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2 Q1 **Urokinase Exerts Antimetastatic Effects by Dissociating Clusters of**
3 Q2 **Circulating Tumor Cells—Letter**

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6 Blood-borne spread is responsible for the vast majority of
7 cancer-related deaths, and it is recognized that clusters of circu-
8 lating tumor cells (CTC) are much more likely to cause metastasis
9 than single CTCs. In the November issue of *Cancer Research*, Choi
10 and colleagues utilized an elegant *in vivo* confocal system in the
11 4T1 mouse model of breast cancer metastasis to analyze the
12 dynamics of CTC clustering in blood vessels and demonstrated
13 that the thrombolytic agent urokinase prevented the assembly of
14 CTC clusters (1). Urokinase is a plasminogen activator that starts
15 fibrinolysis by converting plasminogen to active plasmin and also
16 participates in extracellular matrix remodeling during tumor
17 invasion (2).

18 It is important to note that the study of Choi and colleagues (1) is
19 in line with our previous research in the F3II mouse mammary
20 carcinoma model, which demonstrated that although pharmaco-
21 logic inhibition of urokinase blocks primary tumor invasion, it is
22 unable to control progression of the metastatic disease (3). More-
23 over, we have shown that the highly potent, selective urokinase
24 inhibitor B623, a 4-substituted benzo[b]thiophene-2-carboxami-
25 dine, induces clustering of F3II cells *ex vivo* in the presence of plasma
26 and, thus, enhances metastatic lung colonization *in vivo* (4).

Choi and colleagues have shed light on the process of CTC
cluster formation, leading to new concepts for early pharmaco-
logic interventions to prevent metastatic spread into secondary
organs (1). In this regard, the perioperative period is an attractive
"window of opportunity" to modulate tumor–host interactions
and reduce the risk of metastatic disease. A recent phase II dose-
escalation trial in breast cancer patients explored the potential
utility of perioperative administration of desmopressin, a profi-
brinolytic and hemostatic agent that stimulates the release from
endothelial cells of urokinase and tissue-type plasminogen acti-
vator, as well as the von Willebrand factor, a multimeric plasma
protein implicated in metastasis resistance (5). Interestingly,
intravenous infusion of desmopressin was associated with a rapid
postoperative drop in CTC counts, as measured by quantitative
PCR of cytokeratin-19 transcripts (5). We consider that further
evaluation of treatment strategies interfering the formation
and/or stability of CTC clusters in the blood of cancer patients
is warranted.

Disclosure of Potential Conflicts of Interest

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