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**TUMOR MARKERS AND
THEIR SIGNIFICANCE
IN THE MANAGEMENT
OF BREAST CANCER**

EDITORS: **Thomas Dao
Angela Brodie
Clement Ip**

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TUMOR MARKERS AND THEIR SIGNIFICANCE IN THE MANAGEMENT OF BREAST CANCER

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March 6, 1985

Editors

Thomas Dao

Department of Breast Surgery
Roswell Park Memorial Institute
Buffalo, New York

Angela Brodie

Department of Pharmacology and
Experimental Therapeutics
University of Maryland School of Medicine
Baltimore, Maryland

Clement Ip

Organ Systems Coordinating Center
Roswell Park Memorial Institute
Buffalo, New York

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TUMOR MARKERS AND THEIR SIGNIFICANCE IN THE MANAGEMENT OF BREAST CANCER

Contributors

H. Leon Bradlow, The Rockefeller University, 1230 York Avenue, New York, NY 10021 [91]

Francoise Capony, Unité d'Endocrinologie Cellulaire et Moléculaire (U 148), INSERM, 60, rue de Navacelles - 34100 Montpellier, France [125]

Roberto L. Ceriani, John Muir Cancer and Aging Research Institute, 2055 North Broadway, Walnut Creek, CA 94561 [3]

Mark W. Chandler, John Muir Cancer and Aging Research Institute, 2055 North Broadway, Walnut Creek, CA 94561 [3]

Thomas L. Dao, Department of Breast Surgery, Roswell Park Memorial Institute, 666 Elm Street, Buffalo, NY 14263 [31]

Parimal R. Desai, Department of Immunochimistry Research, Evanston Hospital, 2650 Ridge Avenue, Evanston, IL 60201 [47]

Lynn G. Dressler, Department of Medicine, University of Texas Health Sciences Center, 7703 Floyd Curl Drive, San Antonio, TX 78284 [71]

Dean P. Edwards, Department of Pathology, University of Colorado Health Sciences Center, 4200 East Ninth Avenue, Denver, CO 80262 [71]

Jack Fishman, The Rockefeller University, 1230 York Avenue, New York, NY 10021 [91]

Marcel Garcia, Unité d'Endocrinologie Cellulaire et Moléculaire (U 148), INSERM, 60, rue de Navacelles - 34100 Montpellier, France [125]

Fred J. Hendler, Department of Internal Medicine, The University of Texas Health Science Center, 5323 Harry Hines Blvd., Dallas, TX 75235 [105]

Richard J. Hershcopf, The Rockefeller University, 1230 York Avenue, New York, NY 10021 [91]

Diane House, Cancer Center, The University of Texas Health Science Center, 5323 Harry Hines Blvd., Dallas, TX 75235 [105]

Clement Ip, Department of Breast Surgery, Roswell Park Memorial Institute, 666 Elm Street, Buffalo, NY 14263 [31]

David Kessel, Departments of Medicine and Pharmacology, Wayne State University School of Medicine, 540 E. Canfield Street, Detroit, MI 48201 [21]

G.S. Kishore, Department of Breast Surgery, Roswell Park Memorial Institute, Buffalo, NY 14263 [31]

William L. McGuire, Department of Medicine, University of Texas Health Science Center, 7703 Floyd Curl Drive, San Antonio, TX 78284 [71]

Muriel Morisset, Unité d'Endocrinologie Cellulaire et Moléculaire (U 148), INSERM, 60, rue de Navacelles- 34100 Montpellier, France [125]

The number in brackets is the opening page number of the contributor's article.

x / Contributors

Beverly Myers, Department of Pathology, Mt. Zion Hospital, 1600 Divisadero, San Francisco, CA 94115 [3]

J.K. Patel, Department of Breast Surgery, Roswell Park Memorial Institute, Buffalo, NY 14263 [31]

Kelly Patrick, Department of Internal Medicine, The University of Texas Health Science Center, 5323 Harry Hines Blvd., Dallas, TX 75235 [105]

Michael K. Robinson, Department of Immunochemistry Research, Evanston Hospital, 2650 Ridge Avenue, Evanston, IL 60201 [47]

Henri Rochefort, Unité d'Endocrinologie Cellulaire et Moléculaire (U 148), INSERM, 60, rue de Navacelles - 34100 Montpellier, France [125]

Ernest H. Rosenbaum, Department of Hematology-Oncology, Mt. Zion Hospital, 1600 Divisadero, San Francisco, CA 94115 [3]

Matthew Sakada, Department of Pathology, French Hospital, 4131 Geary Blvd., San Francisco, CA [3]

Edward F. Scanlon, Department of Surgery, Evanston Hospital, 2650 Ridge Avenue, Evanston, IL 60201 [47]

Georg F. Springer, Department of Immunochemistry Research, Evanston Hospital, 2650 Ridge Avenue, Evanston, IL 60201 [47]

Herta Tegtmeier, Department of Immunochemistry Research, Evanston Hospital, 2650 Ridge Avenue, Evanston, IL 60201 [47]

Isabelle Touitou, Unité d'Endocrinologie Cellulaire et Moléculaire (U 148), INSERM, 60, rue de Navacelles - 34100 Montpellier, France [125]

Tracy T. Trujillo, John Muir Cancer and Aging Research Institute, 2055 North Broadway, Walnut Creek, CA 94561 [3]

F. Vignon, Unité d'Endocrinologie Cellulaire et Moléculaire (U 148), INSERM, 60, rue de Navacelles - 34100 Montpellier, France [125]

David T. Zava, John Muir Aging and Cancer Institute, 2055 North Broadway, Walnut Creek, CA 94596 [71]

Preface

The Breast Cancer Working Group of the Organ Systems Program, National Cancer Institute, sponsored a Workshop through the Organ Systems Coordinating Center, entitled "Tumor Markers and Their Significance in the Management of Breast Cancer." The Workshop was held at the National Institutes of Health, Bethesda, Maryland. The Program Committee consisted of Angela Brodie and Thomas Dao (Co-Chairpersons), and Roberto Ceriani, Irma Russo, and Albert Segaloff. The Workshop program is reproduced as follows:

Session I Circulating tumor markers

Role of circulating human mammary epithelial
antigens as serum markers for breast cancer

Roberto Ceriani, M.D., Ph.D., John Muir
Cancer & Aging Institute

Monoclonal antibodies, tests and breast cancer

William Feller, M.D., Ph.D., Georgetown
University Hospital

Glycosyltransferases as tumor markers

David Kessel, Ph.D., Wayne State University

Sialyltransferase in serum and tumor tissue in
women with breast cancer

Thomas Dao, M.D., Roswell Park Memorial
Institute

Session II Breast cancer antigens

Monoclonal antibodies, oncogenes, and human
carcinomas

Jeffrey Schlom, Ph.D., National Cancer
Institute

Monoclonal antibodies to surface antigens of the
T47D human breast carcinoma cell line

Ricardo Mesa-Tejada, M.D., Columbia-
Presbyterian Medical Center

Studies with a monoclonal antibody which defines a
tumor-associated antigen in human breast cancer

Dean Edwards, Ph.D., University of Colorado

Serological analysis of human breast cancer with
human and mouse monoclonal antibodies

Richard Cote, M.D., Memorial Sloan-Kettering
Cancer Center

Session III Estrogen metabolites and estrogen-induced proteins

Biochemical epidemiology of breast cancer

Jack Fishman, Ph.D., Rockefeller University

Estrogen regulation of H59 in breast cancer *in vivo*
and *in vitro*

Fred Hendler, M.D., Ph.D., University of
Texas, Dallas

Estrogen-regulated proteins secreted by breast cancer cells

Henri Rochefort, M.D., Ph.D., Montpellier,
France

This volume contains a partial collection of manuscripts submitted by the participants. Four of them chose not to publish. A manuscript is included from Dr. Georg Springer, who was invited to give a talk at the Breast Cancer Working Group meeting on March 7th.

This book is dedicated to Dr. Albert Segaloff, who passed away on February 27, 1985, at the age of 68, at his home in New Orleans, Louisiana. Dr. Segaloff played a prominent role in the development of the National Cancer Institute's breast cancer programs, serving as chairman of the Cooperative Breast Cancer Group from 1956 to 1968, as a member of the Breast Cancer Task Force from 1966-1970, and as a member of the Breast Cancer Working Group until his death.

Clement Ip, Ph.D.

Scientific Administrator

Breast Cancer Program

Organ Systems Coordinating Center

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I. Circulating Tumor Markers

ROLE OF CIRCULATING HUMAN MAMMARY EPITHELIAL ANTIGENS
(HME-Ags) AS SERUM MARKERS FOR BREAST CANCER*,**

Roberto L. Ceriani, M.D., Ph.D. ***, Ernest H.
Rosenbaum, M.D.², Mark Chandler, B.A.¹ and Tracy T.
Trujillo, B.S.¹, Beverly Myers, M.D.², Matthew
Sakada, M.D.³
John Muir Cancer and Aging Research Inst., 2055 N.
Broadway, Walnut Creek, CA 94561¹, Mt. Zion Hosp.
San Francisco, CA², French Hosp., San Francisco, CA³

INTRODUCTION:

The idea of screening and following patients with breast cancer by a serum test is appealing from several points of view including its easiness, its economic advantages, its possibility of repeated sampling and its non-invasiveness. So strong and pervasive are these and other reasons that this approach has been continuously proposed, and perhaps with limited success, newer tests have been made available intermittently. As expected the aim to be achieved by every novel test, thus guaranteeing advantage over previous ones, has been greater specificity and higher sensitivity. In spite of the two latter proclaimed goals, by force or necessity, most tests available had to rely on less than ideal specificity (they are usually pan-carcinoma-detecting tests). In addition their sensitivity usually was restricted to a certain

ABBREVIATIONS: anti-HME = anti-human mammary epithelial antigen; CEA = carcinoembryonic antigen; HME-Ags = human mammary epithelial antigen; HMFG = human milk fat globule; LDH = lactic dehydrogenase; ng/ml = nanograms/ml; NPGP = non-penetrating glycoprotein.

** This work was supported by grants from the Dept. of Human Health Services, NIH, NCI, CA-39932 and 39933.

*** From whom reprints should be requested.

percentage of positivity in known breast cancer patients, even among those with important tumor load, thus yielding many false negatives.

In search for specificity the notion that breast tissue had differentiation antigens of its own (Ceriani et al., 1977) created newer expectations. These differentiation antigens, that we discovered and called human mammary epithelial antigens (HME-Ags), identified cell surface components of human breast epithelial cells that were found in every human breast cell line (Peterson et al., 1978) and human breast tumors (Sebesteny, et al., 1979; Peterson et al., 1981) tested to date. These components have been identified by rabbit antisera (anti-HME) created by injections of human milk fat globule membrane (HMFG) which are subsequently absorbed with human epithelial cells (Ceriani et al., 1977). In every instance rabbit antisera with surprisingly similar specificity were prepared that recognized 3 components of the breast epithelial cell membrane (Ceriani et al., 1977; Sasaki et al., 1981; Sasaki, Wara et al., 1981). These components were glycoproteins of apparent molecular weight of 150,000, 70,000 and 40,000 daltons (Ceriani et al., 1977; Sasaki et al., 1981). Anti-HME was used immediately to quantitate the presence of their corresponding antigens in a first generation radioimmunoassay (RIA) to measure HME-Ags on human breast epithelial cells (Sasaki et al., 1981). This RIA used a precipitation with protein-A-laden bacteria of immune complexes formed between anti-HME and its antigens. With this same assay it was possible to find high values of circulating HME-Ags in nude mice implanted with human breast carcinomas (Sasaki, Wara et al., 1981). Mice grafted with human non-breast tumors did not have HME-Ags in their sera (Sasaki, Wara et al., 1981). The fact that promoted HME-Ags as a serum-marker for breast cancer was that surgical removal of these human breast tumors in the nude mice eliminated the high titers of HME-Ags (Sasaki, Wara et al., 1981).

The potential value of these differentiation antigens of the breast prompted the search for a more sensitive RIA to measure the much lower serum levels to be expected in breast cancer patients. For this purpose a solid phase RIA was developed that used anti-HME

covalently bound to Sepharose-beads which bind HME-Ags present in the breast cancer patient's serum (Ceriani et al., 1982). These HME-Ags bound to the solid phase were then measured by the radioiodine labelled polyclonal anti-HME. A further refinement was the use of biotinilated anti-HME that was in turn recognized by radioiodinated avidin. With this assay it was possible to detect HME-Ags levels in 75% of stage IV patients and in 25% of stages I and II. Sera from non-breast cancer patients as well as patients with benign breast lesions and normal women were negative. In an effort to confirm the results obtained by the RIA a very sensitive analytical technique was developed to identify the breast HME-Ags that could be present in the human serum (Ceriani et al., 1982). This approach consisted of scavenging from the sera HME-Ags with anti-HME bound to Sepharose-beads. The antigens on the beads were then labelled in situ with radioiodine and ultimately released with low pH. Thus very small amounts of HME-Ags could be extracted from the serum, labelled and then analyzed for molecular characteristics. By this methodology, the 3 HME-Ags identified by anti-HME were consistently recovered from breast cancer patient serum, thus proving that these antigens are undoubtedly in circulation. Applying a similar technique it was also possible to recover from sera of breast cancer patients the corresponding antigen of an anti-breast monoclonal antibody that we recently prepared (Ceriani et al., 1983). This monoclonal antibody was prepared by hybridization of spleen cells of mice immunized with HMFG and has an apparent molecular weight of 45,000 daltons. Thus it was envisaged that possibly most, if not all, components of the cell surface of breast epithelial cells are voided into the circulation. In fact, a large molecular weight component of the HMFG that were originally described (Ceriani et al., 1983) has also been found in the circulation of breast cancer patients (unpublished results). This component (40,000 daltons, approximately molecular weight) was called by us non-penetrating glycoprotein (NPGP) and was found in the sera of breast cancer patients in fragments of reduced molecular weight (unpublished results).

Confirmatory evidence for our findings has come from other laboratories (Papsidero et al., 1984; Hilkens, et al., 1985) which using monoclonal antibodies have also detected breast epithelial cell components in the circulation of breast cancer patients. These findings of cell components in circulation are not isolated since less specific components of the breast epithelial cell have been detected in sera of breast cancer patients. Among them sialytransferase (Ip and Dao, 1978) is one that has shown clinical application.

In this paper we describe comparative assays for HME-Ags, CEA and NPGP in longitudinally sampled breast and non-breast cancer patients. Specificity, sensitivity and predictive values for these assays as well as for LDH and alkaline phosphatase in serum are determined and guidelines for their future clinical use are presented.

MATERIALS, METHODS AND RESULTS

An important feature of a polyclonal antibody RIA of the type used is that it gathers its strength from specificity of the antibody for breast epithelial cells. This specificity was obtained in these antibodies by the repeated absorptions of the 40% ammonium precipitate of the rabbit antiserum, with several cellular materials. As previously mentioned (Sasaki et al., 1981), after each absorption the antiserum was again back tested to the absorbing cells for demonstration of its lack of cross-reactivity and to mammary epithelial cells to demonstrate its remaining titer.

The antiserum has been demonstrated to bind three components of the milk fat globule membrane (Ceriani et al., 1977; Sasaki et al., 1981), by affinity chromatography and double immunoprecipitations. These three components are different from another heavy molecular weight (NPGP) antigen of the human milk fat globule already described by us (Ceriani et al., 1983) and others. This antigen is present not only in breast