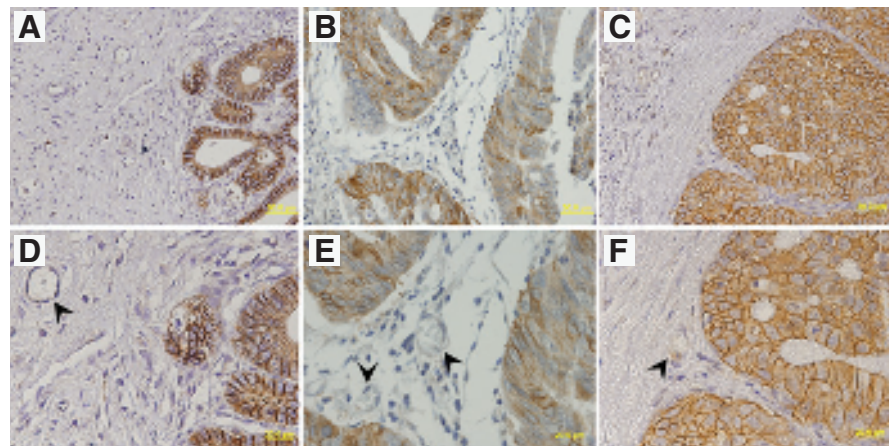


2 **Comment Re: Lactate-Induced IL-8 Pathway in Endothelial**
3 **Cells—Letter**4
5 AU Céline Pinheiro^{1,2}, Adhemar Longatto-Filho^{1,2,3}, Rosete Nogueira^{1,2},
6 Fernando Schmitt^{3,4}, and Fátima Baltazar^{1,2}7 **Abstract**8 Végran and colleagues proposed a model in which the lactate released from tumor cells through MCT4 would
9 be taken up by endothelial cells via the MCT1 transporter and stimulate angiogenesis, using human umbilical vein
10 endothelial cell (HUVEC) as model of tumor endothelial cells. By analyzing a total of 505 cases of human tumor
11 samples immunostained for MCT1, we do not confirm plasma membrane expression of MCT1 in the endothelial
12 cells of tumor-associated vessels. *Cancer Res*; 72(00); 1-2. ©2012 AACR.
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1415
16 We read with great interest the work of Végran and collea-
17 gues published recently (1), where the authors nicely showed,
18 using human umbilical vein endothelial cell (HUVEC) as a
19 model, that lactate induces angiogenesis through NF- κ B/25 cells through MCT4 would be taken up by endothelial cells via
26 the MCT1 transporter and stimulate angiogenesis.27 Our group has been studying the expression of MCT1 and
28 MCT4 in several human tumor samples, including colorectal20
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Figure 1. Representative immunoreactions for MCT1 in cervical (A, D), colorectal (B, E), and breast cancer (C, F), where negative staining of endothelial cells in the vicinity of tumor cells can be seen (black arrowheads). A–C, $\times 200$ magnification; D–F, $\times 400$ magnification.interleukin-8 (IL-8) signaling. The entrance of lactate in endo-
thelial cells was shown to be mediated by monocarboxylate
transporter MCT1, present in HUVECs. The authors then
proposed a model in which the lactate released from tumor29 (2), uterine cervix (3), and breast (4), in a total of 505 cases. In
30 the light of the results presented by Végran and colleagues, we
31 checked again all our samples and we did not find any clear
32 MCT1 plasma membrane expression in endothelial cells of
33 blood vessels in any of the tumor samples. Representative
34 pictures of MCT1 immunohistochemistry in the different
35 tumors are shown in Fig. 1, in which negative reactions can
36 be seen in the endothelial cells of blood vessels near tumor
37 cells. We confirmed the specificity of the MCT1 antibody we
38 used for immunohistochemistry, by Western blotting (2) and,
39 most recently, by siRNA (unpublished results), which is the
40 same as the authors used in the present article.41 Even though HUVECs have been largely used as an *in vitro*
42 model for tumor angiogenesis, they are isolated from the vein
43 of the umbilical cord and there are evident differences in gene
44 expression between their phenotype and tumor endothelial

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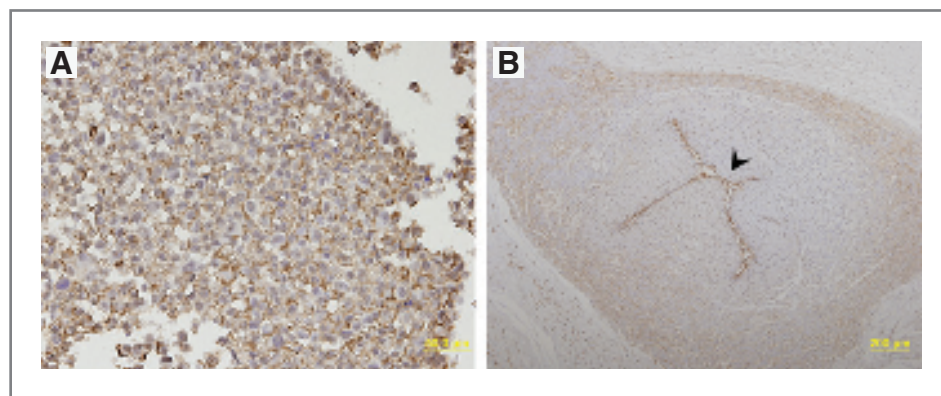


Figure 2. Representative immunoreactions for MCT1 in HUVECs (A) and umbilical cord (B), where positive staining for MCT1 can be seen (black arrowhead).

47 cells (5), which may also be the case of MCT1. Indeed, by using
 48 the same technique, antibody and specimen processing, we see
 49 clear expression of MCT1 in HUVECs (Fig. 2) but do not
 50 confirm plasma membrane expression of MCT1 in tumor-
 51 associated vessels.

52 We would like to leave the message that one should interpret
 53 the results from studies using *in vitro* models with caution, as
 54 they might not reflect accurately what happens in human
 55 tissues.

Disclosure of Potential Conflicts of Interest

56 All the authors confirm that the information reported above is accurate and
 57 understand that this information will be disclosed publicly. The *AAO* reserves
 58 the right to decline to publish their work if the Association believes a serious
 59

61 conflict of interest exists. They also understand that failure to complete this form
 62 will disqualify their manuscript from consideration for publication. No potential
 63 conflicts of interests were disclosed.

Authors' Contributions

64
 65 Conception and design: C. Pinheiro, F. Baltazar
 66 Development of methodology: C. Pinheiro, F. Baltazar
 67 Acquisition of data (provided animals, acquired and managed patients,
 68 provided facilities, etc.): C. Pinheiro, A. Longatto-Filho, F. Baltazar
 69 Analysis and interpretation of data (e.g., statistical analysis, biostatistics,
 70 computational analysis): A. Longatto-Filho, R. Nogueira, F. Schmitt, F. Baltazar
 71 Writing, review, and/or revision of the manuscript: C. Pinheiro, A. Longatto-
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 73 Study supervision: F. Baltazar

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