Citation for published version (APA):
Aspirin blocks formation of metastatic intravascular niches by inhibiting platelet-derived COX-1/thromboxane A₂

Serena Lucotti, … , Anne J. Ridley, Ruth J. Muschel


Because metastasis is associated with the majority of cancer-related deaths, its prevention is a clinical aspiration. Prostanoids are a large family of bioactive lipids derived from the activity of cyclooxygenase-1 (COX-1) and COX-2. Aspirin impairs the biosynthesis of all prostanoids through the irreversible inhibition of both COX isoforms. Long-term administration of aspirin leads to reduced distant metastases in murine models and clinical trials, but the COX isoform, downstream prostanoid, and cell compartment responsible for this effect are yet to be determined. Here, we have shown that aspirin dramatically reduced lung metastasis through inhibition of COX-1 while the cancer cells remained intravascular and that inhibition of platelet COX-1 alone was sufficient to impair metastasis. Thromboxane A₂ (TXA₂) was the prostanoid product of COX-1 responsible for this antimetastatic effect. Inhibition of the COX-1/TXA₂ pathway in platelets decreased aggregation of platelets on tumor cells, endothelial activation, tumor cell adhesion to the endothelium, and recruitment of metastasis-promoting monocytes/macrophages, and diminished the formation of a premetastatic niche. Thus, platelet-derived TXA₂ orchestrates the generation of a favorable intravascular metastatic niche that promotes tumor cell seeding and identifies COX-1/TXA₂ signaling as a target for the prevention of metastasis.

Find the latest version:

http://jci.me/121985/pdf
Aspirin blocks formation of metastatic intravascular niches by inhibiting platelet-derived COX-1/thromboxane A₂

Serena Lucotti,1 Camilla Cerutti,2 Magali Soyer,2 Ana M. Gil-Bernabé,1 Ana L. Gomes,1 Philip D. Allen,1 Sean Smart,3 Bostjan Markelc,1 Karla Watson,1 Paul C. Armstrong,3 Jane A. Mitchell,4 Timothy D. Warner,3 Anne J. Ridley,2 and Ruth J. Muschel1

1Cancer Research UK and MRC Oxford Institute for Radiation Oncology, Department of Oncology, University of Oxford, Oxford, United Kingdom. 2Randall Division of Cell and Molecular Biophysics, King’s College London, New Hunt’s House, Guy’s Campus, London, United Kingdom. 3Centre for Immunobiology, Blizard Institute, Barts and The London School of Medicine and Dentistry, Queen Mary University of London, London, United Kingdom. 4Cardiothoracic Pharmacology, Vascular Biology, National Heart and Lung Institute, Imperial College London, London, United Kingdom.

Because metastasis is associated with the majority of cancer-related deaths, its prevention is a clinical aspiration. Prostanoids are a large family of bioactive lipids derived from the activity of cyclooxygenase-1 (COX-1) and COX-2. Aspirin impairs the biosynthesis of all prostanoids through the irreversible inhibition of both COX isoforms. Long-term administration of aspirin leads to reduced distant metastases in murine models and clinical trials, but the COX isoform, downstream prostanoid, and cell compartment responsible for this effect are yet to be determined. Here, we have shown that aspirin dramatically reduced lung metastasis through inhibition of COX-1 while the cancer cells remained intravascular and that inhibition of platelet COX-1 alone was sufficient to impair metastasis. Thromboxane A₂ (TXA₂) was the prostanoid product of COX-1 responsible for this antimetastatic effect. Inhibition of the COX-1/TXA₂ pathway in platelets decreased aggregation of platelets on tumor cells, endothelial activation, tumor cell adhesion to the endothelium, and recruitment of metastasis-promoting monocytes/macrophages, and diminished the formation of a premetastatic niche. Thus, platelet-derived TXA₂ orchestrates the generation of a favorable intravascular metastatic niche that promotes tumor cell seeding and identifies COX-1/TXA₂ signaling as a target for the prevention of metastasis.

Introduction

Prostanoids are a family of bioactive lipids comprising prostaglandins (e.g., PGD₂, PGE₂, PGF₂α, thromboxane A₂ (TXA₂)), and prostacyclin (PGI₂). The rate-limiting step of prostanoid biosynthesis is catalyzed by cyclooxygenase (COX), an enzyme with 2 isoforms, COX-1 and COX-2. Both COX-1 and COX-2 have virtually identical enzymatic activity, mediating the conversion of arachidonic acid into PGG₂, and then into PGH₂, the common precursor of all prostanoids (1). However, the spectrum of prostanoids synthesized by each isoform differs in vivo as a result of distinct expression patterns and functional coupling to prostanoid synthases in different cell types (2). For example, COX-2 is induced in endothelial cells and macrophages during inflammation and wound healing and couples with PGE synthase in those cells to produce proinflammatory PGE₂ (2, 3). In contrast, COX-1 is constitutively expressed. In platelets COX-1 couples with TXA synthase (TXAS) to generate prothrombotic TXA₂ upon procoagulant stimuli (e.g., collagen, thrombin, and adenosine diphosphate [ADP]) (4–6). Because of the differential expression of prostanoid synthases and COX-1 and COX-2, the activity of the 2 isoforms is rarely redundant.

The importance of COX and prostanoid pathways in metastasis is apparent from reports showing that their inhibition greatly curtails metastasis. NSAIDs, including aspirin, that inhibit both COX-1 and COX-2 generally reduce metastasis in clinical studies and murine models (7–9). In some reports specific COX-2 inhibition blocks metastasis (10, 11), but not in others (12). Looking at the downstream prostanoids, inhibition of TXA₂ or of PGE₂ synthesis also reduces metastasis in animal models, while PGI₂ has been reported to inhibit metastasis (11–18), with some exceptions (12, 19). These reports raise the question of whether some prostanoids might be suitable targets for metastasis prevention or therapy.

The possibility of using COX or prostanoid synthesis inhibition as a preventive strategy for metastasis has been highlighted by both clinical and experimental studies. Aspirin is given clinically in a variety of doses to reduce cardiovascular events or inflammation. Because of its unique combination of irreversible inhibition of COX enzymes and short circulating half-life, low-dose aspirin preferentially inhibits COX-1 in platelets, reducing the production of prothrombotic TXA₂ and other prostanoids (20). Thus, low-dose aspirin is given for prophylaxis of myocardial infarction and stroke. Higher doses of aspirin inhibit both COX isoforms in other tissues (21). In particular, the reduction of COX-2-derived PGE₂ exerts antiinflammatory effects. Case-control studies and meta-analysis of randomized controlled trials have shown that aspirin given for these unrelated purposes reduces metastatic cancer (22, 23). This effect was significant over a range of primary tumor types, with a...
they are crucial and which prostanoids might be responsible for their effects.

Here we demonstrate using a variety of different models that specific inhibition of COX-1 in platelets is sufficient to inhibit metastasis to the same extent as aspirin whereas inhibition of COX-2 does not reduce metastatic colonization. We further show that COX-1 blockade leading to inhibition of TXA_2 synthesis in platelets is sufficient to inhibit metastasis. Lastly we provide evidence that the antimetastatic effect of COX-1 inhibition is generally limited to the early stages of metastasis and that inhibition of COX-1 or of TXA_2 synthesis prevents the formation of an intravascular metastatic and premetastatic niche.

**Results**

**Reduction of metastasis by aspirin correlates with the inhibition of thrombosis.** We treated mice with different doses of aspirin (ASA; low, medium, and high), which were based on the low, medium, and high doses used in humans according to a body surface area dose conversion method and on previous literature (8, 36–38). Inhibition of COX-1 was evaluated using serum levels of TXB_2, a stable metabolite of TXA_2 generated by platelet COX-1 activity during clotting (ex vivo) (Figure 1A and ref. 39). Greater than 95% reduction in TXB_2 ex vivo is thought to indicate physiological inhibition of COX-1 (40). The medium and high doses, but not the low dose, of aspirin reduced TXB_2 by more than 95% over 6 days after the treatment began, suggesting that the drug does not accumulate over time (Supplemental Figure 1; supplemental material available online with this article; https://doi.org/10.1172/JCI121985DS1).
Spontaneous metastasis was also inhibited by aspirin. BALB/c mice with 4T1-GFP–derived subcutaneous tumors received vehicle or aspirin treatment (Figure 2E). Tumor growth was similar in both treatment groups, although aspirin treatment was associated with enhanced tumor regression (Supplemental Figure 4A). Aspirin decreased numbers of lung and liver metastases, of disseminated tumor cells in the lungs (Figure 2, F–I), and of circulating tumor cells (CTCs) (Supplemental Figure 4B) and the invasive ability of those CTCs (Supplemental Figure 4, C–E). These data confirmed the inhibitory effect of aspirin on metastasis at doses that inhibit COX-1 activity and thrombosis, suggesting that aspirin affects metastasis establishment through an antithrombotic effect.

COX-1 inhibition is sufficient to reduce metastasis. Since aspirin inhibits both COX-1 and COX-2 at metastasis-suppressive doses, we determined the effect on metastasis of selective inhibitors of COX-1 (SC-560) or COX-2 (NS-398). Isoform specificity was confirmed by reduction of serum TXB₂ for COX-1 (Figure 3A) and plasma PGE₂ for COX-2 (Figure 3B and Supplemental Figure 2). COX-1 inhibition by SC-560 significantly reduced the number of metastatic lung nodules from B16F10 cells (Figure 3, C and D) compared to the medium and high doses of aspirin (Figure 2B). COX-2 inhibition by NS-398 did not reduce the numbers (Figure 3, C and D), making it unlikely that metastatic seeding requires PGE₂. However, NS-398–treated mice had smaller metastatic colonies (Figure 3, E and F), compatible with the reported involvement of COX-2 in tumor cell proliferation (15). Using other models, SC-560 also reduced experimental lung metastasis from MC-38-GFP, 4T1, and MDA-MB-231-CFP cells (Supplemental Figure 3) and spontaneous lung and liver metastasis, pulmonary dissemination (Figure 3, G–J), and CTCs and their invasiveness from 4T1-GFP tumor-bearing mice (Supplemental Figure 4, B–E).

Fewer experimental metastases were generated by B16F10 cells in COX-1⁻/⁻ (Ptgs1⁻/⁻), indicated here as COX-1⁻/⁻ mice than in wild-type (COX-1⁺/⁺) (Figure 4, A and B). As expected, COX-1⁻/⁻/
mice had decreased serum TXB$_2$ levels (Figure 4C) and reduced platelet aggregation (Figure 4, D and E) compared with COX-1$^{-/-}$ mice. Taken together, these data indicate that the inhibition of COX-1 is sufficient to impair metastasis development. They further suggest that inhibition of COX-1 mimics the antimetastatic effect of aspirin. These results led us to ask (a) what phase of metastasis is affected by inhibition of COX-1; (b) which product of COX-1 enables metastasis; and (c) which COX-1–expressing cells are responsible for these effects.

**Activity of COX-1 is required during the intravascular phase of metastasis.** Disseminating tumor cells remain in the bloodstream for 1–4 days prior to extravasation, a time that varies depending on the model used (43). After tail vein injection, B16F10 cells were mainly intravascular after 24 hours and underwent extravasation between days 1 and 3 with the majority extravasated by day 4 (Supplemental Figure 5, A and B). The number of B16F10 cells rapidly decreased after injection, with only approximately 25% of the total adhered cells surviving in the lung vasculature 1 day after injection (Supplemental Figure 5C). Multicellular colonies were first noted on day 3, and micrometastases were seen on day 4 (Supplemental Figure 5, C and D). With day 0 being the day of injection, treatment was given from day −2 to day +1 (−2→+1) for the intravascular phase, from day +1 to day +4 (+1→+4) for the extravasation phase, or from day +4 to day +21 (+4→+21) for the extravascular phase (Figure 5A). Aspirin and SC-560 given during the intravascular phase of metastasis resulted in reduced numbers of metastatic lung nodules similar to treatment throughout. In contrast, administration during the later extravasation and extravascular phases did not affect metastasis (Figure 5, B and C). NS-398 did not change metastasis regardless of the schedule (Figure 5D). Aspirin and SC-560, but not NS-398, reduced the number of tumor cells in the lung 24 hours after injection (Figure 5, E and F). A similar reduction was obtained in COX-1$^{-/-}$ mice (Figure 5, E and F). These findings suggest that COX-1 in host cells, rather than in tumor cells, is required for the pulmonary retention of tumor cells and the onset of metastasis.

**TXA$_2$ signaling driven by COX-1 is essential for metastasis.** Circulating TXA$_2$ is the most abundant product of COX-1 in the circulatory system, mainly produced by activated platelets (4). To ask whether TXA$_2$ was a critical intermediary in the COX-1–dependent development of metastasis, we administered picotamide (PICO), a dual inhibitor of TXAS and antagonist of TXA$_2$ receptor (TP), to mice (Figure 6A) (44). This treatment reduced...
TXA2 is synthesized by activated platelets and is a potent agonist of platelet aggregation and a secondary mediator of thrombus expansion (4). Platelets aggregate on the surface of B16F10 cells through a TF-dependent mechanism (27). We asked whether inhibition of COX-1 leading to reduced TXA2 levels results in decreased aggregation of platelets on tumor cells, thereby reducing metastasis.

We then supplemented TXA2 using U46619, restoring basal levels of plasma TXA2/TXB2 (Figure 6B) and platelet aggregation (Figure 6C and D), demonstrating inhibition of TXAS activity and TXA2/TP signaling. Treatment of mice with picotamide significantly reduced the number of B16F10 (Figure 6E and F) and 4T1 (Supplemental Figure 3B) metastatic lung nodules. Picotamide treatment during the intravascular phase of metastasis (PICO +1) reduced the number of metastatic lung nodules (Figure 6G) and decreased the early retention of tumor cells in the lungs (Figure 6H and I). Furthermore, picotamide decreased the number of spontaneous metastases to liver and lungs, the number of disseminated tumor cells in the lungs (Figure 6J and K), and the number and invasive capacity of CTCs (Supplemental Figure 4, B–E). Similarly, the TP antagonist vapiprost reduced platelet aggregation but did not plasma TXA2 (Supplemental Figure 6A, A–C), compatible with TP antagonism. Vapiprost impaired the early persistence of tumor cells in the lungs (Supplemental Figure 6D, D). Further supporting the notion that TXA2 signaling is required for early phases of metastatic seeding.

We then supplemented TXA2 using U46619, restoring basal levels of plasma TXA2/TXB2 (Figure 7A) and platelet aggregation (Figure 7B, C and D) in aspirin-treated mice. This restored the numbers of persistent tumor cells in the lung to control values in aspirin-treated mice 1 day after injection (Figure 7D and E) and of experimental metastases, even when U46619 was discontinued 1 day after tumor cell injection (Figure 7F, F–H). These results suggest a central role for COX-1-derived TXA2 in the inhibition of metastasis by aspirin.

TXA2 synthesis by COX-1 in platelets is required for metastasis. TXA2 is synthesized by activated platelets and is a potent agonist of platelet aggregation and a secondary mediator of thrombus expansion (4). Platelets aggregate on the surface of B16F10 cells through a TF-dependent mechanism (27). We asked whether inhibition of COX-1 leading to reduced TXA2 levels results in decreased aggregation of platelets on tumor cells and reduced metastasis (8, 26, 45). Fluorescently labeled B16F10 cells (B16F10-CMAC) and platelets (Plts-PKH26) were injected into the opposite tail veins of mice. Platelet aggregation was observed only in the vicinity of the tumor cells, not distantly (Supplemental Figure 7A), suggesting that aggregation was triggered by the tumor cells. Additionally, platelets neither aggregated nor associated with the lung vasculature of naive mice (Supplemental Figure 7B), excluding the possibility that platelet aggregation resulted from euthanasia and its accompanying decreased blood flow. Treatment with aspirin, SC-560, and picotamide, but not NS-398, decreased the number and the size of clots per tumor cell (Figure 8, A–C). Similar results were obtained after coincubation of the 2 cell populations in vitro (Supplemental Figure 8, A–C). Pretreatment of platelets with aspirin and SC-560 diminished platelet aggregation on tumor cells, while pretreatment of tumor cells had no effect (Supplemental Figure 8, D–F). Additionally, COX-1+/+ platelets, but not COX-1–/– platelets, B16F10 cells, nor primary lung microvascular endothelial cells (LMVECs) cells, generated TXB2 either alone or in coculture (Figure 8D). Thus, COX-1 in platelets associated with B16F10 cells is a major source of TXA2, and its inhibition affects platelet aggregation and thrombus expansion on tumor cells.

We then asked whether COX-1 inhibition in reintroduced platelets would reduce metastasis. After platelet depletion by R300 antibody, platelets isolated from vehicle-, ASA-, SC-560–, NS-398–, or PICO-treated mice (Figure 8D–F). Additionally, COX-1+/+ platelets, but not COX-1–/– platelets, B16F10 cells, nor primary lung microvascular endothelial cells (LMVECs) cells, generated TXB2 either alone or in coculture (Figure 8D). Thus, COX-1 in platelets associated with B16F10 cells is a major source of TXA2, and its inhibition affects platelet aggregation and thrombus expansion on tumor cells.
platelet-poor plasma (Supplemental Figure 9C) did not restore lung metastasis formation. Platelets from NS-398–treated mice restored metastatic colony formation (Figure 8, G and H). Together these results establish platelets as the COX-1/TXA2–dependent compartment in the establishment of metastasis.

Inhibition of COX-1 reduces the adhesion of tumor cells to endothelium. Tumor cell adhesion to endothelial cells during hematogenous metastasis involves multiple mechanisms (46) and seems to be facilitated by interactions with platelets (47). We investigated tumor cell adhesion to monolayers of LMVECs in the presence of platelets under flow with a low shear stress of 0.05 dyn/cm². Firm tumor cell adhesion to LMVECs was measured after the flow was increased to a higher shear stress (1 dyn/cm²) (Supplemental Figure 10, A and B). Platelet aggregates adhered to tumor cells and formed bridges between tumor cells and LMVECs (Supplemental Figure 10C). Aspirin and SC-560 reduced the adhesion of tumor cells to LMVECs and the association of platelets with tumor cells (Supplemental Figure 10, D–F, and Supplemental Video 1). While the higher shear stress did not alter adhesion of the tumor cells, interestingly, it produced a significant dissociation of platelets from tumor cells under aspirin and SC-560 treatment (Supplemental Figure 10, G–I). These data suggest that COX-1 inhibition can reduce the adhesion of tumor cells to the endothelium.

The COX-1/TXA2 axis in platelets contributes to an intravascular metastatic niche. Microemboli are formed with tumor cells, platelets, and myeloid cells at sites of activated endothelium. The myeloid cells promote the survival of disseminating cells and their development into metastasis (27, 29, 32, 48). Using Cx3cr1 gfp/+ mice to visualize monocytes and macrophages (27, 49), we found that aspirin (medium and high doses) and SC-560, but not NS-398 and picotamide, reduced clustering of monocytes/macrophages around the intravascular tumor cells (Figure 9, A and B). The magnitude of monocyte recruitment correlated with the extent of the platelet clots (Figure 9C). Treatment with aspirin, SC-560, and picotamide also reduced the extent of endothelial activation as indicated by E-selectin and VCAM-1 expression in vessels adjacent to platelet–tumor cell aggregates (Figure 9, D–F). Neither monocyte/macrophage recruitment nor endothelial activation was observed in naive mice (Supplemental Figure 7). Additionally, inhibition of COX-1/TXA2 was associated with a larger diameter of lung vessels (Supplemental Figure 11, A–C), suggesting a decrease of vasoconstriction that might further prevent the accumulation of aggregates.

Analogous effects resulted from coinfusion of COX-1−/− platelets and B16F10 cells in COX-1−/− mice, with a decrease in platelet aggregation on tumor cells (Figure 10, A–C), association of tumor
cells with activated endothelium (Figure 10, D–F), diameter of blood vessels (Supplemental Figure 11, D–F), and recruitment of monocytes/macrophages to tumor cells (Figure 10, G and H) in comparison with mice infused with COX-1+/+ platelets.

The COX-1/TXA2 pathway contributes to a pulmonary premetastatic niche. The ability of disseminated tumor cells to colonize distant sites is enhanced by the systemic effects of a primary tumor, generating a premetastatic niche (50). To test the effect of inhibition of the COX-1/TXA2 pathway on the establishment of a lung premetastatic niche, mice bearing B16F10 subcutaneous tumors were treated with aspirin and injected i.v. with tumor cells to induce lung metastasis before the occurrence of spontaneous metastasis (Figure 11A). Aspirin treatment was started after the initiation of tumor growth and interrupted 2 days before tumor cell injection to avoid a direct effect of platelet inhibition on metastatic seeding. The increased numbers of metastatic lung nodules, indicative of the establishment of a premetastatic niche, were completely abrogated by treatment with aspirin (Figure 11B). Aspirin did not affect the number of nodules in mice without subcutaneous tumors (Figure 11B), further supporting the prometastatic role of intact COX-1/TXA2 axis in platelets at the moment of tumor cell injection.

Lung preconditioning has been linked to the recruitment of myeloid cells with the support of the coagulation system (27, 51, 52). The numbers of Cx3CR1-GFP+ monocytes/macrophages in the lungs of mice bearing tumors were greater than those in lungs of naive mice. Aspirin abolished this increase in monocytes/macrophages in the lungs of mice bearing tumors (n = 8), as in Figure 2E. Control groups are the same as in Figure 2, F and H. Data are represented as mean ± SD (B, E, G, H, J, and K), median ± range (C), Unpaired t test, 2-tailed (B, E, and H); 1-way ANOVA with Tukey’s multiple-comparisons test (C, G, J, and K). *0.01 < P ≤ 0.05; **0.001 < P ≤ 0.01; ***P ≤ 0.001.

Figure 6. Inhibition of TXA2 signaling alters the intravascular phase of metastasis. (A) Diagram of the targets of picotamide (PICO) in platelets. (B) TXB2 in plasma from C57BL/6 mice treated with vehicle or picotamide for 2 days (n = 4). (C and D) Agonist-induced aggregation of platelets from C57BL/6 mice treated with vehicle or picotamide (n = 6) as in Figure 2A. (E) B16F10 metastatic lung nodules in C57BL/6 mice treated with vehicle or picotamide, as in Figure 3A (n = 10, 14, 10, 5, and 5). (H and I) Number of B16F10-CMFDA cells (white) (H) and representative tile scans (I) of the left lung of C57BL/6 mice treated with vehicle or picotamide (n = 12 and 6) 24 hours after the injection of tumor cells. Scale bars: 1 mm (black bar), 100 μm (white bar). (J and K) Single disseminated cells in lungs (J) and metastatic nodules in lungs (J) or liver (K) of BALB/c mice bearing a 4T1-GFP tumor, treated with vehicle or picotamide (n = 8), as in Figure 2E. Control groups are the same as in Figure 2, F and H. Data are represented as mean ± SD (B, E, G, H, J, and K), median ± range (C). Unpaired t test, 2-tailed (B, E, and H); 1-way ANOVA with Tukey’s multiple-comparisons test (C, G, J, and K). *0.01 < P ≤ 0.05; **0.001 < P ≤ 0.01; ***P ≤ 0.001.
specifically required, we tested clopidogrel, an antagonist of the P2Y12 ADP purinergic receptor, and eptifibatide, an inhibitor of \(\alpha_{IIb}\beta_3\) integrin (also known as GPIIb/IIIa), both used clinically to reduce platelet aggregation (53–56). Clopidogrel and eptifibatide significantly reduced ADP-induced platelet aggregation (Figure 12, A and B) without affecting plasmatic TXB\(_2\) levels in vivo.

data suggest that the establishment of a lung premetastatic niche depends on the COX-1/TXA\(_2\) pathway in platelets.

TXA\(_2\) signaling, not other platelet activation pathways, is required for the establishment of the intravascular metastatic niche.

To understand whether platelet aggregation generally is critical for creating a metastatic niche or whether TXA\(_2\) signaling is more
Discussion

In this paper we have provided evidence that aspirin reduces metastasis through the inhibition of platelet COX-1 and its product TXA₂. Inhibition of COX-1 activity or TXA₂ signaling alone by pharmacological or genetic means was sufficient to reduce metastasis in a range of models. This novel finding directly implicates the activity of COX-1/TXA₂ in platelets before and during the intravascular transit of tumor cells, while it is not necessary for the persistent growth of the metastatic lung nodules. The inhibition of (Figure 12C), compatible with a functional COX-1/TXA₂ pathway in platelets. Unlike aspirin, clopidogrel and epifibatide did not affect the early persistence of B16F10 melanoma cells in the lungs (Figure 12, D and E), suggesting that TXA₂ signaling in the context of platelet aggregation is essential for the establishment of the early metastatic niche.

All together our data describe a signaling network centered on platelet-derived TXA₂ that can be inhibited by aspirin treatment, leading to a reduced seeding efficiency and metastasis (Figure 13).

Figure 8. Platelet-derived TXA₂ supports metastasis. (A–C) Maximum intensity projection (MIP, median filter) of 3D confocal stacks of tumor cells (B16F10-CMAC, white) and platelets (Plts-PK-H26, red) and number (B) and volume (C) of platelet aggregates per tumor cells in whole lungs of Cx3cr1gfp/+ mice, treated with vehicle, aspirin (low, medium, and high doses), SC-560, NS-398, or picotamide (n = 3). Lungs were harvested 8 hours after injection. Scale bar: 30 μm. (D) Concentration of TXB₂ in conditioned medium (CM) from cultures of B16F10 cells, LMVECs, and/or COX-1+/+ or COX-1–/– platelets (n = 3). (E and F) Number of tumor cells (E) and representative tile scans (F) of the left lung from platelet-depleted recipient mice (n = 5) at 1 day after i.v. injection of platelets (from COX-1+/+ or COX-1–/– donor mice) and tumor cells (B16F10-CMFDA cells, white). Scale bars: 1 mm (black bar), 100 μm (white bar). (G and H) B16F10 metastatic lung nodules from platelet-depleted mice reinfused with COX-1 or COX-1–/– platelets (n = 8) or COX-1–/– platelets isolated from donor mice pretreated with vehicle, aspirin, SC-560, NS-398, or picotamide (n = 10, 9, 9, 5, and 9). Data are represented as mean + SD. One-way ANOVA with Tukey’s multiple-comparisons test (B–D and G); unpaired t test, 2-tailed (E). *0.01 < P ≤ 0.05; **0.001 < P ≤ 0.01; ***P ≤ 0.001.
Aspirin has distinctive pharmacological properties at different doses, mainly derived from the differential inhibition of COXs in different body compartments. The antimetastatic effect of aspirin was seen at doses that inhibited COX-1/TXA₂, whereas the inhibition of COX-2/PGE₂ alone was not sufficient, COX-1/TXA₂ in platelets impairs multiple consecutive steps of the hematogenous transit of tumor cells, leading to the reduction of tumor cells in the lung vasculature. Thus, COX-1 activity and TXA₂ production in platelets contribute to the generation of a permissive early metastatic niche (Figure 13).

Aspirin has distinctive pharmacological properties at different doses, mainly derived from the differential inhibition of COXs in different body compartments. The antimetastatic effect of aspirin was seen at doses that inhibited COX-1/TXA₂, whereas the inhibition of COX-2/PGE₂ alone was not sufficient,
Figure 10. TXA2 from platelets mediates the generation of the prometastatic intravascular niche. (A–C) MIP (median filter) of 3D confocal stacks of tumor cells (B16F10-CMAC, white) and platelets (Pits-PKH26, red) in lungs of platelet-depleted Cx3cr1gfp/+ mice (A) and quantification of the number (B) and volume (C) of clots per tumor cell (n = 3), at 8 hours after injection of tumor cells and COX-1+/+ or COX-1–/– platelets. Scale bar: 10 μm. (D–F) MIP (median filter) of 3D confocal stacks of lung sections labeled for E-selectin (green) and VCAM-1 (magenta) (D), number of tumor cells associated with activated endothelial cells (%) (E), and fluorescence intensity of E-selectin or VCAM-1 (F) (n = 3) in lung sections from platelet-depleted Cx3cr1gfp/+ mice injected with tumor cells and COX-1+/+ or COX-1–/– platelets. Scale bar: 50 μm. (G and H) MIP of 3D confocal stacks (×20, top row) and surface reconstruction (bottom row) of tumor cells (B16F10-CMAC, white), platelets (Pits-PKH26, magenta), and Cx3CR1+ monocytes/macrophages (GFP, green) (G) and quantification of the volume of monocyte/macrophage clusters (H) (n = 3) in whole lungs of platelet-depleted Cx3cr1gfp/+ mice injected with tumor cells and COX-1+/+ or COX-1–/– platelets. Scale bars: 50 μm. Data are represented as mean ± SD. Unpaired t test, 2-tailed. *0.01 < P ≤ 0.05; ***P ≤ 0.001.
suggesting a prominence of COX-1 rather than COX-2 in the metastatic process. We exclude COX-independent targets (57) since analogous results were obtained with inhibitors of other steps in the COX pathway and in COX-1–/– mice. The antimetastatic effect of aspirin was seen in low- and medium-dose trials (75–300 mg/d), and increased doses did not show additional benefit (23), consistent with platelet COX-1 as the main target for the antimetastatic effect of aspirin. To the best of our knowledge, COX-1 has been previously implicated only marginally in the development of metastasis (58). COX-1 can be expressed by a variety of cell types (21). Reinfusion of platelets in platelet-depleted mice only restored metastasis if the platelets contained active COX-1, showing that it is the platelet supply of COX-1 that is essential to metastasis.

Further, although COX-1 can generate a variety of active prosta-
glandins, the reduction of TXA₂ is responsible for the antimetastatic effect of aspirin. Infusion of a synthetic analog of TXA₂ restored the metastatic phenotype during aspirin treatment. Platelets aggregate on the surface of tumor cells and function as circulating reservoirs of TXA₂. Autocrine TXA₂ signaling in platelets further enhances their aggregation on tumor cells, which supports metastasis (8, 26, 45). Additionally, paracrine TXA₂ signaling generates a favorable environment for tumor cell seeding through vascular constriction and induction of E-selectin and VCAM-1 through the TP receptor on endothelial cells (59, 60). Cytokines released from intracellular granules of activated platelets also induce endothelial cell activation (61). Endothelial activation correlates with tumor cell survival within the lung vasculature (32), and E-selectin and VCAM-1 might facilitate tumor cell adherence to the endothelium directly (62) or via bound platelets (63). We demonstrated enhanced adhesion of tumor cells to an LMVEC monolayer in the presence of platelets, analogous to the results in vivo. Concomitantly, endothelial activation facilitates the homing and retention of metastasis-promoting monocytes/macrophages in proximity to the tumor cells (32, 61). Monocyte chemoattractant protein-1 (CCL2/MCP-1) and CCL5 release by endothelial cells following TXA₂ signaling might amplify recruitment (29, 64). Altogether, local release of TXA₂ leads to the formation of hematogenous microemboli with metastatic properties. The recruitment of monocytes/macrophages was also reduced by aspirin at the level of the premetastatic niche, leading to reduced lung seeding. These data support the notion that cancer-induced thrombosis via the COX-1/TXA₂ pathway plays a central role in the conditioning of metastatic sites both before and after the arrival of CTCs (27).

The inhibition of COX-2 decreases metastasis in some models (10, 11) but not others (12). In our experiments, NS-398 did not reduce seeding of B16F10- and 4T1-derived lung metastasis, but it decreased the size of metastatic lung nodules from B16F10 cells, consistent with COX-2 enhancing proliferation and immune evasion in experimental models (65, 66). We noted that inhibition of COX-2 significantly inhibited metastasis by one colorectal cancer cell line, MC-38-GFP. Some colorectal cancers depend on COX-2 for progression (66), and we confirmed that MC-38 cells express much higher levels of COX-2 than B16F10 cells (S. Lucotti, unpublished observations). Thus, the sensitivity to COX-2 inhibition might be indicated by COX-2 expression in cancer cells (67).

In contrast, our data point to COX-1 inhibitors reducing metastasis through a microenvironment-centered mechanism. COX-1 inhibition was effective on cell lines regardless of their COX-1 expression (S. Lucotti, unpublished observations), and COX-1–/– mice had reduced metastasis, suggesting that aspirin has an antimetastatic effect independent of tumor cell expression of COX-1. Using Oncomine gene expression data we found that COX-1 expression in the primary tumor did not correlate with risk of metastatic cancer nor with the antimetastatic effect of aspirin.
However, aspirin significantly increases the risk of severe gastrointestinal symptoms and complications, especially over long-term use. Our data, together with previous clinical trials (71–73), suggest that selective TXA2 inhibitors such as picotamide might present an alternative to target platelet TXA2 while sparing other gastroprotective COX-1 products (i.e., PGI2), and thus might be a safer therapeutic option for the prevention of metastatic disease.

**Methods**

**Animals.** C57BL/6 (C57BL/6J), BALB/c (BALB/cAnNCrl), and SCID (CB17/ScScrPrkd-/-/IcrCrlCrSlc) mice were purchased from Charles River Laboratories and Cx3cr1 gfp/+ mice (B6.129P-Cx3cr1tm1Litt/J) from The Jackson Laboratory (49). COX-1–/– mice (74) were provided by TDW and JAM. Seven- to ten-week-old female mice were used for experiments involving drug treatment and/or tumor cell injection, while older naive mice with a C57BL/6 background were used for blood withdrawal and platelet isolation. Drugs were administered through drinking water, given ad libitum and changed every second day.

**Cell lines and staining.** B16F10 murine melanoma cells (a gift from John L. Francis, Center for Thrombosis Research, Florida Hospital, Orlando, Florida, USA; ref. 75) were cultured in RPMI 1640 medium supplemented with 10% heat-inactivated FBS (Gibco), 2 mM l-glutamine, 25 mM HEPES, 50 U/ml penicillin, and 5 μg/ml streptomycin (Ther-

**Figure 12. Platelet activation pathways other than COX-1/TXA2 are not required for early metastatic seeding.**

(A and B) ADP-induced aggregation of CD61-stained platelets from C57BL/6 mice treated with vehicle, clopidogrel, or epftibatide for 2 days ($n=4$). (C) TXB2 in plasma from mice treated with vehicle or drugs for 2 days ($n=4, 3, 3$, and $4$). (D and E) Number of B16F10-CMFDA cells (white) (D) and representative tile scans (E) of the left lung of C57BL/6 mice treated with vehicle or drugs ($n=10, 6, 6$, and $5$), imaged at 24 hours after the injection of tumor cells. Scale bars: 1 mm (black bar), 100 μm (white bar). Data are represented as median ± range (A), mean ± SD (C and D). One-way ANOVA with Tukey’s multiple-comparisons test. *$0.01 < P ≤ 0.05$; **$0.001 < P ≤ 0.01$. However, aspirin significantly increases the risk of severe gastrointestinal symptoms and complications, especially over long-term use. Our data, together with previous clinical trials (71–73), suggest that selective TXA2 inhibitors such as picotamide might present an alternative to target platelet TXA2, while sparing other gastroprotective COX-1 products (i.e., PGI2), and thus might be a safer therapeutic option for the prevention of metastatic disease.
mo Fisher Scientific), with addition of 0.4 mg/ml G418 or 5 μg/ml puromycin for 4T1-GFP and MC-38-GFP cells, respectively. Primary LMVECs were cultured in 2% gelatin-coated flasks (Sigma-Aldrich) in enriched DMEM (76). Cells were passaged using Versene (B16F10) (Thermo Fisher Scientific) or 0.05% trypsin-EDTA solution (all other cell lines) (Sigma-Aldrich). LMVECs were used within 10 and tumor cells within 20 passages and routinely tested for mycoplasma contamination (MycopAlert Mycoplasma Detection Kit, Lonza Group Ltd.). Exponentially growing B16F10 cells (50%–60% confluence) were stained with 12.5 μM solution of CellTracker Blue CMAC, Orange CMRA, or Green CMFDA dye (Thermo Fisher Scientific), following the manufacturer’s instructions.

Drug formulation for animal studies. Aspirin (ASA), purchased as DL-lysine acetylsalicylate (Aspégic injectable, Sanofi Aventis), was dissolved in sterile deionized water and resuspended in drinking water at 30 mg/l (low) (37), 180 mg/l (medium) (38), or 625 mg/l (high) (8). SC-398 (Cayman Chemical) dissolved in DMSO (Sigma-Aldrich) was resuspended at 24 mg/l in drinking water supplemented with 0.2% (vol/vol) polyethylene glycol 200 (PEG200) and 0.01% (vol/vol) Tween-20 (both from Sigma-Aldrich) (77). NS-398 (Cayman Chemical) dissolved in DMSO (Sigma-Aldrich) was resuspended at 12 mg/l in drinking water supplemented with 0.9% wt/vol sodium chloride (Sigma-Aldrich) (77). Picotamide (PICO; Abcam) dissolved in 100% ethanol (Sigma-Aldrich) was resuspended in drinking water at 30 μg/ml U46619 (Cayman Chemical) was diluted in DMSO and delivered at 50 μg/kg through a 180-mg/l aspirin solution. Vapiprost (Vapiprost hydrochloride, Santa Cruz Biotechnology) dissolved in sterile water was resuspended in drinking water at 20 mg/l. All drinking water contained 2% (wt/vol) sucrose (Sigma-Aldrich). Clopidogrel ((2)-Clopidogrel hydrochloride), Cayman Chemical) dissolved in 100% ethanol was delivered in saline at 10 mg/kg/d through i.p. injection (56). Eptifibatide (Sigma-Aldrich) was resuspended in sterile water and delivered in saline at 0.5 mg/kg/d through i.p. injection (78).

Isolation and staining of platelets. After sacrifice with an overdose of pentobarbital (665 mg/kg, i.p., or 332.5 mg/kg, i.v.), blood was collected from mice by cardiac puncture in syringes containing 3.2% (wt/vol) sodium citrate (Thermo Fisher Scientific) or ACD buffer (83 mM NaC1, H2O, 111 mM dextrose, 71 mM citric acid) (Sigma-Aldrich and Fisher Thermo Scientific), at 1:10 vol/vol ratio to blood.

To test aggregation, citrated blood was diluted 1:2 with modified Tyrode’s-HEPES (MTH) buffer (134 mM NaCl, 0.3 mM NaH2PO4•2H2O, 3 mM KCl, 5 mM HEPES, 5 mM dextrose, 2 mM MgCl2) (Sigma-Aldrich and Fisher Scientific) supplemented with 0.02 U/ml apyrase (Sigma-Aldrich) and 0.25 μM PGE1 (Alprostadil, Sigma-Aldrich). After centrifugation at 180 g for 10 minutes at 22°C, the supernatant was collected (platelet-rich plasma [PRP]). The remaining pellet was centrifuged at 12,000 g for 2 minutes at room temperature, and the supernatant was collected (platelet-poor plasma [PPP]).

To prepare washed platelets, PRP was diluted with washing buffer (10% MTH vol/vol in dH2O, 0.10% wt/vol NaHCO3, 0.20% wt/vol BSA, and 1 mM EGTA) and centrifuged at 1300 g at 22°C for 10 minutes. The platelet pellet was washed twice with washing buffer containing 0.25 μM PGE1. Platelets were counted in a Coulter counter (Beckman; 50-μm aperture tube; 3–30 fl particles). Washed platelets (8 × 105 cells/μl) were stained with PKH26 (Sigma-Aldrich) and readjusted to the required concentration in PPP or resuspension buffer (10% MTH vol/vol in dH2O, 0.10% wt/vol NaHCO3, and 0.20% wt/vol BSA).

Platelet aggregometry. Platelet aggregation was evaluated as previously described (79). Briefly, citrated PRP was incubated with agonists arachidonic acid (1 μM; Sigma-Aldrich), U46619 (0.3 μM; Tocris), and ADP (1 M; ChronoLog) or their vehicles in half-area-96-well microtiter plates for 5 minutes at 37°C under 1 mm orbital shaking (Infinite m200 plate reader, Tecan). Aggregated PRP was diluted 1:4 with ACD buffer and labeled with anti-CD61–APC antibody (104316, BioLegend) for 20 minutes at 4°C. Samples were then diluted with 0.01% neutral buffered formalin in PBS (Sigma-Aldrich) and supplemented with 10 μg/ml CountBright absolute counting beads (Thermo Fisher Scientific). The suspension was analyzed with a FACSCalibur flow cytometer (BD Biosciences). Beads (FL1/SSC-H) were gated and platelets (FL4-H/ SSC-H) were acquired until the count of 100 beads was reached. The total number of single platelets was calculated using FlowJo software.
Depletion of the single-platelet population is representative of platelet aggregation, and can be visualized through the appearance of a comet tail of platelet aggregates (79).

Ex vivo platelet aggregation on tumor cells. CMFDA-stained B16F10 cells were seeded at 10^5 cells per well in collagen I-biococated multichambers (BD Biosciences). The following day, 30 × 10^5 PKH26-stained platelets were added together with vehicle or drugs. After 2 hours, cells were fixed with 2% paraformaldehyde (PFA) in PBS and mounted with Vectashield mounting medium containing DAPI (Vector Laboratories). Tumor cells and platelets were pretreated with vehicle or drugs for 2 hours at 37°C or 30 minutes at 30°C, respectively, washed twice with PBS or washing buffer, and coincubated.

Experimental lung metastasis assay. B16F10 (2.5 × 10^5) and MC-38-GFP (3.0 × 10^5) cells were injected i.v. into C57BL/6 mice, 4T1 (1.5 × 10^5) into BALB/c mice, and MDA-MB-231-CFP (1 × 10^5) into SCID mice. R300 antibody (0.5 mg/kg; Emfret) for platelet depletion or isotype control (C301, Emfret) was injected i.p. 24 hours before i.v. injection of tumor cells and PPP (<1 × 10^6 platelets), PRP, or platelets (6 × 10^6 platelets). After 2 weeks (4T1 cells), 3 weeks (B16F10 and MC-38-GFP cells), or 4 weeks (MDA-MB-231-CFP cells), mice were anesthetized (pentobarbital, 70 mg/kg, i.p.) and their lungs artificially ventilated through a tracheotomy. After sacrifice, lungs were perfused through the pulmonary artery with Krebs-Ringer buffer (KRB) (4.74 mM KCl, 1.17 mM MgSO_4•7H_2O, 1.27 mM CaCl_2•2H_2O, 1.18 mM KH_2PO_4, 118.4 mM NaCl, 24.87 mM NaHCO_3, 10 mM dextrose, 5% wt/vol dextran) (Sigma-Aldrich) or Thermo Fisher Scientific). After clearance of blood, lungs were immersed in 10% neutral buffered formalin (Sigma-Aldrich). Metastatic lung nodules were visually counted (B16F10, MC-38-GFP, and 4T1 cells) or assessed by MRI scan (MDA-MB-231-CFP cells). Lobes were embedded in paraffin, and 5-μm sections were stained by H&E.

MRI scan of lungs. MRI on formalin-fixed lungs embedded in 4% PBS or washing buffer, and coincubated. When the tumor reached 20–30 mm^3, mice were randomly allocated to 4 treatment groups (vehicle, aspirin, SC-560, or picotamide). When tumor reached 800 mm^3, lungs were perfused/isolated for ex vivo imaging of the left lung. Lung and liver metastatic nodules were counted.

Isolation of CTCs and Transwell invasion assay. Blood from BALB/c mice was drawn in syringes containing ACD buffer (1:5 vol/vol). Whole blood was diluted in an equal volume of PBS, layered on Ficoll-Paque PLUS media solution (GE Healthcare), and centrifuged at 400 g for 30 minutes at 19°C, according to the manufacturer’s instructions. The mononuclear cell layer was isolated, and GFP+ cells were counted as CTCs.

Pretreatment and culture of LMVECs. Primary LMVECs were isolated as previously described (76). Briefly, lungs from female C57BL/6 mice were dissected, digested in a 0.5-mg/ml collagenase solution for 1 hour at 37°C, and filtered through a 70-μm filter (Thermo Fisher Scientific). Suspended cells were washed, blocked with 10 μg/ml murine IgG1 (I5381, Sigma-Aldrich), and stained with isoelectric-B4–FITC (L2895, Sigma-Aldrich), anti-CD31–PE (120414, BioLegend), and anti-CD105–APC (120414, BioLegend) antibodies, diluted to 1 μg/ml in PBS with 2.5% FBS. Isoelectric-B4–CD31–CD105+ cells were sorted using a Beckman Coulter Legacy MoFlo TLS High Speed Cell Sorter and cultured.

Measurement of prostanooids. After 2 days of treatment with vehicle or drugs, blood was collected through the vena cava of terminally anesthetized C57BL/6 mice. For serum, blood was left to clot for 30 minutes at room temperature and centrifuged at 850 g for 15 minutes at 4°C. For plasma, blood collected with ACD buffer (1:10 vol/vol) was centrifuged at 1000 g for 15 minutes at 4°C. B16F10 cells (3 × 10^4) and/or platelets (50 × 10^6) were coincubated for 24 hours, followed by centrifugation of conditioned medium at 1300 g for 10 minutes to remove detached cells and platelets. TXB_2 concentration was measured through a Thromboxane B_2 EIA kit (Cayman Chemical). 6-Keto-PGF_1α concentration was measured in anticoagulated plasma through a 6-keto-PGF_1α ELISA kit (Enzo Life Sciences).

For ex vivo PGE_2 whole anticoagulated blood was incubated with 10 μg/ml LPS (Sigma-Aldrich) or saline for 24 hours at 37°C. Plasma was assayed with a PGE_2 ELISA kit (Abcam). For in vivo PGE_2, C57BL/6 mice were injected with 5 μg/kg LPS or saline, and anticoagulated blood was collected through vena cava 4 hours after injection. Plasma...
PGE, was assayed through a PGE, Metabolite EIA kit (PGE,M, Cayman Chemical), which measures 13,14-dihydro-15-keto-PGA, and 13,14-dihydro-15-keto-PGE, metabolites. Measurement of urinary salicylic acid. Urine was collected from restrained C57BL/6 mice 2 weeks after i.v. injection of B16F10 and supplemented with indomethacin (10 μg/ml in DMSO; Sigma-Aldrich). Urine was centrifuged at 10,000 g for 15 minutes at 4°C. Five microliters of urine was mixed with 50 μl 6-methoxysalicylate (internal standard, 10 μM) and 1 ml formic acid (10 mM). To measure salicylic acid (SUA), a 5-μl sample was injected onto the HPLC (Waters 2695) equipped with a Micromass Quattro Micro Mass Spectrometer (Separations was achieved using a Kinetex XB (2.6 μm, 2.1 × 50 mm) column maintained at 35°C with eluent A (10 mM formic acid) and eluent B (acetonitrile), using a flow rate of 0.25 ml/min and a gradient of 8–50% B over 4 minutes. SUA was detected using electrospray in negative mode with tandem mass spectrometry with a capillary voltage of 1.2 V at 194–150 (cone voltage 20 V) and internal standard at 166.9–123 (cone voltage 20 V). Concentrations were calibrated against SUA [-(2-hydroxybenzoyl)glycine, Apollo Scientific].

Tumor cell adhesion assay under flow. A flow-based assay was used to couple to live cell imaging was used, as described previously (82). 1.5 × 10^5 LMVECs were seeded in μ-Slide IV 

( ibidi) and grown to confluence. LMVECs, platelets, and tumor cells were pretreated with PGE2 (medium dose), SC-560, or NS-398 for 2 hours (LMVECs and B16F10) or 30 minutes (platelets) and washed twice. 3 × 10^5 CMF-SA 

(2-hydroxybenzoyl)glycine, Apollo Scientific].

Immunofluorescence. Lungs were perfused with ice-cold PFA 4% and stored in sucrose 25% (Sigma-Aldrich) at 4°C for 2 days. Eighteen-micrometer sections (cryostat microtome, Bright) from snap-frozen lungs were stained for E-selectin (MA1-06506, Thermo Fisher Scientific), VCAM-1 (CBL1300, Millipore), and vWF (ab11713, Abcam) using a TSA biotin amplification system (PerkinElmer). Confocal microscopy. Z-stack images were acquired with an inverted confocal microscope (LSM-710 and LSM-880, Zeiss) equipped with a Plan-Apochromat 20×/0.8 M27 objective. DAPI/CMAC (excitation, 405 nm; emission, 410–513 nm), PE/CMRA (excitation, 405 nm; emission, 410–513 nm), and Alexa Fluor 488, 633 (excitation, 488 nm; emission, 502–607 nm) were used to detect quenched dyes. Alexa Fluor 633 or a gallium arsenide phosphate (GaAsP) array (PE, Cx, CR1-GFP). Channels were acquired sequentially to minimize bleed-through of emitted light. Stacks of 15–40 slices at 1- to 2-μm intervals from random FOV or tile scans of whole left lung (×10 or ×20) were acquired.

Statistics. Statistical analysis was performed with GraphPad Prism (version 5.02). D’Agostino and Pearson omnibus normality test was applied to assess data distribution. For normally distributed data, unpaired t test (2-tailed) or 1-way ANOVA with Tukey’s test or Pearson’s test was used. For non-normally distributed data, Mann-Whitney test, Kruskal-Wallis with Dunn’s multiple-comparisons post hoc test, or Spearman’s test was used. Outliers were identified through Grubbs’s test (α = 0.05, GraphPad QuickCalc outlier calculator) and excluded. Differences were considered significant with a P value lower than 0.05.

Study approval. Animal procedures were performed in accordance with UK Animal Law (Scientific Procedures Act 1986), including local ethics approval at the University of Oxford under project license 30/3413.

Author contributions. This project was conceived by SL, AMGB, and RJM with the methodology developed by SL, CC, MS, AMGB, ALG, PDA, SS, TDW, AJR, and RJM. The investigations were performed by SL, CC, MS, AMGB, ALG, BM, and KW. Software was developed by PDA and resources provided by PDA, SS, JAW, TDW, AJR, and RJM. Supervision of the project was provided by AMGB, TDW, AJR, and RJM. The original draft was written by SL and RJM.

Acknowledgments. We thank Graham Brown and Rhodri Wilson for expert advice and support with microscopy, Michael Stratford for the SUA measurement, and Andrew Worth for cell sorting. We also thank Paul Kinchesh for developing MRI scans and Stuart Gilchrist and John Beech for developing the robot carriage system. RJM is funded by Cancer Research UK grant A1731. SL was the recipient of a Cancer Research UK Oxford Centre DPhil Prize Studentship (BBRJTJW00). Address correspondence to: Ruth J. Muschel, Department of Oncology, University of Oxford, Old Road Campus Research Building, Roosevelt Drive, Oxford OX3 7DQ, United Kingdom. Phone: 44.01865.225847; Email: ruth.muschel@oncology.ox.ac.uk.

ALG’s present address is: Francis Crick Institute, London, United Kingdom.

CC’s and AJR’s present address is: Biomedical Sciences Building, University of Bristol, Bristol, United Kingdom.

BM’s present address is: Institute of Oncology Ljubljana, Ljubljana, Slovenia

48. Kundu N, Fulton AM. Selective cyclooxygenase