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# Inhibition of prostaglandin E<sub>2</sub> formation and histamine action in cancer immunotherapy

# Pekka Uotila

Department of Physiology, University of Turku, Turku, Finland

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Abstract. The activity of cell-mediated defense systems is stimulated by consecutive formation of interleukin-1 $\beta$  (IL-1 $\beta$ ), interleukin-2 (IL-2) and interferon  $\gamma$  (IFN $\gamma$ ). The system is inhibited by interleukin-4 (IL-4) and also by prostaglandin E<sub>2</sub> (PGE<sub>2</sub>) and histamine, which are released when the immune system is activated. The inhibition is strong in cancer patients, because PGE<sub>2</sub> is formed in many cancer cells and its formation is stimulated by IL-1 $\beta$ . The release of histamine is also stimulated by IL-1 $\beta$ . Thus PGE<sub>2</sub> and histamine are feedback inhibitors of cell-mediated immunity. This inhibition can be abolished by inhibitors of the cyclo-oxygenase (e.g. indomethacin) and H-2 receptor antagonists (e.g. cimetidine). This may offer a new option to stimulate the immune system to kill cancer cells.

**Key words:** Cancer immunotherapy – Prostaglandin E<sub>2</sub> – Histamine – Indomethacin – Cimetidine

## Introduction

The cell-mediated immune system is activated when a macrophage presents an antigen to helper T lymphocytes. This can stimulate macrophages to secrete interleukin-1 $\beta$  (IL-1 $\beta$ ) and helper T cells to secrete IL-2 [7, 49]. IL-1 $\beta$  stimulates the formation of IL-2 (Fig. 1) [7]. IL-2 stimulates helper T cells to divide and to form interferon  $\gamma$  (IFN $\gamma$ ) [10, 49], although IL-1 $\beta$  is also needed for the optimal formation of IFN $\gamma$  [14, 25]. IL-2 stimulates cytotoxic T lymphocytes and natural killer (NK) cells directly or through the formation of IFN $\gamma$  [26, 49]. IFN $\gamma$  increases the formation IL-1 $\beta$  and tumor necrosis factor  $\alpha$  (TNF $\alpha$ ) in monocytes/macrophages (Fig. 1) [3, 20, 40]. Thus the cell-mediated immune system is activated by a stimulating chain: IL-1 $\beta$ , IL-2 and IFN $\gamma$  (Fig. 1).



Fig. 1. Interleukin-1 $\beta$  (*IL-1* $\beta$ ) stimulates helper T cells to produce IL-2, which increases the formation of interferon  $\gamma$  (*IFN* $\gamma$ ). Because IFN $\gamma$  stimulates IL-1 $\beta$  formation in monocytes/macrophages, the cell-mediated immune system is activated by a stimulating chain IL-1 $\beta$ , IL-2 and IFN $\gamma$ , which also activates NK and cytotoxic T cells. IL-4 stimulates B cells and inhibits the formation of IL-1 $\beta$  and TNF $\alpha$ . Thus the effects of IL-4 and IFN $\gamma$  are opposite. +, A stimulating effect; –, an inhibitory effect

#### PGE<sub>2</sub> and histamine mediate negative feedback

Cell-mediated defense systems are inhibited by IL-4 formed in helper T cells and by prostaglandin  $E_2$  (PGE<sub>2</sub>) and histamine, which are formed or released when the immune system is activated [13, 38, 42]. Thus PGE<sub>2</sub> and histamine mediate negative feedback in the control of cell-mediated defense activity.

IL-4 inhibits the formation of IL-1 $\beta$  and TNF $\alpha$  in monocytes/macrophages and stimulates B cell proliferation and immunoglobulin production [11, 12, 19, 38, 41]. IL-4 inhibits cell-mediated immunity and enhances antibody-mediated immunity and its actions are opposite to those of IFN $\gamma$  (Fig. 1) [3, 20, 25, 40–42].

PGE<sub>2</sub> is formed from arachidonic acid in monocytes/macrophages, cancer cells and other cells, when arachidonic acid is released from cellular phospholipids [33, 35, 42, 56]. The formation of PGE<sub>2</sub> is stimulated by

Correspondence to: P. Uotila, Department of Physiology, University of Turku, Kiinamyllynkatu 10, SF-20520 Turku, Finland



**Fig. 2.** Prostaglandin E<sub>2</sub> (*PGE*<sub>2</sub>), formed in activated monocytes/macrophages and in IL-1 $\beta$ -stimulated cancer cells, inhibits the activation of cell-mediated immunity by increasing the level of cAMP. Increased cAMP in helper T cells inhibits the formation of IL-2. The formation of IFN $\gamma$  is decreased concomitantly. Elevated cAMP in natural killer (*NK*) cells decreases the conjugation between NK and cancer cells. This conjugation is enhanced by activated neutrophils, which can be stimulated by IL-1 $\beta$ . Tumor necrosis factor  $\alpha$  (*TNF\alpha*) can stimulate neutrophils to produce leukotriene B<sub>4</sub> (*LTB*<sub>4</sub>), which can activate NK cells. Increased cAMP in monocytes/macrophages inhibits the formation of TNF $\alpha$ 

several compounds, including histamine, IL-1 ( $\alpha$  and  $\beta$ ) and TNF $\alpha$  [33, 35, 56]. PGE<sub>2</sub> inhibits the formation and receptor expression of IL-2 by increasing the level of cyclic AMP (cAMP) in helper T cells (Fig. 2) [17, 30, 34, 42, 44, 45, 57]. This will concomitantly decrease the formation of IFN $\gamma$  (Fig. 2) [10].

Histamine can also increase the level of cAMP in helper T cells and thus decrease the formation of IL-2 and IFN $\gamma$  (Fig. 3) [9, 28]. This effect of histamine is mediated through histamine-2 (H-2) receptors and can be abolished by an H-2 receptor antagonist cimetidine [9, 28].

PGE<sub>2</sub> and other cAMP-elevating compounds, like histamine, can decrease TNF $\alpha$  formation in monocytes/macrophages (Figs. 2, 3) [24, 32, 53]. Because TNF $\alpha$ stimulates the formation PGE<sub>2</sub> [1, 55], this is a feedback inhibitor of TNF $\alpha$  production.

IL-1 and TNF $\alpha$  can stimulate PGE<sub>2</sub> formation in cancer cells [33, 35]. PGE<sub>2</sub> inhibits the ability of NK cells to bind with tumor cells by increasing cAMP in the NK cells (Fig. 2) [18, 43]. This decreases tumor cell killing [18, 43].

Thus, when the immune system is stimulated to destroy tumor cells, the killing is prevented because IL-1 $\beta$  stimulates PGE<sub>2</sub> formation in tumor cells, which increases cAMP in NK cells and prevents the binding of NK and tumor cells (Fig. 2). The activation of the cell-mediated defense is blocked also because PGE<sub>2</sub> increases cAMP in helper T cells and thus inhibits the formation of IL-2 and IFN $\gamma$  (Fig. 2) [17, 34, 42, 44, 57].

PGE<sub>2</sub> is regarded as an immunosuppressive agent [16]. Its formation is blocked by inhibitors of the cyclo-oxygenase such as indomethacin, which is known to stimulate the immune system [16, 56]. Cytotoxic T cells can also produce PGE<sub>2</sub>, thus inhibiting the activity of NK cells, and this inhibition is abolished by indomethacin [15].



Fig. 3. Histamine increases cAMP in monocytes/macrophages and helper T cells through H-2 receptors and thus decreases the formation of IL-2 and concomitantly that of IFN $\gamma$ . In the circulation, monocytes may inhibit NK cells through a cell-to-cell interaction and this inhibition can be abolished with histamine. IL-8 stimulates neutrophils to secrete LTB<sub>4</sub>, which activates NK cells. The release of histamine is stimulated by IL-1 $\beta$ and IL-3. IL-8 inhibits IL-3-stimulated release of histamine

### LTB<sub>4</sub>, IL-8 and neutrophils

Arachidonic acid is metabolized by the cyclo-oxygenase and different lipoxygenases [47, 56]. The 5-lipoxygenase is usually inactive in macrophages and neutrophils, but when activated it can produce leukotrienes such as leukotriene B<sub>4</sub> (LTB<sub>4</sub>) [47]. The products of the 5-lipoxygenase enhance the cytotoxicity of NK cells, because the inhibition of this pathway decreases and the addition of 5-lipoxygenase products restores NK cell cytotoxicity [5, 46].

When the cyclo-oxygenase is inhibited with indomethacin, the formation of leukotrienes may be increased because more arachidonic acid is metabolized by the 5-lipoxygenase. This can activate NK cells and draw neutrophils to the tumor site, because LTB<sub>4</sub> is chemotactic for leukocytes [47]. Activated neutrophils can stimulate NK cells and increase their binding to target cells (Fig. 2) [58]. IL-1 $\beta$  and TNF $\alpha$  stimulate phagocytic activity of neutrophils [39] and TNF $\alpha$  enhances LTB<sub>4</sub> generation in neutrophils (Fig. 2) [37].

Interleukin-8 (IL-8) is formed in monocytes/macrophages and neutrophils. Its formation is stimulated by IL-1 $\beta$  and TNF $\alpha$  and inhibited by IL-4 [51, 52]. IL-8 is chemotactic for neutrophils and it activates the 5-lipoxygenase in neutrophils thus stimulating LTB<sub>4</sub> formation, which may stimulate NK cells (Fig. 3) [48, 52]. IL-8 inhibits histamine release from basophils (Fig. 3) [31].

Thus polymorphonuclear neutrophils and LTB<sub>4</sub> have an important role in the activation of NK cells [Figs. 2, 3). Because leukotrienes may stimulate the release of histamine, it is important to prevent its cAMP-elevating action with H-2 receptor antagonists when the cell-mediated immunity is stimulated with inhibitors of the cyclo-oxygenase.

## Histamine and H-2 receptor antagonists

Histamine release from basophils and mast cells is stimulated by antigens and many compounds including IL-18 [27, 54]. Histamine has both inhibitory and stimulating effects on immunity. The inhibitory effect is due to its cAMP-enhancing effect in helper T cells and monocytes/macrophages, which decreases the formation of IL-2, IFN $\gamma$  and TNF $\alpha$  (Fig. 3). This effect is abolished by the H-2 receptor antagonist cimetidine [8, 9, 24, 28].

Monocytes may have inhibitory effects on NK cells. This is partly due to PGE<sub>2</sub>, because some of the inhibition is abolished with indomethacin [29]. It is also partly due to a cell-to-cell-mediated interaction between non-adherent monocytes and NK cells and this inhibition can be removed with histamine through H-2 receptors [22] (Fig. 3).

The effects of various H-2 receptor antagonists are different, since cimetidine increased the cytotoxicity of human NK cells in vitro whereas ranitidine did not [21]. Clear differences have also been detected in animal experiments [23]. Therefore it is possible that some effects of cimetidine are mediated by other means than through H-2 receptors.

Cimetidine increased the counts of helper T cells, B lymphocytes and immunoglobulins in blood of healthy volunteers who ingested 1600 mg cimetidine daily for 3 weeks [6]. Cimetidine (1200 mg daily) increased the activity of NK cells in blood of patients with B cell chronic lymphocytic leukemia [2]. In some cases a regression of cancer has been seen during cimetidine treatment [4, 50]. Regression of melanona was also detected in some patients treated with indomethacin and ranitidine [36].

#### **Concluding remarks**

Many cancer cells produce PGE<sub>2</sub> which inhibits the cellmediated defense system at several points and thus inhibits the killing of cancer cells. This inhibition becomes stronger when the immune system is activated to destroy tumor cells, because IL-1 $\beta$  stimulates PGE<sub>2</sub> formation in such cells, which are therefore not killed by the defense system. The formation of PGE<sub>2</sub> can be blocked with cyclo-oxygenase inhibitors, such as indomethacin, which may increase leukotriene formation. Leukotrienes may activate NK cells and stimulate the release of histamine, which prevents helper-T-cell-dependent activation of monocytes/macrophages, NK and cytotoxic T cells. This inhibition can be blocked with the histamine-2 receptor antagonist cimetidine, which also removes the gastrointestinal side-effects of indomethacin. Therefore a long-term treatment with indomethacin and cimetidine should activate the cell-mediated defense system to destroy cancer cells. The author has successfully used this therapy for pulmonary metastases of chondrosarcoma now for 5 years.

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