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HOSTAGES AND MISSING FAMILIES FORUM

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# The Allergic Effector Unit and the Mast cells as Masterminds from Inflammation to its Resolution

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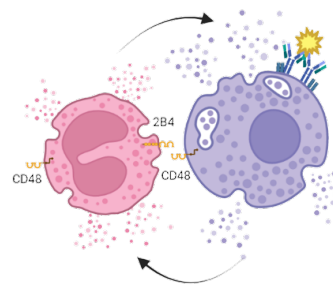
Chair of Immunopharmacology

Pharmacology and Experimental Therapeutics Unit, School of Pharmacy, Institute for Drug Research, Faculty of Medicine, The Hebrew University of Jerusalem, Jerusalem, Israel





# Mast Cells, Eosinophils and Allergy



In ALLERGIC DISEASES (but also in several other diseases with different etiopathogenesis), MAST CELLS are usually associated with EOSINOPHILS.

My research GOAL has long been to determine new immunopharmacological targets, principally for the treatment of allergy, focusing on mast cells, on eosinophils and on their soluble and physical cross-talk, that we have defined, i.e., the “Allergic Effector Unit” (AEU).



Allergic Rhinitis



Allergic conjunctivitis



Food allergy



Junk food may cause asthma  
Allergens



Anaphylaxis

Levi-Schaffer F, Scheffel J. Science,362(6415):640-641,2018



Drug allergy



Atopic Dermatitis

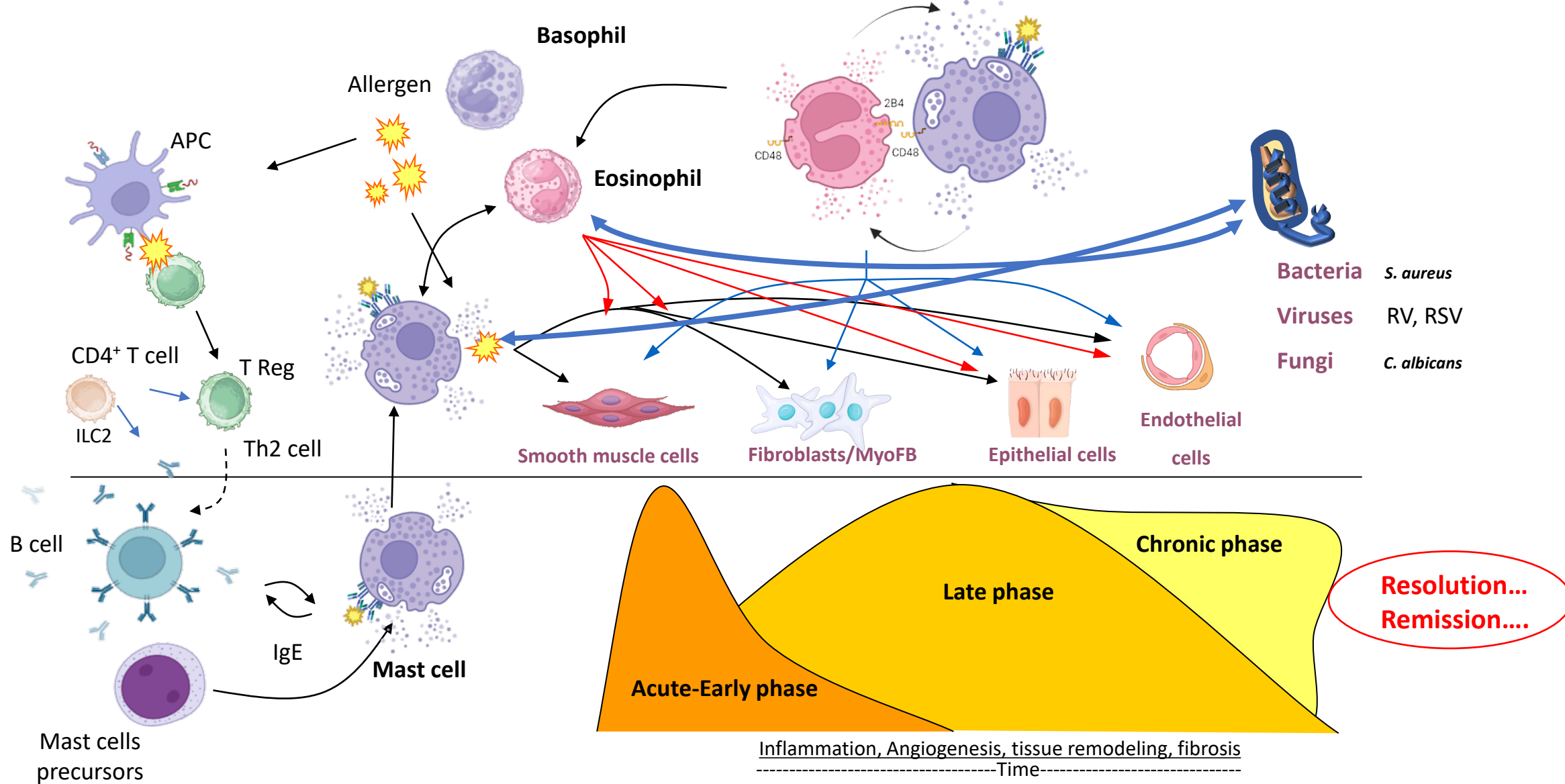


Asthma

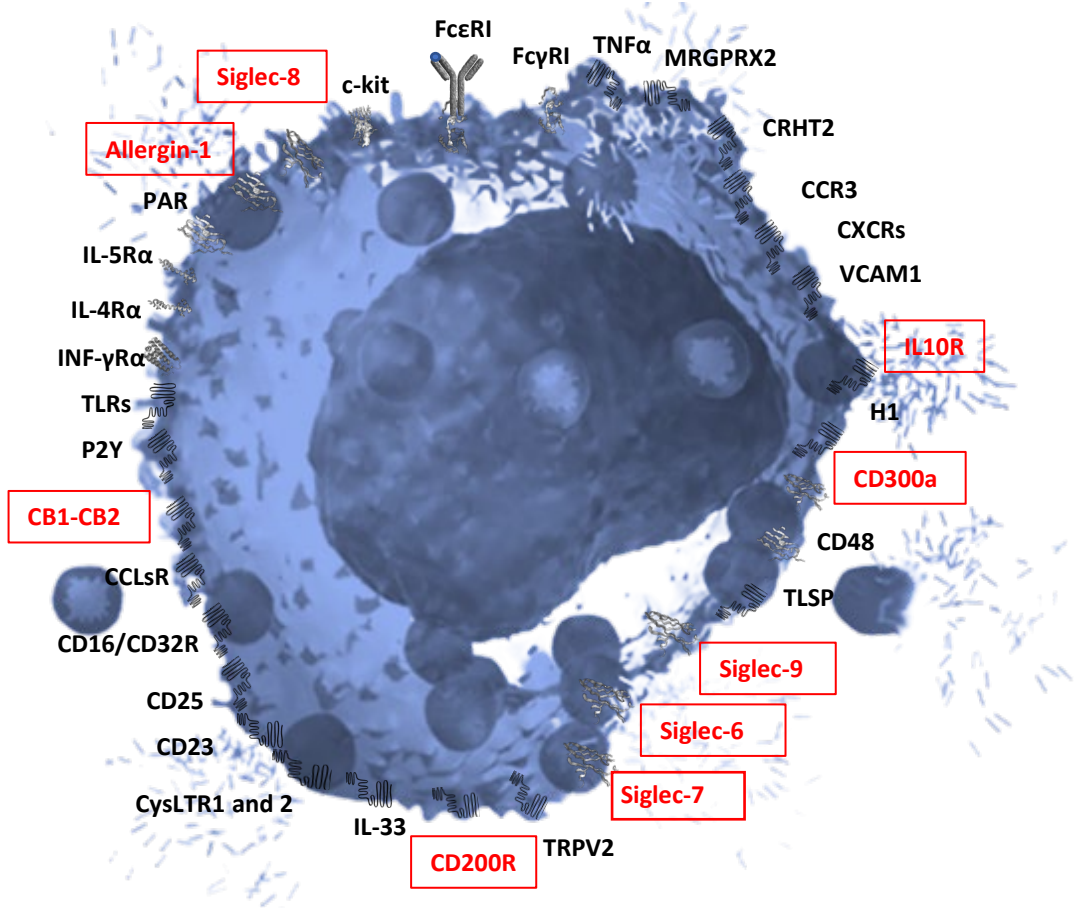
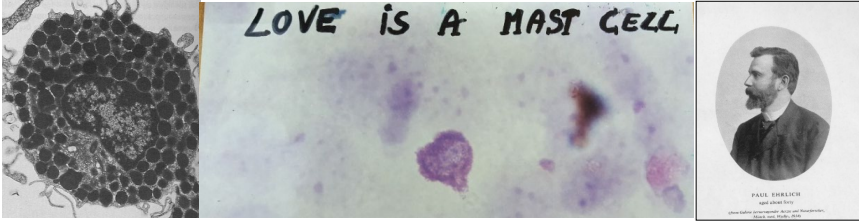


# Our Oversimplified View of the Allergic Inflammatory Reaction

## The "Allergic Effector Unit"



# The Human Mast Cell



Mast cells (MCs) are high affinity IgE-receptor bearing cells with prominent cytoplasmic granules containing histamine, specific neutral proteases, proteoglycans etc, which stain metachromatically with cationic dyes and commonly reside in tissues.

Preformed Mediators (Minutes)

- Histamine
- Proteases
- TNF-α
- Proteoglycans

Newly formed Lipid mediators (Minutes)

- LCT4
- PGD2
- LTB4
- SPMs?

Induced Cytokines/ Chemokines (Hours)

- IL-3 MIP-1α
- IL-4 MIP-1β
- IL-5 MCP-1
- IL-6 TNF-α
- IL-8 IL-25
- IL-9 etc.
- IL-11
- IL-13

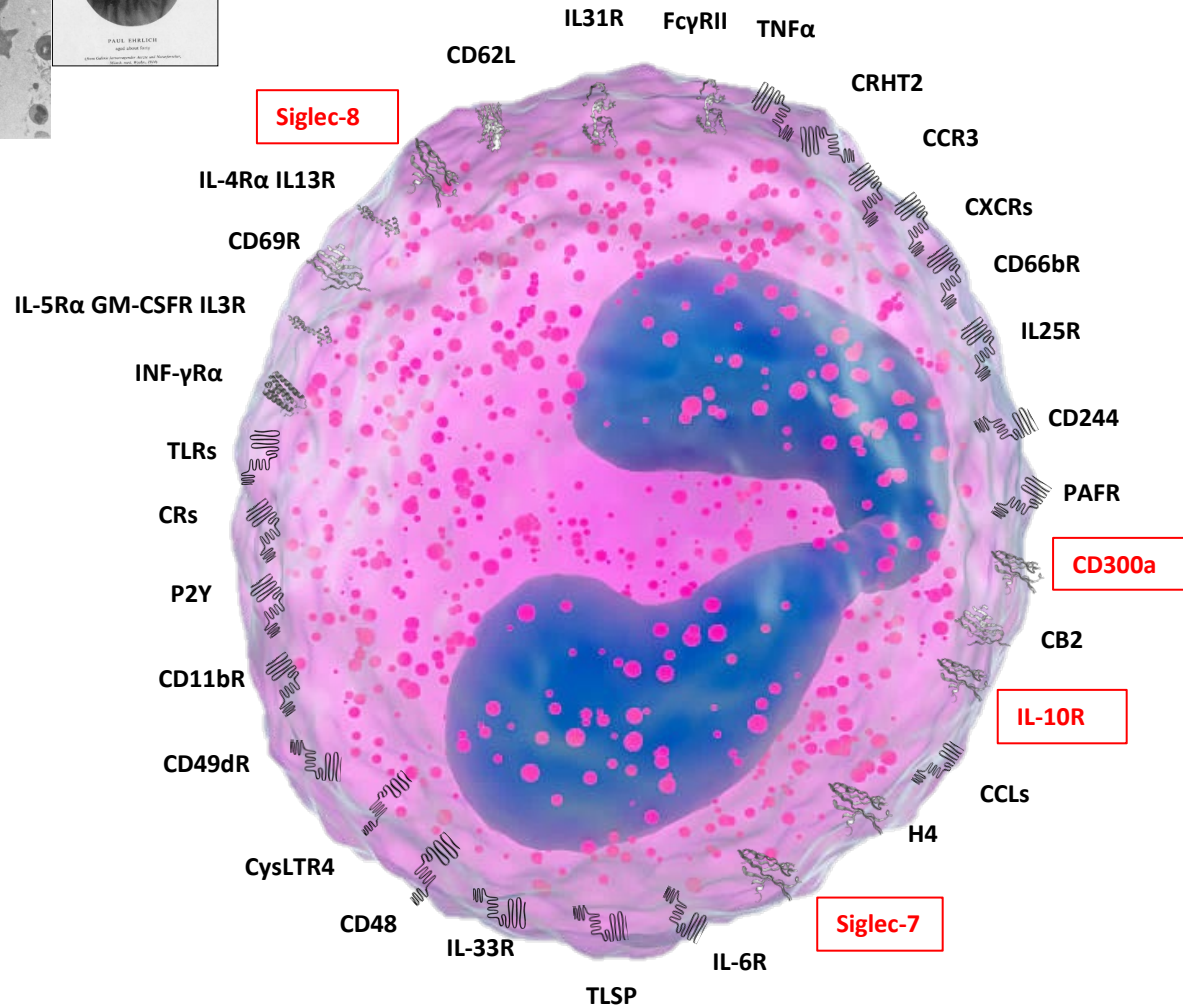
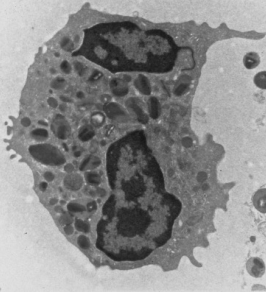
Early Edema Vasopermeability

Late Inflammation (cell recruitment)





# The Human Eosinophil



Preformed Mediators

- MBP
- ECP
- EDN
- EPO/EPX
- CLC

Newly formed Lipid mediators

- LCT4
- PGE1
- PGE2
- LTB4
- PAF

Preformed and induced Cytokines/ Chemokines

- IL-1
- IL-2
- IL-3
- IL-4
- IL-5
- IL-6
- IL-8
- IL-9
- IL-11
- IL-13
- TNF-α
- IL-25
- etc.

Late phase/chronic phase  
Direct tissue damage  
Vasopermeability  
Platelets activation

Late phase/chronic phase  
Cell recruitment and continuation of inflammation, tissue damage, fibrosis



Eosinophils (Eos) are granulocytes containing highly basic pre-formed mediators and cytokines, usually residing in the blood entering in the tissues where there is an inflammatory response. They also reside in some tissues, such as the gut, mammary glands, uterus, adipose tissue, thymus, lungs and might influence tissue homeostasis.

## Same important facts on mast cells and on eosinophils

**Mast cells are long lived cells that, after activation, regenerate their mediators and their potential to be re-activated**

Levi-Schaffer F et al. *Cell Immunol.* 1989; Levi-Schaffer F et al. *Eur J Immunol.* 1990; Levi-Schaffer F et al. *J Immunol.* 1990; Levi-Schaffer F et al. *Cell Immunol.* 1993

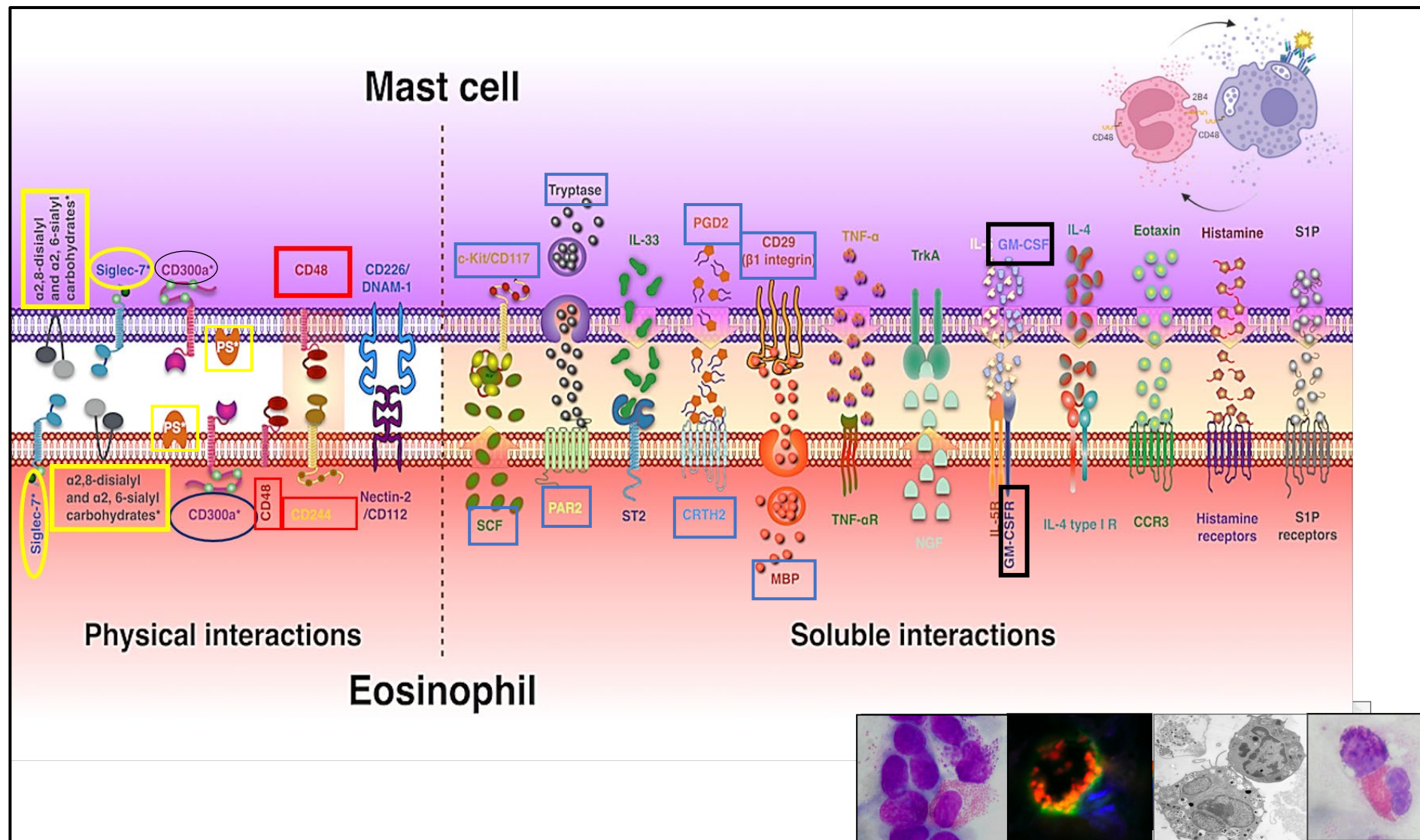
**Eosinophils Maintain Their Capacity to Signal and Release Eosinophil Cationic Protein Upon Repetitive Stimulation with the Same Agonist**

Simon HU et al *J Immunol.* 2000

**Proteomic analysis of human eosinophil activation mediated by mast cells, granulocyte macrophage colony stimulating factor and tumor necrosis factor alpha**

GM-CSF provided the strongest signal and the highest rate of protein synthesis (1018 spots) followed by TNF- (747 spots) and HMC-1 sonicate (611 spots). Levi-Schaffer F, et al. *Proteomics.* 2002

# The Allergic Effector Unit: Mast Cells and Eosinophils as Key Players of AI



Landolina N et al., **Adv Immunol**, 2015, Gangwar RS, Landolina N et al, **Pharm Ther**, 2016

Shamri R et al., **Clin Exp Allergy**, 2018 , Puzzovio PG and Levi-Schaffer F, **J All Clin Immunol Pract**, 2021

Puzzovio PG and Levi-Schaffer F, **Front Pharmacol**, 2021, Levi-Schaffer F et al.,**JACI**, 2022, Zoabi Y et al **Biomedicines** , 2022

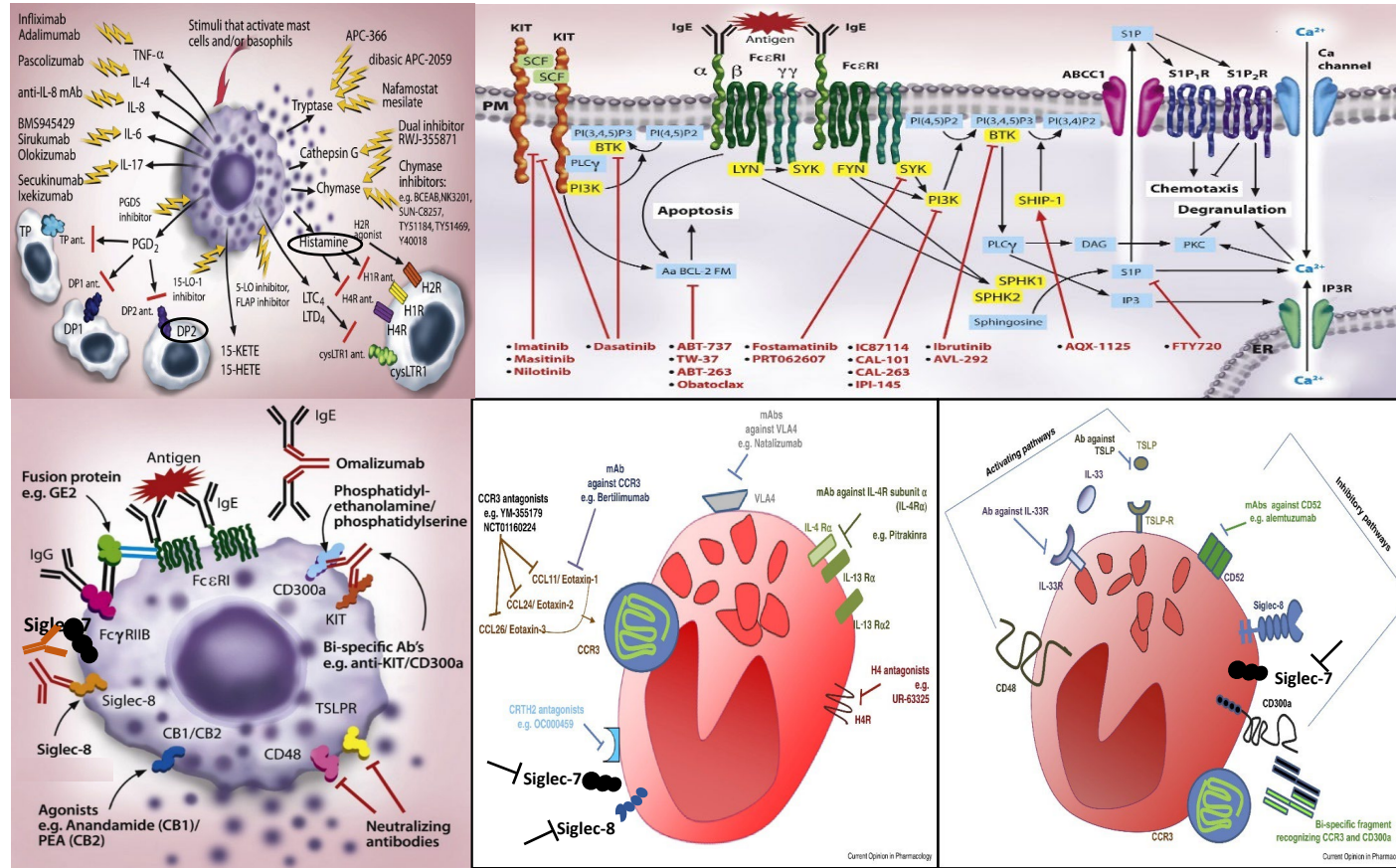


# Therapeutic Strategies for Allergy

## MC and Eos "Soluble" and Cellular Targets

### Older strategies

- Anti-cholinergic,  $\beta_2$  agonists, Anti-histamines (H1)
- MC stabilizing drugs: Cromones, Puzzovio PG et al., Pharmacol. Res., 2022
- Anti-inflammatory drugs:
- Glucocorticosteroids, Anti-leukotrienes



### Newer strategies

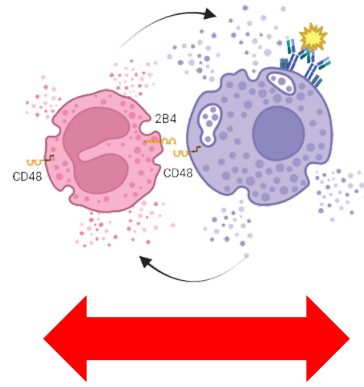
- Anti-IgE mAb (omalizumab, ligelizumab)
- Anti-TSLP mAb
- Anti-IL-5/IL-5Rα (mepolizumab, reslizumab, benralizumab)
- Anti-IL-4Rα (dupilumab)
- Anti-TNFα (adalimumab, infliximab)
- Anti-IL-13 (lebrikizumab, tralokinumab)
- Anti-Siglec 8 (lirentelimab)
- KIT inhibitors (imatinib, avapritinib, masitinib, fenebrutinib, midostaurin)
- Anti-KIT mAbs (barzolvolimab)
- Jak inhibitors (abrocitinib, ruxolitinib, upadacitinib, delgocitinib)

Harvima IT et al, *J Allergy Clin Immunol*, 2014; Landolina N et al., *Curr Opin Pharm*, 2014 ; Bulfone-Paus S et al, *Trends Immunol*, 2017 ;Gangwar RS et al, *Pharmacol Ther*, 2017; Puzzovio P and Levi-Schaffer F, *Comprehensive Pharmacology*, 2020

Puzzovio PG and Levi-Schaffer F, *Frontiers in Pharmacology* 2021; Puzzovio P et al., *J Allergy and Clin Immunol in practice*, 2022; Levi-Schaffer F. et al, *J Allergy Clin Immunol*, 2022; Zoabi Y et al, *Biomedicines* , 2022; Metz M et al, *Allergy*, 2023; Metz et al.

**Mast cell silencing:** A novel therapeutic approach for urticaria and other mast cell-mediated diseases. *Allergy* 2023

# The Allergic Effector unit (AEU): always the Ugly and the Bad?

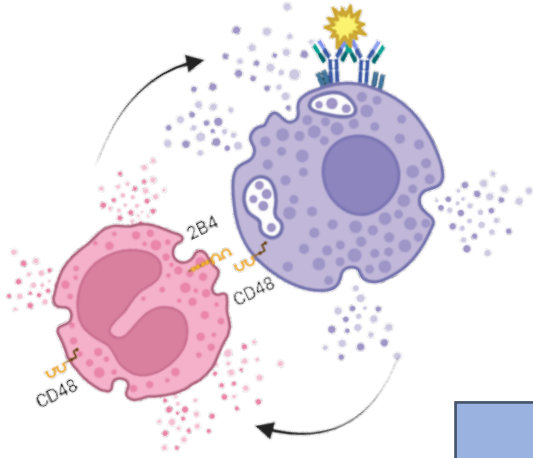


FLS: the AEU



Dynamics of AEU

## Main Points Of The Lecture



Pro-inflammatory AEU soluble interactions : GM-CSF

Pro-inflammatory AEU physical interactions : CD48

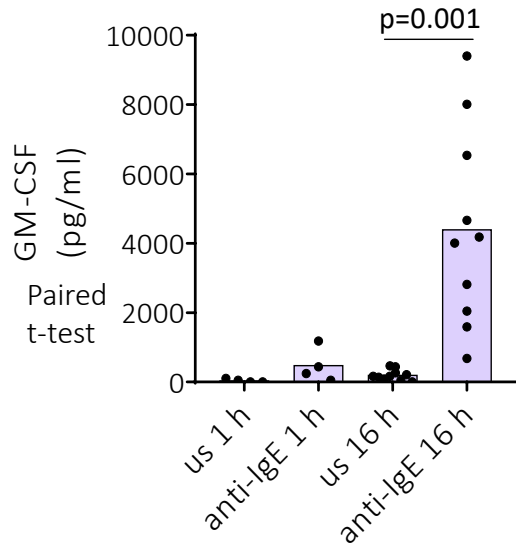
Pro-resolution AEU: CD300a, RvD1

**What is the best target for therapy?**

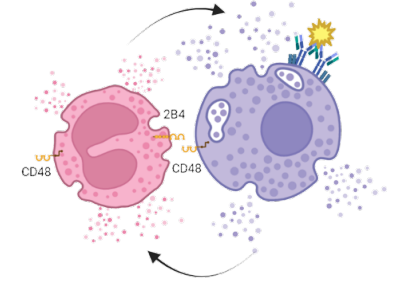
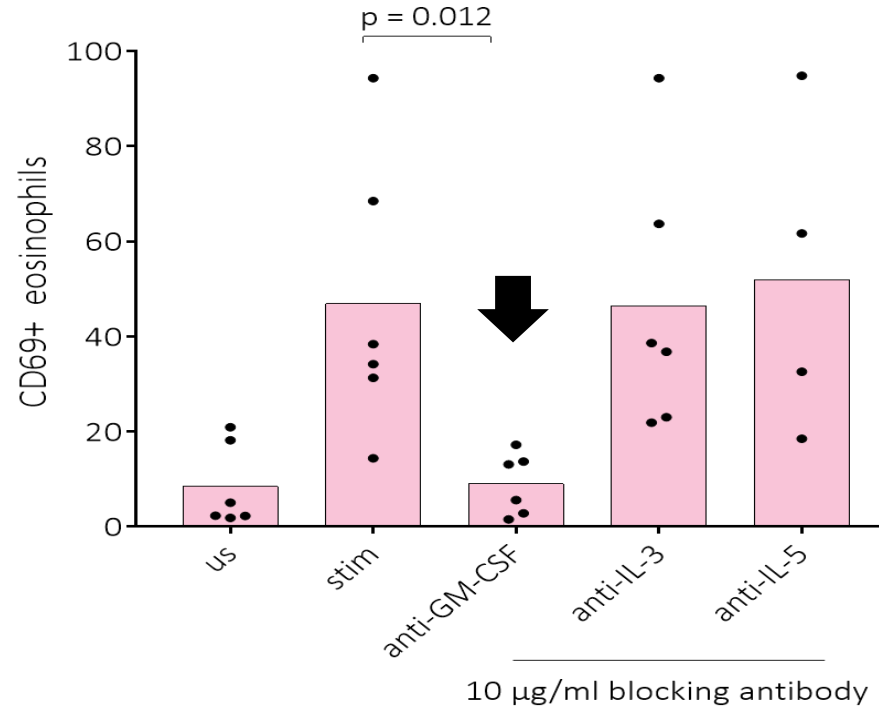


# AEU soluble interactions: Human skin mast cells-derived GM-CSF is the main mediator responsible for eosinophil activation and survival

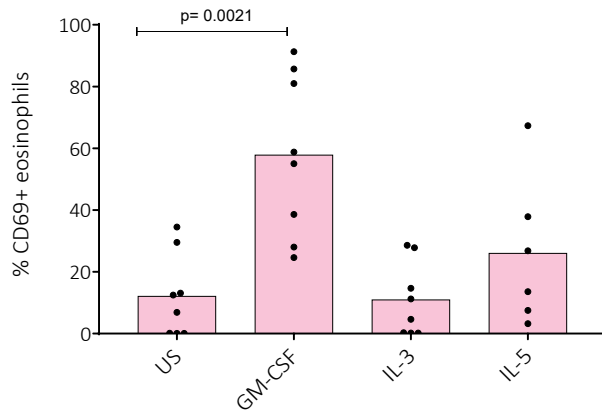
Human skin mast cells activated by an IgE-dependent mechanism release GM-CSF



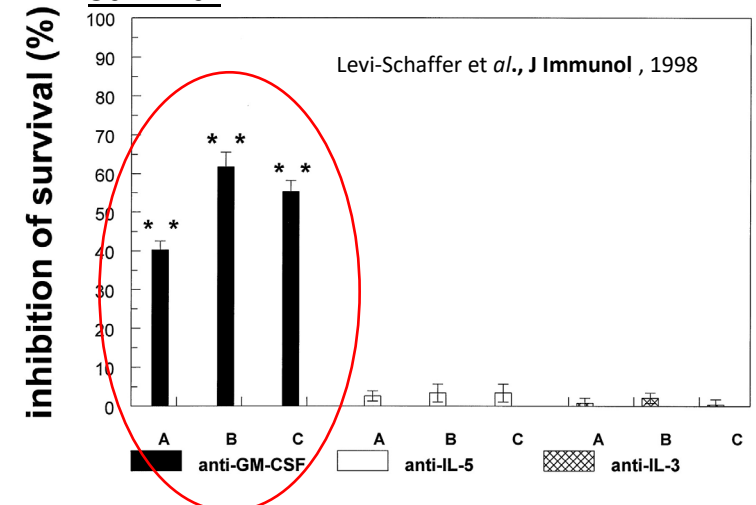
The AEU soluble interactions : Supernatants from FcεRI-activated human skin mast cells stimulate eosinophils via GM-CSF (1 h)



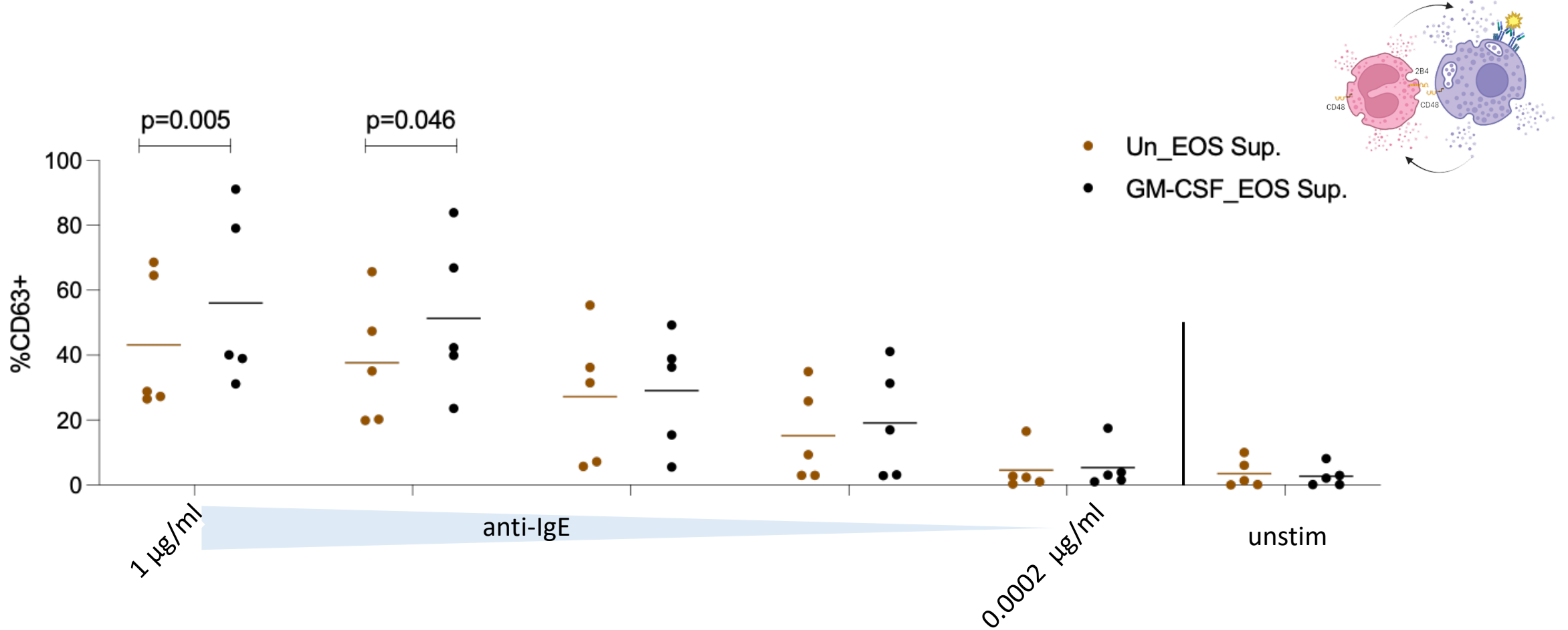
GM-CSF activates human eosinophil



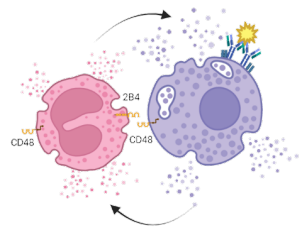
Anti-GM-CSF reduces human eosinophil survival



# AEU soluble interactions: Supernatants from GM-CSF-treated eosinophils amplify human skin mast cell IgE- dependent activation



# Our Main Immunomodulatory Strategies



We aim to target receptors that are shared by MCs and Eos  
to downregulate their functional activity



Activating receptors:  
CD48 (MC and EOS);  
Relevant Cytokines: **GM-CSF**

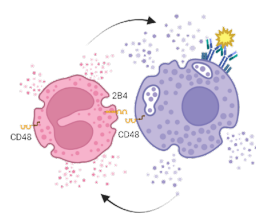
Our strategy consists in **blocking** these activating receptors/cytokines.




Inhibitory receptors:  
**CD300a** (MC and EOS)  
**Siglec-7** (MC and EOS)

Our strategy consists in **activating** these inhibitory receptors by  
agonistic monoclonal antibodies.



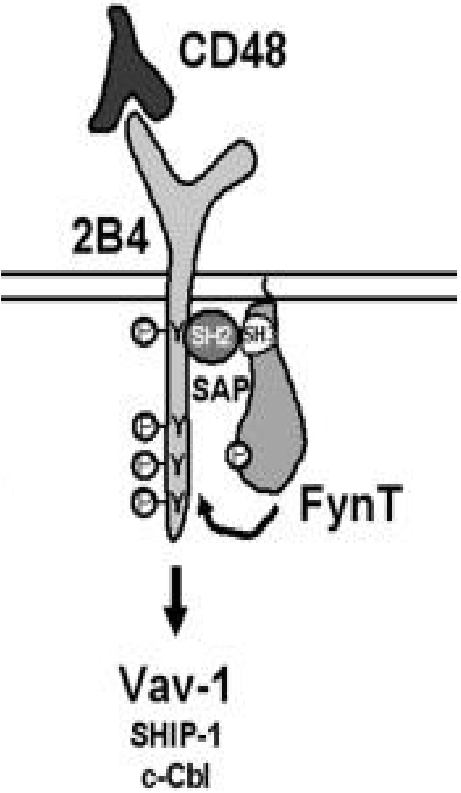


# The CD2 family: CD48 and 2B4 (CD244) role in the AEU physical interactions



**CD48**

- GPI (glycosylphosphatidylinositol)
- Soluble form
- Membrane bound form on leukocytes
- Co-activating and activating receptor
- High affinity ligand for 2B4

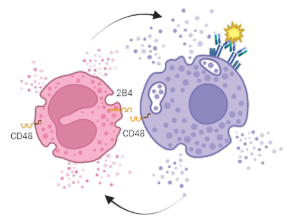


**2B4**

- SLAM related
- 4 ITSM
- High affinity ligand for CD48
- NK and eosinophils activating receptor. Not expressed on human MCs
- On mouse MCs and NKs it can behave as an inhibitory receptor

# The human AEU physical interactions

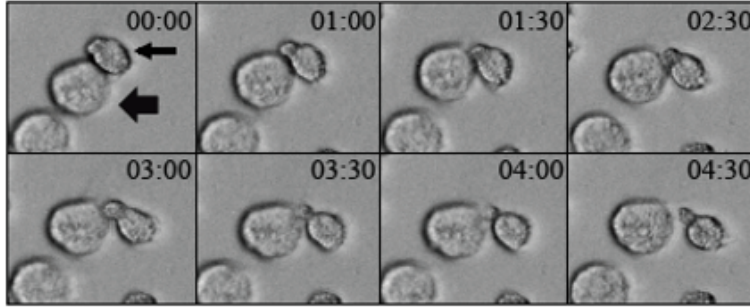
Eosinophils are quickly attracted by mast cells to form “synapse-like” couples



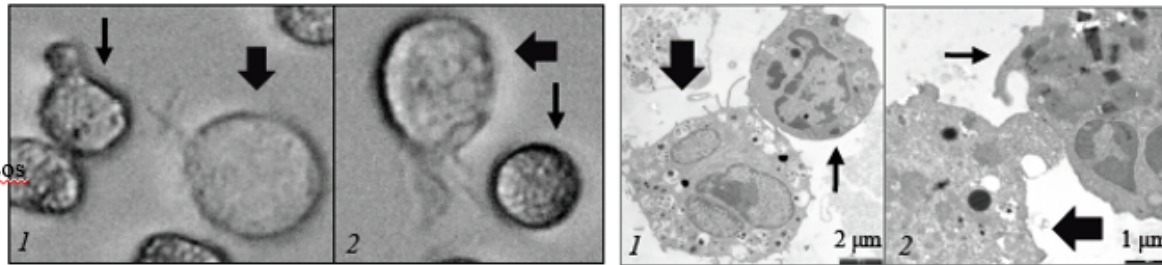
## Cord blood derived mast cells (CBMC) + Peripheral blood eosinophils (pbEos)

Physical interactions of **CBMC-pbEos** in short-term co-cultures:

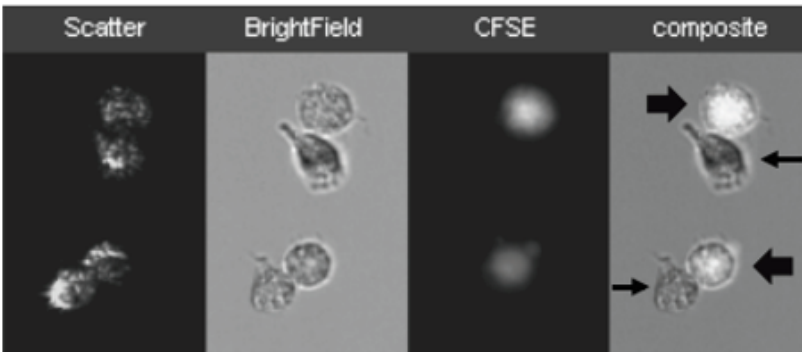
CBMCs and pbEos interact in short co-cultures (time-lapse photomicrographs)



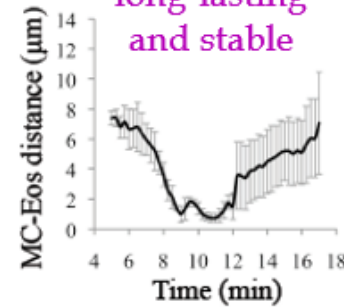
CBMCs send pseudopodia to pbEos



Multispectral imaging flow cytometry of Eos interactions with CFSE-labeled MCs

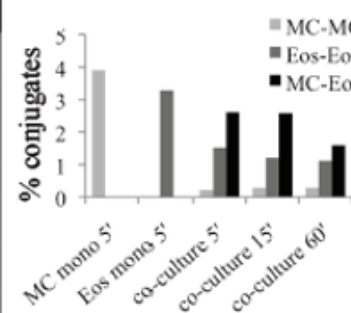
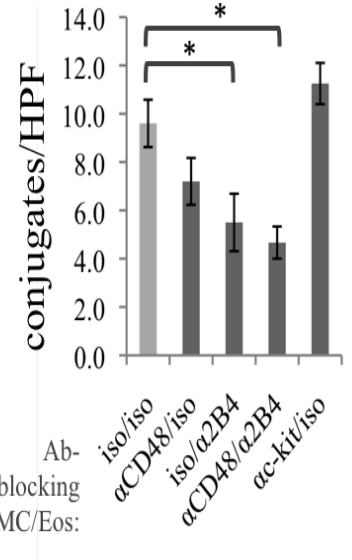
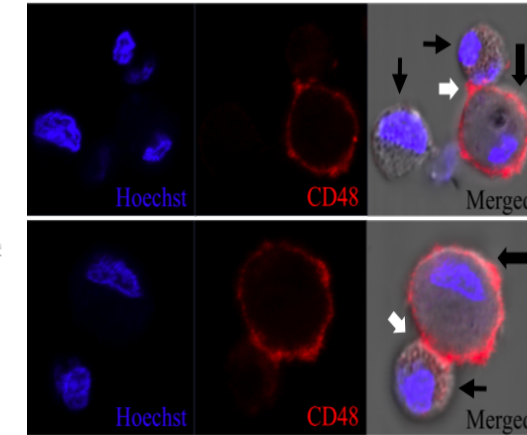


MC-Eos interactions are long-lasting and stable



Binding dynamics (quantifying MC-Eos membrane distances)

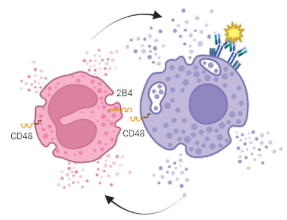
Physical contact involves MC-CD48 and EOS-2B4



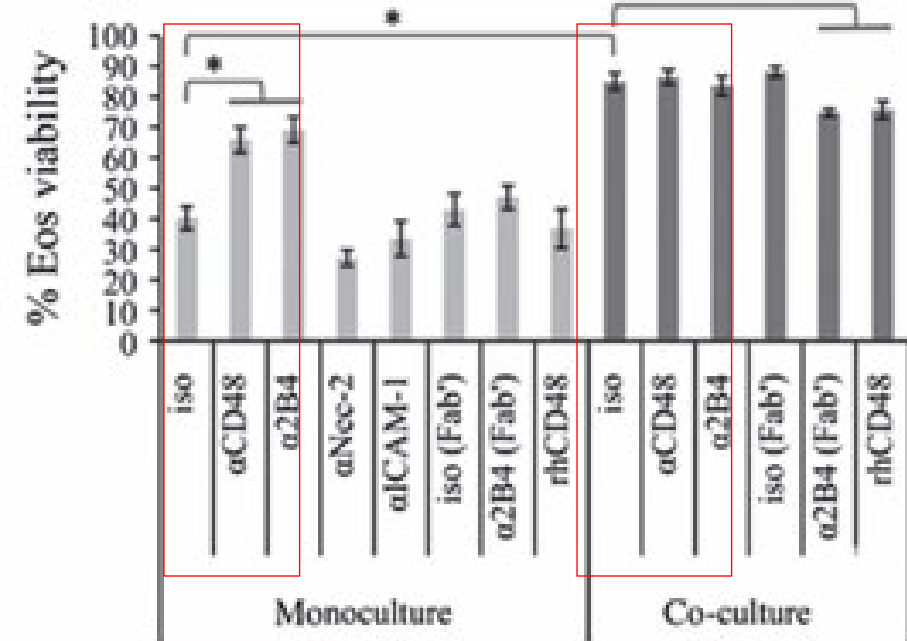
Binding rates in MC-Eos cc (5' - 1h)

# The human AEU physical interactions

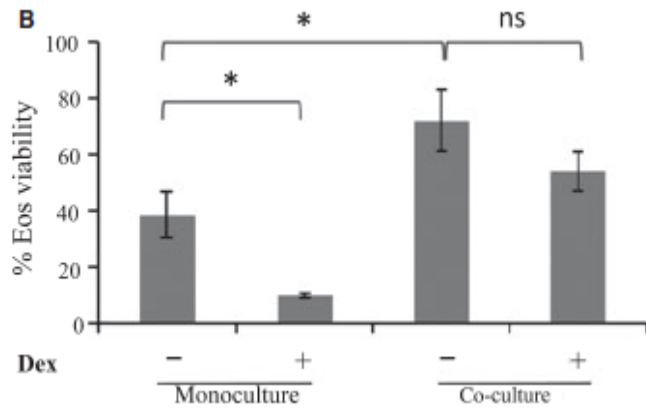
CD48-2B4 interaction between the two cells is one of the underlying mechanisms for the physical contact induced Eos viability that is also carried out by soluble interactions



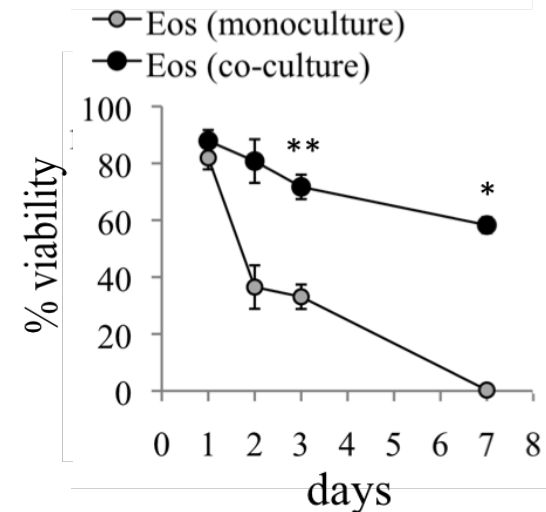
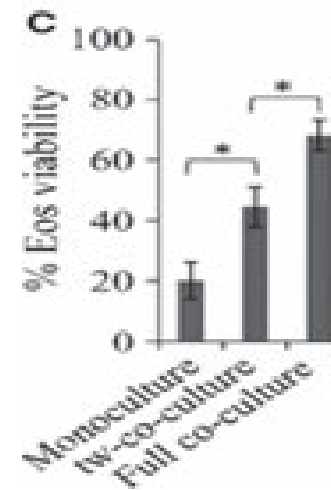
- MCs increase Eos survival. The effect requires both **soluble** and **physical** communication.
- **GM-CSF** is critical for the soluble effect, but is overridden by the physical contact.
- It involves **2B4-CD48** interactions.
- .Eos increased slightly but significantly MC survival.



## Dexamethasone does not inhibit MCs induced Eos survival



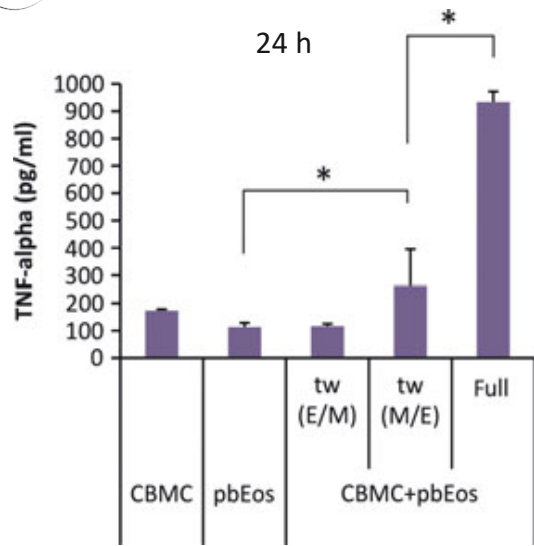
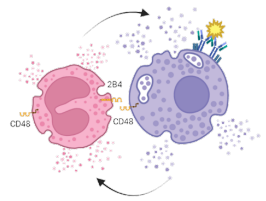
24 hr



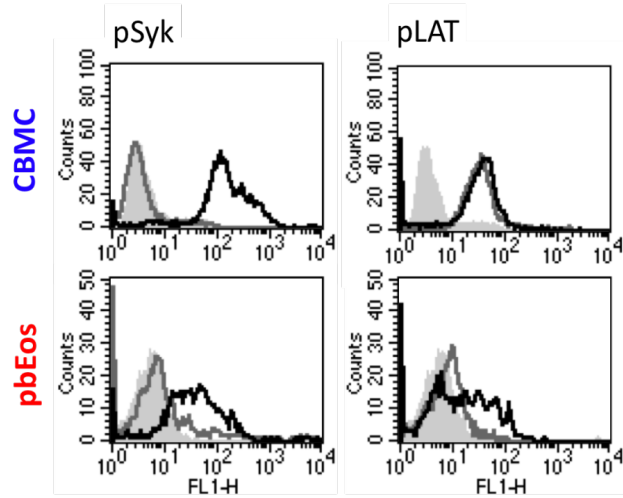
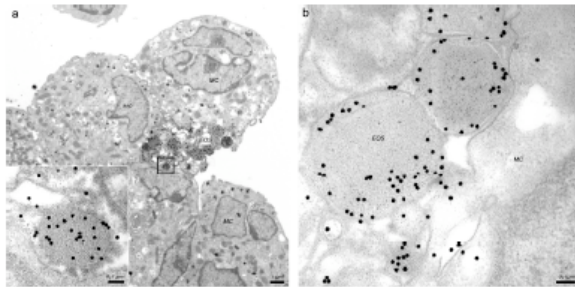


# The Human AEU Physical interactions

## Cell activation: MCs and Eos

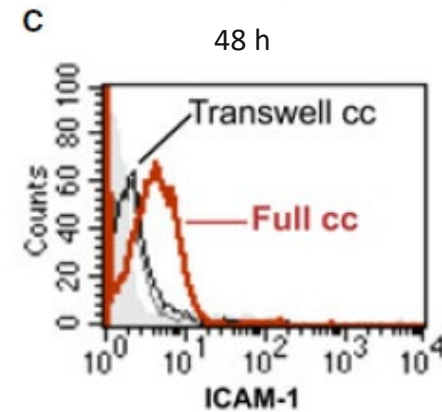
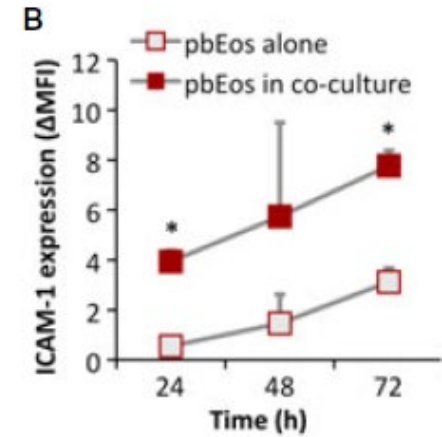
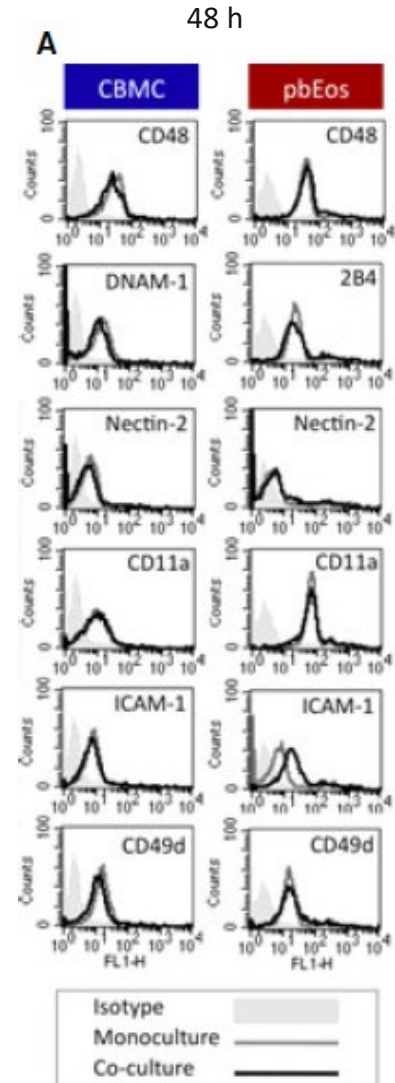
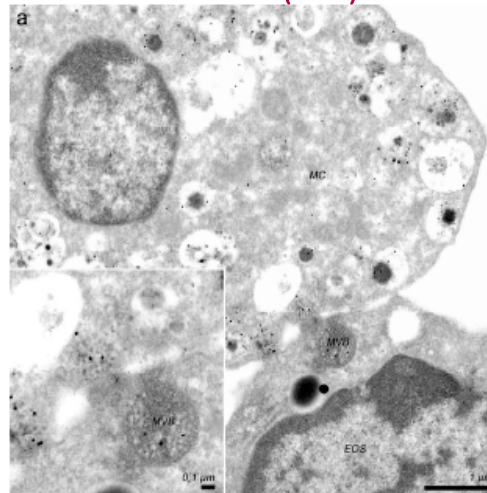


EPO is transferred from Eos to cocultured MCs (1 hr)

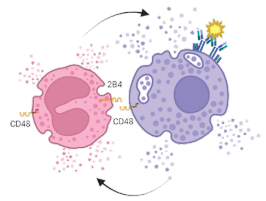


Isotype Monoculture Co-culture

Tryptase is translocated from MC to co-cultured Eos (1 hr)



Elishmereni M and Levi-Schaffer F, *Int J Biochem Cell Biol*, 2010;  
 Minai-Fleminger Y et al., *Cell Tissue Res*, 2010;  
 Elishmereni M et al., *Allergy*, 2011;  
 Elishmereni M et al., *Allergy*, 2013;  
 Elishmereni M et al, *JID*, 2014.

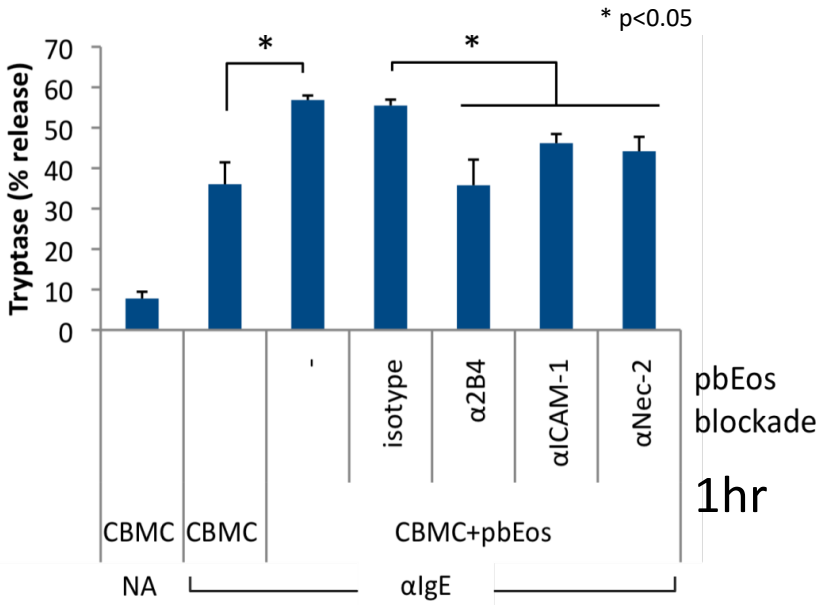


# The Human AEU

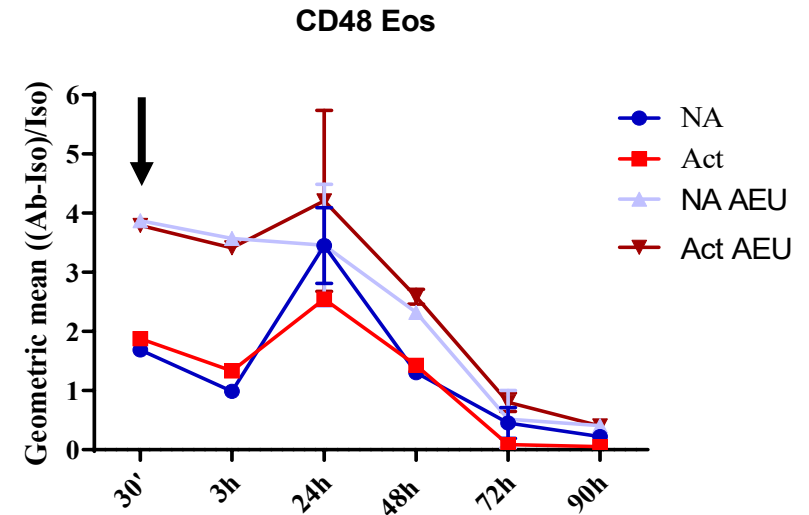
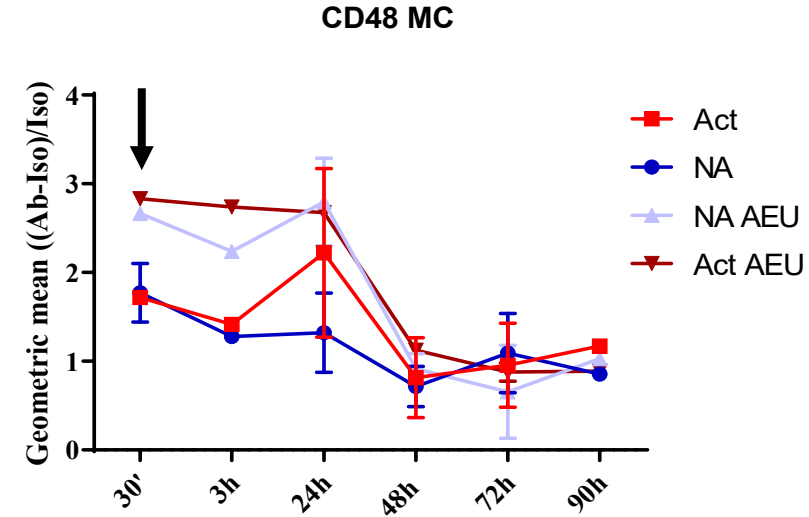
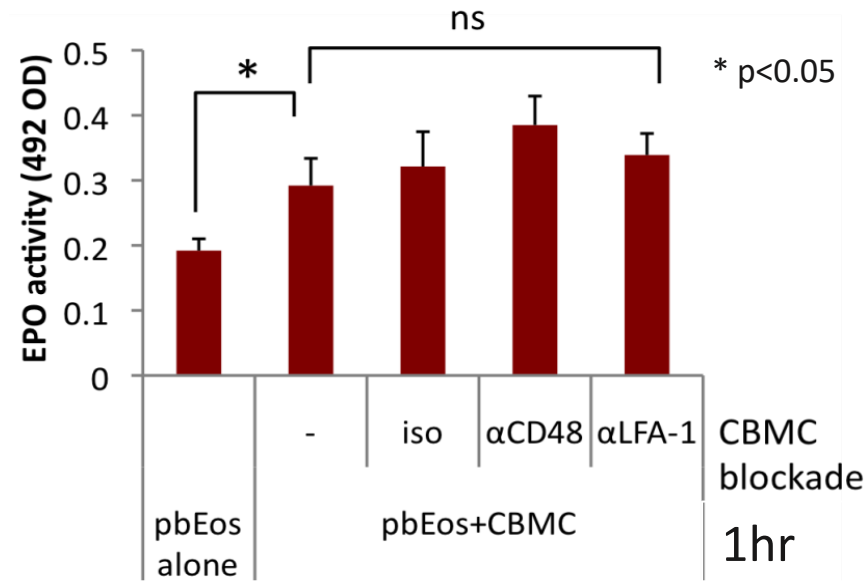
## Cell activation: MCs and Eos

MCs activation is induced by Eos via CD48/2B4

Ab-neutralization of **CD48 / 2B4** Inhibits **MC** activation in co-culture



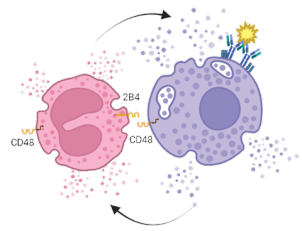
Eos activation is induced by MCs but CD48/2B4 is not involved. It happens also when cells are not in physical contact



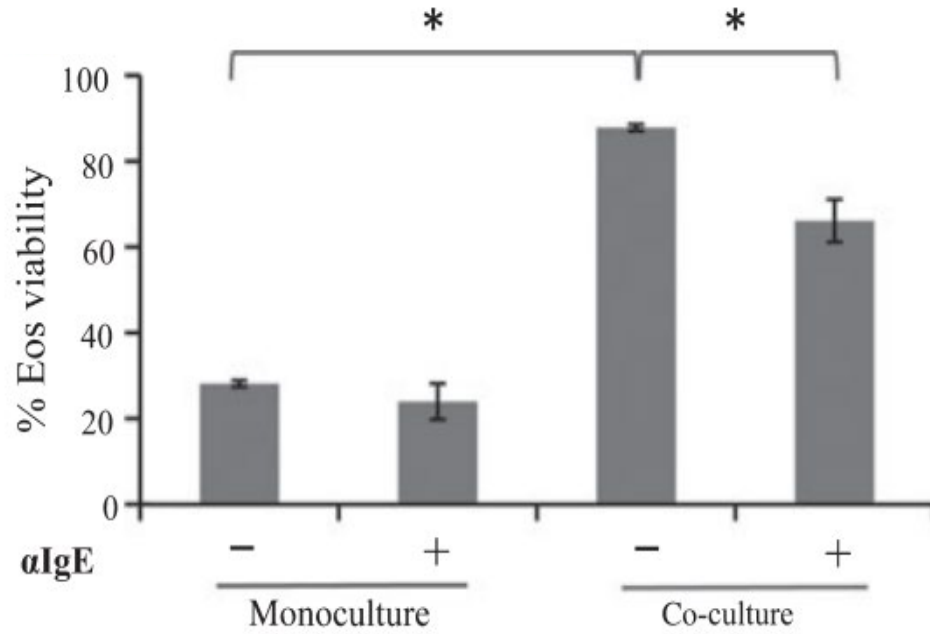
*MCs soluble/released specific mediators such as PGD2 and tryptase and other non-MCs specific ones such as **GM-CSF** and TNF-α are probably more prominent than the physical contact in inducing Eos EPO/EPX release.*

**+DHA**

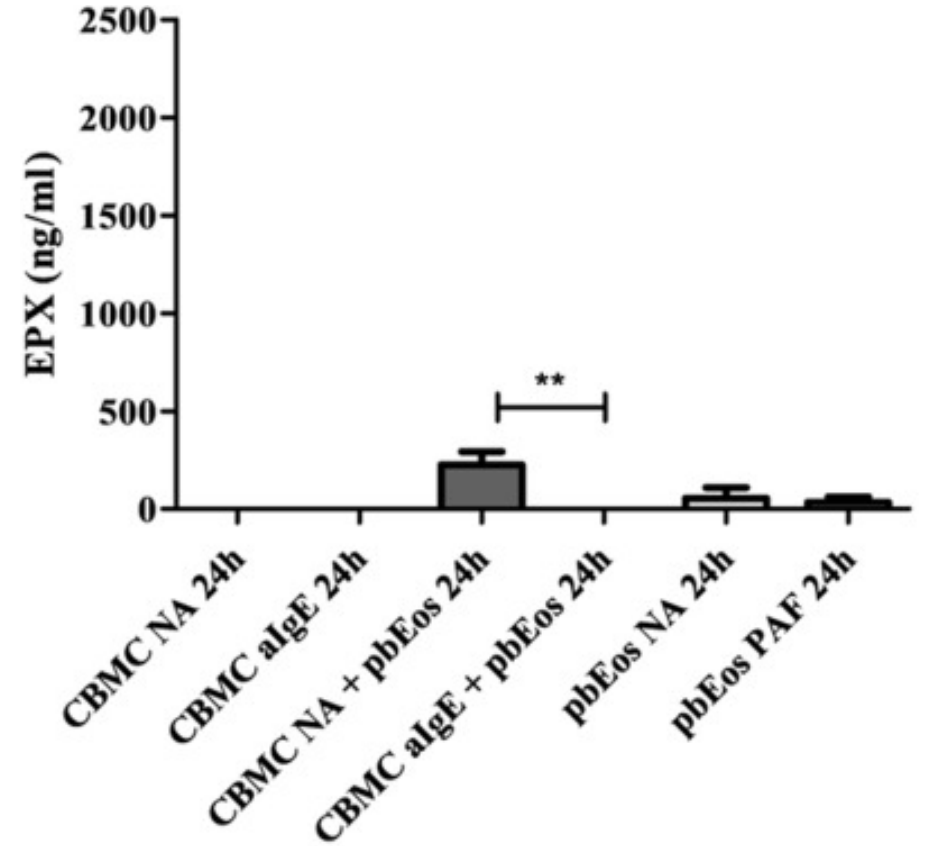
George T and Levi-Schaffer F **unpublished**



# Influence of IgE-dependent mast cell activation in the human AEU: is resolution of the pro-inflammatory AEU possible?



72 hr



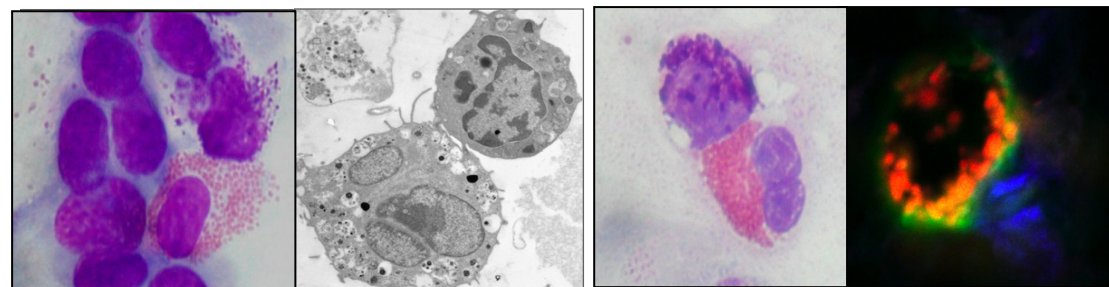
24 hr



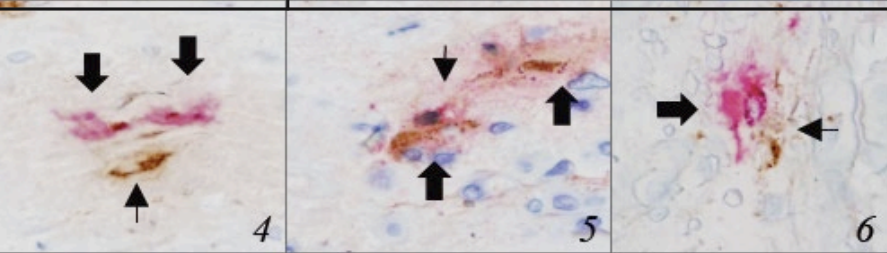
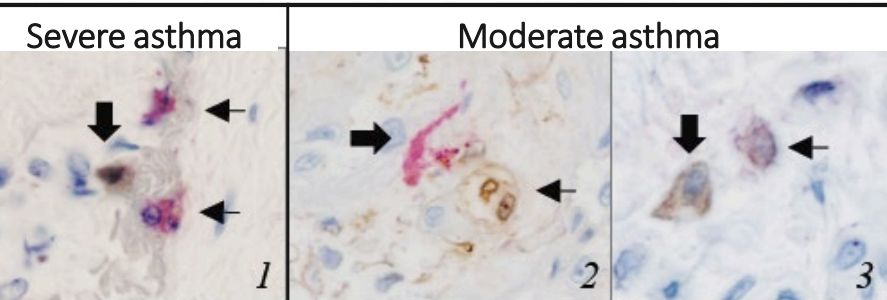
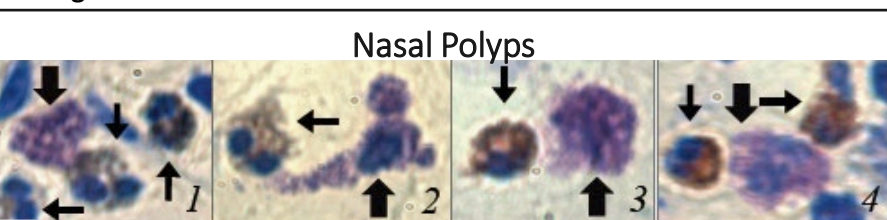
# CD48 as Target for Anti-Allergy/Anti-Inflammation Intervention by “Inhibiting Activation”

- CD48 is one of the 291 mouse asthma signature-genes (Zimmerman N et al., **J Clin Invest**, 2003).
- Allergic lung inflammation is inhibited in mice treated with anti-CD48 blocking Abs. 2B4 is an activating receptor on Eos (Munitz A et al., **J Immunol**, 2005 and **Am J Respir Crit Care Med**, 2007).
- MC-CD48 is important in the pro-inflammatory AEU as ligand of Eos-2B4 (Elishmereni M et al., **Allergy**, 2011 and **J Invest Dermatol**, 2014).
- The severity of AD in 2B4KO mice is reduced (Minai-Fleminger Y et al., **Clin Exp allergy**, 2014; Elishmereni M et al., **J Invest Dermatol**, 2014).
- Both MCs and Eos express CD48, a main player of their interaction with *S. aureus* (Rocha-de-Souza C. M. et al., **Infect Immun**, 2008; Minai-Fleminger Y et al., **Clin Exp allergy**, 2014; Gangwar RS and Levi-Schaffer F, **Allergy**, 2016).
- Eos-associated CD48 is modulated by cell activation and gives rise to soluble CD48 (sCD48). sCD48 is a decoy receptor (in vitro and in vivo) (Gangwar RS and Levi-Schaffer F, **Allergy**, 2016).
- Human asthma: mCD48 and sCD48 are potential new biomarkers for the disease (Gangwar RS et al., **Allergy**, 2017).
- Is CD48 a biomarker for airway inflammation and non-allergic asthma? (Breuer O et al., **J Immunol Res**, 2018).
- CD48 expression on nasal polyps eosinophils is a biomarker for non-allergic asthmatics (Zoabi Y. et al, **Int Arch allergy Immunol**, 2021)
- CD48 expression on nasal polyps eosinophils is a biomarker for non-allergic asthmatics (Zoabi Y. et al, **Int Arch allergy Immunol**, 2021)
- COVID-19 patients present with upregulation of CD48 expression on leukocytes (Pahima H et al., **Ann Allergy Asthma Immunol**, 2022)

# The Human AEU and CD48 in asthma, nasal polyposis, and atopic dermatitis

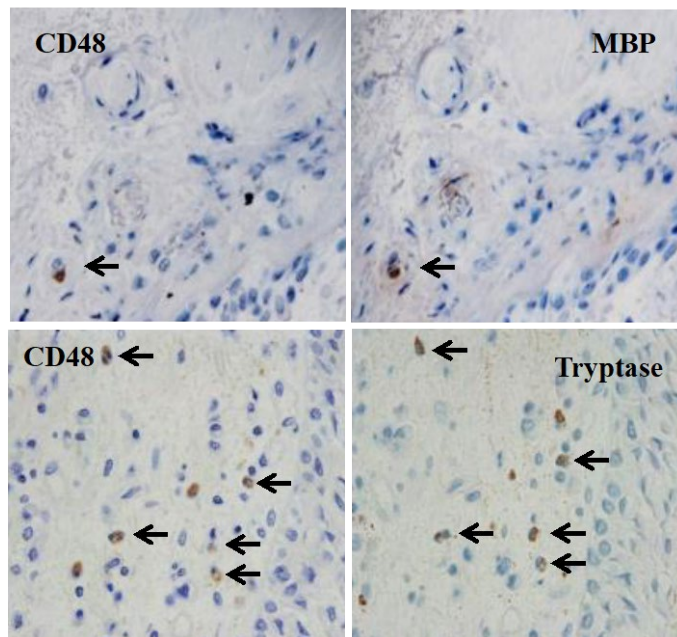


Congo-red + Toluidine Blue

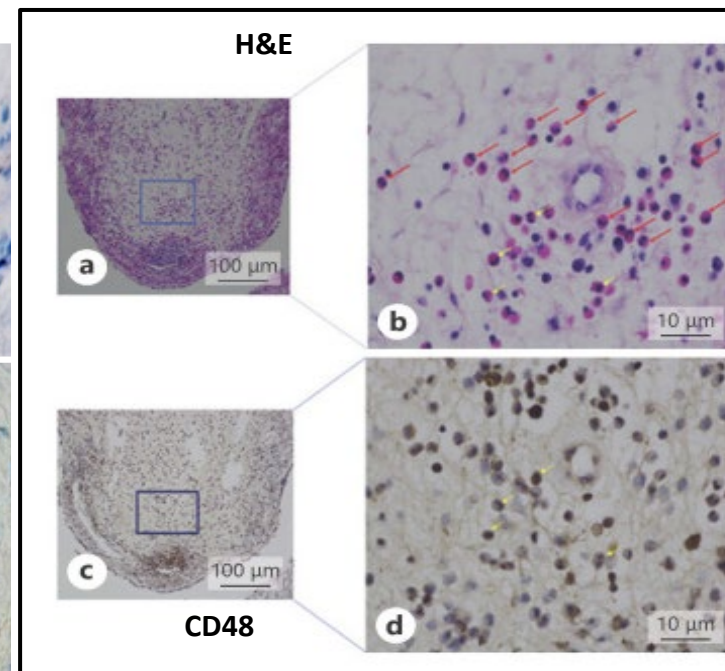


Tryptase + MBP Mild asthma

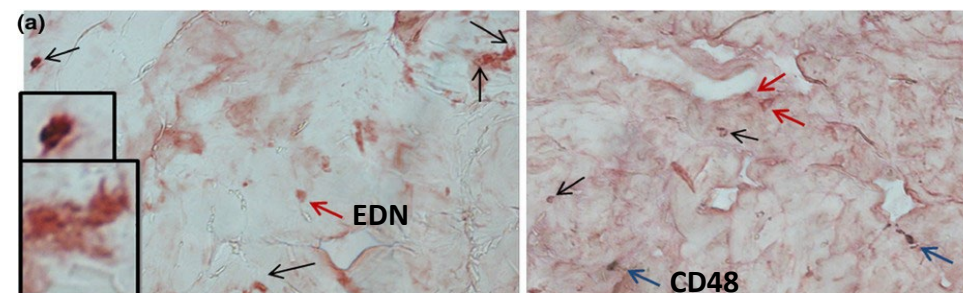
## Asthma



## Nasal Polyps

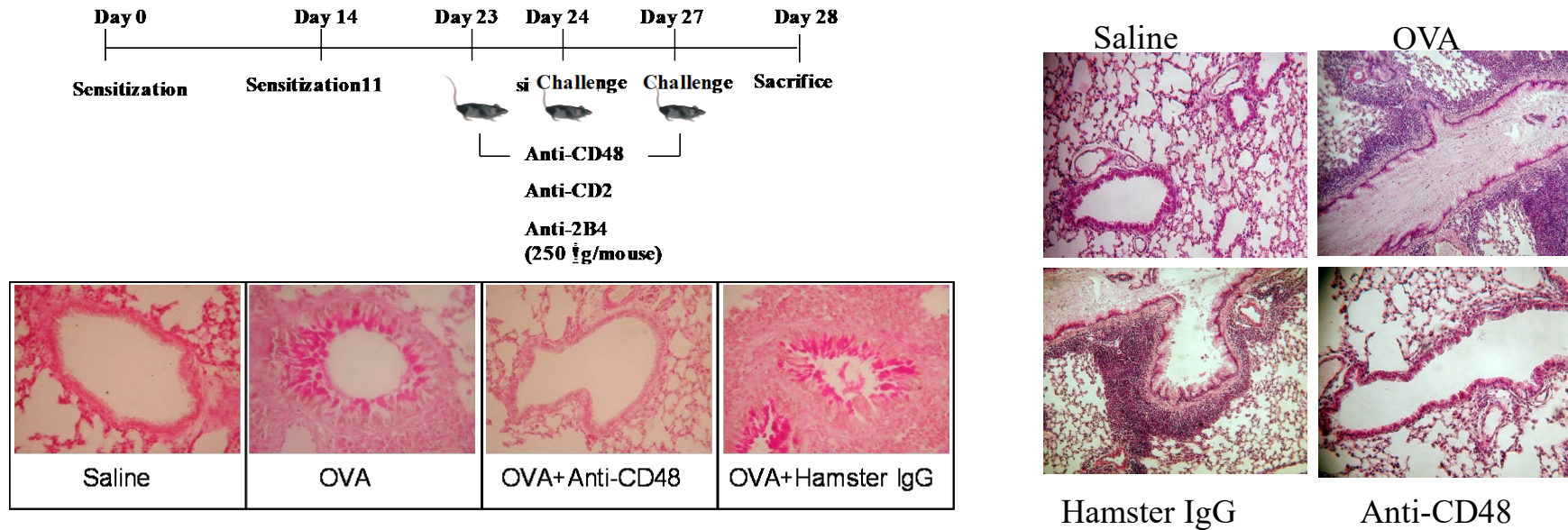


## Atopic Dermatitis

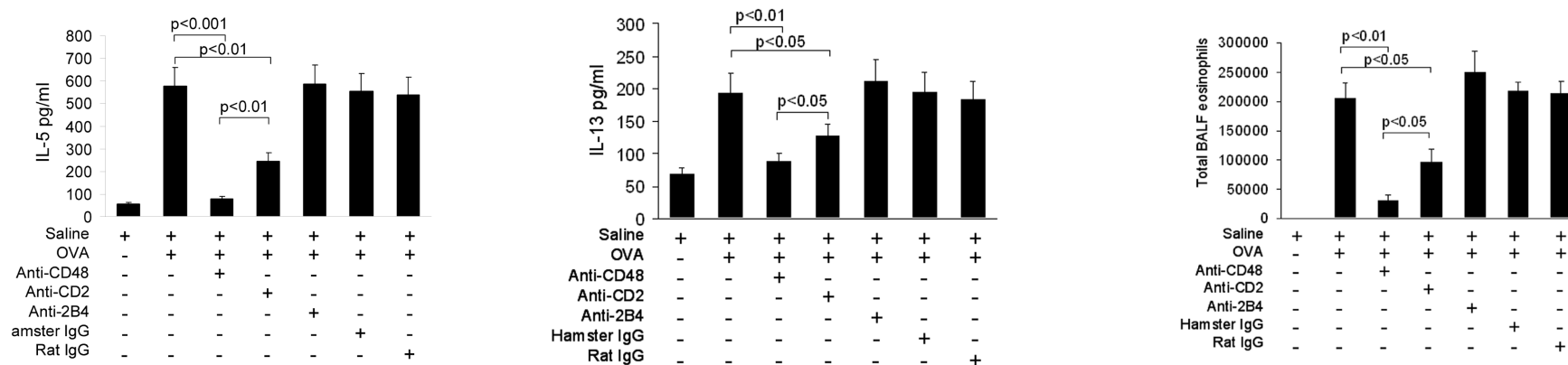




# Neutralization of CD48 but not of 2B4 Inhibits Mouse Asthma

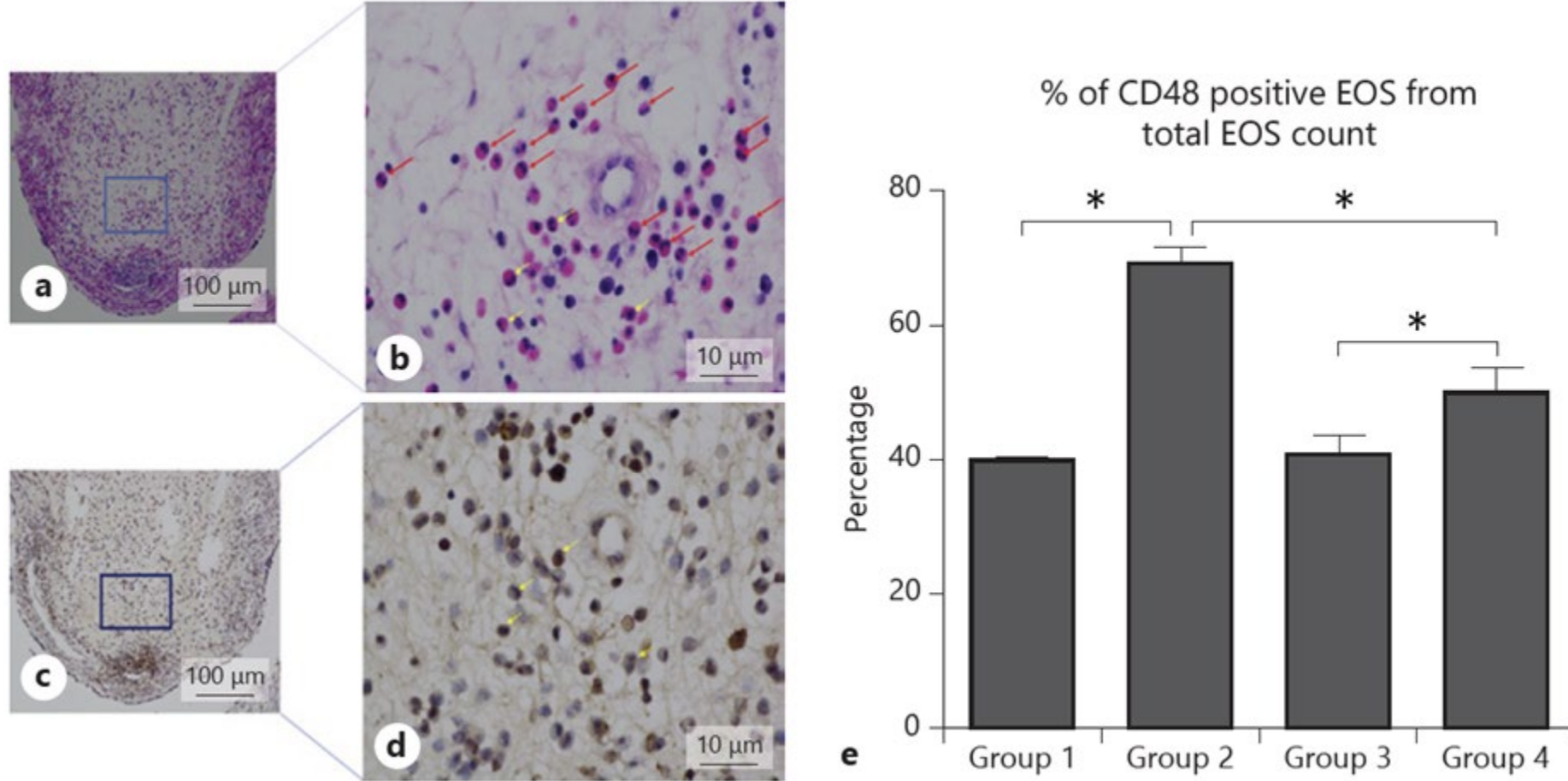


## Decrease of eosinophilia, cytokine and chemokine production



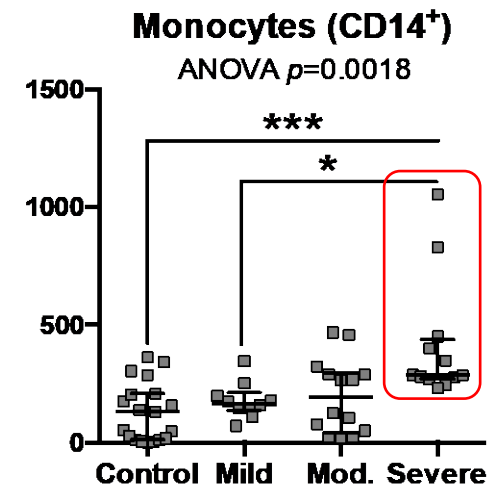
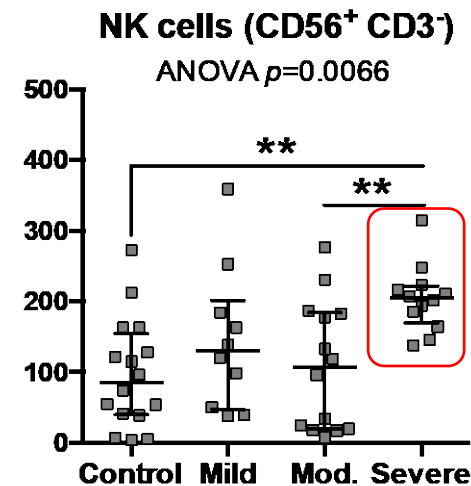
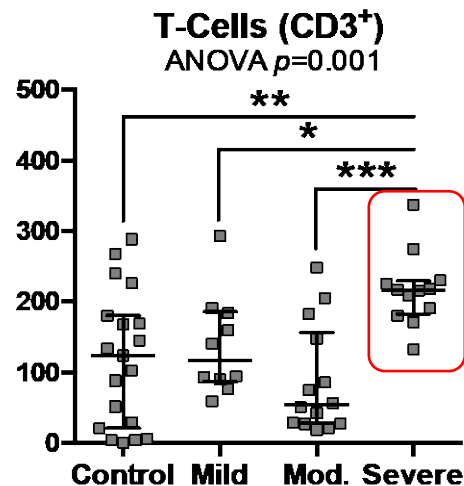
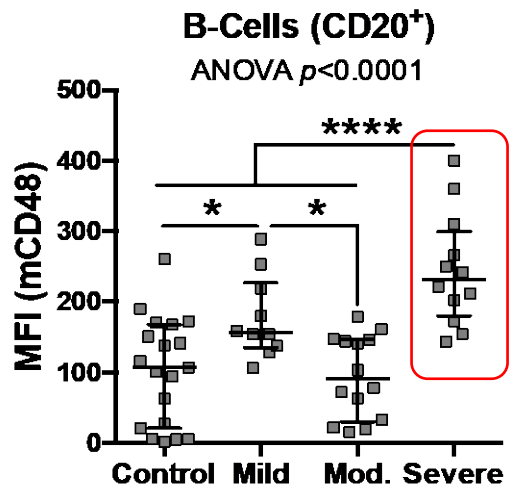
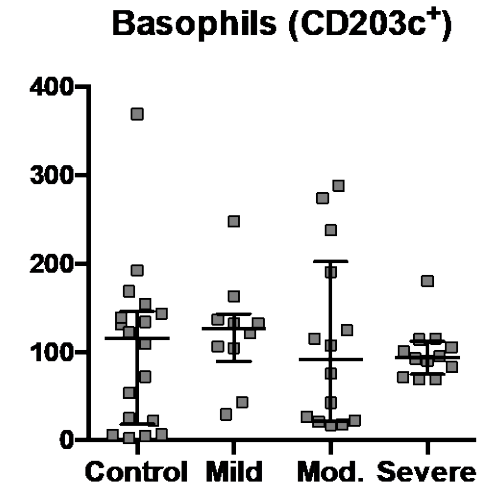
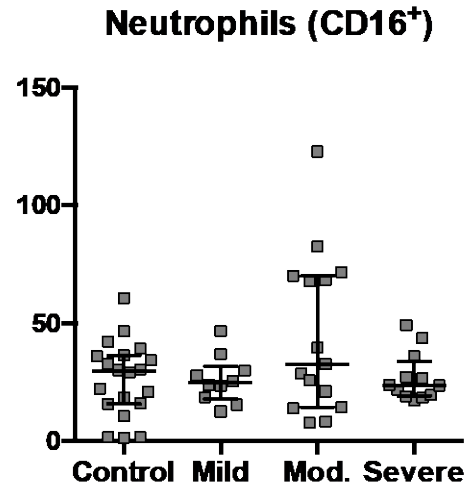
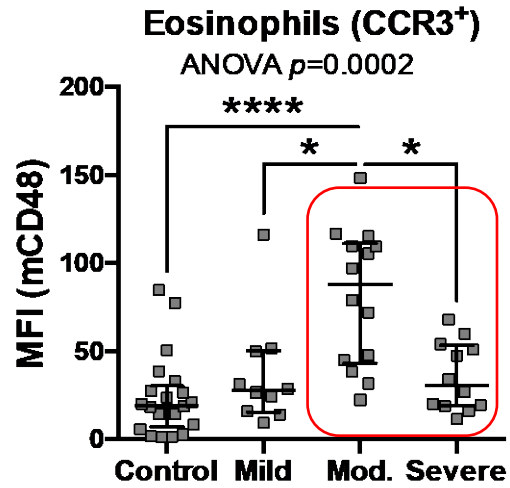


# Nasal Polyps: CD48 Expression is increased on Eosinophils in Chronic Rhinosinusitis /Asthmatic Patients



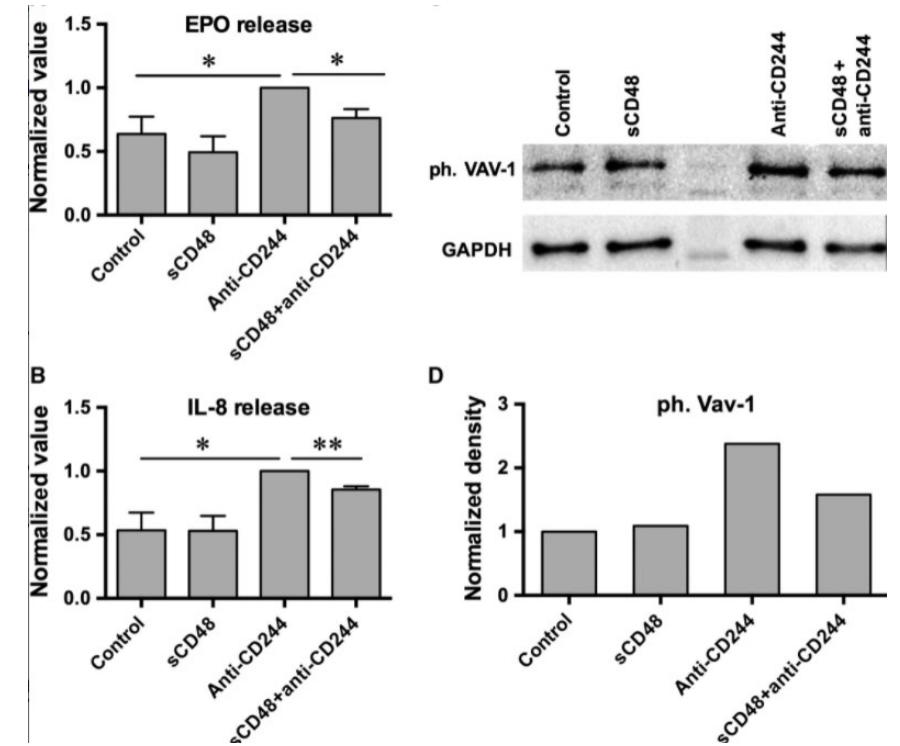
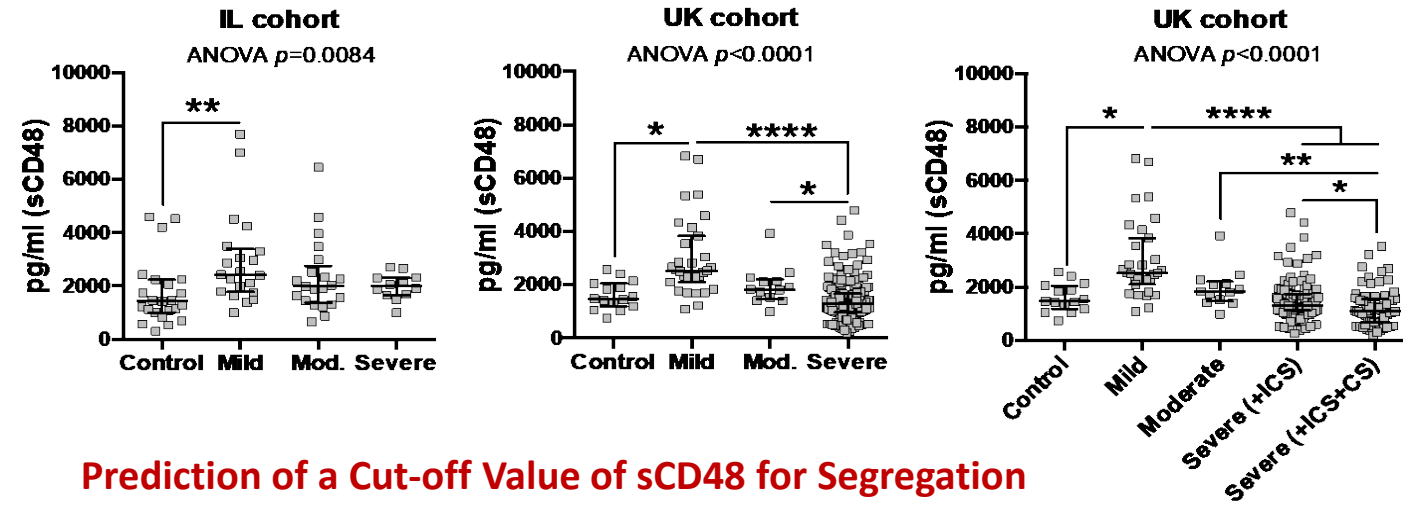
Immunohistochemical analysis of **CD48 positive eosinophils in NPs**. Eosinophils in *allergy-asthma-* NP (group were identified by H&E staining; or with anti-CD48 mAb. Red arrows show CD48 negative eosinophils. Yellow arrows show CD48 positive eosinophils; Comparison of the percentage of CD48 expressing eosinophils among the different groups . Group 1:*allergy-asthma-* ;Group 2:***allergy- asthma+***;Group 3:*allergy+ asthma-*;Group 4:*allergy+asthma+*

# mCD48 is Differentially Expressed on Blood Leukocytes of Asthma Patients with Varying Severity

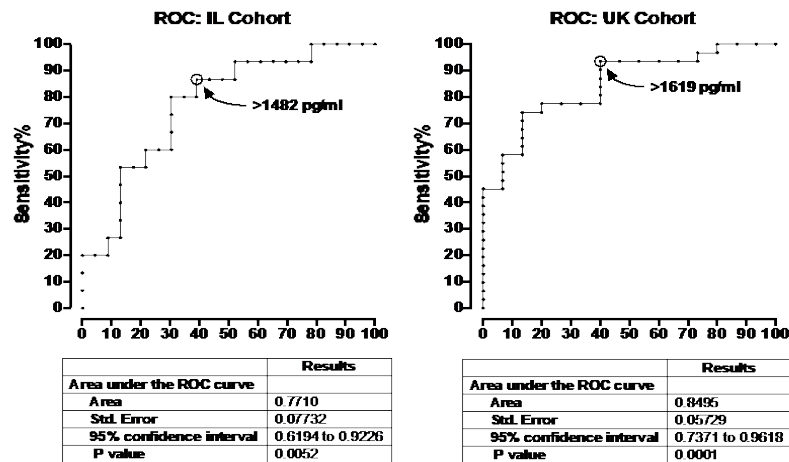


# sCD48 is Elevated in Serum of Mild Asthma and Decreased in Moderate and Severe Asthma

## sCD48 decreases CD244-induced eosinophil activation: decoy receptor



## Prediction of a Cut-off Value of sCD48 for Segregation between Asthma (Mild, Steroid Naive) and Health

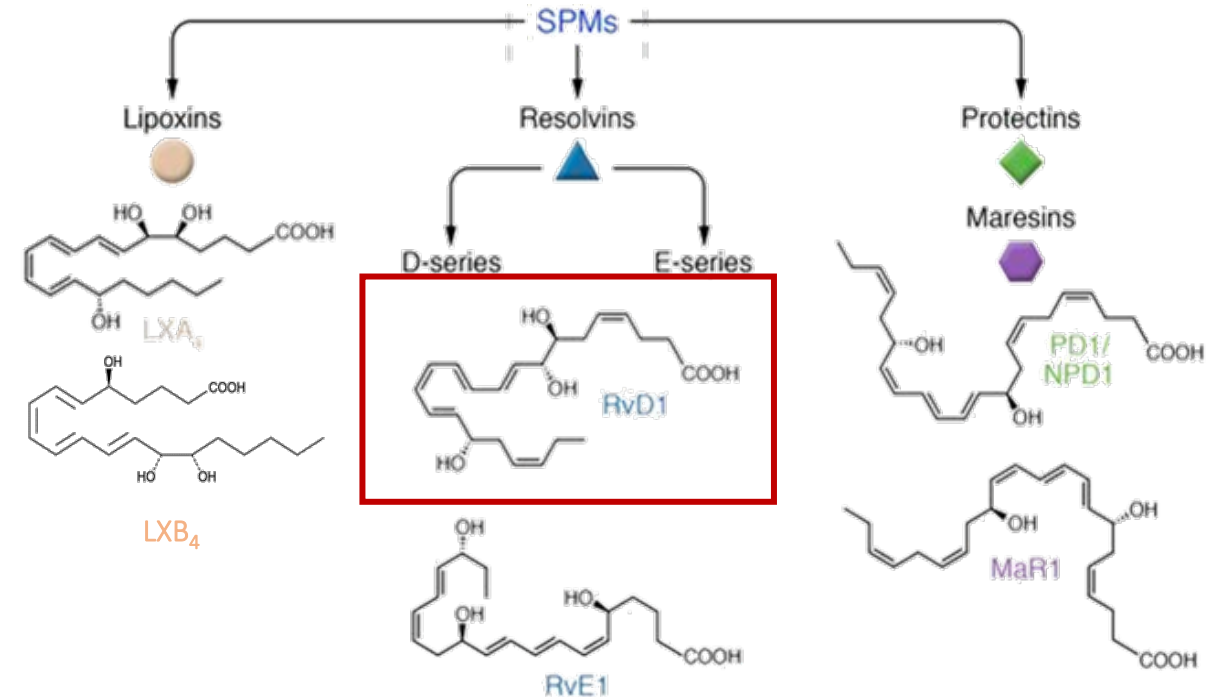
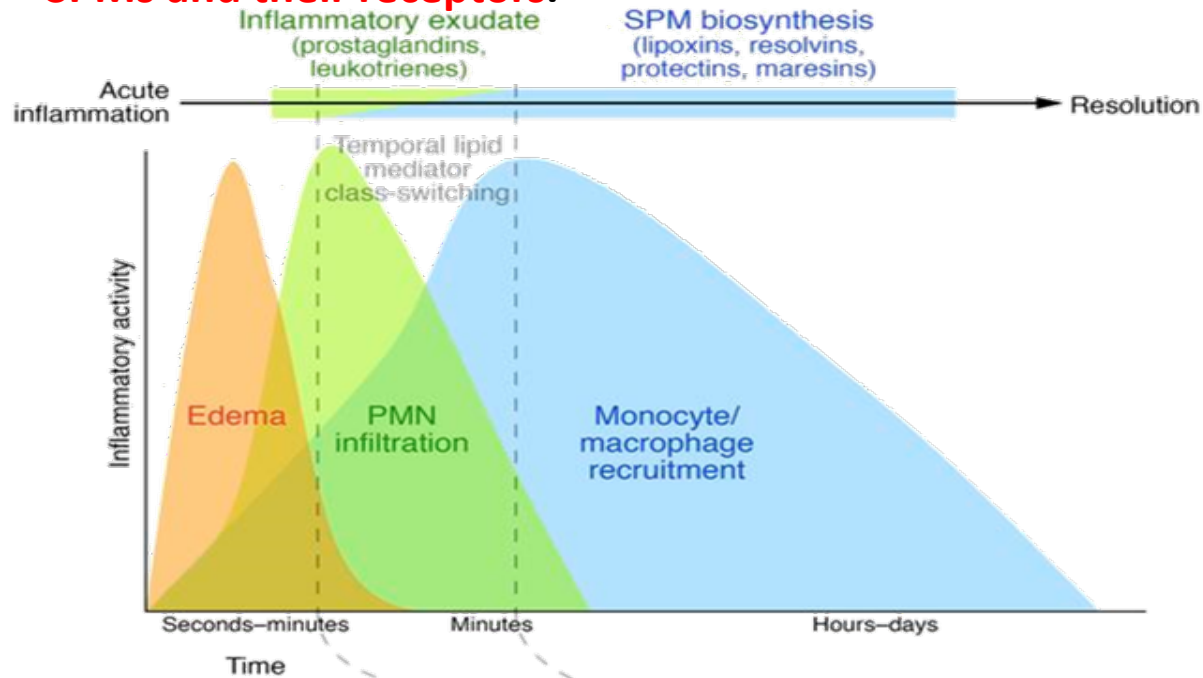


No correlation was found between sCD48 and atopy, IgE levels, Eos numbers and percentages, gender, age, smoking, BMI



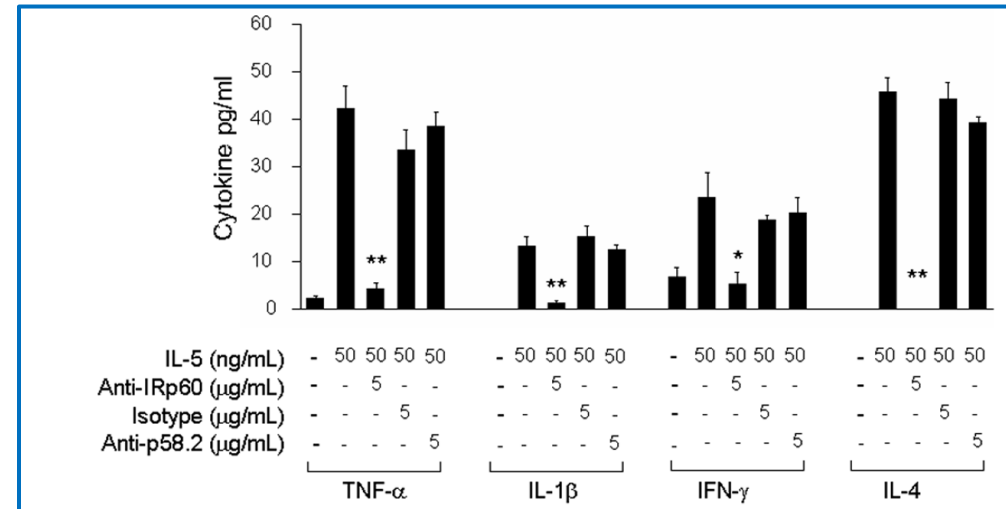
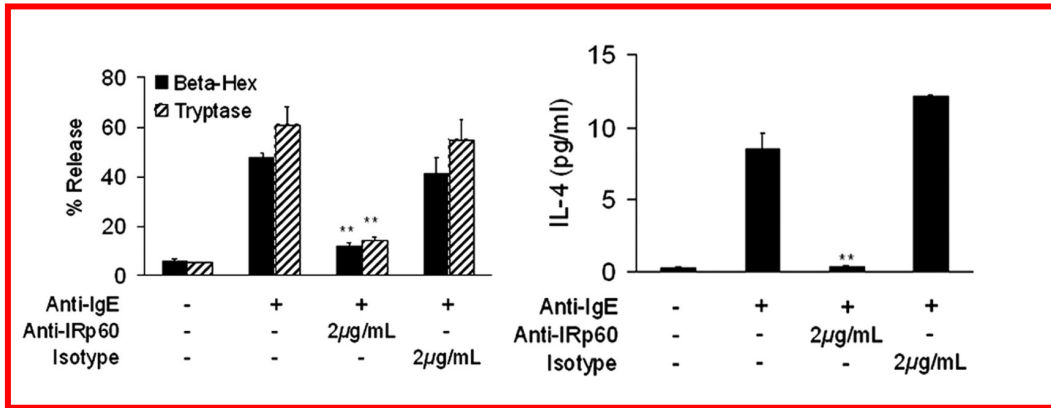
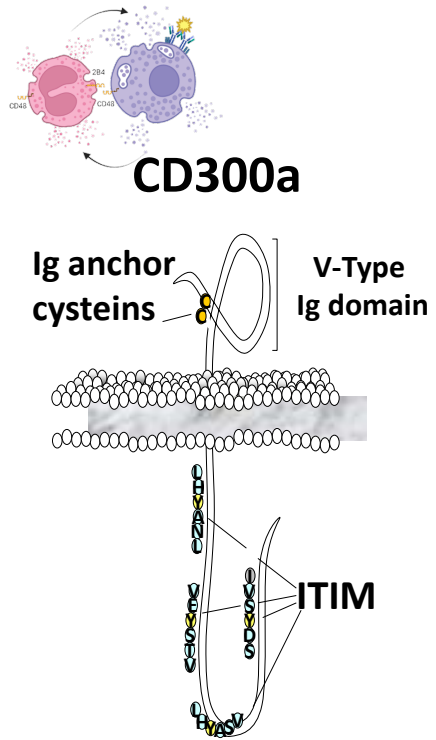
# Resolution of inflammation-SPMs: last but not least!!!

AI is usually a chronic disease characterized by absence of resolution, but sometimes by remission phases. Resolution of inflammation is an active process regulated by the release of specialized pro-resolving lipid mediators (SPMs) from leukocytes. We have hypothesized that in AI mast cells can produce pro-resolution mediators and orchestrate not only the initiation but also the resolution of AI. Resolution in AI can also be modulated via the activation of **inhibitory receptors (IRs) such as CD300a**, a “threshold” IR, expressed and functional on the membrane of mast cells and eosinophils, by their natural ligand/s. Moreover, resolution can be orchestrated by **a cross-talk between IRs and SPMs and their receptors.**

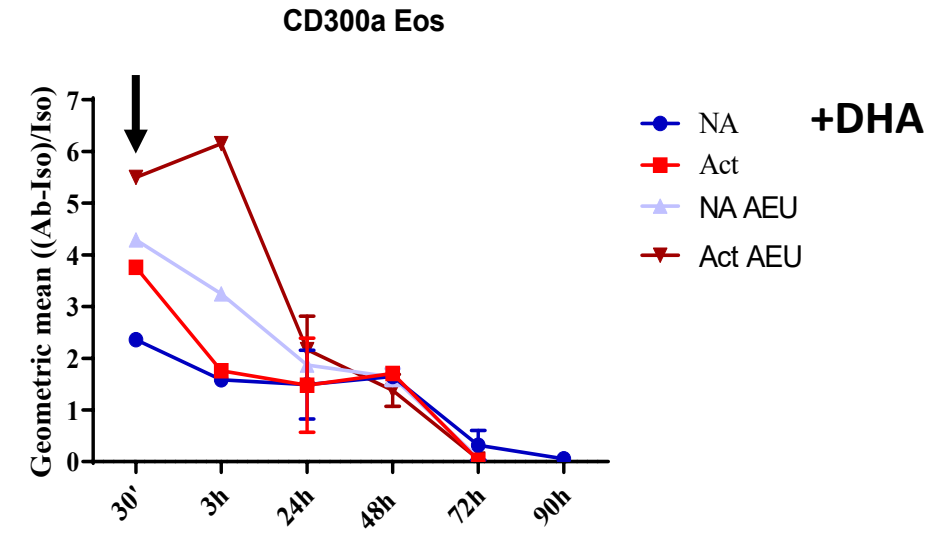
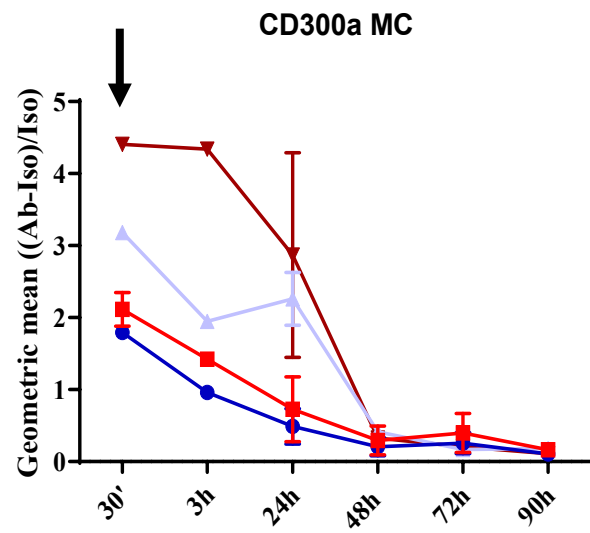


SPMs are a physiological mechanisms for AI resolution. Importantly in asthma their levels are reduced in adult patients (Planagumà et al., AJRCCM, 2008) and in pediatric severe asthma patients (Hasan et al., Pediatr Crit Care Med, 2012).

# Expression of CD300a on CBMCs and on pbEos and in the AEU



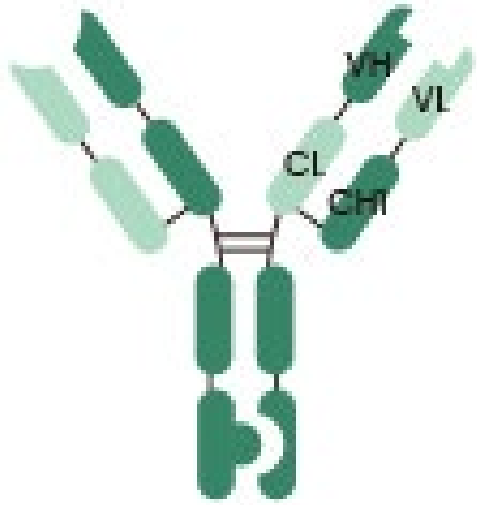
- It belongs to the Ig superfamily. And to the CD300 family with 8 members some IRs and some ARs
- It has a mouse homologue, LMIR-1.
- 3 classical and one non classical ITIMs
- Expressed on: NK cells, neutrophils, T and B lymphocytes, **mast cells**, **eosinophils**, **basophils**. Expressed on some malignant cells.
- CD300a recognizes phosphatidylserine (PS) and phosphatidylethanolamine (PE) on apoptotic, activated, transformed or virus infected cells.
- It has a paired AR, CD300c





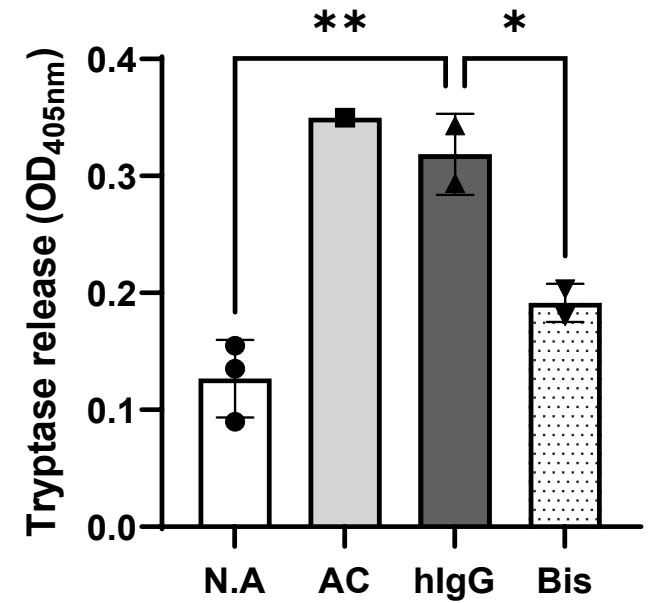
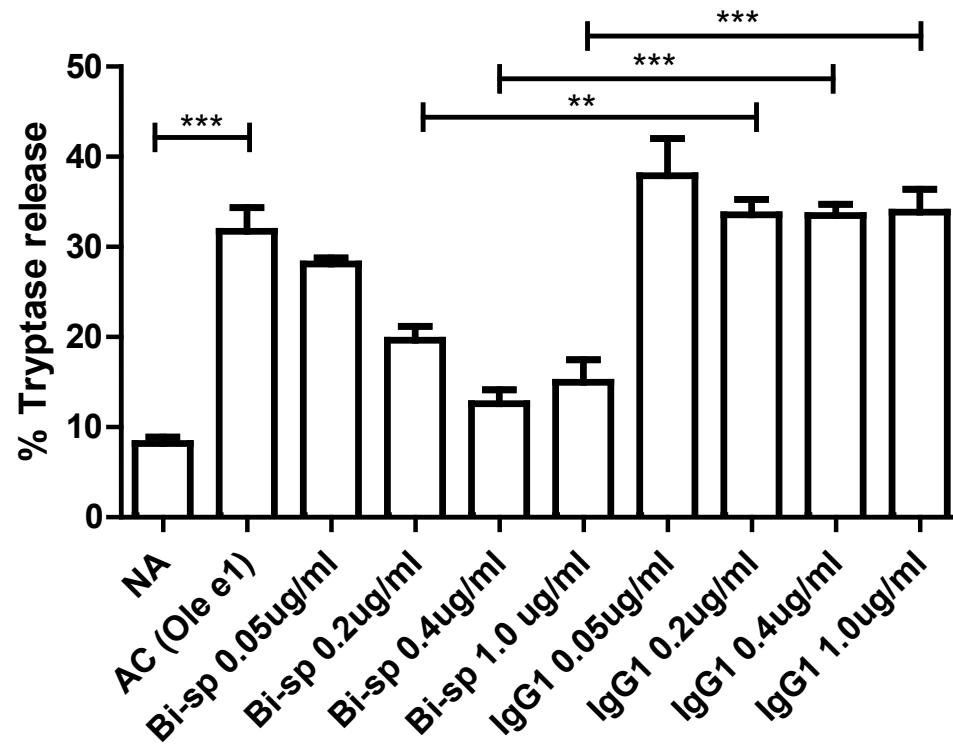
# Where are we going with CD300a? Engineered $\alpha$ CD300a- $\alpha$ IgE bispecific Ab

$\alpha$ CD300a                       $\alpha$ IgE



Roche® Cross-Mab technique

## CBMCs inhibition of “allergic activation” in vitro and in vivo (mouse)

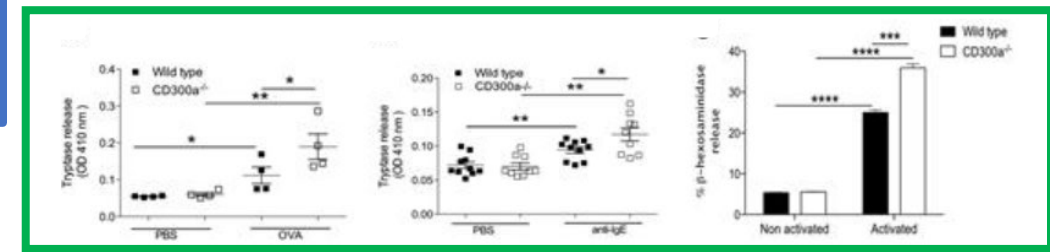
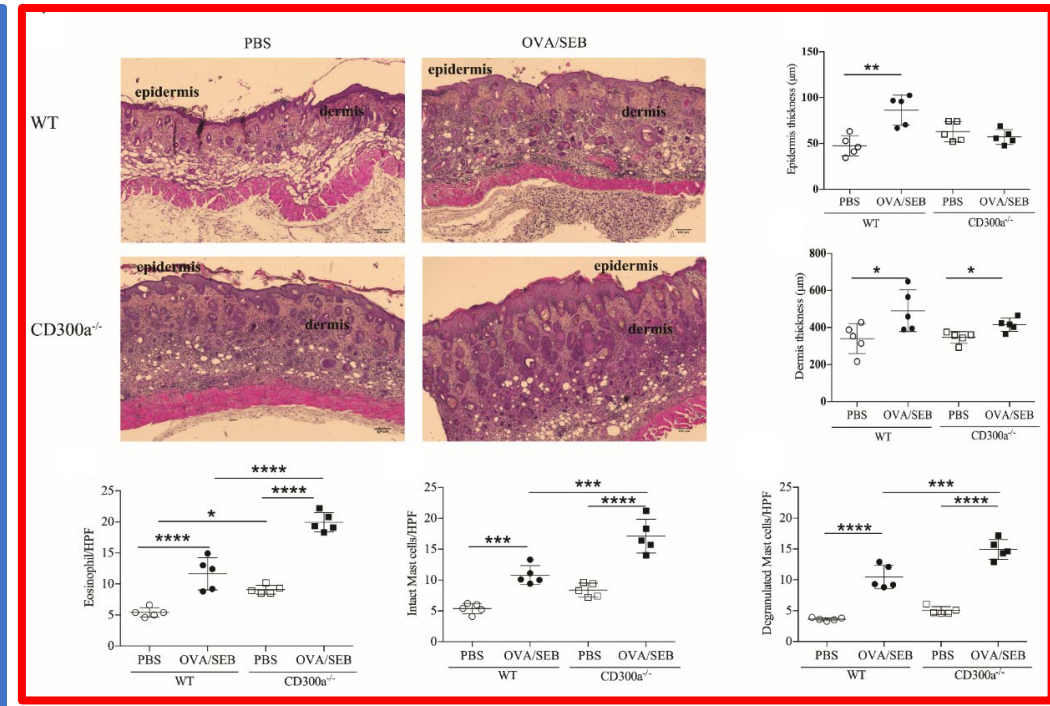
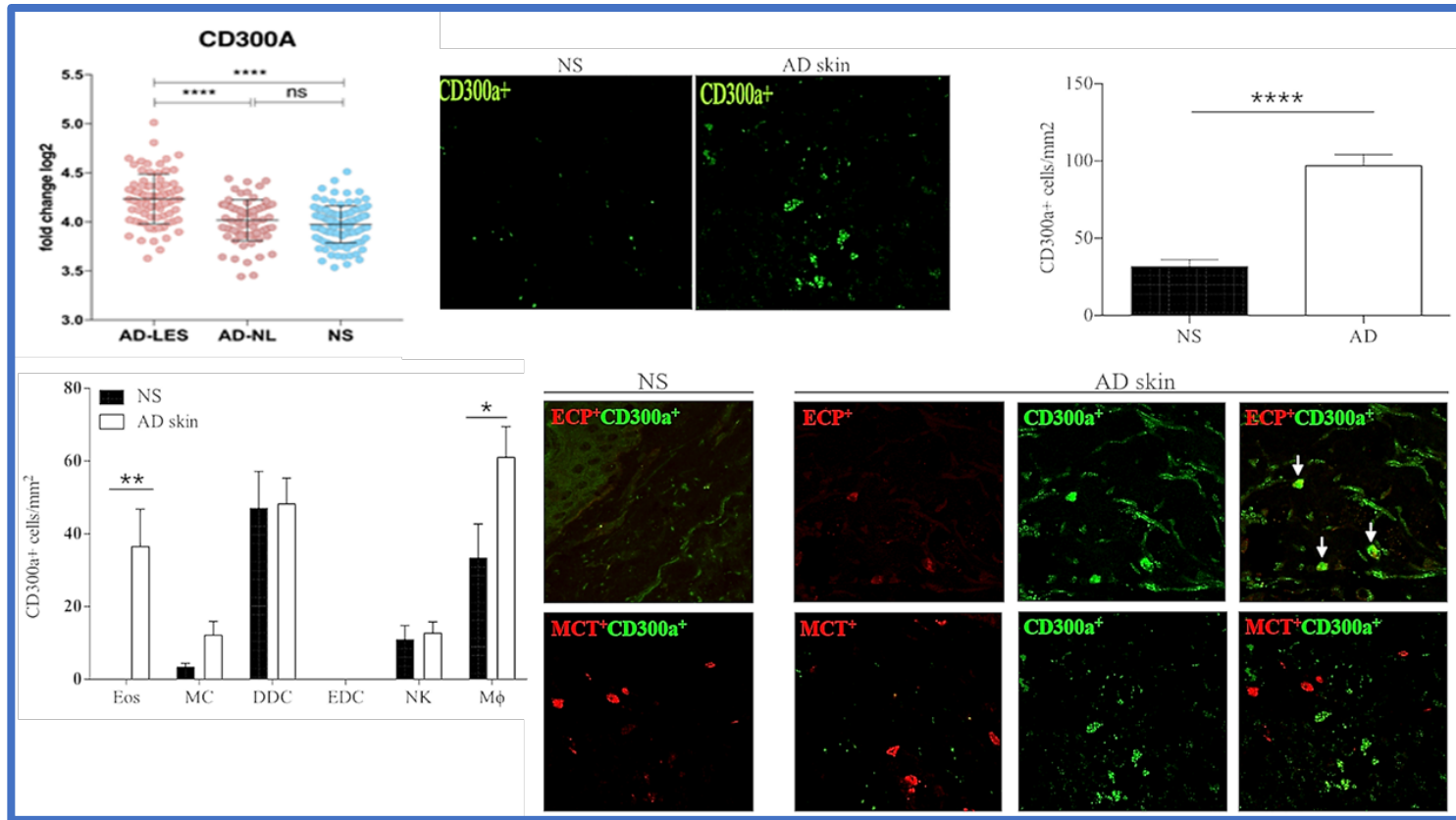




# CD300a expression is upregulated in human AD lesional skin, and AD-induced CD300a<sup>-/-</sup> mice display higher inflammatory features

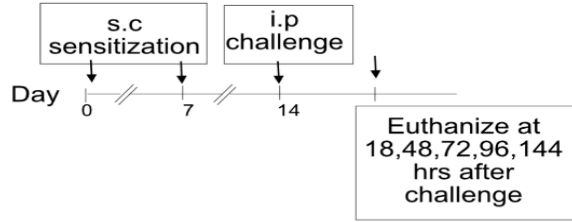
## Human results

## Murine results

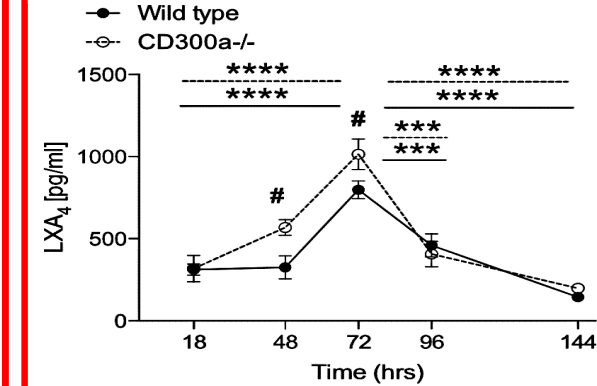
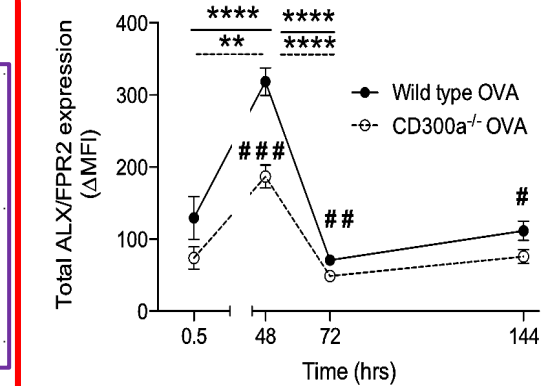
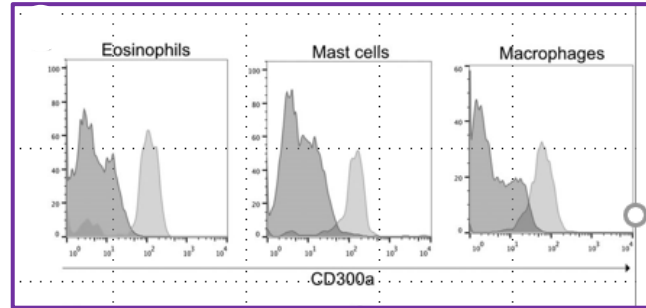
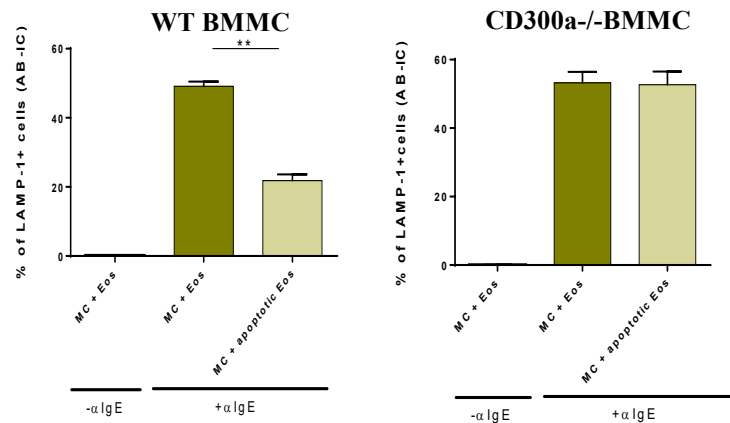
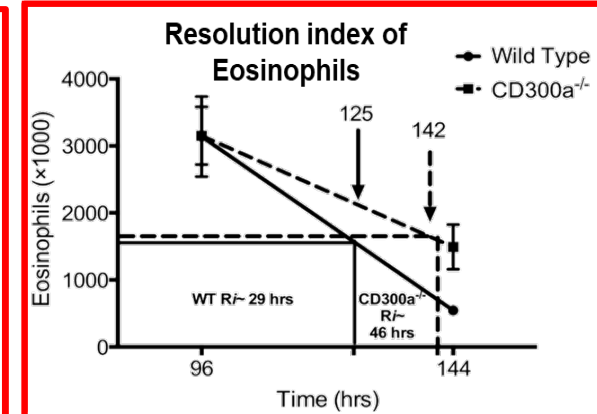
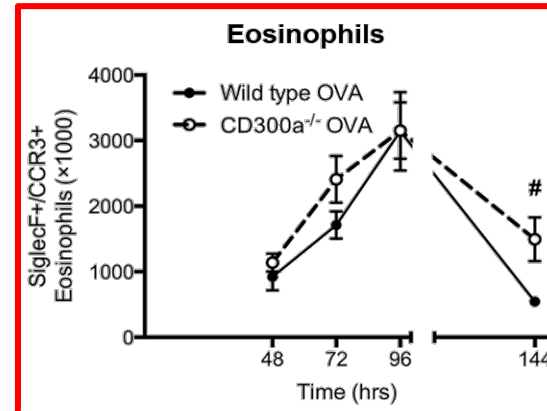
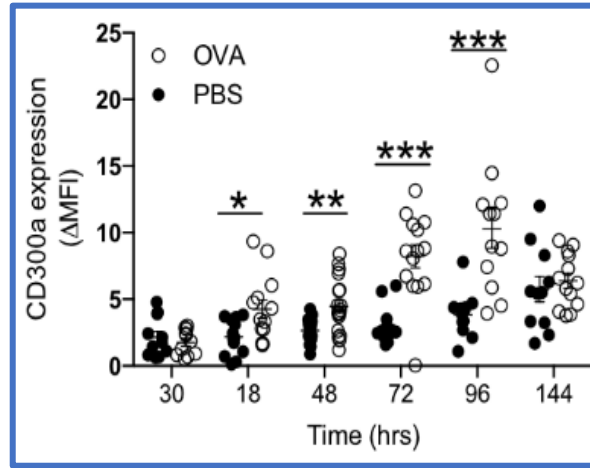
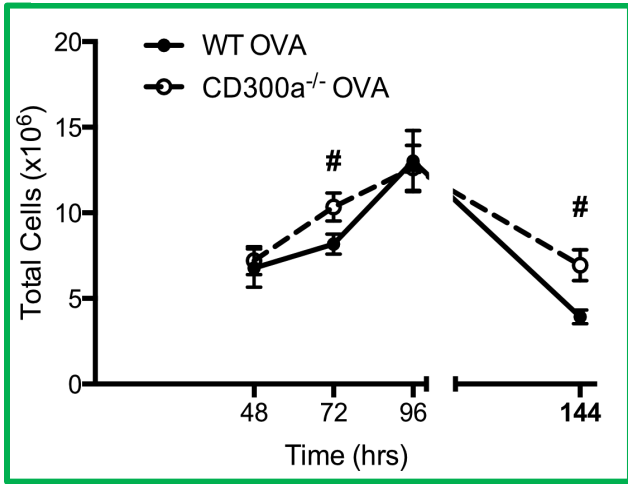


\*p < 0.05, \*\*p < 0.005, \*\*\*p < 0.001, \*\*\*\*p < 0.0001

# CD300a expression is timely upregulated in OVA/Alum AP model in mice and CD300a<sup>-/-</sup> mice display increased allergic inflammation and impaired resolution



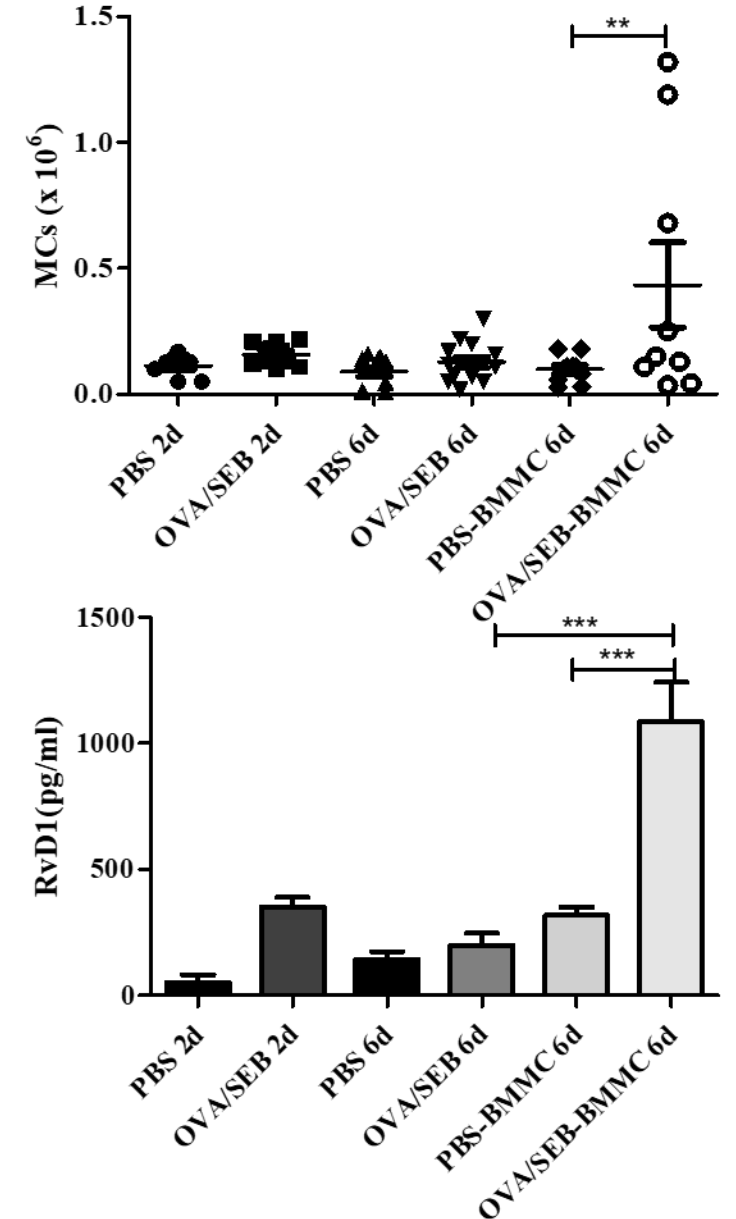
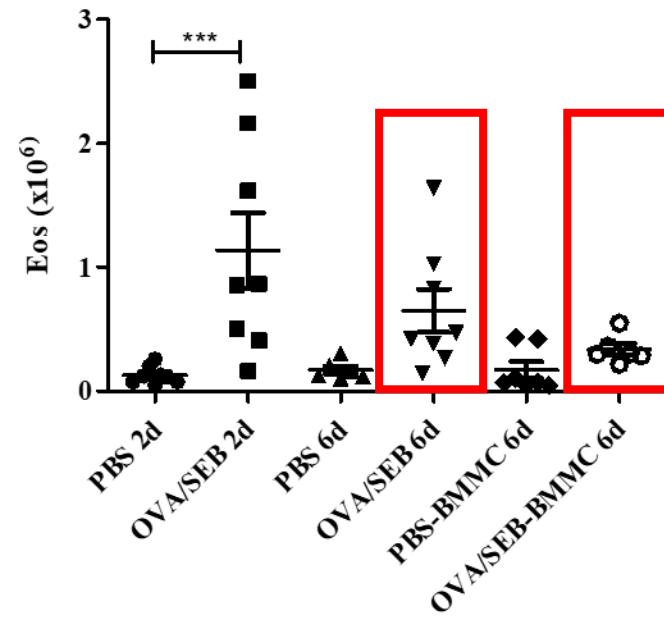
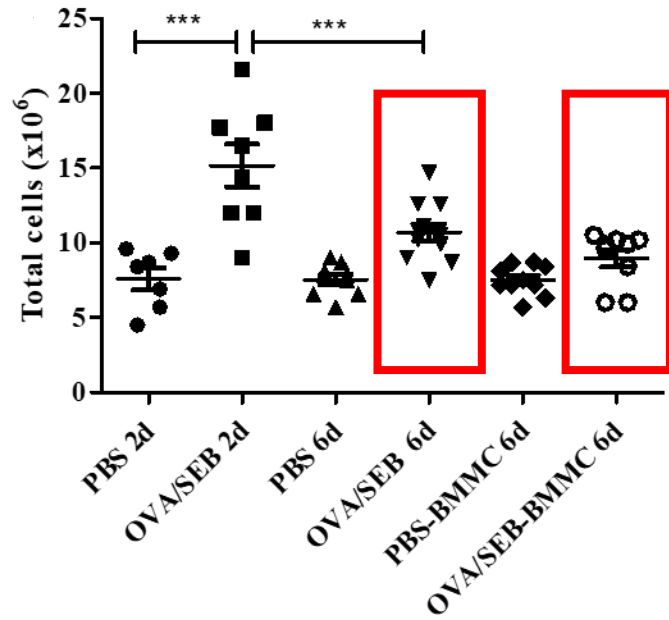
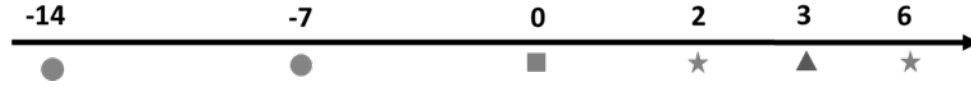
CD300a, ALX/FPR2 and LXA<sub>4</sub> are spatiotemporally modulated in this model. Resolution index (R<sub>i</sub>) is defined as the time interval for the maximum number of cells to decrease by 50%



\*p< 0.05, \*\*p<0.005, \*\*\*p<0.001, \*\*\*\*p<0.0001

# “MC Overshooting” Mice Show a Trend of Reduced Inflammation in an OVA/SEB AP model

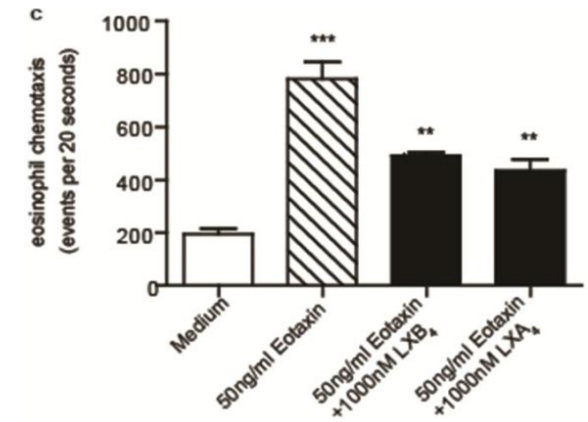
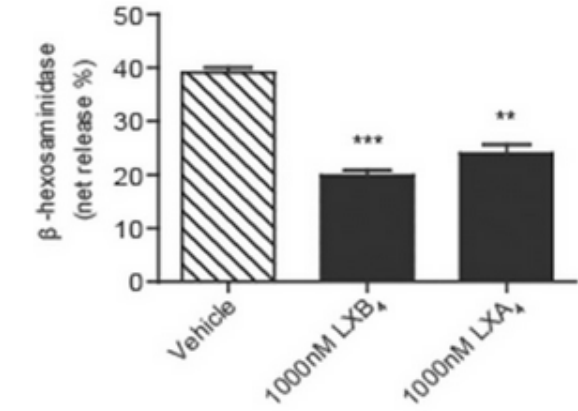
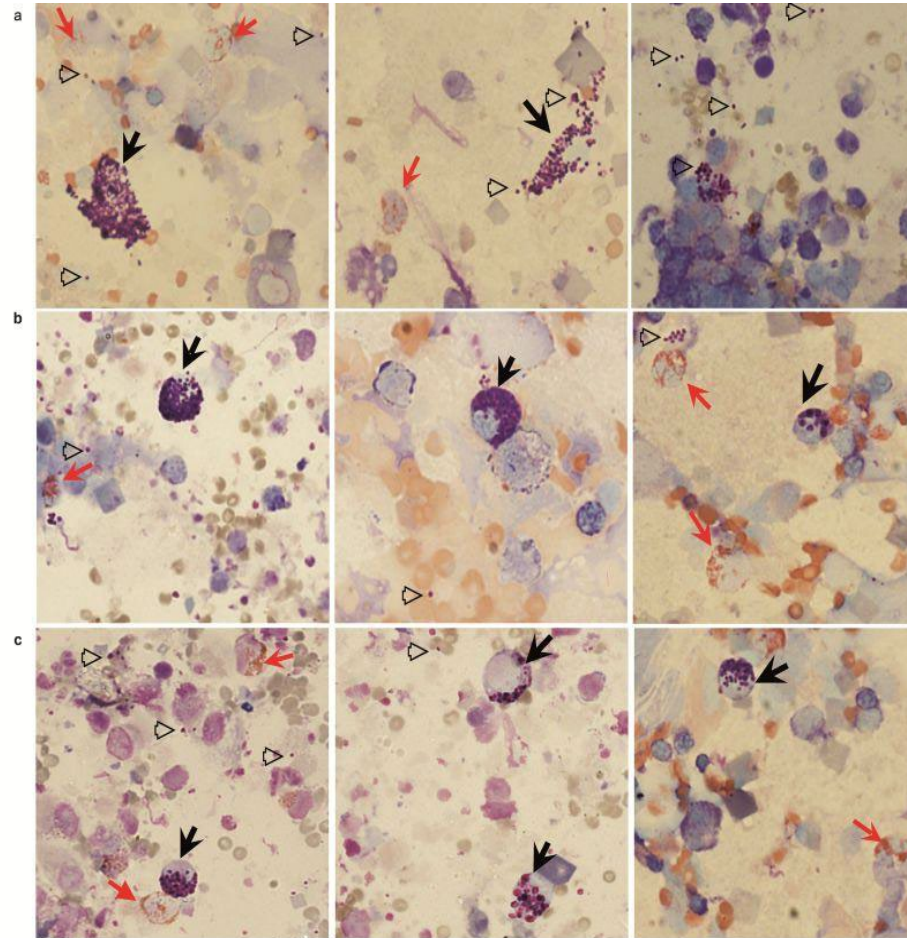
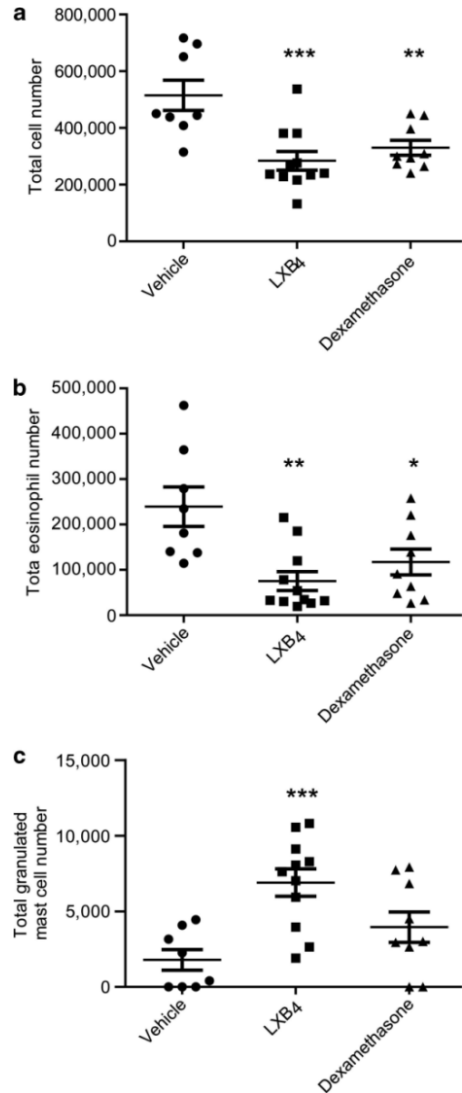
- OVA/SEB 0.5 mg/ml OVA and 0.005 mg/ml SEB (s.c.)
- OVA 0.05 mg/ml and 0.0005 mg/ml SEB (i.p.)
- ▲ BMMCs 2M (i.p.)
- ★ Harvest





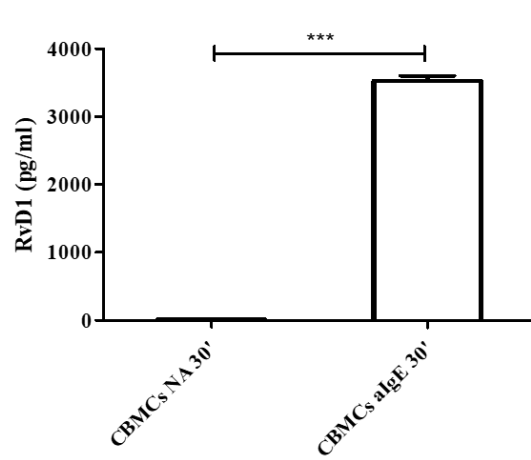
# Lipoxin B4 promotes the resolution of allergic inflammation in the upper and lower airways of mice

Here, we provide evidences that LXB4 mediates anti-inflammatory and pro-resolving actions for allergic airway responses in murine models of upper and lower airway mucosal inflammation

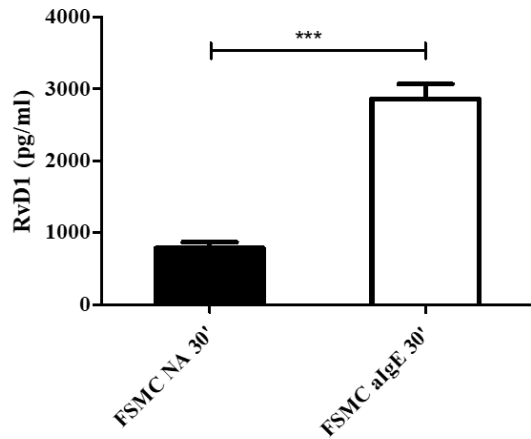


# Human MCs release RvD1 after IgE-mediated activation

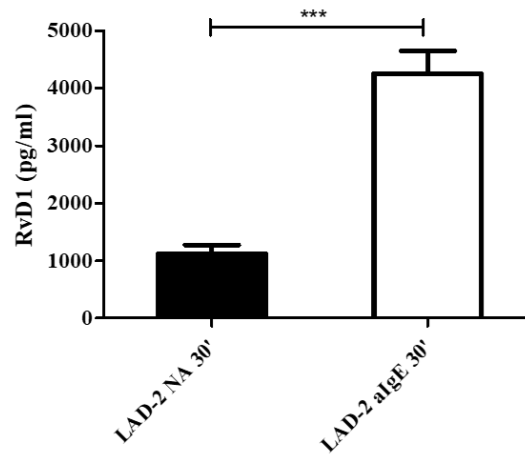
CBMCs: cord blood-derived MCs



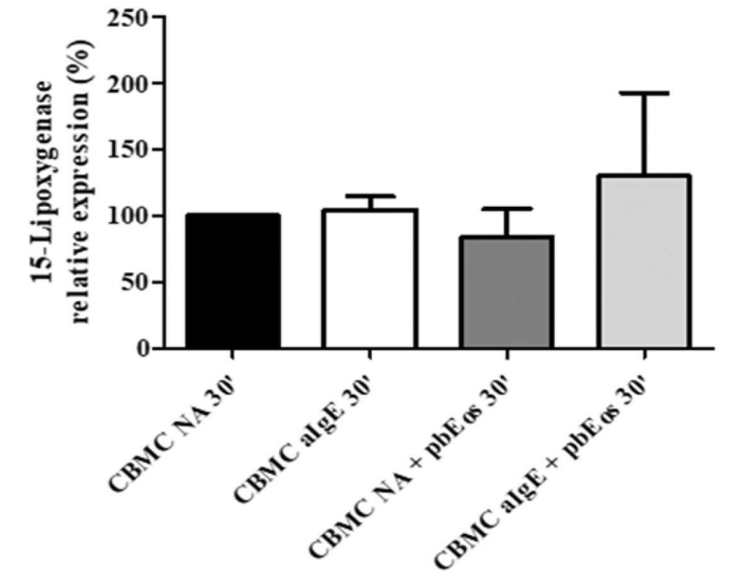
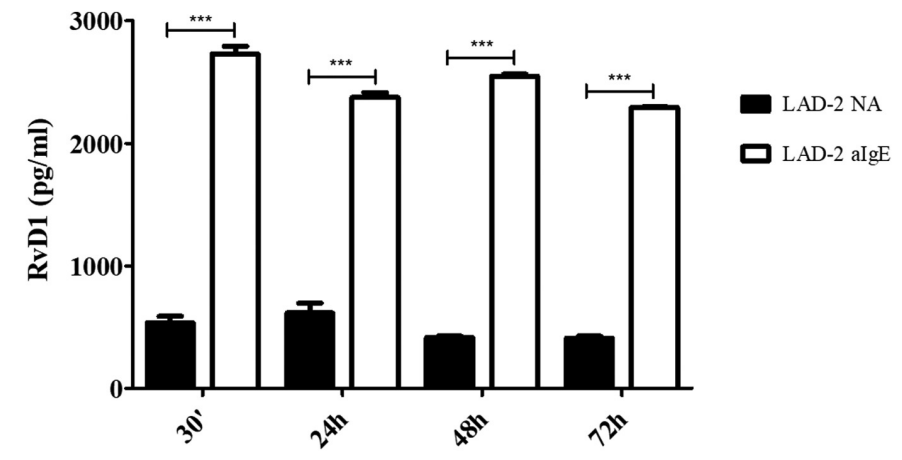
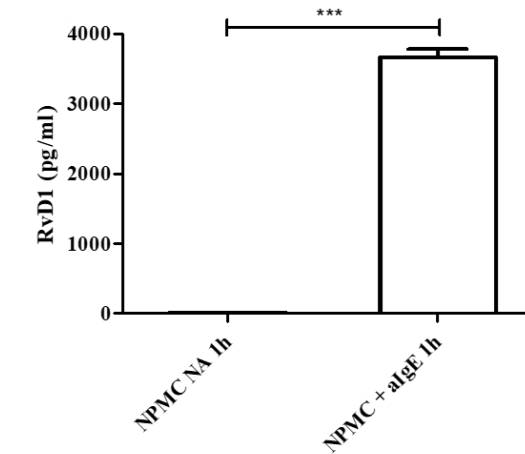
FSMCs: foreskin-derived MCs



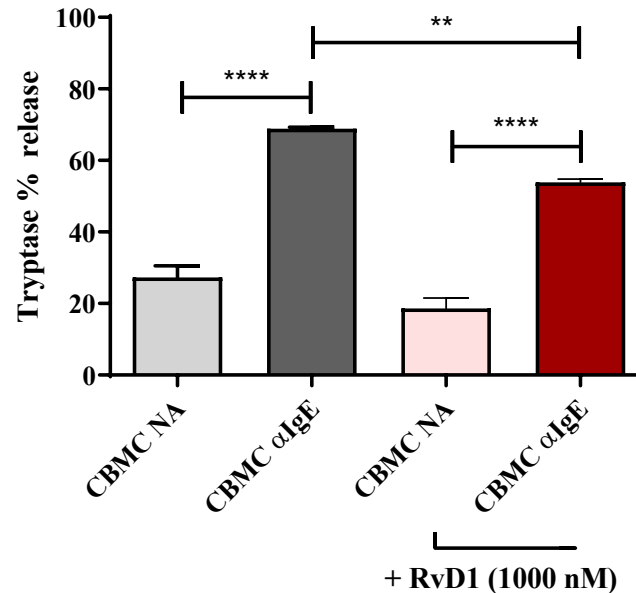
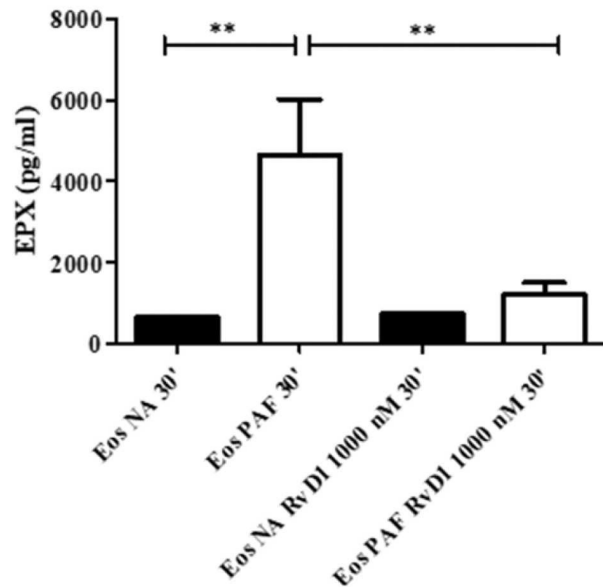
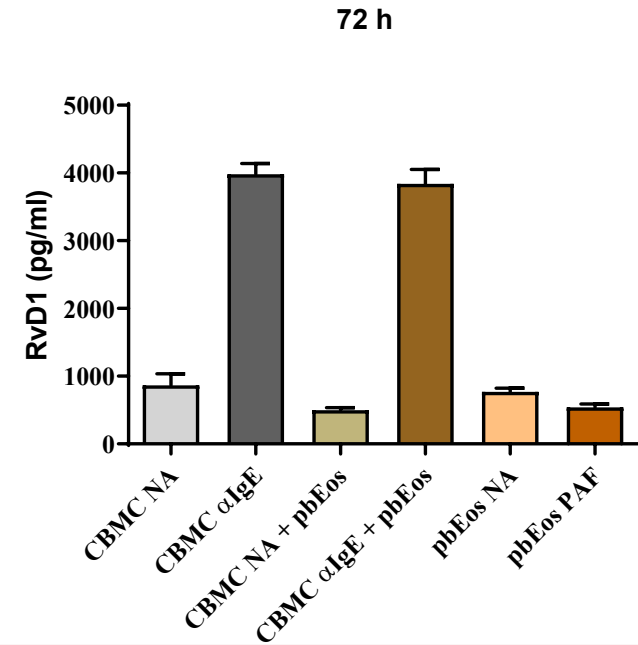
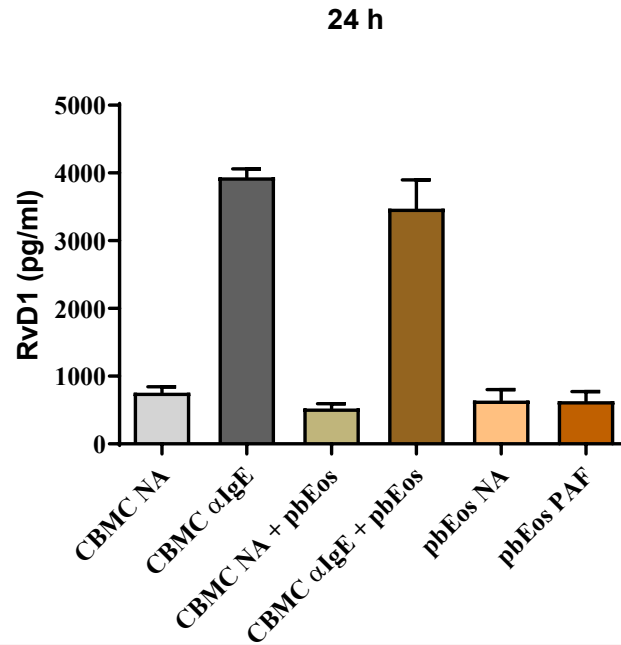
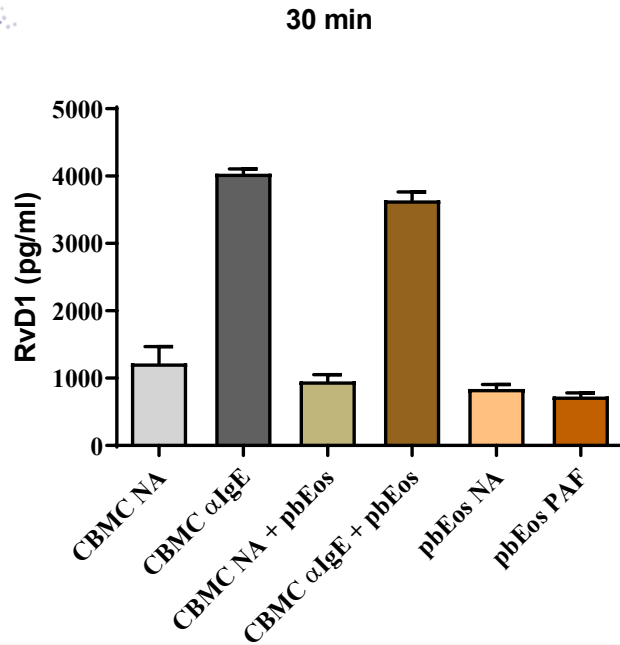
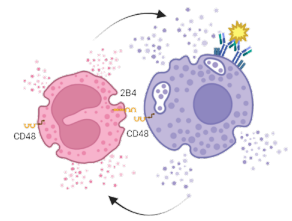
NPMCs: nasal polyps-derived MCs



LAD-2: Laboratory of Allergic Diseases-2 cell line



# The human AEU continues to produce RvD1 over time



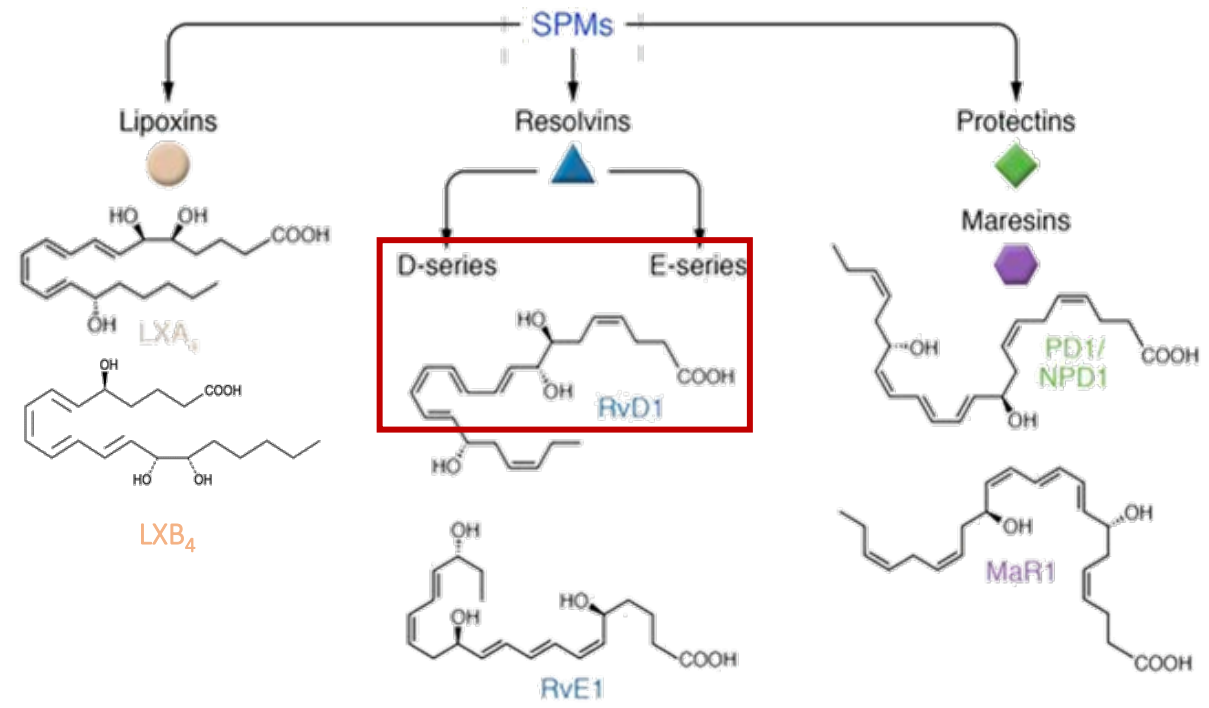
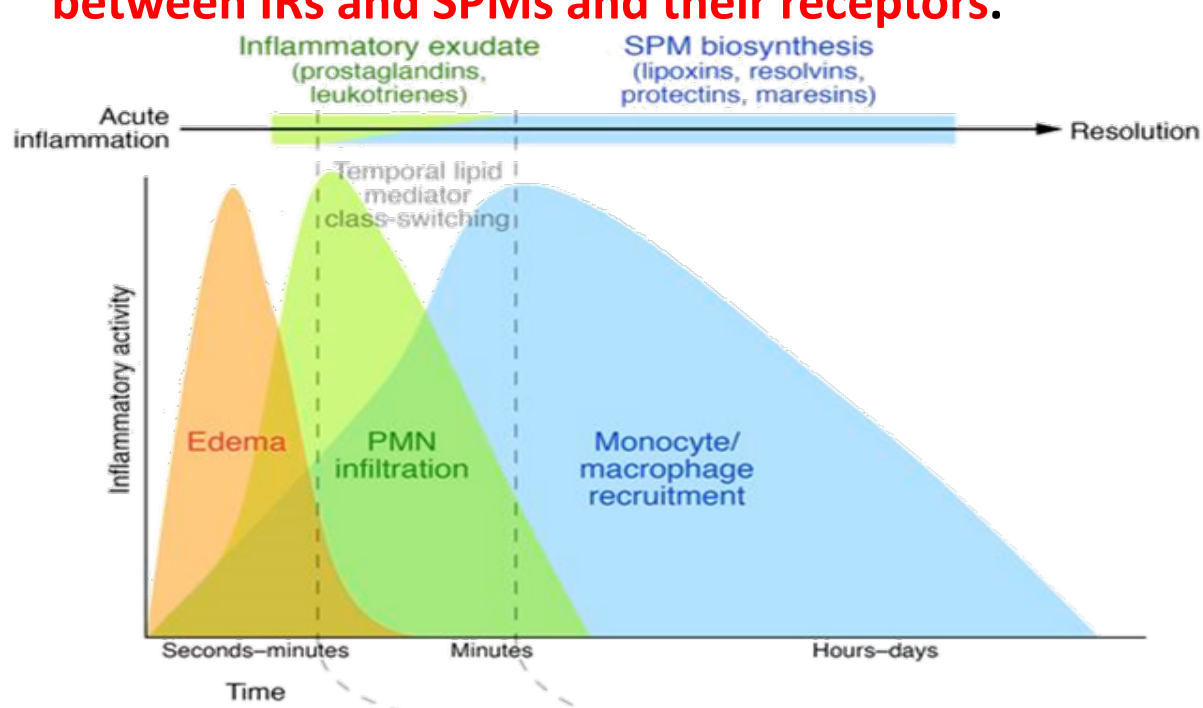
The story of mast cells in resolution is an evolving one...many other partners for mast cells are present in allergic inflammation...for next time!



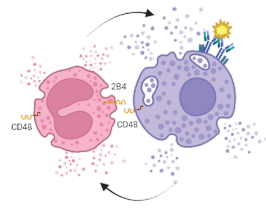


## Resolution of inflammation-SPMs: last but not least!!!

AI is usually a chronic disease characterized by absence of resolution, but sometimes by remission phases. **Resolution of inflammation is an active process regulated by the release of specialized pro-resolving lipid mediators (SPMs) from leukocytes.** We have hypothesized that **in AI mast cells can produce pro-resolution mediators and orchestrate not only the initiation but also the resolution of AI.** Resolution in AI can also be modulated via the activation of **inhibitory receptors (IRs) such as CD300a**, a “threshold” IR, expressed and functional on the membrane of mast cells and eosinophils, by their natural ligand/s. Moreover, resolution can be orchestrated by **a cross-talk between IRs and SPMs and their receptors.**



SPMs are a physiological mechanisms for AI resolution. Importantly in asthma their levels are reduced in adult patients (Planagumà et al., AJRCCM, 2008) and in pediatric severe asthma patients (Hasan et al., Pediatr Crit Care Med, 2012).



## Summary

In the frame of allergy, we have demonstrated:

- The important pro-inflammatory role of the **AEU** and of the dominant roles of **GM-CSF** and of the activating receptor **CD48**.
- The immunomodulatory role of the inhibitory receptor **CD300a** as anti-inflammatory player and its interplay in resolution of allergic inflammation.
- The role of IgE-dependent activated MCs might play by producing **Resolvin D1** in **resolution of allergic inflammation**.

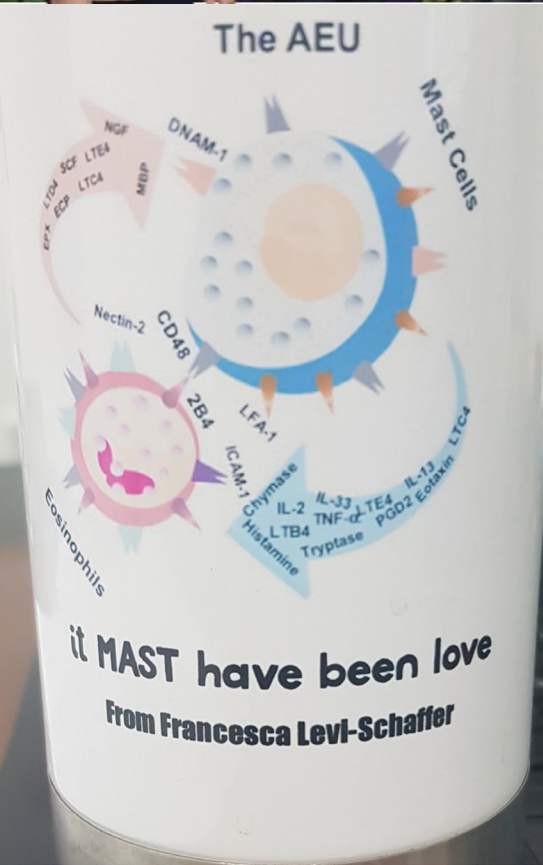
## Conclusions

**Allergic inflammation** (and inflammation in other diseases with a different etiopathology in which MCs and Eos have prominent roles) can be **down-regulated** by immunopharmacological modulation of the **AEU** and of MCs/Eos by blocking **GM-CSF**, the activating receptor **CD48**, or by activating the inhibitory receptor **CD300a** (and **Siglec-7**), and/or by administering exogenous **SPMs in a time-dependent fashion**. Moreover, the expression/production of these receptors/mediators might provide new diagnostic tools for allergic diseases and for tailoring personalized therapy. Importantly new drugs should ideally try to specifically and timely target mast cells and eosinophils to limit the inflammation flares and induce the resolving/reparative stages, ultimately leading to a new homeostasis.





**Thank you!**



Prof. Francesca Levi-Schaffer

Achiya Ben Muvchar Bs  
 Micha Ben Zimra, PhD  
 Anastasia Bikov Bs  
 Tomer Elad  
 Daria Gafarov Bs  
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 Prince Ofori MSc  
 Ilan Zaffran, MSc  
 Marco Zurlo, MD

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