells during progressive growth of the P815 mastocytoma. Immunol., 1985, 54:47-56.
60. Fernbach, B.R., Kirchner, H., Bonnard, G.D., and Heberman, R.B. Suppression of mixed lymphocyte response in mice bearing primary tumors induced by murine sarcoma virus. Transplant., 1976, 21:381-386.
61. Kilburn, D.G., Smith, J.B., and Gorczynski, R.M. Nonspecific suppression of T lymphocyte responses in mice carrying progressively growing tumors. Eur. J. Immunol., 1974, 4:784-788.
62. Clerici, E., Schechler, B., and Feldman, M. Enrichment of suppressor cell activity by hydrocortisone: suppression of in vitro activation of splenocytes from mice bearing Lewis Lung Carcinoma. Int. J. Cancer, 1980, 25:349-354.

63. Bear, H.D. Tumor-specific suppressor T-cells which inhibit the in vitro generation of cytolytic T-cells from immune and early tumor-bearing host spleens. Cancer Res., 1986, 46:1805-1812.
64. Gottlieb, M.S., Schroff, R., Schanker, H.M., Weisman, J.D., Fan, P.T., Wolf, R.A., and Saxon, A. Pneumocystis carinii pneumonia and mucosal candidiasis in previously healthy homosexual men. New Engl. J. Med., 1981, 305:1425-1431.
65. Smolen, J.S., Morimoto, C., Steinberg, A.-D., Wolf, A., Schlossman, S.F., Steinberg, R.T., Penner, E., Reinherz, E., Reichlin, M., and Chused, T.M. Systemic Lupus Erythematosus: delineation of subpopulations by clinical, serologic and T cell subset analysis. Amer. J. Med. Sci., 1985, 289:139-147.
66. Modlin, R.L., Kato, H., Mehra, V., Nelson, E.E., Xue-dong, F., Rea, T.H., Pattengale, P.K., and Bloom, B.R. Genetically restricted suppressor T-cell clones derived from lepromatous leprosy lesions. Nature (London), 1986, 322:459-461.
67. Ottenhoff, T.H.M., Elferink, D.G., Klatser, P.R., de Vries, R.R.P. Cloned suppressor T cells from a lepromatous leprosy patient suppress Mycobacterium leprae reactive helper T cells. Nature (London), 1986, 322:462-464.
68. Koyama, H., Kajikasa, O., Imamura, Y., Ogasawara, T., Higuchi, S., Yoshikawa, H., Yoshikawa, T., and Saito, H. T and B lymphocytes in canine lymphosarcoma. Jpn. J. Vet. Sci., 1985, 47:157-160.
69. Montesano, R., Saint Vincent, L., and Tomatis, L. Malignant transformation in vitro of rat liver cells by dimethylnitrosamine and n-methyl-n'-nitro-n-nitrosoguanidine. Bri. J. Cancer, 1973, 28:215-220.
70. Montesano, R., Saint Vincent, L., and Tomatis, L. Production of epithelial and mesenchymal tumors with rat liver cells transformed in vitro. Int. J. Cancer, 1975, 16: 550-558.

71. Talmadge, J.E., Starkey, J.R., Davis, W.C., and Cohen, A.L. Introduction of metastatic heterogeneity by short-term in vivo passage of a cloned transformed cell line. J. Supramol. Struct., 1979, 12: 227-243.
72. Talmadge, J.E., Starkey, J.R., and Stanford, D.R. In vitro characteristics of metastatic variant subclones of restricted genetic origin. J. Supramol. Struct., 1981, 15:139-151.
73. Lillie, R. D. Histopathologic Technic and Practical Histochemistry. New York: McGraw-Hill Book Company 1965, p. 58.
74. Starkey, J.R., Prieur, D.J., and Ristow, S.S. Natural killer cell activity in fawn-hooded rats. Experientia., 1983, 39:308-310.
75. White, R.A.H., Mason, D.W., Williams, A.F., Galfre, G., and Milstein, C. T lymphocyte heterogeneity in the rat: separation of functional subpopulation using a monoclonal antibody. J. Exp. Med., 1978, 148:664-673.
76. Webb, M., Mason, D.W., and Williams, A.F. Inhibition of mixed lymphocyte response by monoclonal antibody specific for a rat T lymphocyte subset. Nature (London), 1979, 282:841-843.
77. Brideau, R.J., Carter, P.B., McMaster, R., Mason, D.W., and Williams, A.F. Two subsets of rat T lymphocytes defined with monoclonal antibodies. Eur. J. Immunol., 1980, 10: 609-615.
78. Dallman, M.J., Mason, D.W., Webb, M. The roles of host and donor cells in the rejection of skin allografts by T cell-deprived rats injected with syngeneic T cells. Eur. J. Immunol., 1982, 12: 511-518.
79. Williams, A.F., Galfre, G., and Milstein, C. Analysis of cell surfaces by xenogeneic myeloma-hybrid antibodies: differentiation antigens of rat lymphocytes. Cell, 1977, 12:663-673.
80. Moller, G. Demonstration of mouse isoantigens at the cellular level by the fluorescent antibody technique. J. Exp. Med., 1961, 114: 415-433.

81. Julius, M.H., Simpson, E., and Herzenberg, L.A. A rapid method for the isolation of functional thymus derived murine lymphocytes. Eur. J. Immunol., 1973, 3:645-649.
82. Loken, M.R., and Herzenberg, L.A. Analysis of cell populations with a fluorescence-activated cell sorter. Ann. NY Acad. Sci., 1976, 254:163-171.
83. Bazin, H., Bechers, A., and Querinjean, P. Three classes and four (sub)classes of rat immunoglobulins: IgM, IgE and IgG₁, IgG_{2a}, IgG_{2b}, IgG_{2c}. Eur. J. Immunol., 1974, 4:44-48.
84. Hapner, S.J., and Hapner, K.D. Rhodamine immunohistofluorescence applied to plant tissue. J. Histochem. Cytochem., 1978, 26:478-482.
85. Mishell, B.B., and Shiigi, S.M. Selected Methods in Cellular Immunology, San Francisco: W.H. Freeman & Company, 1980, pp. 284-286.
86. Laemmli, U.K. Cleavage of structural proteins during the assembly of the head of bacteriophage T4. Nature (London), 1970, 227:680-685.
87. Meadows, G.G., Abdallah, R.M., Starkey, J.R., and Aslakson, C.J. Response of natural killer cells from dietary tyrosine- and phenylalanine-restricted mice to biological response modifiers. Cancer Immunol. Immunother., submitted.
88. Filder, I.J., and Kripke, M.L. Metastasis results from preexisting variant cells within a malignant tumor. Science, 1977, 197:893-895.
89. Dexter, D.L., Kowalski, M., Blazer, B.A., Fligiel, Z., Vogel, R., and Heppner, G.H. Heterogeneity of tumor cells from a single mouse mammary tumor. Cancer Res., 1978, 38:3174-3181.
90. Suga, T., Endoh, M., Tomino, Y., Nomoto, Y., and Sakai, H. Aberration of B and T cell subsets in patients with IgA nephropathy and membranous nephropathy. Tokai J. Exp. Clin. Med., 1984, 9:95-101.

91. Robbins, C., Cotran, A.J., and Kumar, D.M. Pathologic Basis of Disease. Philadelphia: W.B. Saunders Company, 1984, pp.214-253.
92. Edwards, B.S., Searles, R.P., and Richards, R. Flow cytometric assay for IgG anti-T cell antibodies in Systemic Lupus Erythematosus (SLE), 1985, Abstract from VIII Annual Rocky Mountain Immunolgy Meeting.
93. Abdallah, R.M., Starkey, J.R., and Meadows, G.G. Dietary restriction of tyrosine and phenylalanine inhibits metastasis of three rodent tumors. J. Natl. Cancer Inst., (in press).
94. Moretta, L., Mingari, M.C., and Moretta, A. Human T cell subpopulations in normal and pathologic conditions. Immunol. Rev., 1979, 45:163-193.
95. Stout, R.D., Herzenberg, L.A. The Fc receptor on thymus-derived lymphocytes I. Detection of a subpopulation of murine T lymphocytes bearing the Fc receptor. J. Exp. Med., 1975, 142:611-621.
96. Miedema, F., Tetteroo, P.A.T., Hesselink, W.G., Werner, G., Spits, H., Melief, C.J.M. Both Fc receptors and lymphocyte-function-associated antigen 1 on human T lymphocytes are required for antibody-dependent cellular cytotoxicity (killer cell activity). Eur. J. Immunol., 1984, 14:518-523.
97. Tanaka, K., Koga, Y., Taniguchi, K., Kamikaseda, K., Nihashi, Y., and Nomota, K. T-cell recruitment from the thymus to the spleen in tumor-bearing mice. II. Functional characteristics of recruited T-cells. J. Natl. Cancer Inst., 1986, 77:733-738.
98. Baldwin, R.W. Immunotherapy of cancer. in Cancer Chemotherapy. Annual 6, eds, H.M. Pinedo and B.A. Chabner. New York: Elsevier Science Publishing, 1984, pp. 181-199.
99. North, R.J. Down-regulation of the antitumor immune response. Adv. Cancer Res. 1985, 45:1-43.
100. Broder, S., Muul, L., and Waldman, T.A. Suppressor cells in neoplastic disease. J. Natl. Cancer Inst., 1978, 61:5-11.

101. Brandeis, W.E., Helson, L., Wang, Y., Good, R.A., and Day, N.K. Circulating immune complexes in sera of children with neuroblastoma. Correlation with stage of disease. J. Clin. Invest., 1978, 62:1201-1209.
102. Tagart, V.B., Thomas, W.R., and Asherson, G.L. Suppressor T cells which block the induction of cytotoxic T cells in vivo. Immunol., 1978, 34:1109-1116.

3 1762 00514932 1

Main
N378 Aslakson, Cheryl J.
As51 Humoral enhancement
cop.2 of metastasis

[illegible]