Elimination of Clonogenic Stem Cells From Human Multiple Myeloma Cell Lines by a Plasma Cell-Reactive Monoclonal Antibody and Complement

By Alex W. Tong, Jennifer C. Lee, Joseph W. Fay, and Marvin J. Stone

The monoclonal antibody (MoAb) MM4 reacts with human multiple myeloma (MM) cell lines and bone marrow from patients with plasma cell dyscrasias but not with normal peripheral blood or bone marrow cells. Treatment with MM4 and rabbit complement (C') was cytotoxic to the plasma cell-derived cell lines GM 1312, RPMI 8226, and ARH-77, as demonstrated by chromium release microcytotoxicity and trypan blue exclusion assays. The same treatment eliminated >99% of clonogenic myeloma stem cell colony formation of these cell lines, with less than 20% inhibition of normal human bone marrow pleuripotent progenitor colony formation in vitro. As an experimental model to explore the efficacy of MM4 + C' in purging MM-involved bone marrow, normal marrow cells were mixed with RPMI 8226 or GM 1312 cells in the ratio of 90:10 or 50:50 (marrow:myeloma cells). Colony growth assays indicated that MM4 + C' eliminated at least 2 logs of clonogenic myeloma stem cells in both 90:10 and 50:50 preparations, while sparing the majority of normal marrow progenitors (inhibition of CFU-C:10% to 13%; BFU-E:0%). The selectivity of MM4-mediated cytotoxicity may be useful for eliminating myeloma clonogenic stem cells from bone marrow of patients with multiple myeloma.

MULTIPLE myeloma (MM) represents a malignant plasma cell dyscrasia (PCD) with a wide spectrum of clinical manifestations. In 1986 it was estimated that approximately 10,000 new patients were diagnosed with this disorder in the United States. With the use of alkylating agent chemotherapy regimens, objective remission is possible for 30% to 60% of the myeloma patient population. Despite improvement in quality and duration of remission, the median survival for MM patients is limited to 3 to 4 years from time of diagnosis and has not improved substantially during the past 20 years. MM is in the advanced stages of its natural history at time of diagnosis, and patients responding to therapy rarely have more than a 1- to 2-log reduction (90% to 99%) of their neoplastic mass. A large residual tumor burden, or the emergence of a drug resistant subtype, accounts for the high incidence of tumor relapse. Patients with MM usually die of progressive disease, infections due to immunosuppression commonly associated with MM, or renal failure.

Adjuvant bone marrow (BM) transplantation can provide the option of extending the dose range of cytotoxic chemotherapeutic agents to improve patient chemoresponsiveness and to prolong survival. This approach has proven effective for some patients with primary hematopoietic malignancies, including refractory non-Hodgkin’s lymphomas and acute and chronic granulocytic leukemias. Marrow transplant studies on MM patients have been limited. In a clinical trial of five MM patients, transplantation of syngeneic marrow accompanying massive chemotherapy extended survival. However, the likelihood of success using allogeneic marrow transplantation is limited by age and/or performance considerations of the MM patient population. Whereas appropriate monoclonal antibodies (MoAbs) can serve as tumor-purging reagents for preparing autologous BM for transplantation in other hematologic malignancies, this approach has not been extensively investigated in MM. The majority of plasma cell-reactive MoAbs described also react with granulocytes or lymphocytes or do not bind the majority of patient myeloma cells.

In a previous report we described a myeloma cell-reactive MoAb, MM4, generated in this laboratory. MM4 reacted with a 40-kd antigenic determinant that was detected on seven of seven human plasma cell-derived lines and on the majority of plasma cells in all of 18 BM biopsies from patients with various plasma cell dyscrasias (MM, Waldenström’s macroglobulinemia, or asymptomatic plasma cell dyscrasia). By contrast, MM4 did not react with BM biopsies or peripheral blood mononuclear (PBM) cells from patients with lymphocytic or granulocytic leukemias. The MM4-reactive antigen was not expressed on normal PBM cells, granulocytes, or erythrocytes.

In this study we examined the complement-mediated cytotoxicity of MM4 with plasma cell-derived cell lines, normal peripheral blood, and bone marrow cells. In an experimental model of normal bone marrow mixed with cells from different human MM-derived cell lines, MM4 + C' eliminated myeloma clonogenic stem cells while preserving most normal BM progenitor cells. These observations suggest that this plasma cell-reactive MoAb may be of value for selectively eliminating myeloma cells from MM marrow ex vivo.

MATERIALS AND METHODS

Human multiple myeloma-derived cell lines. The plasma cell line GM 1312 was obtained from the NIGMS Human Genetic Mutant Cell Repository, Institute of Medical Research, Camden, NJ. The multiple myeloma-derived RPMI 8226, plasma cell leuke-
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Mia-derived ARH-77, and plasmacytoma-derived HS-Sultan lines were obtained from the American Type Culture Collection, Rockville, MD, as described previously.27 The mouse myeloma cell line SP2/0-Ag14 was obtained from Dr Denis Burger, Portland, OR.

Patient blood and bone marrow specimens. Human PBM cells and BM samples from healthy controls or patients with hematologic malignancies were procured according to the protocol approved by the Institutional Review Board for Human Protection, Baylor University Medical Center (BUMC).

Patients with hematologic malignancies were diagnosed and classified independently by the clinical staff, Department of Oncology, Charles A. Sammons Cancer Center, BUMC. Sections of paraffin-embedded BM biopsies from these patients were obtained from the Department of Pathology, BUMC, after routine histopathologic evaluation of the specimens.

Preparation of BM + MM cell mixtures. Normal marrow mononuclear cells were derived from Hypaque Ficoll centrifugation (400 g, 20 minutes) of marrow aspirates and resuspended in RPMI 1640 at 10^5/mL.27 For the preparation of BM + MM cell mixtures, these were mixed with appropriate volumes of either RPMI 8226 or GM 1312 cells (10^6/mL) to achieve normal marrow:myeloma ratio of 90:10 or 50:50.

Production of MoAbs. MM4 was generated by an alternate immunization protocol, as described previously.27,29 Briefly, BALB/c mice were immunized alternately with 1 x 10^7 live cells from the RPMI 8226 and GM 1312 cell lines. Somatic hybridization of the sensitized splenocytes with SP2/0-Ag14 myeloma cells (1:1, splenocyte:myeloma cells) was performed three days after the last injection, utilizing 50% polyethylene glycol and 5% dimethyl sulfoxide according to the method of Tong et al.27,29 and Oi and Herzenberg.30 Syngeneic thymocytes served as "filler cells" (10^5 per well) during propagation. Antibody reactivity of confluent hybridoma cultures was characterized by ELISA against MM cell lines and PBM cells from normal donors as previously described.27,29 Selected hybrid clones were carried in vivo by injecting 2 x 10^3 cells intraperitoneally in pristane (2,6,10,14-tetramethylpentadecane; Aldrich Chemicals, Milwaukee)-primed BALB/c mice. MM4 from ascitic fluid was partially purified by precipitation with saturated ammonium sulfate solution and adjusted to a protein concentration of 10 mg/mL from an initial concentration of 15 to 20 mg/mL.

Reactivity of MM4 with MM cell lines and peripheral blood cells was determined by an ELISA assay.27 Reactivity with Zener formalin-fixed bone marrow biopsies was assessed by the immunoperoxidase assay, as described previously.27,29

Microcytotoxicity assay. Cytotoxicity assays were performed according to modifications of the method described by Steplewski et al.31 and others.32,33 Target cells were labeled with sodium 51chromate (New England Nuclear, Boston; 200 yCi per 2 x 10^6 cells, 37°C, two hours), washed twice with serum-free media, then incubated with 10% FCS to reduce nonspecific background radioactivity. Treatment of the washed cells (10^5/mL in RPMI 1640 + 10% FCS) with an equal volume of MM4 at the indicated final concentration was performed at 4°C (60 minutes) to minimize antigenic modulation.34 The cells were washed once, resuspended to 10^6 cells/mL, and dispensed into a 96-well microtiter plate (100 µL/well). Complement from 3-4 week-old rabbits (Lot No. 1007; Pel-Freez, Brown Deer, WI) was preadsorbed with human AB erythrocytes (4°C, 60 minutes) to minimize background toxicity. Incubation with complement was carried out at room temperature (100 µL per well, 23°C, 30 minutes), as defined by pilot experiments that indicated that a change of incubation temperature from 37°C reduced nonspecific toxicity without appreciably affecting MM4-specific lysis. The microtiter plate was centrifuged briefly to pellet the cells (100 g, five minutes), and half the supernatant fluid from each well was withdrawn to determine chromium release by the lysed target cells. The percent-specific lysis was determined by comparing chromium release in treated samples (CPM_max) with maximal release (CPM_min), 0.5% NP40-treated target cells), after subtraction of background (CPM blank; cells untreated with MoAb or complement), by the formula:

\[
\text{Percent specific lysis} = \frac{(\text{CPM}_{\text{max}} - \text{CPM}_{\text{blank}}) / (\text{CPM}_{\text{max}} - \text{CPM}_{\text{blank}})}{\times 100%.}
\]

Trypan blue exclusion. The proportion of viable MM cells after MM4 + C' treatment was determined by trypan blue exclusion.35 Treated samples were washed once with phosphate-buffered saline (PBS), then resuspended in 200 µL of 0.5% trypan blue in saline. Viability was established by the number of cells that excluded the dye, with at least 200 cells counted in a hemocytometer.

Myeloma clonogenic stem cell assay. The clonogenic stem cell assay for cells from PCD-derived cell lines was performed according to a modified technique of Hamburger and Salmon.29 Incubation with MM4 (4°C, 60 minutes) was performed after pelleting the tumor cells in a sterile 15-mL centrifuge tube (American Scientific Products, Dallas). The MoAb-treated cells were washed twice in RPMI 1640, incubated with rabbit complement at room temperature, then distributed in triplicates onto a 6-well culture plate (Falcon) in 0.3% agar with Isove's modified Dubecco's medium (IMDM) and 15% FCS. The cultures were propagated in a 37°C incubator, and the number of colonies (with >50 cells) were enumerated under low magnification after seven days. The percent of growth inhibition was determined by comparing MM4-treated cultures with those treated with the same concentration of an irrelevant MoAb (SCLC 1096) that reacts with human small-cell lung carcinoma, but not with human normal peripheral blood or myeloma cells.27,28

BM progenitor colony formation. As a means of monitoring normal bone marrow precursor function, CFU-C and BFU-E colonies were examined in untreated and MM4 + C-treated bone marrow preparations.37 One hundred microliters of bone marrow mononuclear cells (5 x 10^6/mL) were layered onto a culture plate gelatinized with 1 mL of methylcellulose culture media (0.8% methylcellulose, 20% FCS, 0.3 mmol/L 2-mercaptoethanol), and incubated at 37°C in 100% humidity, 5% CO2, with GCT-conditioned medium (100 µL/mL; Gibco, Grand Island, NY) for stimulating granulocytic precursor colony formation. Erythropoietin (Connaught Laboratories, Willowdale, Ontario, Canada) at a final concentration of 2.5 IU/mL was added on day 4. CFU-Cs were identified by their lack of color and relatively diffuse pattern and BFU-Es by their red color and tightly packed colonies.27 For the study of cell preparations containing both normal bone marrow and MM cells, myeloma clonogenic stem cells were distinguished by their larger colony size, faster growth rate, and distinctive colony morphology. GM 1312 colonies were characterized by their tightly packed spherical conformation, whereas RPMI 8226 colonies were comprised of tightly aligned tumor cells. The immuno logic phenotype of cells from myeloma colonies was verified by reactivity with the plasma cell-reactive MoAbs PCA-1 (Coulter Immunology, Hialeah, FL), OKT10 (Ortho Diagnostic Systems, Boston), and MM4. Cells from myeloma colonies were removed under an inverted microscope by a drawn Pasteur pipette at day 7, deposited on slides (5 x 10^3 per slide) by cytopsin centrifugation (Shandon Southern, Sewickley, PA), and treated with Saccamanno fixative (50% ethanol + 2% polyethylene glycol). Reactivity with the various plasma cell-reactive MoAbs was determined by the immunoperoxidase technique.27,29

Limiting dilution analysis. Limiting dilution analysis of clonogenic units was determined using a Spearman estimate.12,28 A series of ten fivefold dilutions were prepared from MM4 + C-treated or untreated normal bone marrow preparations containing 10%
myeloma cells from the cell lines RPMI 8226, GM 1312, or ARH-77 that initially contained $5 \times 10^5$ tumor cells/mL. Five replicates (100 µL) of each dilution were plated in 6-well flat-bottomed tissue culture plates (Falcon) onto methylcellulose under the culture conditions described above. The mean value for each treatment group was estimated by:

$$M = X_0 + \frac{d}{2} - \frac{d}{n} \sum_{i=0}^{k} r_i,$$

where $X_0 = \ln$ initial dose = $\ln$ 10; $d = \ln$ dilution factor = $\ln$ 5; $n =$ number of replicates per dilution = 5; $k =$ number of fivefold dilutions = 9; and $r_i =$ the number of wells with observed growth at the $i$th dilution. The estimated number of clonogenic units per milliliter was calculated as $\Theta = \exp (-0.5772 - \frac{M}{10^2})$, with variance approximated by $d \ln 2/n$.

RESULTS

MM4-mediated cytotoxicity. Cytotoxicity of MM4 and C’ against cells from established plasma cell dyscrasia (PCD)-derived cell lines was determined by short-term chromium release assays. Exposure to the IgGI MoAb MM4 at 0.015 to 1 mg per 10^5 cells followed by rabbit C’ at the pretitered final dilution of 1:16 was cytolytic to 25% to 95% of cells from the PCD cell lines tested (Fig 1). The LD50s of MM4 + C’-mediated cytotoxicity were 0.015 mg, 0.047 mg, and 0.045 mg for GM 1312, RPMI 8226, and ARH-77 cells respectively, with a dose-response pattern of the ARH-77 line almost identical to that of RPMI 8226 (Fig 1). Toxicity to normal PBM cells (20% ± 7.5%) was evident after incubation with MM4 at 1 mg. Subsequent determinations thus were conducted at the optimal MoAb concentration of 0.5 mg/10^5 cells.

Similar to the observations of Bast and others, two cycles of C’ incubation (1:16 final dilution) improved cytosis of MM4-bound tumor cells to 94.5%, 72.3%, and 80.5% for GM 1312, RPMI 8226, and ARH-77 lines respectively (Table 1). There was no appreciable increase in background toxicity by C’ alone, with a mean cytolysis of 18.75% ± 5.25% with the three cell lines tested. Under the same experimental conditions, evaluations by trypan blue exclusion demonstrated that <1% of GM 1312 cells were viable (Table 1) after MM4 + C’ treatment, despite a lower level of chromium release (94.5%). The same treatment yielded less than 6% viable RPMI 8226 cells, according to trypan blue exclusion studies. Higher background toxicity and a corresponding increase in normal BM and PBM cell lysis were observed if complement treatments were extended to three or more cycles (data not shown) or if a higher concentration of complement was used (2 × 1:8 or 1:4, Table 1). Such variations also did not result in significant improvement of cell kill, as determined by trypan blue exclusion (Table 1). Re-exposure to MM4 after complement treatment did not enhance myeloma-specific cytosis.

Depletion of clonogenic stem cells from MM cell lines. Tumor repopulation and/or metastatic growth have been postulated to be mediated by a self-renewing tumor stem cell subset. Chemoresponsiveness of clonogenic stem cell cultures of patients in vitro has been correlated with subsequent clinical response. Previously, MM4 alone has been found to inhibit clonogenic colony formation of RPMI 8226 cells, with an LD50 of 0.01 to 0.1 mg/10^5 cells. We carried out clonogenic stem cell assays to establish the effect of MM4 + C’ on clonogenic stem cells from PCD cell lines. MM4 + C’ completely abrogated myeloma clonogenic stem cell colony formation of GM 1312, RPMI 8226, and ARH-77 cell lines under optimized conditions (Table 1). The inhibition of normal marrow stem cell colony formation (CFU-C) under the same conditions was limited to 14.6% and 7.5%, after exposure to complement at 1:8 and 1:16 dilutions respectively.

Elimination of myeloma cells from bone marrow. As an experimental model to test the efficacy of MM4 + C’ in eliminating myeloma cells from involved patient marrow, cells from the RPMI 8226 or GM 1312 lines were mixed with normal bone marrow mononuclear cells in final proportions of 50:50 and 90:10 (normal marrow:myeloma cells). These ratios were designed to approximate the content of myeloma cells in BM of patients prior to treatment and in remission.

As shown in Table 2 with GM 1312 cells, the efficacy of MM4 + C’ in eliminating myeloma clonogenic stem cells from the tumor cell line was not affected by the presence of normal BM cells (Table 2). However, the overall capacity of this treatment in lysing tumor cells was diminished based on chromium release data. A mean cytolytic value of 83.8% and 59.5% of chromium-prelabeled GM 1312 cells was observed in preparations containing 90% or 10% of unlabeled BM cells respectively (Table 2).

The cytotoxic effect of MM4 + C’ on clonogenic stem cells of established MM cell lines and normal BM progenitors was examined under different incubating conditions (Figs 2 and 3). MM clonogenic stem cell colonies, enumerated at day 7, were distinguished from normal BM stem cell colonies by their characteristic colony morphology (Fig 2) and by their immunologic reactivity with plasma cell-
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**Table 1. Effect of MM4 + Complement Treatment on Multiple Myeloma Cell Lines and Normal Bone Marrow**

<table>
<thead>
<tr>
<th>Target</th>
<th>Cytolysis*</th>
<th>% Nonviable Cells</th>
<th>% Inhibition Of Colony Formation‡</th>
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<tbody>
<tr>
<td></td>
<td>1:8</td>
<td>1:16§</td>
<td></td>
</tr>
<tr>
<td>MM cell lines</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>GM 1312</td>
<td>96.1 ± 3.1</td>
<td>94.5 ± 4.6</td>
<td>97.1 ± 3.9</td>
</tr>
<tr>
<td>RPMI 8226</td>
<td>80.8 ± 3.3</td>
<td>72.3 ± 2.5</td>
<td>93.5 ± 5.6</td>
</tr>
<tr>
<td>ARH-77</td>
<td>88.0 ± 4.3</td>
<td>80.5 ± 2.2</td>
<td>NT†</td>
</tr>
<tr>
<td>Normal bone marrow</td>
<td>34.3 ± 8.7</td>
<td>20.1 ± 8.7</td>
<td>NT</td>
</tr>
</tbody>
</table>

* Determined by % specific chromium release microcytotoxicity assay after incubation with MM4 (0.5 mg/10⁶ cells; 4°C, 60 minutes) and rabbit complement (23°C, 30 minutes × 2) at the indicated final dilution. Value represents mean ± SD (n = 5).
† Determined by trypan blue exclusion (see Materials and Methods).
‡ Determined by stem cell colony-growth assay for treated myeloma cell lines and CFU-C colony formation for normal bone marrow. Myeloma stem cell colonies were scored on day 7, and CFU-C on day 10. Value represents Mean ± SD (n = 4).
§ Final complement dilution.
NT, not tested.

reactive MoAbs PCA-1, OKT10, and MM4. For preparations containing 10% myeloma cells (Fig 3 A), MM4 + C' (1:16) consistently reduced GM 1312 clonogenic stem cell colonies by at least 2 logs (99% to 100%, n = 4). Similarly, RPMI 8226 stem cell colonies were reduced by 97% to 100% (98.6% ± 1.4%, n = 3). The same treatment inhibited 13% of normal bone marrow CFU-C but did not affect BFU-E progenitor growth. Unlike incubation of MM or BM cells alone, increase of C' concentration to 1:8 depleted MM clonogenic stem cell colonies from both MM cell lines but did not significantly increase toxicity to BM progenitor colony formation, as measured by CFU-C and BFU-E (Fig 3 A).

Similarly, in BM preparations containing 50% MM cells (Fig 3 B), MM4 + C' at 1:16 completely eradicated colony formation by GM 1312 and eliminated 90% (90.2% ± 14.7%, n = 3) of RPMI 8226 clonogenic stem cells. Similar to our observations on 90:10 cell mixtures, incubation with C' at 1:8 completely inhibited RPMI 8226 clonogenic stem cell colony formation without significantly increasing toxicity to normal BM CFU-C (% inhibition: 19.7% ± 11.1%, n = 4). A slight increase in toxicity to BFU-E (% inhibition: 9.7%, n = 2) was observed at this complement concentration.

To better establish efficacy of clonogenic stem cell elimination under optimized conditions, myeloma clonogenic units in marrow preparations containing 10% myeloma cells before or after MM4 + C' treatment were determined by limiting dilution analysis (Table 3). Two or more log reductions of clonogenic stem cell units were observed (99.4%, 98.9%, and 99.97% reduction for RPMI 8226, GM 1312, and ARH-77 cells respectively). Similar evaluation with the plasmacytoma-derived cell line HS-Sultan also demonstrated a nearly 3-log depletion of clonogenic stem cells (Table 3).

**DISCUSSION**

The MoAb MM4 described in this study recognizes a 40-kd antigenic determinant that is commonly expressed on normal and neoplastic plasma cells. The pattern of reactivity of MM4 differs from most other previously described plasma cell-reactive MoAbs, including PCA-1 and PCA-2, R-1, R-3, B5, common acute lymphoblastic leukemia antigen (CALLA), MB-1, and OKT10. Based on enzyme-linked immunosorbent assays, or immunoperoxidase and immunofluorescence evaluations under optimized conditions, MM4 does not react with normal BM cells or with peripheral blood normal T or B lymphocytes, granulocytes, or erythrocytes but binds to the majority of plasma cells in all plasma cell-derived cell lines and plasma cell dyscrasias BM biopsies tested. In this study we examined whether this MoAb may be utilized as a means of selectivity eliminating myeloma cells in the presence of rabbit complement.

As a means of controlling for possible cell culture artifacts, the cytolysic properties of MM4 were examined with cells from three different plasma cell-derived cell lines. According to

**Table 2. Effect of MM4 + Complement Treatment on Cell Preparations Containing Normal Bone Marrow and Myeloma Cells**

<table>
<thead>
<tr>
<th>BM:GM 1312*</th>
<th>MM4 Added (mg)</th>
<th>% Colony Inhibition†</th>
<th>% Specific *Cr Release‡</th>
<th>% Inhibition of BM Stem Cells§</th>
</tr>
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<tbody>
<tr>
<td></td>
<td>CFU-C</td>
<td>BFU-E</td>
<td></td>
<td></td>
</tr>
<tr>
<td>90:10</td>
<td>0.5</td>
<td>99.5 ± 0.5</td>
<td>83.8 ± 9</td>
<td>13.5 ± 10</td>
</tr>
<tr>
<td></td>
<td>0.25</td>
<td>95.1 ± 4</td>
<td>78.4 ± 11</td>
<td>10.2 ± 10</td>
</tr>
<tr>
<td>50:50</td>
<td>0.5</td>
<td>100 ± 0</td>
<td>59.5 ± 14</td>
<td>13.3 ± 13</td>
</tr>
<tr>
<td></td>
<td>0.25</td>
<td>92.4 ± 4</td>
<td>51.5 ± 5</td>
<td>7.1 ± 7</td>
</tr>
</tbody>
</table>

*GM 1312 cells were mixed with normal bone marrow mononuclear cells in the indicated ratios.
† Determined by stem cell colony-growth assay on day 7 and differentiated from marrow colonies by their distinctive colony morphology and irregular growth pattern. Value represents mean ± SD (n = 4).
‡ Determined by short-term microcytotoxicity assay (see Materials and Methods). Mean ± SD (n = 3).
§ CFU-C colonies were scored on day 10 and identified by their lack of color and relatively diffuse pattern. BFU-E were recognized by their red color and tightly packed colonies on day 14. Value represents mean ± SD (n = 4).
Fig 2. Photomicrographs of stem cell colonies of MM cell lines and normal bone marrow. In cell preparations with normal marrow and MM cells, MM colonies were distinguished by their larger cell size, faster growth rate, and distinctive colony morphology. GM 1312 colonies (insert A) were characterized by their tightly packed spherical conformation, whereas RPMI 8226 colonies (insert B) were comprised of tightly aligned tumor cells. By comparison, CFU-C colonies had a diffuse growth pattern, such as the type IV colony (see reference 37) shown in insert C. BFU-E colonies (insert D) were characterized by their late emergence, red color, and small, tightly packed colony morphology. Original magnification x 100.

To studies by Matsuoka et al\textsuperscript{43} and others,\textsuperscript{44,45} the IgG, lambda RPMI 8226 cell line is comprised mainly of immature plasma cells and reacts with both PCA-1 and OKT10.\textsuperscript{42,45} The IgG, kappa GM 1312 cell line is morphologically less well differentiated, is unreactive with OKT10, and only weakly reactive with PCA-1.\textsuperscript{44,45} The IgG kappa-producing plasma cell leukemia cell line ARH-77 displays a variety of morphological entities ranging from small lymphocytes to classic plasma cells\textsuperscript{46} and reacts with PCA-1 but not OKT10. The heavy and light chain isotype of these cell lines as well as their immunologic phenotype were confirmed in this laboratory prior to and after culture under clonogenic
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Fig 3. Eradication of myeloma stem cells in mixtures of myeloma and normal marrow cells by MM4 and complement. Normal bone marrow cells were mixed with cells from the MM cell line GM 1312 (A) or RPMI 8226 (B) in proportions of 90:10 (A) and 50:50 (B). MM clonogenic stem cell colonies in MM4 + C'-treated or untreated samples were enumerated on day 7. Inhibition of normal bone marrow stem cell colonies CFU-C (□) and BFU-E (△) was determined on days 10 and 14, respectively. Value shown represents mean ± SD when based on three or more determinations. Effect of MM4 treatment without C is shown as complement dilution at x.

stem cell colony forming assay conditions. In this study it was evident that greater than 90% of cells from all three cell lines bound MM4, the majority of which were susceptible to complement-mediated cytolysis. The LD50s of 0.015 to 0.047 mg of MM4 per 10⁶ cells were consistent with MoAb concentrations employed for cytolysis of other human tumors. Parallel trypan blue exclusion studies indicated that MM4 + C' was effective in killing >94% of total cells from the PCD cell lines tested.

More significantly, MM4 + C' consistently abrogated clonogenic stem cell colony growth of the PCD cell lines tested, indicating that the clonogenic stem cell subset expressed the MM4-reactive antigen. As shown in this and our prior study, MM4 alone was effective in inhibiting clonogenic stem cell colony formation of MM cell lines by an as yet undefined mechanism. The inhibitory effect was amplified by subsequent incubation with C', and efficacy of clonogenic stem cell elimination was maintained in our experimental model of normal bone marrow cell preparations mixed with myeloma cells. MM4 + C' eliminated 2 logs or more of clonogenic myeloma stem cells both in 90:10 and 50:50 preparations from RPMI 8226, GM 1312, or ARH-77 cell lines. The complement-inhibitory effect of BM cells, also documented previously by other investigators, was evident in chromium release data but apparently did not affect the capacity of MM4 + C' in deleting the clonogenic myeloma stem cell subset. Alternatively, this discrepancy may be related to assay artifacts, such as the resorption of released chromium from the lyed MM cells by normal bone marrow bystanders.

In an earlier report we found that approximately 70% of the total plasma cells in BM biopsies of MM patients express the MM4-reactive antigen. Our studies on established MM cell lines strongly suggest that the clonogenic stem cell subset from myeloma patients also expresses MM4. Whereas heterogeneity of antigen expression precludes the possibility of completely eradicating the entire myeloma/plasma cell population by MM4-mediated cytolysis, the same treatment can selectively eliminate the clonogenic stem cell subset. Several lines of evidence support the thesis that responsiveness of clonogenic stem cell cultures to cytotoxic or other agents correlate with in vivo therapeutic response. In patients with multiple myeloma, Karp et al and others have shown that clonogenic colony-forming cells from MM marrow are closely related to kinetically active myeloma cells that proliferate in vivo. Elimination or major reduction of this stem cell subset may limit expansion of the myeloma cell clone with potentially advantageous therapeutic consequences.

Recent studies with leukemia and lymphoma cells have indicated success in purging malignant tumor cells from involved BM with the appropriate MoAbs, thereby providing the option for autologous marrow reconstitution following marrow- ablative chemoradiotherapy. At present this therapeutic alternative is not available for patients with MM, despite syngeneic marrow transplantation studies suggesting that dose escalation may overcome apparent drug resistance in patients with refractory disease. With the use of alkylating agent-prednisone regimens, it is possible to achieve myeloma cell reduction to 10% or less of BM content in some MM patients. Our experimental model suggests that it may be possible to further reduce the BM myeloma stem cell content by an additional 2 logs or more by incubating with MM4 + C', thereby potentially achieving a total reduction of 3 logs or more of myeloma stem cells. Under the same experimental conditions, toxicity to CFU-C

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<tr>
<th>Table 3. Efficacy of MM4 + Complement in Eliminating Multiple Myeloma Clonogenic Stem Cell Colony Formation</th>
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<tbody>
<tr>
<td>Clonogenic U/mL (Mean ± SD)†</td>
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<tr>
<td>-----------------------------</td>
</tr>
<tr>
<td>RPMI 8226</td>
</tr>
<tr>
<td>GM 1312</td>
</tr>
<tr>
<td>ARH-77</td>
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<td>HS-Sultan</td>
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*Mixed with normal bone marrow mononuclear cells in the ratio of 90:10 (marrow:myeloma cells).†Determined by limiting dilution and the Spearman estimate (see "Materials and Methods").‡% Reduction = (C, - C)/C, = 100%.
colonies ranged from 0% to 30%. Such experimental variabil-
ity, which also has been reported by other investigators
utilizing MoAb + C' for purging of tumor cells,40,41 may be
attributable to background toxicity from C’ alone. Alterna-
tively, we cannot exclude the possibility that the MM4-
reactive antigen may be expressed on some normal BM
progenitor cells at a low density level that ordinarily goes
undetected. Immunofluorescence studies indicated that
MM4 reacted weakly with a portion of normal BM cells
(16.9% ± 9.2%) at a tenfold higher than usual incubating
concentration, whereas reactivity with normal PBMC cells
remained negative (<1%) under such conditions. A propor-
tion of these BM cells may be susceptible to C'-dependent
lysis after exposure to MM4. In addition, MM4 is known to
react with normal plasma cells,27 which are present at low
levels in normal marrow. Other studies also have dem-
onstrated highly variable BM recovery (50% or less) in terms of
cell number42 or progenitor cell colonies51,52 following purg-

ing procedures that involve MoAbs unreactive with normal
BM. However, patient marrow reconstitution does not ap-
pear to be affected by such losses.50,53 Our approach of

myeloma cell depletion by MM4 + C' thus remains poten-
tially applicable for autologous marrow transplantation.

The results described in this paper deal with an experi-
mental model for purging myeloma cells from bone marrow.
The validity of this model has been supported by preliminary
studies on BM from four MM patients, in whom we observed
significant reduction in myeloma clonogenic stem cell col-

onies after treatment with MM4 + C'. These initial observa-
tions will be extended using BM from additional MM
patients. Our data, as well as other studies employing comple-
ment,16-19 indicate that the efficacy of selective tumor
cytolysis is largely limited by activity and nonspecific toxic-
ity of the complement source. MM4-immunotoxin conju-
gates may provide a more efficient mechanism for the
elimination of myeloma cells in vitro.30,34,35

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