

Pharmacology of the Eosinophil

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I. Introduction and Historical Perspective

Using a compound microscope and the blood of several animals (including the elephant!), the English anatomist, T. W. Jones, discovered, in 1846, that some white blood cells contained granules that became visible when immersed in hypotonic solutions (Jones, 1846). Although it has been claimed that Jones had discovered the eosinophil (Archer, 1963), it is more likely that he visualized the more abundant neutrophil (Spry, 1988). It was Brown (1898) who probably first detected eosinophils in the blood and bone marrow of patients with eosinophilic leukemia in the latter decades of the 19th century, al-

though the lack of appropriate dyes and staining techniques at that time prevented formal identification. Full credit for the discovery of the "eosinophile" is thus given to Paul Ehrlich (1879) who first noticed that a certain population of white blood cells was stained with a negatively charged, brominated fluorescein compound, eosin, and was so named for that property.

Despite the discovery of eosinophils almost 120 years ago, still relatively little is known of their biochemistry and pharmacology when compared to their highly studied sister cell, the neutrophil. This is perhaps surprising given the critical role of these cells both in host defense

(Butterworth and Townley, 1993; Allen and Davis, 1994) and, under certain circumstances, in a variety of diseases, including many, if not all, of those indicated in Table 1. However, a persuasive argument (and one that, through experience, is vigorously championed by the authors of this review!) for the lack of investigation almost certainly reflects the difficulty in obtaining eosinophils in sufficient numbers and of a purity required for detailed studies to be performed and from which unambiguous conclusions can be drawn. Moreover, the process of purification and the effect of previous drug therapy on the *ex vivo* behavior of human eosinophils invariably leads to alterations in cell function and can make interpretation of results difficult. With the refinement of separation and purification techniques, in particular the use of "negative selection" to remove unwanted leukocytes (Hansel et al., 1989, 1990, 1991b), has come a marked increase in the number of articles published relating to eosinophil biology. Indeed, according to PubMed records, more than 3500 articles have been published since 1990 with a noticeable increase in pharmacological and biochemical content. It thus seems timely to attempt a comprehensive treatise of the pharmacology of the eosinophil, and the authors make no apology for omitting much of the immunology and parasitology which has been elegantly reviewed elsewhere (Capron, 1991, 1992; Weller, 1991; McEwen, 1992; Butterfield and Leiferman, 1993; Butterworth and Thorne, 1993; Wardlaw et al., 1995).

II. Gross Morphology and Ultrastructure

Eosinophils are actively motile, terminally differentiated leukocytes derived from the bone marrow, and have been identified in many mammalian and nonmammalian species (Table 2). Human eosinophils are approximately 8 μm in diameter, have a volume of 275 fl and, in addition to their avidity for eosin, exhibit several distinct characteristics that distinguish them from other granulocytes (Sokol et al., 1988; Dvorak, 1991). Generally, normal healthy eosinophils have a bi-lobed nucleus that is filled with partially condensed chromatin (Figs. 1 and 2). In some diseases, however, the number of lobes is increased to more than four (Sokol et al., 1987). A prominent feature of the eosinophil is the presence of many spherical or ovoid granules (Figs. 1 and 2) that occupy approximately one-fifth of the cytoplasm. Four distinct populations of granule (secondary granules, small granules, primary granules, lipid bodies) have been recognized that house a plethora of proteins, many with enzymatic activity (Fig. 2; Table 3). The first morphological marker of the eosinophil is the appearance of granules that are visible at the promyelocyte stage (Zucker Franklin, 1980). Several proteins are found within these structures, including eosinophil peroxidase (EPO),² acid phosphatase, and arylsulphatase B. Despite earlier descriptions to the contrary (Bainton and Farquhar, 1970), these granules are probably precursors of the specific, or

² Abbreviations: A1, murine-related Bcl protein; AA, arachidonic acid; ACh, acetylcholine; AH 13205, *trans*-2-(4-[1-hydroxyhexyl]phenyl)-5-oxocyclopentaneheptanoate; AMT, 2-amino-5,6-dihydro-6-methyl-4H-1,3-thiazine; APC, antigen presenting cell; AP-1, activator protein-1; BAL, bronchoalveolar lavage; Bcl-2, B-cell leukemia oncogene-2; Bcl-x_L, Bcl-2-regulated factor x_L; Mcl-1, Bcl-2 homology protein; Bax, Bcl-2-binding protein; BLT, leukotriene B₄ receptor; BN 52021, 3-[1,1-dimethylethyl]hexahydro-1,4,7b-trihydroxy-8-methyl-9H-1,7a(epoxy methanol)-1H,6aH-cyclopenta-[c]furo[2,3-b]furo [3',2':3,4] cyclopenta[1,2-d] furan-5,9,12[4H]-trione; BN 50730, [tetrahydro-4,7,8,10-methyl-1(chloro-2 phenyl)-6(methoxy-4 phenyl-carbamoyl)-9-pyrido [4',3'-4,5]thieno[3,2-f]triazolo-1,2,4[4,3-a]diazepine-1,4]; BQ-123, cyclo(-D-Trp-D-Asp-Pro-D-Val-Leu); bp, base pair; BQ 788, *N-cis*-2,6-dimethylpiperidinocarbonyl-L- γ -methylleucyl-D-1-methoxycarbonyl tryptophanyl-D-norleucine; BRL 35135, (R*,R*)(\pm)-methyl-4-[2-[2-hydroxy-2-(3-chlorophenyl) ethyl amino]propyl]-phenoxyacetate hydrobromide; BRL 37344, sodium 4-[2-[2-hydroxy-2-(3-chlorophenyl)-ethylamino]propyl]phenoxyacetate sesquihydrate (RR.SS diastereoisomer); BW 245C, 5-(6-carboxyhexyl)-1-(cyclohexyl-3-hydroxypropylamino) hydantoin; C3a/C4a/C5a, complement 3a/4a/5a anaphylatoxin; [Ca²⁺]_i, intracellular-free Ca²⁺ concentration; CAT, chloromphenical acetyl transferase; CBP, CREB-binding protein; CDP840, R-(+)-4-[2-(3-cyclopentoxo-4-methoxyphenyl)-2-phenylethyl]pyridine; C/EBP, CCAAT-enhancer binding protein; CGRP, calcitonin gene-related peptide; CHO, Chinese hamster ovary; CI-IB-MECA, 2-chloro-N⁶-(3-iodobenzyl)adenosine-5'-methyl uronamide; CP 105,696, (+)-1-(3S,4R)-[3-(4-phenylbenzyl)-4-hydroxychroman-7-yl] cyclopentane carboxylic acid; CP 80,633, (2'S)-[3-(2'-exobicyclo[2.2.1]heptyloxy)4-methoxyphenyl] tetrahydro-2(1H)-primidone; CR, complement receptor; CREB, cyclic AMP response element binding protein; CTX, cholera toxin; CV 6209, 2-[N-acetyl-N-(2-methoxy-3-octadecylcarbamoyloxypropoxy carbonyl)aminomethyl]-1-ethyl pyridinium chloride; d-22888, 1-ethyl-8-methoxy-3-methyl-5-propyl imidazol[1,5a]-pyridio[3,2-e] pyrazinone; DAG, diacylglycerol; DIDS, 4,4'-diisothiocyanato-stilbene-2,2'-disulphonic acid; diHEPE, dihydroxyeicosapentaenoic acid; diHETE, dihydroxyeicosatetraenoic acid; D-NAME, *N*-nitro-D-arginine methyl ester; DSE, diad symmetry element; E-6123, S-(+)-6-(2-chlorophenyl)-3-cyclopropanecarbonyl-8,11-dimethyl-2,3,4,5-tetrahydro-8H-pyrido[4',3':4,5] thieno [3,2-f]-1-[1,2,4]triazolo[4,3-a][1,4]diazepine; ECF-A, eosinophil chemotactic factor of anaphylaxis; eBP, epsilon binding protein; ECP, eosinophil cationic protein; EDN, eosinophil-derived neurotoxin; EGF, epidermal growth factor; EPO, eosinophil peroxidase; EPX, eosinophil protein X; ERK, extracellular-regulated kinase; ETE, eicosatetraenoic acid; FK888, (N²-[(4R)-4-hydroxy-1-(1-methyl-1H-indol-3-yl)carbonyl-L-prolyl]-N-phenylmethyl-3-(2-naphthyl)-L-alaninamide); FLAP, 5-lipoxygenase activating protein; fMLP, N-formyl-methionyl-leucyl-phenylalanine; Gs α , α subunit of the stimulatory guanine nucleotide-binding protein; GATA, guanine-adenine-thymine-adenine; GCP, granulocyte chemotactic protein; GF 109203X, 2-[1-(3-dimethylaminopropyl)-1H-indol-3-yl]-3-(1H-indol-3-yl)-maleimide; GlyCAM-1, glycosylation-dependent, cell adhesion molecule; G-CSF, granulocyte colony-stimulating factor; GM-CSF, granulocyte/macrophage colony-stimulating factor; GPI, glycosyl phosphatidylinositol; GR, glucocorticoid receptor; GRE, glucocorticoid response element; GRK, G protein receptor-coupled kinase; GTP γ S, guanosine 5'-(3-thio)triphosphate; HB-EGF, heparin-binding, epidermal growth factor-like growth factor; HEPE, hydroxyeicosapentaenoic acid; HETE, hydroxyeicosatetraenoic acid; HLA, human leukocyte antigen; HODE, hydroxy-linoleic acid; HPETE, hydroperoxyeicosatetraenoic acid; HUVECs, human umbilical vein endothelial cells; IBMX, 3-isobutyl-1-methyl-xanthine; ICAM, intercellular adhesion molecule; ICI 118,551, (\pm)-1-(2,3-dihydro-7-methyl-1H-inden-4-yl)oxy-3-[(1-methylethyl)-amino-2-butanol]; IFN, interferon; IL, interleukin; IL-1RA, interleukin-1 receptor antagonist; Ins(1,4,5)P₃, inositol(1,4,5)trisphosphate; JAK, Janus kinase; JNK, *c-jun* N-terminal kinase, L-659,989, (\pm)-*trans*-2-(3'-methoxy-5'-methylsulphonyl-4'-propoxy phenyl)5-(3',4',5'-trimethoxyphenyl)tetrahydrofuran; LFA, leukocyte function-associated antigen; LIF, leukemia inhibitory factor; LPS, lipopolysaccharide; L-NAME, N^o-nitro-L-arginine methyl ester; L-NIL, L-N⁶-(1-iminoethyl) lysine; L-NMMA, N^G-mono-

secondary, granules that are first seen at the myelocyte stage of maturation (Hardin and Spicer, 1970; Gleich and Loegering, 1984). In eosinophils harvested from humans (Zucker Franklin, 1980; Tavassoli, 1981; Cohen and Ottesen, 1983) and from many other species, including the dog, mouse, rat, goat, guinea pig and rhesus monkey (Jain, 1986), the specific granules feature a prominent crystalloid core containing major basic protein (MBP). Specific granules, containing multiple cores, also have been visualized (Newman et al., 1996) but their occurrence is relatively rare (Fig. 3). In addition, other highly charged cationic proteins typified by eosinophil cationic protein (ECP), eosinophil-derived neurotoxin (EDN), and EPO (Eggesten et al., 1986) are located within the noncrystalloid matrix along with a number of cytokines (Fig. 2; Table 3). Differences in the gross morphology of the secondary granules are apparent between species. Thus, in cats, the core is lamellar rather than crystalloid, whereas in cattle, horses, mink, and gorillas the granules lack a central core and appear to be homogeneous when visualized under the electron microscope (Henderson et al., 1983; Jain, 1986; McEwen, 1992).

A population of small granules also has been identified in human tissue eosinophils that are not seen within circulating cells or those in the bone marrow (Parmley and Spicer, 1974). These structures stain intensely for

arylsulphatase B and acid phosphatase (Parmley and Spicer, 1974; Dvorak, 1991) and may also contain catalase (Iozzo et al., 1982).

The third type of storage organelle that has secretory properties is the primary granule, which accounts for approximately 5% of all eosinophil granules (Fig. 2). Morphologically, they are roughly spherical, of variable size, and contain no discernible core. In resting eosinophils, primary granules provide the sole location for Charcot-Leyden crystals (Dvorak et al., 1988), which are colorless, and have a characteristic hexagonal, bipyramidal structure with intrinsic lysophospholipase activity (Ackerman et al., 1980; Weller et al., 1980). In activated cells, trace amounts of Charcot-Leyden crystals have been identified within the nucleus and cytoplasm, implying that this protein can be released intracellularly.

The final population of granules is known as lipid bodies and these structures are not membrane-bound (Fig. 2). Approximately five lipid bodies are found per resting eosinophil, although the number can increase when the cell is activated. Lipid bodies are spherical (0.5–2 μm in diameter), electron-dense organelles, and, as the name implies, provide a principle store for arachidonic acid (AA) that is esterified into glycerophospholipids (Weller and Dvorak, 1985; Weller et al., 1991a).

methyl-L-arginine; LPR, late phase response; LT, leukotriene; LY 293111, 2-[2-propyl-3-[3-[2-ethyl-4-(4-fluorophenyl)-5-hydroxyphenoxy]propoxy]phenoxy]benzoic acid; LY 83583, 6-anilino-5,8-quinoline quinone; Mac-1, macrophage-1 antigen; MAP kinase, mitogen-activated protein kinase; MBP, major basic protein; MCP, monocyte chemotactic protein; MEK, MAP kinase kinase; MHC, major histocompatibility complex; MIF, macrophage migration inhibitory factor; MIP, macrophage inflammatory protein; MK-571, (3-(3-(2-(7-chloro-2-quinolinyl)ethenyl)phenyl)(3-dimethylamino-3-oxopropyl)thio)methylthio) propanoic acid; MPO, myeloperoxidase; NERDS, nodules, eosinophilia, rheumatism, dermatitis, and swelling; NF-AT, nuclear factor of activated T-cells; NF κ B, nuclear factor κ B; NGF, nerve growth factor; NK, neurokinin; NPPB, 5-nitro-2-(3-phenyl propylamino)-benzoic acid; NOS, nitric oxide synthase; NPC 567, D-Arg-[Hyp³,D-Phe⁷]-bradykinin; NPC 16731, D-Arg-[Hyp³,Thi⁵,Tic⁷,Tic⁸]-bradykinin; ODQ, 1H-[1,2,4]-oxadiazolo[4,3-a]quinoxalin-1-one; Org 20241, N-hydroxy-4-(3,4-dimethoxyphenyl)-thiazole-2-carboximidamide, PAF, platelet-activating factor; PCA 4248, 2-(phenylthio)ethyl-5-methoxycarbonyl-2,4,6-trimethyl-1,4-dihydropyridine-3-carboxylate; PD 098059, 2'-amino-3'-methoxyflavone; PDE, phosphodiesterase; PDGF, platelet-derived growth factor; PG, prostaglandin; PKB, protein kinase B; PKC, protein kinase C; PLA₂, phospholipase A₂; PLC, phospholipase C; PLD, phospholipase D; PMA, phorbol 12-myristate 13-acetate; PSGL-1, P-selectin glycoprotein ligand-1; PDGF, platelet-derived growth factor; PtdIns-3 kinase, phosphatidylinositol 3-kinase; PTX, pertussis toxin; RANTES, regulated on activation, normal T-expressed and secreted; Ro 20-1724, 4-[(butoxy-4-methoxy phenyl)methyl]-2-imidazolidine; Ro 31-8220, 3-[1-[3-amidinothio]propyl-1H-indol-3-yl]-3-(1-methyl-1H-indol-3-yl)maleimide] methane sulphonate; RP-HPLC, reverse phase high-performance liquid chromatography; RP 73401, 3-cyclopentyl-*N*-(3,5-dichloro-4-pyridyl-3-methoxy benzamide); Rp-8-Br-cAMPS, Rp-8-bromo adenosine-3',5'-cyclic monophosphorothioate; RP 59227, N-(3-benzoylphenyl)-3-(pyridyl)-1H,3H-pyrrolo[1,2-c]thiazole carboxamide; RT, reverse transcription; RV16, rhinovirus 16; SB 202190, 4-(4-fluorophenyl)-2-(4-hydroxyphenyl)-5-(4-pyridyl)1H-imidazole; SB 203580, 4-(4-fluorophenyl)-2-(4-methylsulphinylphenyl)-5-(4-pyridyl)1H imidazole; SC, secretory component; SB 209670, (1*RS*-2*SR*,3*RS*)-3-(2-carboxymethoxy-4-methoxyphenyl)-5-(prop-1-yloxy) indane-2-carboxylic acid; SB 207499, c-4-cyano-4-(3-cyclopentyl-4-methoxyphenyl)-*r*-1-cyclohexane carboxylic acid; SCF, stem cell factor; SDZ 64-412, 2,3-dihydro-5-[4-[2-(3,4,5-trimethoxyphenyl)ethyl] phenyl]imidazol[2,1- α] isoquinoline HCl; SHPTP-2, src homology-2, protein tyrosine phosphatase; SK&F 104353, 2*S*-hydroxy-3*R*-(2-carboxyethylthio)-3-(2-[8-phenyloctyl]phenyl)-propanoate; SK&F 88046, *N,N'*-bis[7-(3-chlorobenzene aminosulphonyl)-1,2,3,4-tetrahydroisquinolyl] disulphonylimide; SH2, Src homology 2; SH3, Src homology-3; SM-10661, (\pm)-*cis*-3,5-dimethyl-2-(3-pyridyl)thiazolidin-4-one HCl; SNAP, *S*-nitroso-*N*-acetyl penicillamine; SNP, sodium nitroprusside; SOZ, serum-opsonized zymosan; SP, Substance P; SR 27417A, *N*-(2-dimethyl aminoethyl)-*N*-(3-pyridinylmethyl)(4-[2,4,6-triisopropylphenyl] thiazol-2-yl) amine; STAT, signal transducers and activators of transcription; TGF, transforming growth factor; TNF, tumour necrosis factor; TPA, 12-*O*-tetradecanoylphorbol-13-acetate; TRE, TPA responsive element; TRIM, 1-(2-trifluoromethylphenyl) imidazole; TX, thromboxane; U-75412E, 21-[4-(3-ethylamino-2-pyridinyl)-1-piperazinyl]-16 α -methylpregna-1,4,9-(11)-triene-3,20-dione; U-78517F, (2-[4-[2,6-di-(1-pyrrolidinyl)-4-pyridinyl]-1-piperazinyl]methyl)-3,4-dihydro-2,5,7,8-tetramethyl-2H-1-benzopyran-6-ol dihydrochloride; UK 74,505, 4-(2-chlorophenyl)-6-methyl-2-[4-(2-methylimidazol[4,5-*c*]pyrid-1-yl)phenyl-5-(2-pyridyl carbamoyl)-1,4-dihydro pyridine-3-carboxylic acid methyl ester; VEGF, vascular endothelial growth factor; VCAM, vascular cell adhesion molecule; VIP, vasoactive intestinal peptide; VLA, very late antigen; WEB 2086 (apafant), 3-[4-(2-chlorophenyl)-9-methyl-6H-thieno[3,2-*f*][1,2,4]-thiazolo-[4,3a][1,4]-(diazepin-2-yl)-1-(4-morpholinyl)-1-propanone; WEB 2170 (bepafant), 6-(2-chlorophenyl)-8,9-dihydro-1-methyl-8-(4-morpholinylcarbonyl)-4H,7H-cyclopenta[4,5]thieno[3,2-*f*][1,2,4]triazolo [4,3-*a*]diazepine; Y-24180, (\pm)-4-(2-chlorophenyl)-2-[2-(4-isobutylphenyl)ethyl]-6,9-dimethyl-6H-thieno[3,2-*f*][1,2,4]triazolo[4,3-*a*][1,4]diazepine; YM 264, 1-(3-methyl-3-phenylbutyl)-4-[2-(3-pyridyl) thiazolidine-4-carbonyl]-piperazine fumarate.

TABLE 1

Diseases in which eosinophils are believed to play a pathogenic role

Disease
Allergic disorders
Extrinsic bronchial asthma
Allergic rhinitis
Onchocercal dermatitis
Atopic dermatitis
Drug reactions
Nodules, eosinophilia, rheumatism, dermatitis, and swelling (NERDS)
Vasculitic granulomatous diseases
Temporal vasculitis
Churg-Strauss syndrome
Polyarteritis
Wegener's granulomatosis
Eosinophilic granulomatous prostatitis (?)
Immunological disorders
Autoimmune reactions (e.g. multiple sclerosis)
Graft rejection
Intrinsic bronchial asthma
Interstitial and other pulmonary diseases
Eosinophilic pleural effusions
Transient pulmonary eosinophilic infiltrates (Löfller)
Histiocytosis
Chronic eosinophilic pneumonia
Hypersensitivity pneumonitis
Allergic bronchopulmonary aspergillosis
Sarcoidosis
Idiopathic pulmonary fibrosis
Topical eosinophilia
Infectious parasitic diseases
Toxocariasis
Filariasis
Schistosomiasis
Trichinosis
Strongyloides
Ascariasis
Echinococcosis/cysticercosis
Other infectious diseases
Acute coccidioidomycosis
Cat scratch disease
Afebrile tuberculosis
Chlamydial pneumonia at infancy
Neoplastic and myeloproliferative diseases
Bronchogenic carcinoma
Hypereosinophilic syndrome
T cell lymphomas and Hodgkin's disease

Modified from Kroegel et al. (1994b). Further details on eosinophil-related diseases can be found in the following articles: Zucker Franklin (1974, 1978); Tavassoli (1981); Davis et al. (1984); Kay (1985); Nutman et al. (1989a, b); Liu et al. (1992); Butterfield and Leiferman (1993); Butterfield et al. (1993); Hall and Walport (1993); Allen and Davis (1994); Rothenberg (1998).

Further description of the morphology of eosinophils in health and disease is beyond the scope of this review, but interested readers should consult articles by Dvorak (1991) and Sokol et al. (1987) which provide a comprehensive treatise of the subject.

III. Life Cycle, Maturation, and Tissue Distribution

Eosinophil turnover, or eosinopoiesis, occurs almost exclusively in the bone marrow although ancillary sites of production can include the spleen, thymus, and lymph nodes (Till and McCulloch, 1961; Jain, 1986; McEwen, 1992). The bone marrow from normal individuals contains about 3% eosinophils, of which 37% are mature, nondividing granulocytes, and the remainder are promyelocytes/myelocytes (37%) and metamyelocytes (26%) that exist in "storage" compartments (Spry, 1988, 1993).

TABLE 2

Some nonhuman species in which eosinophils have been identified

Species		
Mammals	Amphibia, Birds, and Fish	Reptiles
Buffalo	Bass	American Alligator
Camel ^a		
Cat (domestic, lion, tiger)	Carp	Lizard
Chinese hamster	Chicken	Turtle
Cow	Duck	
Dog	Frog	
Guinea pig		
Horse	Loach	
Mongolian gerbil	Nurse shark	
Mouse	Pigeon	
Opossum	Tench	
Primates	Torpedo	
Rabbit		
Rat		
Wild fallow deer		
Yak		

Data compiled from Spry (1988) and references therein.

^a Johnson et al. (1999).

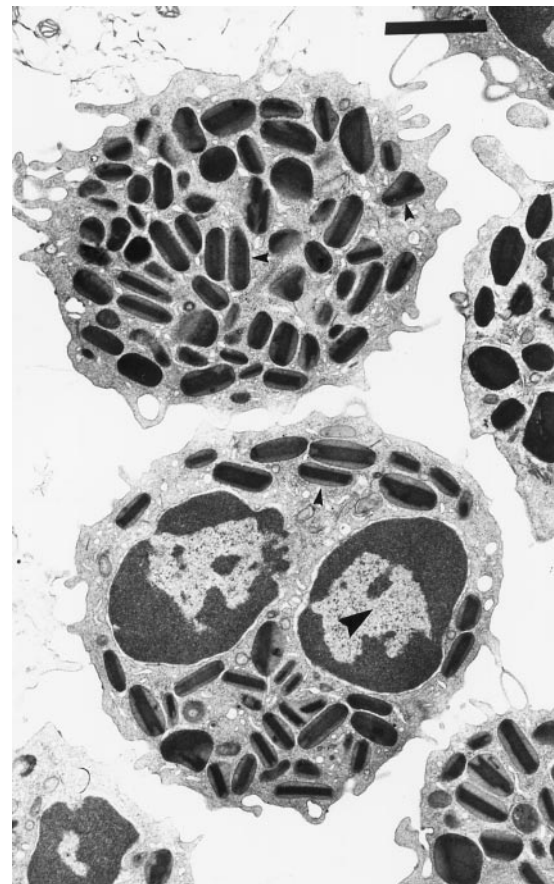


FIG. 1. Electron micrograph of untreated eosinophils purified from the peritoneal cavity of guinea pigs. A bi-lobed nucleus containing condensed chromatin is shown (large arrow) along with cytoplasm packed with many large, membrane-enclosed, dense crystalloid-containing ovoid granules (smaller arrows). Cells were conventionally fixed (glutaraldehyde/osmium tetroxide). Bar, 1 μ m. Original magnification, 18,000 \times . See II for further details

At any one time, it has been estimated that about 16% of myelocytes are undergoing DNA synthesis (i.e., are in the S phase of the cell cycle), which lasts about 13 h, and that the time taken from the last mitosis until they

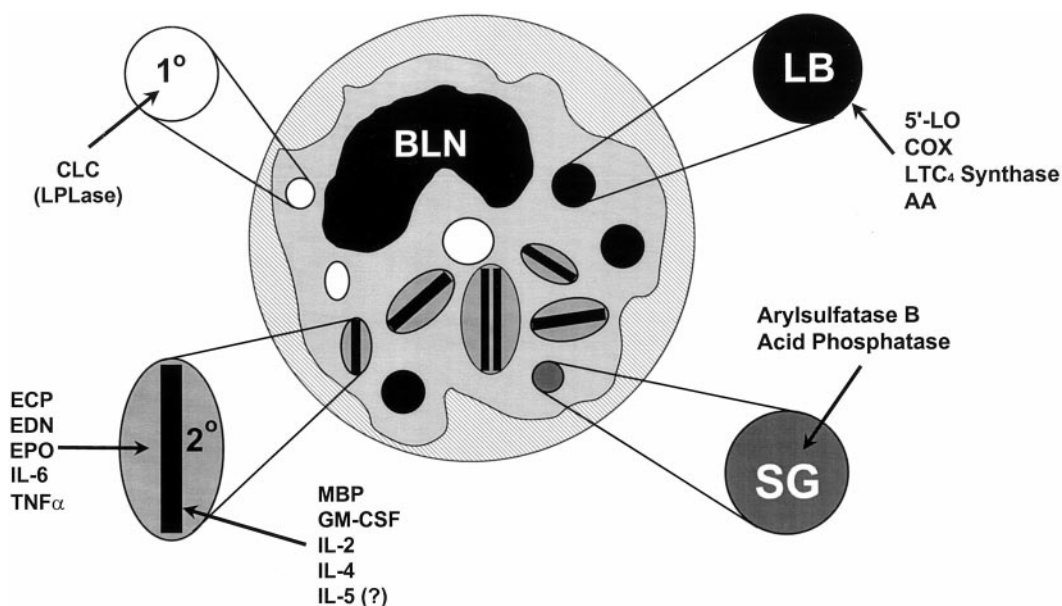


FIG. 2. Cardinal structures of a human eosinophil. Shown are the typical bi-lobed nucleus (BLN) and the four main granules. The primary (1°) granule is the principle site of Charcot-Leyden crystals, whereas MBP, ECP, EDN, and EPO reside within the classically crystalloid secondary (2°) granule along with a number of cytokines and a host of other proteins many with enzymatic activity. Lipid bodies (LB), which represent a site of lipid mediator biosynthesis, also are found in resting and activated eosinophil where their number is increased along with small granules (SG) that store proteins such as arylsulfatase B and acid phosphatase. See II for further details. COX, cyclooxygenase; 5-LO, 5-lipoxygenase; LPLase, lysophospholipase.

appear in the blood as mature cells (the emergence time) is approximately 2.5 days (Spry, 1988). The migration of eosinophils from the bone marrow to the blood takes about 3.5 days (Parwaresch et al., 1976). Using [^3H]thymidine flash-labeled peripheral blood eosinophils, Walle and Parwaresch (1979) performed studies in three hematologically normal men to estimate the eosinophil reserve capacity in the postmitotic granulocyte compartment in the bone marrow and the effective eosinopoiesis. The results of those experiments demonstrated that mean turnover of eosinophils is approximately 2.2×10^8 cells/kg/day and that the bone marrow provides the largest postmitotic eosinophil reserve capacity ($9\text{--}14 \times 10^8$ cells/kg).

There is compelling evidence that eosinophils are derived from small populations of self-regenerating, hematopoietic stem cells that also are capable of differentiation into the individual lymphomyeloid lineages. The ultimate commitment of stem cells to unipotential progenitors, and their subsequent survival and expansion into mature eosinophils, has been studied extensively, although a complete understanding of the factors and processes by which this occurs still is lacking. It has been suggested that the fate of a hematopoietic stem cell to regenerate or to commit to a multipotential progenitor is purely stochastic (Till et al., 1964; Nakahata et al., 1982; Nakahata and Ogawa, 1982). In the latter scenario, a host of cytokines and other factors are required including interleukin (IL)-6, IL-11, IL-12, granulocyte colony-stimulating factor (G-CSF), stem cell factor (SCF; CD117; formerly known as *c-kit* ligand and Steel factor), and leukemia inhibitory factor (LIF) (Ploemacher et al.,

1993; Ogawa, 1994). Further development of multipotential cells into eosinophil progenitors is under the influence of SCF, IL-3, IL-4, granulocyte/macrophage (GM)-CSF, and eotaxin (Kobayashi, 1993; Peled et al., 1998). Interleukin-5 and possibly eotaxin then provide the major driving force for the terminal stages of maturation and release into the blood stream (Clutterbuck et al., 1989; Sanderson, 1993; Palframan et al., 1998a).

In the guinea pig, IL-5 releases eosinophils from the bone marrow by a mechanism that is blocked by the phosphatidylinositol 3-kinase (PtdIns 3-kinase) inhibitors wortmannin and LY 294002, although the downstream substrates involved in this process are currently undefined (Palframan et al., 1998b). Moreover, the emigration of eosinophils from the marrow precipitated by IL-5 is associated with adhesive interactions involving α_4 and β_2 integrins that act in an opposing manner. In vivo the expression of β_2 integrins is reduced in response to IL-5, whereas the α_4 integrin level remains unchanged. The observation that a β_2 integrin-blocking antibody suppresses IL-5-driven eosinophil mobilization suggests that these adhesion molecules are necessary for effective migration. In contrast, an α_4 integrin-blocking antibody enhances the release of eosinophils from the marrow in response to IL-5, and it has been speculated that this prevents their normal attachment to the bone marrow sinus endothelium (Palframan et al., 1998b). Thus, the egress of mature eosinophils from the marrow involves a number of discrete steps.

Once in the circulation, eosinophils have a half-life of approximately 18 h and a mean blood transit time (26 h) similar to neutrophils (Steinbach et al., 1979). However,

TABLE 3
Contents of eosinophil granules

Granule Protein	Reference(s)
Secondary (specific) granules	
Major basic protein (core)	Egesten et al. (1986); Peters et al. (1986)
Major basic protein (matrix)	Torpier et al. (1988)
Eosinophil cationic protein (matrix)	Egesten et al. (1986); Peters et al. (1986); Torpier et al. (1988)
Eosinophil-derived neurotoxin (matrix)	Peters et al. (1986)
Eosinophil peroxidase (matrix)	Okuda et al. (1981); Egesten et al. (1986); Enomoto and Kitani (1986); Torpier et al. (1988)
Lysozyme (matrix)	Stirling (1989)
Acid phosphatase (matrix)	Ghidoni and Goldberg (1966); Bass et al. (1981)
Arylsulphatase B	Parmley and Spicer (1974)
Catalase (core and matrix)	Iozzo et al. (1982); Yokota et al. (1984)
Enoyl-CoA hydratase (core and matrix)	Yokota et al. (1983)
3-Ketoacyl-CoA thiolase (core and matrix)	Yokota et al. (1983)
β -glucuronidase (core and matrix)	Yokota et al. (1984)
Cathepsin D (core and matrix)	Yokota et al. (1984)
Elastase	Lungarella et al. (1992)
Granulocyte/macrophage colony-stimulating factor (core)	Levi Schaffer et al. (1995)
Interleukin-2 (core)	Levi Schaffer et al. (1996)
Interleukin-4 (core)	Moqbel et al. (1995)
Interleukin-5 (core)	Dubucquoi et al. (1994)
Interleukin-6 (matrix)	Hamid et al. (1992); Melani et al. (1993); Lacy et al. (1998)
Tumor necrosis factor α (matrix)	Beil et al. (1993); Costa et al. (1993)
RANTES	Ying et al. (1996)
Type II phospholipase A ₂	Blom et al. (1998)
Bactericidal/permeability-increasing protein	Calafat et al. (1998)
Small granules	
Acid phosphatase	Parmley and Spicer (1974)
Arylsulphatase B	Parmley and Spicer (1974)
Catalase	Iozzo et al. (1982)
Cytochrome <i>b</i> ₅₅₈	Ginsel et al. (1990)
Elastase	Lungarella et al. (1992)
Eosinophil cationic protein (matrix)	Egesten et al. (1986)
Primary granules	
Charcot-Leyden crystal protein	Dvorak et al. (1990, 1991)
Lipid bodies	
Cyclooxygenase	Dvorak et al. (1992b, 1994); Bozza et al. (1997a)
5-Lipoxygenase	Weller (1994); Bozza et al. (1997a)
15-Lipoxygenase	Bozza et al. (1998)
Leukotriene C ₄ synthase	Bozza et al. (1997a)
Eosinophil peroxidase	Zabucchi et al. (1991); Dvorak et al. (1992a)
Esterase	Monahan et al. (1981)

the half-life of eosinophils is prolonged when an eosinophilia is precipitated which might be due to an increase in the concentration of certain circulating cytokines that enhance survival (see XII. H) and/or to the saturation of sites through which eosinophils migrate into tissue.

In humans and many domestic animals, eosinophils comprise 2 to 10% of the peripheral leukocytes, but in cows the average titer is approximately 20% (Duncan and Prasse, 1986; McEwen, 1992). The circulating eosinophil count exhibits diurnal variation in some species; thus, in normal human subjects the highest and lowest levels are seen in the evening and the morning, respectively (Horn et al., 1975), whereas the opposite occurs in horses (McEwen, 1992). Eosinophils are predominantly tissue cells and do not reenter the circulation. The gastrointestinal tract, lung, and skin and, in rats, the uterus during dioestrus or oestrogen treatment (see XIV.F) are the principle sites of accumulation (Dembelle Duchesne et al., 1991), and histological studies with human tissues have identified columnar epithelial surfaces as particularly rich in eosinophil infiltrates. Large numbers of eosinophils can be found in tissues even when the peripheral blood count is low, which suggests

that their longevity is enhanced once they leave the circulation. It has been estimated that the number of eosinophils in the bone marrow and tissues of rats is 300 times higher than the circulating count (Rytomaa, 1960). The tissue distribution of eosinophils in subjects with disease has not been systematically quantified, although it is curious that pathogen-free animals have no eosinophils in their blood and tissue eosinophils are difficult to find. This strongly suggests that an increase in the circulating eosinophil count and retention of eosinophils in tissues is disease-related (Spry, 1993), although this might not apply to the gut (see V.E.1).

IV. Transcription Factors and Eosinophilia

Gene transcription is regulated in a highly coordinated and complex fashion by a diverse family of DNA-binding proteins known collectively as transcription factors. In diseases such as those associated with peripheral blood eosinophilia, transcription factors may play a key role in inducing or repressing critical genes that control eosinopoiesis. Perhaps the most universal and ubiquitously distributed transcription factors are activator protein 1 (AP-1) and nuclear factor κ B (NF-

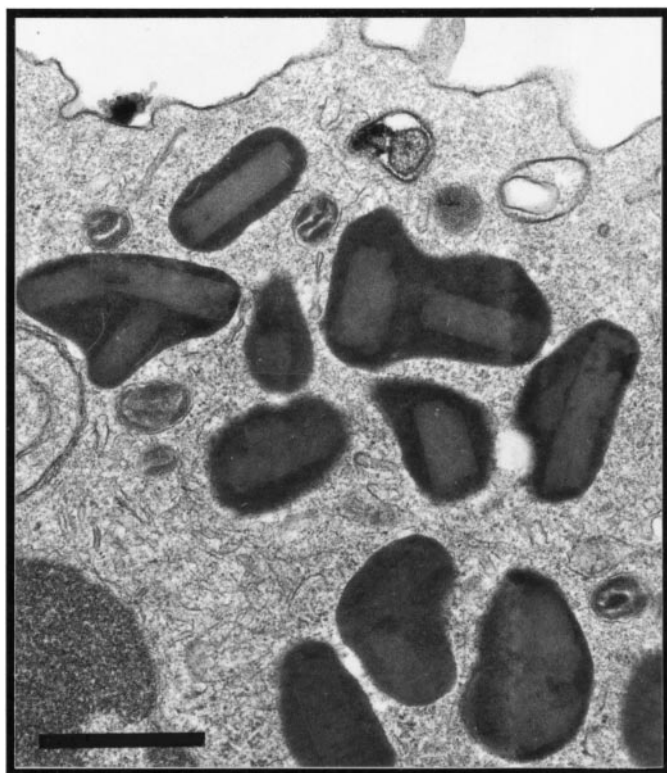


FIG. 3. Identification of single and multiple crystalloid cores in specific granules from streptolysin O-permeabilized guinea pig peritoneal eosinophils stimulated with GTP γ S and Ca $^{2+}$. Bar, 500 nm. Original magnification, 55,000 \times . See *II* for further details.

κ B), which are involved in the regulation and coregulation of many genes. In contrast, other transcription factors have a more cell-specific distribution and regulate the expression of a restricted number of genes. For example, the transcription factors nuclear factor of activated T cells (NFAT) (Rao et al., 1997), guanine-adenine-thymine-adenine (GATA-3) (D. H. Zhang et al., 1997) along with NF- κ B (Yang et al., 1998) are critically important in controlling the IL-5 and eotaxin genes that are probably essential for the differentiation, maturation, and trafficking of eosinophils (see *III*). Similarly, in the lungs of mice that are deficient in the p50 subunit of NF- κ B, lymphocyte recruitment after allergen provocation is attenuated compared to wild type animals due to a reduction in the secretion of macrophage inflammatory protein (MIP)-1 α and MIP-1 β (Yang et al., 1998).

Additional genes are also likely to regulate circulating eosinophil number and eosinophilia associated with disease. In individuals with familial eosinophilia, a rare disease encompassed by the generic term hypereosinophilic syndrome that has no allergic or parasitic basis, a locus (or loci) has been identified on region q31–q33 of chromosome 5 which contains the cytokine gene cluster for IL-3, IL-5, and GM-CSF (Rioux et al., 1998). Since no functional polymorphisms were found within the enhancer, promoter, exons, or introns of any of these genes, it has been speculated that a main cause of familial eosinophilia is due to a novel gene that is situated within

region q31–q33 (Rioux et al., 1998). Indeed, this idea is supported by the knowledge that greater than 100 anonymous transcripts have been found in that region of human chromosome 5 (Schuler et al., 1996). Martinez et al. (1998) also have identified markers on the same region of chromosome 5 that controls for circulating eosinophil number as a percentage of total white leukocytes.

V. G Protein-Coupled Receptors and Their Ligands

G protein-coupled receptors are characterized by an extracellular amino-terminal sequence followed by seven transmembrane-spanning domains, with three extracellular and three intracellular loops, and an intracellular carboxyl terminus. Conserved cysteine residues within the amino-terminal sequence and in the third extracellular loop are thought to form a disulfide bond which is required for ligand binding, while a second disulfide bond is probably formed between conserved cysteine residues within the first and second extracellular loops. The functional responses that result from ligand binding are transduced by G proteins. These are heterotrimeric proteins consisting of α , β , and γ subunits that each exist in multiple isoforms (20 α , five β , 10 γ) in mammalian cells. Several G proteins and/or subunits thereof have been identified in human and guinea pig eosinophils including G $_{\alpha s}$, G $_{\alpha i3}$, G $_{\alpha 0}$, G $_{\alpha q/11}$, and G $_{\beta}$ (Agrawal et al., 1992; Lacy et al., 1995).

In excess of 17 G protein-coupled receptors have thus far been identified on eosinophils (Table 4). These receptors can couple to a vast array of effector proteins that ultimately produce a host of functional responses resulting both in stimulation and suppression of eosinophil activity. These are identified and discussed in detail below.

A. Platelet-Activating Factor

1. Receptors and Signaling. The ether lipid, platelet-activating factor (PAF), evokes its biological effects by interacting with a classical seven transmembrane-spanning receptor that is composed of 342 amino acids and has a molecular mass of approximately 39 kDa (Honda et al., 1991; Nakamura et al., 1991). Radioligand-binding experiments have identified PAF receptors on many cells, including eosinophils. However, until the early 1990s 3 H-labeled PAF was the only radioligand available for this purpose and proved to be unsatisfactory for several reasons. Notably, it causes activation of cells and, with prolonged exposure, receptor down-regulation. Furthermore, the lipophilicity of PAF gives rise to high levels of nonspecific binding, “specific” nonreceptor binding, and the labeling of intracellular or internalized receptors, factors that hamper its utility for accurate determination of cell surface receptor density and ligand affinity (Dent et al., 1989). Nevertheless, estimates of K_d (2.3 nM) and B_{max} (104 fmol/10 6 cells) have been made

TABLE 4
Eosinophil-derived mediators and receptor expression

Mediators			Receptors			
Lipids	Cytokines and Chemokines	Growth Factors	G protein-Coupled	Immunoglobulins	Hematopoietins, IFN, and TNF Families	Miscellaneous
PAF	IL-1 α	TNF α	PAF Receptor	Fc α RIa.1-5	IL-3R	IL-1R
LTB $_4$ ^a	IL-2	TNF β	BLT Receptor	Fc α Rib	IL-5R	IL-2R
LTC $_4$	IL-3	PDGF	Cys-LT Receptor ^b	Fc ϵ RI	GM-CSFR	IL-4R
						IL-9R
TXA $_2$	IL-4	VEGF	fMLP Receptor	Fc ϵ RIIa	IFN γ R	IL-13R
PGE $_2$	IL-5	HB, EGF	CCR1	Fc ϵ RIIb	IL-10R	TGF β R
5-HETE	IL-6	NGF	CCR3	Mac-2/ ϵ BP	TNF α RI	PDGFR
15-HETE	IL-8	Endothelin ^c	CXCR1/2	Fc γ RI ^d	TNF α RII	<i>c-Kit</i>
5,15-diHETE	IL-10		C3aR	Fc γ RII ^d	CD30	CD4
	IL-11 ^c					
8,15-diHETE	IL-12		C5aR	Fc γ RIII ^d	CD40	CD9
14,15-diHETE	IL-16		β_2 -adrenoceptor	Fc μ R ^d	CD44	CD52
LXA $_4$	INF γ		NK $_1$ receptor		CD69	CR1 (cC1qR)
13-HODE	TNF α		Adenosine (A $_2$ and A $_3$)		CD95	GC1qR
	GM-CSF		sst ^b		NGFR	CR3
	MIP-1 α		Histamine (H $_1$, H $_2$, and H $_3$)			CR4
	RANTES		VIP ^b			SCR
	MIF		EP $_2$			HLA
			P2Y ^c			

^a Guinea-pig and bovine eosinophils lack LTC $_4$ synthetase and produce LTB $_4$.

^b Receptor subtype not known.

^c Preliminary reports: Muro et al. (1999); Chakir et al. (1999); Raible et al. (1999); Dussault et al. (1999).

^d Receptor can be induced.

for ^3H -labeled PAF in human eosinophils (Korth, 1996), and it seems likely that the ligand-labeled sites represent specific receptors because binding was reversed by unlabeled PAF and the PAF antagonist apafant (WEB 2086) (Korth, 1996).

The introduction of metabolically stable, hydrophilic radiolabeled PAF antagonists such as [^3H]apafant and [^3H]L-659,989 (Hwang et al., 1989), has largely circumvented the problems that have been encountered with ^3H -labeled PAF. Thus, [^3H]apafant labels a homogeneous population of noninteracting binding sites on guinea pig and human eosinophils with B_{max} values of 35,000 and 64,000 sites/cell, respectively (Ukena et al., 1989, 1990). The observation that the binding of [^3H]apafant is concentration-dependent, saturable, reversible, of high affinity ($K_d = 15\text{--}20$ nM), and is prevented by a range of structurally distinct PAF antagonists and by a natural ligand, C $_{16}$ -PAF, indicate that these binding sites represent bona fide receptors (Laduron, 1984). PAF receptor expression determined with [^3H]apafant is up-regulated after exposure (6–18 h) of human eosinophils to IL-3, IL-5, and GM-CSF (Kishimoto et al., 1996a,b).

Pharmacological evidence is available for two PAF receptors on guinea pig peritoneal eosinophils (Kroegel et al., 1989a). This is derived from the finding that PAF-induced Ca $^{2+}$ mobilization and degranulation are inhibited by apafant with an affinity in the low nanomolar range, whereas PAF-induced superoxide anion generation is approximately 1000 times less sensitive. Although no corroborating evidence has thus far been published, data are available for PAF receptor heterogeneity between cell types and, moreover, between species (Lambrecht and Parnham, 1986; Hwang, 1988).

Some progress has been made in understanding the cell-signaling pathways activated by PAF in leukocytes. In guinea pig eosinophils loaded with fura-2/AM, the [Ca $^{2+}$] $_i$ increases rapidly (approximately 4-fold) after the addition of a maximally effective concentration (1 μM) of PAF (Kroegel et al., 1989b). As in many other cells, this effect is transient, antagonized by apafant, and not mimicked by lyso-PAF (Kroegel et al., 1989b,c). Unlike leukotriene B $_4$ (LTB $_4$)- and C5a-mediated Ca $^{2+}$ mobilization (see V.B.1 and V.F.3), the Ca $^{2+}$ transient evoked by PAF is not blocked by pertussis toxin (PTX) excluding G $_i$ and G $_o$ in PAF receptor-effector coupling (Teixeira et al., 1997b). There is some controversy surrounding the sources of Ca $^{2+}$ mobilized by PAF in guinea pig eosinophils. Kroegel et al. (1989b) have provided evidence that Ca $^{2+}$ ions are derived primarily from the extracellular compartment through ill-defined ion channels that are blocked by Ni $^{2+}$ but are resistant to classical 1,4-dihydropyridine Ca $^{2+}$ antagonists such as nimodipine. Conversely, a primary role for intracellular Ca $^{2+}$ stores also has been proposed (Minshall et al., 1990). The reason for this difference is unexplored.

Exposure of human eosinophils to PAF also is associated with Ca $^{2+}$ mobilization that is similarly transient (Koenderman et al., 1990; Kernen et al., 1991; Zoratti et al., 1991; Wymann et al., 1995; Elsner et al., 1996a). However, in contrast to guinea pig cells a number of differences are apparent. In particular, Ca $^{2+}$ are liberated predominately from intracellular stores (Zoratti et al., 1991; Elsner et al., 1995) via a population of PAF receptors that are sensitive to PTX (Kernen et al., 1991; Wymann et al., 1995; Zeck Kapp et al., 1995). More contemporary studies have found that PAF activates the p21 $^{\text{ras}}$ -extracellular-regulated kinase (ERK)-2 and Pt-

dIns 3-kinase-protein kinase B (PKB) pathways (Coffer et al., 1998), and increases the open-state probability of Ca^{2+} -activated K^{+} -channels (Saito et al., 1997). These latter two effects have been implicated in priming eosinophils for SOZ- and A23187-mediated respiratory burst (Saito et al., 1995; Coffer et al., 1998) and in PAF-induced degranulation (see *XII.B.4* and *XII.G*, respectively). A role for protein kinase C (PKC) in the regulation of the NADPH oxidase and eicosanoid generation also is suggested by the findings that the PKC inhibitors GF109203X and calphostin C suppress PAF-induced H_2O_2 generation and enhance the elaboration of LTC_4 and thromboxane (TX) (Dent et al., 1998). In this respect, multiple species of PKC have been identified in human eosinophils including the α , β_1 , β_2 , δ , ϵ , μ , ι , and ζ isoforms (Bates et al., 1993; Evans et al., 1999), which presumably subserve distinct, but as yet undefined, functional roles.

If PAF releases a significant proportion of Ca^{2+} from intracellular stores, then what are the biochemical mechanisms that bring this about? Classically, intracellularly stored Ca^{2+} can be released from the endoplasmic reticulum by inositol(1,4,5)trisphosphate [$\text{Ins}(1,4,5)\text{P}_3$] for which several distinct and specific receptors have been defined (for review, see Joseph, 1996). It is now firmly established that $\text{Ins}(1,4,5)\text{P}_3$, in combination with diacylglycerol (DAG), is derived from a minor membrane lipid, $\text{PtdIns}(4,5)\text{P}_2$ under the influence of a family of enzymes collectively known as phospholipase C (PLC). Evidence for such a mechanism in PAF-stimulated guinea pig eosinophils is provided by the observation that PAF enhances the incorporation of [^3H]inositol into membrane phospholipids (Kroegel et al., 1990a) and elicits a rapid, transient, and apafant-sensitive increase in $\text{Ins}(1,4,5)\text{P}_3$ mass (Kroegel et al., 1991). Temporally, the time course of Ca^{2+} mobilization is preceded by the increase in $\text{Ins}(1,4,5)\text{P}_3$ mass consistent with a causal relationship between these two parameters.

A PLC that readily hydrolyses $\text{PtdIns}(4,5)\text{P}_2$ and which may represent the enzyme responsible for agonist-induced $\text{Ins}(1,4,5)\text{P}_3$ accumulation in intact eosinophils is present in guinea pig-washed eosinophil membranes (Perkins, 1993). The enzyme is deoxycholate-dependent, sensitive to Ca^{2+} in the high nanomolar range, and exhibits a single pH optimum at pH 7.5. Kinetic studies indicate that $\text{PtdIns}(4,5)\text{P}_2$ is the preferred substrate for PLC and that its activity is augmented by guanosine 5'-(3-thio)triphosphate (GTP γ S). These findings complement the observation that PAF stimulates GTPase activity in eosinophil membranes in a concentration-dependent and apafant-sensitive manner (Dent and Barnes, 1993).

2. In Vitro Effects. PAF is a potent chemoattractant and selectively promotes the migration of eosinophils over neutrophils. The ability of PAF to promote directional migration is significantly increased in eosinophils taken from asthmatic subjects both in remission and

during an attack when compared with healthy volunteers (Shindo et al., 1997), suggesting that they have been primed in vivo. Possible candidate-priming agents include GM-CSF, which enhances PAF-induced pulmonary and cutaneous eosinophilia in guinea pigs (Sanjar et al., 1990a) and mice (Yukawa et al., 1992), and IL-3 and IL-5, which prime murine eosinophils for enhanced chemotactic activity induced by PAF (Yukawa et al., 1992). Other proinflammatory effects of PAF include the generation of a plethora of other bioactive lipids (Table 5) and the release of preformed mediators from both the specific and small granules.

Guinea pig, bovine, and human eosinophils, when challenged with PAF, display a marked increase in oxygen consumption and liberate superoxide anions extracellularly as a consequence of the activation of the NADPH (respiratory burst) oxidase. In guinea pig cells, this effect occurs at concentrations of PAF greater than 100-fold higher than are necessary to promote chemotaxis, TX production, degranulation, $\text{Ins}(1,4,5)\text{P}_3$ accumulation, and Ca^{2+} mobilization (Kroegel et al., 1989a, 1991). However, the finding that oxidant production was antagonized by apafant in those studies indicates that this response also is PAF receptor-mediated. Furthermore, those data also imply that the PAF receptors on eosinophils either are heterogeneous and mediate different functional responses, or that PAF can recruit diverse signaling pathways that have different sensitivities to activation (Kroegel et al., 1989a). In addition to increasing directly oxidative metabolism, low concentrations of PAF that produce little, if any, superoxide anions per se, prime the eosinophil NADPH oxidase to activation by *N*-formyl-methionyl-leucyl-phenylalanine (fMLP) (Zoratti et al., 1992) and serum-oponized zymosan (SOZ) (Coffer et al., 1998). Likewise, the ability of human eosinophils to form stable aggregates (i.e., undergo homotypic aggregation) in response to SOZ also is primed by PAF (Koenderman et al., 1991; Blom et al., 1992). Mechanistically, the latter effect apparently involves a structural change in the complement receptor CR3 (see *IX.B.2*) rather than an increase in receptor density (Koenderman et al., 1991; Blom et al., 1992).

In addition to the aforementioned effects, PAF elicits a multitude of less well defined responses including chemokine generation, aggregation, adhesion, and adhesion molecule expression (see Table 5 for additional details).

3. In Vivo Effects. In guinea pigs, rabbits, and primates, aerosol and systemic administration of PAF results in the extravascular infiltration of eosinophils into the lungs which resembles, both in amplitude and duration, that seen in response to allergen in sensitized animals (Denjean et al., 1983; Arnoux et al., 1988; Lellouch Tubiana et al., 1988; Sanjar et al., 1990b; Gundel et al., 1991; Herd et al., 1992; Wegner et al., 1992). Comparable observations have been made with rats given PAF directly into the pleural cavity (Silva et al., 1989) and in atopic individuals where intradermal administration of

TABLE 5
Functional effects evoked by platelet-activating factor in eosinophils

Function	Species	Reference(s)
Activates NADPH oxidase	Human	Bruynzeel et al. (1986); Bruynzeel et al. (1987); Kroegel et al. (1989c); Dri et al. (1991); Zoratti et al. (1991); Tool et al. (1992); Horie and Kita (1994); Elsner et al. (1995); Wymann et al. (1995); Dent et al. (1998a)
Activates NADPH oxidase	Cow	Freiburghaus et al. (1991)
Activates NADPH oxidase	Guinea pig	Kroegel et al. (1989a); Shute et al. (1990)
Primes NADPH oxidase to fMLP and SOZ	Human	Zoratti et al. (1992); Nagata et al. (1995b); Coffey et al. (1998)
Promotes chemotaxis and actin polymerization	Human	Wardlaw et al. (1986); Sigal et al. (1987); Tamura et al. (1987); Czarnetzki and Csato (1989); Kurihara et al. (1989); Little and Casale (1991); Sun et al. (1991); Fukuda et al. (1992); Miyagawa et al. (1992); Numao and Agrawal (1992); Townley et al. (1994); Elsner et al. (1996a); Erger and Casale (1996); Schweizer et al. (1996)
Promotes chemotaxis	Horse	Foster et al. (1992)
Promotes chemotaxis (weak)	Guinea pig	Sun et al. (1991)
Promotes chemotaxis	Monkey	Sun et al. (1991)
Promotes chemotaxis	Rat	Martins et al. (1989)
Promotes degranulation	Human	Kroegel et al. (1988, 1989c); Kernen et al. (1991); Horie and Kita (1994)
Promotes degranulation	Guinea pig	Kroegel et al. (1989a, 1991)
Promotes PGD ₂ , PGE ₂ , PGF _{2α} and TX formation	Human	Foegh et al. (1986); Kroegel and Matthys (1993); Dent et al. (1998a)
Promotes PGE ₂ , 6-keto-PGF _{2α} , and TX formation	Guinea pig	Hirata et al. (1989); Giembycz et al. (1990)
Promotes a hypodense phenotype	Human	Klopprogge et al. (1989a); Yukawa et al. (1989a)
Promotes IL-8 release from GM-CSF-primed eosinophils	Human	Simon et al. (1995a)
Primes for IL-5-induced adherence	Horse	Foster et al. (1997)
Promotes LTC ₄ formation	Human	Weller et al. (1983); Kajita et al. (1985); Bruynzeel et al. (1986, 1987); Tamura et al. (1988); Miyagawa et al. (1992); Dent et al. (1998a)
Promotes LTB ₄ formation	Guinea pig	Sun et al. (1989); Hirata et al. (1990)
Reduces L-selectin expression	Human	Smith et al. (1992); Neeley et al. (1993)
Promotes homotypic aggregation	Guinea pig	Teixeira et al. (1995c)
Primes for SOZ-induced homotypic aggregation	Human	Koenderman et al. (1991); Blom et al. (1992)
Increases CD23 expression and IgE binding	Human	Walsh et al. (1989, 1990c); Moqbel et al. (1990b); Kawabe et al. (1991)
Increases expression of ICAM-1	Eos-1 cell line	Seguchi and Nakajima (1995)
Promotes lipid body formation	Human	Bozza et al. (1997a)
Increases CD11b/CD18 expression	Human	Walsh et al. (1991a); Zoratti et al. (1992); Neeley et al. (1993); Tsai et al. (1993)
Promotes adherence to HUVECs and BSA-coated plastic	Human	Kimani et al. (1988); Lamas et al. (1988); Walsh et al. (1990b)

PAF produces a cellular infiltrate rich in eosinophils that is reminiscent of the eosinophilia seen in the same subjects after antigen provocation (Henocq and Vargaftig, 1988). Similarly, in individuals with seasonal allergic rhinitis PAF, given intranasally and outside the pollen season, evokes a marked increase in the number of eosinophils (Klementsson and Andersson, 1992) and in the concentration of ECP (Tedeschi et al., 1994) in the nasal lavage fluid.

The ability of PAF to mimic many of the effects associated with allergen challenge led to the hypothesis, in the late 1980s, that PAF might play a central pathogenic role in allergic inflammatory diseases (Barnes et al., 1988; Page, 1988). That possibility prompted numerous preclinical and clinical studies designed to evaluate the potential anti-inflammatory activity of PAF antagonists. In animal models of inflammation, a bewildering number of structurally dissimilar PAF antagonists have been studied for their ability to suppress tissue eosinophil accumulation in response to a variety of stimuli [e.g., lipopolysaccharide (LPS), bradykinin, IL-1β] and following allergen provocation in sensitized animals. Table 6 identifies a cross-section of the current literature and

illustrates an equivocal role for PAF in allergic inflammation. Of the 29 articles cited, 14 of them describe the failure of PAF antagonists to reduce allergic eosinophilia whereas the remainder report efficacy. In the clinical situation, the PAF antagonists apafant (Freitag et al., 1993; Spence et al., 1994), UK 74,505 (Kuitert et al., 1993), modipafant (Kuitert et al., 1995), and BN 52021 (Hsieh, 1991) do not affect allergen-induced airway responses, implying that PAF is not a mediator of allergic airway inflammation. However, PAF might merit "revisiting" since in 1997, Evans et al. reported that a highly potent PAF antagonist, foropafant (SR 27417A), reproducibly attenuated the late-phase response (LPR) in 12 male subjects with mild atopic asthma. Although measurements of pulmonary granulocyte titers were not made, the authors speculated that PAF may play a minor role in the genesis of the LPR by attracting eosinophils and other proinflammatory cells to the lung (Evans et al., 1997). Taken together, the results of the aforementioned studies are reminiscent of the early clinical experience with cysteinyl-leukotriene (LT) receptor antagonists and could indicate that complete antagonism of the effects of PAF needs to be achieved before clinical

TABLE 6

In vivo studies in laboratory animals in which platelet-activating factor antagonists were shown to be active and inactive in attenuating induced tissue eosinophil recruitment

PAF Antagonist	Route of Administration	Species	Comment(s)	Reference(s)
Active				
Y-24180	p.o.	Guinea pig	Attenuated recovery of eosinophils from the BAL fluid in response to antigen	Kagoshima et al. (1997)
Y-24180	p.o.	Guinea pig	Attenuated antigen-induced LPRs and recovery of eosinophils from BAL fluid	Inoue et al. (1992)
YM 264	p.o.	Guinea pig	Attenuated antigen-induced LPRs and infiltration of eosinophils into tracheal mucosa	Arima et al. (1995)
UK 74,505	i.v.	Rat	Attenuated IL-1 β -induced cutaneous eosinophilia	Sanz et al. (1995)
UK 74,505	i.v.	Guinea pig	Attenuated cutaneous eosinophilia following passive cutaneous anaphylaxis	Sanz et al. (1994)
BN 52021	p.o.	Rabbit	Attenuated corneal allograft eosinophilia	Cohen et al. (1994)
CV 6209	i.p.	Mouse	Attenuated antigen-induced cutaneous eosinophilia	Iwamoto et al. (1993b)
PCA 4248	p.o.	Rat	Attenuated antigen-induced pleural eosinophilia	Martins et al. (1993)
SM 10661	p.o.	Guinea pig	Attenuated antigen-induced early and LPRs and recovery of eosinophils from BAL fluid	Sugasawa et al. (1991)
Apafant*	p.o.	Guinea pig	Attenuated antigen-induced bronchial eosinophilia	Chand et al. (1992b)
Bepafant*	i.p.	Guinea pig	Attenuated antigen-induced airway hyper-responsiveness and pulmonary eosinophilia	Seeds et al. (1991)
Yangambin	i.p.	Rat	Attenuated recovery of eosinophils from the pleural cavity in response to antigen	Serra et al. (1997)
E-6123	p.o.	Guinea pig	Attenuated recovery of eosinophils from BAL fluid in response to antigen	Tsunoda et al. (1991)
E-6123	p.o.	Guinea pig	Attenuated antigen-induced pulmonary eosinophilia	Sakuma et al. (1990)
BN-52021	Local	Rat	Attenuated antigen-induced peritoneal eosinophilia	Etienne et al. (1989a)
BN-52021	p.o.	Guinea pig	Attenuated antigen-induced airway hyper-responsiveness and pulmonary eosinophilia	Coyle et al. (1988)
Inactive				
CV 6209	i.p.	Mouse	Failed to affect SP-induced cutaneous eosinophilia	Iwamoto et al. (1993b)
L-659,989	i.p.	Guinea pig	Failed to affect ozone-induced eosinophil infiltration into airway mucosa	Tan and Bethel (1992)
RP 59227	p.o.	Guinea pig	Failed to affect eosinophil accumulation in BAL fluid in response to antigen	Underwood et al. (1992)
Apafant ^a	p.o.	Guinea pig	Failed to affect eosinophil accumulation in BAL fluid in response to antigen	Underwood et al. (1992)
Apafant ^a	i.v.	Horse	Failed to affect antigen-induced cutaneous eosinophilia	Foster et al. (1995)
Apafant ^a	i.d.	Guinea pig	Failed to affect cutaneous eosinophilia following passive cutaneous anaphylaxis	Weg et al. (1994)
Apafant ^a	p.o.	Guinea pig	Failed to affect accumulation of eosinophils in BAL fluid in response to antigen	Havill et al. (1990)
Apafant ^a	i.p.	Rat	Failed to affect accumulation of eosinophils in BAL fluid in response to compound 48/80	Martins et al. (1990)
BN 50730	p.o.	Rat	Failed to affect LTB ₄ , bradykinin, and LPS-induced pleural eosinophilia	Pires et al. (1994)
BN 52021	Local	Rat	Failed to affect bradykinin-induced pleural eosinophilia	Pasquale et al. (1991)
SDZ 64-412	p.o.	Guinea pig	Failed to affect antigen-induced pulmonary eosinophilia	Ishida et al. (1990)
SDZ 64-412	p.o.	Guinea pig	Failed to affect accumulation of eosinophils in BAL fluid in response to antigen	Havill et al. (1990)
SR 27417	s.c.	Mouse	Failed to affect antigen-induced peritoneal eosinophilia	Zuany-Amorim et al. (1993)
UK 74,505	i.v.	Guinea pig	Failed to affect SP-induced cutaneous eosinophilia	Walsh et al. (1995a)

^a Apafant WEB 2086; Bepafant WEB 2170.

benefit is seen. Alternatively, PAF simply might play only a minor part in human asthma despite its prominent role in many animal models of the disease.

B. Leukotriene B₄

1. Receptors and Signaling. The BLT, or LTB₄, receptor, which is expressed on guinea pig, mouse, and probably human eosinophils, was cloned in 1997 from retinoic acid-differentiated HL-60 cells. This human receptor is composed of 352 amino acids and is a member of the seven transmembrane-spanning family of G protein-coupled receptors (Yokomizo et al., 1997). A cDNA that encodes a 351-amino acid murine glycoprotein that is 78% identical with the human BLT receptor has also been identified and expressed in Chinese hamster ovary

(CHO) cells (Huang et al., 1998). An analysis of [³H]LTB₄ binding to membrane fractions prepared from CHO cells, and retinoic acid-differentiated HL-60 and COS-7 cells transfected with the cDNA for the human and murine LTB₄ receptor show similar binding characteristics, with K_d values of 0.1, 0.14, and 0.15 nM, respectively (Yokomizo et al., 1997; Huang et al., 1998). Binding studies also have identified and partially characterized the BLT receptor on murine and guinea pig eosinophils (Maghni et al., 1991; Ng et al., 1991; Sehmi et al., 1992a; Huang et al., 1998) also using [³H]LTB₄ as the radioligand. However, notable differences are apparent between these studies. Using intact peritoneal eosinophils from guinea pigs, Ng et al. (1991) reported that [³H]LTB₄ interacts with an apparently homogeneous

population of binding sites with a B_{\max} of 40,000 sites per cell and a K_d of 2.8 nM, which is approximately 10-fold lower than that reported in the transfection experiments described by Yokomizo et al. (1997). Similar results were reported for the murine receptor (Huang et al., 1998). The sites labeled on eosinophils probably represent functional receptors since various compounds related structurally to LTB_4 compete with the radioligand with affinities that correlate closely with their ability to induce chemotaxis and to evoke the formation of superoxide anions (Ng et al., 1991). Intriguingly, the rank order of potency for the displacement of [3H] LTB_4 from intact peritoneal eosinophils [$LTB_4 > 20$ -hydroxy- $LTB_4 > 12R$ -hydroxyeicosatetraenoic acid (HETE) $> 12S$ -HETE > 20 -carboxy- $LTB_4 > 5S,12S$ -dihydroxyeicosapentanoic acid (diHEPE) (Ng et al., 1991)] differs from the rank order obtained using membranes from COS-7 cells transfected with the LTB_4 receptor [$LTB_4 > 20$ -hydroxy- $LTB_4 > 20$ -carboxy- $LTB_4 > 5S,12S$ -diHEPE $> 12R$ -HETE $> 12S$ -HETE (Yokomizo et al., 1997)] which might indicate species difference, LTB_4 receptor heterogeneity (see below), and/or the existence of different conformations of a single LTB_4 receptor. With respect to the two latter possibilities, Maghni et al. (1991) reported that [3H] LTB_4 interacts with a heterogeneous population of binding sites on guinea pig alveolar eosinophils; approximately 1000 sites/cell are labeled with high affinity ($K_d = 1$ nM), whereas 5500 sites/cell are labeled with low affinity ($K_d = 63$ nM). Identical results have been obtained with guinea pig peritoneal eosinophils (Sehmi et al., 1992a). Thus, a small population ($B_{\max} = 900$ sites/cell) of receptors for which LTB_4 has high affinity ($K_d = 0.3$ nM) were identified by radioligand binding along with a large number of sites (60,000/cell) at which LTB_4 has relatively low affinity ($K_d = 140$ nM). Again, the finding that various metabolites of LTB_4 competed with [3H] LTB_4 for binding to alveolar eosinophils with a rank order of potency in good agreement with their ability to induce chemotaxis (Maghni et al., 1991) supports the belief that the high-affinity sites represent

bona fide receptors. Of considerable interest is the role of the two populations of receptor expressed by these cells. Maghni et al. (1991) have considered the hypothesis, posed originally by Goldman and Goetzl (1984), that they mediate different functional responses: the receptor for which LTB_4 has high affinity subserving chemokinesis and chemotaxis, the receptor for which LTB_4 has low-affinity mediating respiratory burst and prostanoid generation. Support for this idea derives from affinity estimates of the LTB_4 antagonist U-75302, which differs significantly (~ 17 -fold) between the two populations of receptor (Maghni et al., 1991). Collectively, the available data suggest that peritoneal eosinophils express the same LTB_4 receptor that is labeled with high affinity by [3H] LTB_4 on guinea pig alveolar eosinophils [albeit at a much higher (~ 40 -fold) density]. A reason for the inability of Ng et al. (1991) to identify receptors on guinea pig peritoneal eosinophils for which LTB_4 has low-affinity may relate to the fact that in those studies [3H] LTB_4 was not used at concentrations that would detect the low-affinity sites.

LTB_4 exerts a number of effects on eosinophils (Table 7) and progress has been made in understanding the second messenger pathways underlying LTB_4 receptor signal transduction (Fig. 4). In guinea pig eosinophils, which can be obtained in large numbers and of high purity, LTB_4 induces a rapid and transient accumulation of $Ins(1,4,5)P_3$ and elevates $[Ca^{2+}]_i$ via a PTX-sensitive pathway (Subramanian, 1992; Perkins et al., 1995; Teixeira et al., 1997b; Lindsay et al., 1998c; Huang et al., 1998). However, Ca^{2+} mobilization ($EC_{50} = 0.6$ nM) occurs without a detectable increment in $Ins(1,4,5)P_3$ mass ($EC_{50} = 200$ nM), which suggests that they are unrelated events. Indeed, the Ca^{2+} ions mobilized by LTB_4 are extracellular in origin and enter the cell through a PTX-sensitive, receptor-operated Ca^{2+} channel (Subramanian, 1992; Perkins et al., 1995; Lindsay et al., 1998a,c). In addition to coupling to PLC, LTB_4 also promotes the extracellular release of [3H] AA (Lindsay et al., 1998a,b,c). This effect is due to the direct

TABLE 7
Functional effects evoked by LTB_4 in eosinophils

Function	Species	Reference(s)
Activates NADPH oxidase	Human	Palmblad et al. (1984)
Activates NADPH oxidase	Guinea pig	Maghni et al. (1991); Ng et al. (1991); Rabe et al. (1992); Subramanian (1992); Perkins et al. (1995); Lindsay et al. (1998c)
Promotes chemotaxis	Human	Czarnetzki and Mertensmeir (1985); Czarnetzki and Rosenbach (1986); Czarnetzki and Csato (1989); Numao and Agrawal (1992); Kim et al. (1994)
Promotes chemotaxis	Horse	McEwen et al. (1990)
Promotes chemotaxis	Guinea pig	Taylor et al. (1989, 1991); Coeffier et al. (1991a); Ng et al. (1991); Sun et al. (1991)
Promotes chemotaxis	Mouse	Huang et al. (1998)
Promotes homotypic aggregation	Guinea pig	Teixeira et al. (1995c)
Promotes histaminase release	Guinea pig	Popper et al. (1989)
Promotes peroxidase release	Guinea pig	Popper et al. (1989)
Promotes chemokinesis	Human	Spada et al. (1994)
Promotes PLA_2 activity/AA release	Guinea pig	Perkins (1993); Lindsay et al. (1998a,b,c)
Promotes prostanoid formation	Guinea pig	Maghni et al. (1991); Souness et al. (1994)
Increases CR1 expression	Human	Nagy et al. (1982)
Increases $Fc\epsilon RII$ (CD23) expression and binding of IgE	Human	Walsh et al. (1989); Moqbel et al. (1990b); Walsh et al. (1990c)

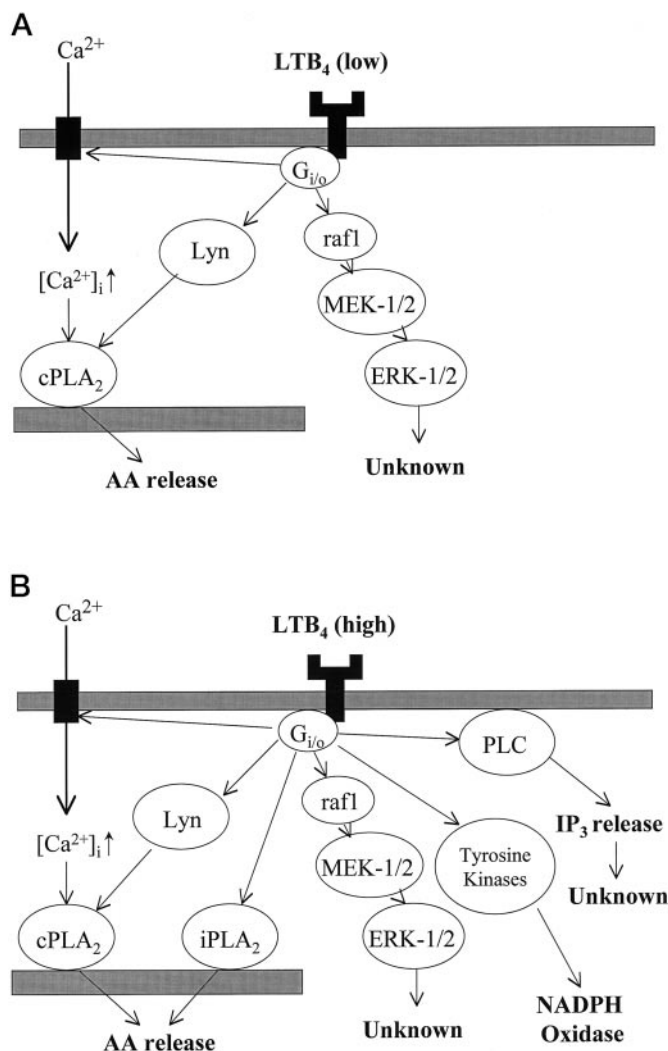


FIG. 4. LTB_4 -induced signaling in guinea pig peritoneal eosinophils. Scheme A, low concentrations (1 pM to 10 nM) of LTB_4 induce a PTX-sensitive increase in the $[\text{Ca}^{2+}]_i$ and activate the *src*-related tyrosine kinase *lyn* and the raf-1/MEK-1/2/ERK-1/2 protein kinase cascade. The increase in $[\text{Ca}^{2+}]_i$ is due exclusively to influx of extracellular Ca^{2+} , whereas the activation of *lyn*, is thought to mediate the activation of a Ca^{2+} -dependent PLA_2 (possibly cPLA_2) and the subsequent release of AA. Scheme B, higher concentrations (100 nM to 1 μM) of LTB_4 activate PLC, with attendant generation of $\text{Ins}(1,4,5)\text{P}_3$, and a Ca^{2+} -independent PLA_2 (possibly iPLA_2) with a further liberation of AA. LTB_4 also is thought to stimulate a tyrosine kinase-dependent pathway that is implicated in the activation of the NADPH oxidase. See V.B for additional details.

coupling of the BLT receptor to phospholipase A_2 (PLA_2) since it is preserved under conditions where signaling through PLC is prevented (Lindsay et al., 1998c). Moreover, the elaboration of $[\text{H}^3]\text{AA}$ is biphasic (Perkins, 1993) and involves the activation of two PTX-sensitive PLA_2 s in these cells; one of these is Ca^{2+} -dependent and is activated by low concentrations of LTB_4 whereas the other apparently does not require Ca^{2+} for activity and is activated by high concentrations of LTB_4 (Lindsay et al., 1998a,c). Exposure of guinea pig eosinophils to LTB_4 also causes a rapid activation of ERK-1, ERK-2 (Araki et al., 1995; Lindsay et al., 1998b), and the *src*-related tyrosine kinases, p53^{lyn} , and p56^{lyn} (Lindsay et al.,

1998a); it does not activate phospholipase D (PLD) (Perkins et al., 1995).

A comparison of the concentration-response relationships which describe a number of biochemical responses evoked by LTB_4 implies that the increase in $[\text{Ca}^{2+}]_i$ and the subsequent activation of the Ca^{2+} -dependent PLA_2 and ERK is mediated via the BLT receptor for which LTB_4 has high affinity. In contrast, $\text{Ins}(1,4,5)\text{P}_3$ accumulation (index of PLC activity) and the activation of Ca^{2+} -independent PLA_2 is mediated by the BLT receptor that is recognized by LTB_4 with low affinity. In agreement with Maghni et al. (1991), those data support the idea that the two populations of the LTB_4 receptor mediate chemotaxis and activation of NADPH oxidase, respectively.

2. *In Vivo Effects.* A number of *in vivo* animal models have been developed to establish the potential pathogenic role of LTB_4 in allergic eosinophil inflammatory disorders and autoimmune diseases such as multiple sclerosis and asthma. In 1996, Gladue et al. reported that the LTB_4 antagonist CP 105,696 abolished the ability of encephalogenic T lymphocytes, injected into naïve mice, to evoke two cardinal features of experimental allergic encephalomyelitis (multiple sclerosis): paralysis and weight loss. Moreover, the protection was associated with a 97% reduction in the accumulation of eosinophils to the lower spinal cord as determined by light and electron microscopy, and by the level of EPO (Gladue et al., 1996). Those findings have important implications since they show that agonism of LTB_4 receptors results in eosinophil recruitment and that they play a hitherto unrecognized role in the pathogenesis of experimental allergic encephalomyelitis. Clearly, the possible utility of LTB_4 antagonists in the treatment of human multiple sclerosis, and the part eosinophils play in that disease, merits evaluation.

With respect to asthmatic inflammation, LTB_4 given by the inhaled route promotes eosinophil influx into the airways of guinea pigs and Brown Norway rats (Silbaugh et al., 1987; Richards et al., 1991b), which is entirely consistent with its chemotactic activity *in vitro*. Moreover, pulmonary eosinophilia after allergen provocation of sensitized animals is attenuated by LTB_4 antagonists (Richards et al., 1989, 1991b), implicating immunologically released LTB_4 as an important chemoattractant. In this respect, it is noteworthy that allergen challenge of sensitized mice is associated with an increase in BLT receptor mRNA levels in lung tissue with a time course that parallel eosinophil influx (Huang et al., 1998). Despite the aforementioned data, the mechanisms responsible for allergen-induced eosinophil recruitment in humans *in vivo* is little investigated. However, the possibility that LTB_4 is an important chemotaxin has been proposed following the observation that eosinophils harvested from the airways of ragweed-sensitive, allergic volunteers and subjected to segmental antigen challenge were significantly less sensitive to LTB_4 -driven chemotaxis studied *ex vivo* when com-

pared with peripheral blood eosinophils purified from the same individuals (Kim et al., 1994). The additional finding that PAF- and fMLP-induced chemotactic responses in the two populations of cell were identical led Kim et al. (1994) to conclude that eosinophils had been exposed to LTB_4 in vivo, and that this provided evidence that allergen-induced pulmonary eosinophilia is partly driven by immunologically generated LTB_4 . However, a subsequent clinical study with the LTB_4 antagonist LY 293111 failed to implicate LTB_4 in allergen-induced early and LPRs, and did not reduce eosinophil numbers recovered in bronchoalveolar lavage (BAL) fluid (Evans et al., 1996).

C. Cysteinyl Leukotrienes

Two receptors ($Cys-LT_1$ and $Cys-LT_2$) for the cysteinyl LTs, which include LTC_4 , LTD_4 , and LTE_4 , have been classified pharmacologically but supporting molecular evidence is still awaited. Both receptors couple predominantly through the $G_{q/11}$ class of heterotrimeric GTP-binding proteins, and it is highly likely that they are members of the seven transmembrane-spanning family of receptors (see Coleman et al., 1995 for additional details). Currently, selective antagonists are available only for the $Cys-LT_1$ receptor and these have been used to identify those receptors on eosinophils. However, antagonist affinities have not been calculated and the assignment of eosinophil leukotriene receptors as $Cys-LT_1$ is equivocal.

1. *In Vitro Effects.* Relatively little is known of the pharmacological actions of cysteinyl-leukotrienes on eosinophil function compared to those of LTB_4 . Although early studies failed to demonstrate that LTD_4 possessed chemoattractant activity (Nagy et al., 1982; Camp et al., 1983), convincing evidence is now available to the contrary. Using a novel in vitro method, which allows the quantification of migration distance and vectorial orientation, it has been shown that LTD_4 is a potent chemoattractant for human eosinophils, with activity in the subnanomolar range. Moreover, LTD_4 -induced chemotaxis is antagonized by SK&F 104353, suggesting that $Cys-LT_1$ receptors are involved (Spada et al., 1994, 1997). In contrast, LTD_4 does not increase the chemokinetic response of eosinophils above spontaneous migratory activity (Spada et al., 1994).

2. *In Vivo Effects.* In laboratory animals, LTD_4 and LTE_4 given locally and systemically can stimulate the accumulation of eosinophils into various sites including the skin, eye, and lungs (Spada et al., 1986, 1988; Chan et al., 1990; Foster and Chan, 1991; Woodward et al., 1991; Wegner et al., 1993; Underwood et al., 1996). For example, in one study guinea pig eosinophils were labeled with [^{111}In]oxime and injected (i.v.) into recipient animals (naïve and sensitized), and the effect of LTD_4 and allergen on their emigration into the conjunctiva was monitored. Using that model, it was consistently found that LTD_4 and allergen significantly enhanced conjunctival radioactivity by a mechanism that was

abolished (LTD_4) and reduced by 50% (allergen) by the $Cys-LT_1$ receptor antagonist MK-571 (Chan et al., 1990). Significantly, LTD_4 neither promotes the infiltration of eosinophils into the skin of guinea pigs following intradermal administration nor is it active in other ocular anterior segment structures such as the iris, cornea, and ciliary body after topical or intracameral administration (Woodward et al., 1991). Thus, it appears that LTD_4 regulates eosinophilia in a tissue-dependent manner.

With respect to pulmonary eosinophilia, Underwood et al. (1996) reported that administration of LTD_4 by aerosol to conscious guinea pigs increased the number of eosinophils in the BAL fluid and in the bronchi and subepithelium by a mechanism sensitive to the $Cys-LT_1$ receptor antagonist pranlukast. Intriguingly, LTD_4 evoked a sustained eosinophilia for up to 4 weeks after single exposure, although it was not established whether this was due to continued trafficking of eosinophils to and away from the lung, or to the enhanced survival of the same population of invading cells. This nonbronchoconstrictor activity of LTD_4 was mediated indirectly through the liberation of IL-5 (Underwood et al., 1996). Although the target cells at which LTD_4 acts to produce this effect have not been determined, the limited number of cells that secrete IL-5 suggests that resident T lymphocytes are prime candidates.

In asthmatic subjects, inhalation of LTD_4 and LTE_4 , the most stable cysteinyl-LT, promotes pulmonary eosinophilia in the sputum (Diamant et al., 1997) and airway biopses (Laitinen et al., 1993), respectively. These findings are consistent with studies performed in animal models of asthma including the rat (Asano et al., 1992; Harris et al., 1997), rabbit (Herd et al., 1992), guinea pig (Gulbenkian et al., 1990; Nakagawa et al., 1993; Yeadon et al., 1993; Chabot-Fletcher et al., 1995; Seeds et al., 1995; Tohda et al., 1997), and mouse (Henderson et al., 1996) where $Cys-LT_1$ antagonists and inhibitors of 5-lipoxygenase and 5-lipoxygenase-activating protein (FLAP) reduce allergen-stimulated pulmonary eosinophilia. Although similar results have yet to be convincingly confirmed in clinical asthma, preliminary data are available on the effect of the $Cys-LT_1$ antagonist montelukast on eosinophil numbers and ECP content of sputum taken before and after allergen challenge (Grootendorst et al., 1997; Leff et al., 1997). In agreement with results obtained from studies examining the effect of a single dose of inhaled glucocorticosteroids (Pizzichini et al., 1995), a short course of treatment (10 mg administered 36 h and 12 h before and 12 h after allergen) with oral montelukast failed to reduce sputum eosinophilia and ECP content despite protecting against allergen-induced airway responses (Grootendorst et al., 1997). In contrast, treatment of asthmatic subjects with montelukast for 4 weeks (10 mg daily) significantly reduced sputum eosinophil numbers compared to those of placebo (Leff et al., 1997), indicating that prolonged administration of asthmatic individuals with $Cys-LT_1$

receptor antagonists could be required before an anti-inflammatory effect is seen. Clinical studies with zafirlukast (Calhoun et al., 1998) and montelukast (Reiss et al., 1996) have demonstrated a reduction in inflammatory cell number that appears in the BAL fluid of asthmatic subjects after segmental allergen challenge and a decrease in the titer of circulating blood eosinophils, respectively. A reduction in circulating blood eosinophils also has been reported in patients with nocturnal asthma following treatment with the 5-lipoxygenase inhibitor zileuton, which was associated with clinical improvement (Wenzel et al., 1995). Collectively, the implications of these data are clear: Cys-LT₁ antagonists, in addition to acting as bronchodilators, possess additional "anti-inflammatory" properties that might contribute to their therapeutic utility in diseases such as asthma.

D. *N*-Formyl-Methionyl-Leucyl-Phenylalanine

Two variants of the human fMLP receptor have been isolated from a CDM8 expression library prepared from mRNA extracted from dibutyryl cyclic AMP-differentiated HL-60 cells (Boulay et al., 1990a). Both recombinant forms of the receptor are composed of 350 amino acids, have a predicted molecular mass of 38 kDa, but differ from each other by two residue changes at positions 101 and 346; significant differences also are apparent at the 3'- and 5'-untranslated regions (Boulay et al., 1990a). Expression of these proteins in COS-7 cells results in the appearance of two populations of a highly glycosylated receptor for which the hydrophilic ligand *N*-fMLP-lysine has high affinity with K_d values of 0.5 to 1 nM and 5 to 10 nM (Boulay et al., 1990b). Moreover, several transcripts have been identified by Northern blot analysis, suggesting that the fMLP receptor is a family of closely related proteins.

At present, there are no molecular data concerning the nature of the fMLP receptor(s) expressed by eosino-

phils of any species. However, functionally, fMLP elicits a variety of effects in isolated cells, some of which are listed in Table 8. Less is published on the in vivo effects of formylated peptides, although in guinea pigs fMLP promotes luminal chemotaxis of eosinophils as assessed by histology and differential cell counts (Munoz et al., 1997a). Intriguingly, that effect is attenuated by the LTB₄ antagonist LTB₄ dimethyl amide, by zileuton, a 5-lipoxygenase inhibitor, and by zafirlukast, a Cys-LT₁ antagonist, indicating that the ability of fMLP to facilitate the migration of eosinophils from the lamina propria to the airway lumen of guinea pigs is indirect and requires the liberation of LTB₄ and LTD₄ (Munoz et al., 1997a).

Compared to other G protein-coupled receptors, relatively little is known of the signaling pathways recruited following ligation of the fMLP receptor on eosinophils. It is established that fMLP promotes a rapid and transient increase in $[Ca^{2+}]_i$ in both human (Yazdanbakhsh et al., 1987b; Wymann et al., 1995) and guinea pig eosinophils (Kroegel et al., 1990b) that is believed to be important for the generation of oxygen-derived free radicals (Kernen et al., 1991). Furthermore, many of the functional effects elicited by fMLP including degranulation (Kita et al., 1991a), activation of the NADPH oxidase (Kernen et al., 1991), the release of IL-8 (Miyamasu et al., 1995), as well as intracellular markers of activation (stimulation of PLC, Ca²⁺ mobilization) are mediated by a PTX-sensitive mechanism(s), indicating the involvement of one of more members of the G_i or G_o family of heterotrimeric GTP-binding proteins.

E. Chemokines

Chemokines are an expanding superfamily of proteins with molecular masses of between 8 and 10 kDa (for reviews, see Horuk, 1994; Power and Wells, 1996; Rapoport et al., 1996a). Characteristically, human chemokines

TABLE 8
Functional effects evoked by N-formyl methionyl leucyl phenylalanine in eosinophils

Function	Species	Reference(s)
Activates the NADPH oxidase	Human	Palmblad et al. (1984); Sedgwick et al. (1985); Yazdanbakhsh et al. (1987a); Koenderman and Bruijnzeel (1989); Sedgwick et al. (1990b); Dri et al. (1991); Kernen et al. (1991); White et al. (1993); Wymann et al. (1995)
Weak chemoattractant	Human	Ogawa et al. (1981b); Morita et al. (1989a,b)
Releases β -glucuronidase (weak effect)	Human	Morita et al. (1989b)
Releases EPO	Human	Kernen et al. (1991); White et al. (1993)
Releases EDN	Human	Kita et al. (1991a)
Promotes LTC ₄ generation	Human	Fitzharris et al. (1986); Owen et al. (1987, 1991); Takafuji et al. (1991, 1992); White et al. (1993)
Increases CR3 expression	Human	Neeley et al. (1993)
Reduces L-selectin expression	Human	Neeley et al. (1993)
Promotes adherence to HUVECs and serum-coated plastic	Human	Kimani et al. (1988)
Promotes PAF generation	Human	Lee et al. (1984); Triggiani et al. (1992)
Promotes MCP-1 release	Human	Izumi et al. (1997)
Promotes IL-8 release	Human	Miyamasu et al. (1995)
Activates the NADPH oxidase	Guinea pig	Kroegel et al. (1990b)
Promotes EPO release	Guinea pig	Kroegel et al. (1990b)
Promotes thromboxane generation	Guinea pig	Hirata et al. (1989); Giembycz et al. (1990)
Promotes prostacyclin generation	Guinea pig	Hirata et al. (1989)
Chemoattractant	Horse	McEwen et al. (1990)

contain four distinct and conserved cysteine residues that have provided the basis of their classification either as CXC or α chemokines, where the first two cysteine residues are separated by an amino acid, or CC or β chemokines, where the first two cysteines are adjacent. Two other chemokine families have been described: C (or γ) chemokines that contain a single cysteine residue and include lymphotactin, and the CX₃C chemokine family (also known as δ chemokines) where three amino acids separate the two cysteine residues, of which fractalkine and neurotactin are examples. The CXC chemokines generally are involved in the recruitment of neutrophils and have been implicated in acute inflammatory responses. In contrast, CC chemokines exert their actions upon other leukocyte populations, including eosinophils, monocytes, and T lymphocytes, and are believed to be involved in the pathogenesis of chronic inflammation. Four CXC and eight CC chemokine receptors have been cloned thus far that are recognized by a selective range of chemokines with characteristic rank orders of potency (see Gerard and Gerard, 1994; Murphy, 1994; Ben Baruch et al., 1995; Combadiere et al., 1995; Gao and Murphy, 1995; Power et al., 1995; Hoogewerf et al., 1996; Ponath et al., 1996a,b; Power and Wells, 1996; Raport et al., 1996b; Samson et al., 1996; Heath et al., 1997). It is this diversity of chemokine receptor expression and the selective release of chemokines that provide a mechanism for the recruitment of different leukocyte populations to inflammatory sites. Moreover, in the context of asthma, chemokines activate distinct cellular and biochemical pathways that act in a coordinated fashion to elicit complex pathophysiological changes such as eosinophilia and airways hyperreactivity (Gonzalo et al., 1998).

Of the multitude of chemokine receptors thus far identified, human eosinophils express CCR1, CCR3, and possibly a receptor for IL-8 that is either CXCR1 or CXCR2 (Table 9). The pharmacological properties of these receptors and the functional responses they subserve are discussed below.

1. CC Chemokines. The eotaxin receptor, or CCR3, is selectively expressed upon eosinophils, basophils, and CD4⁺ T lymphocytes (Ponath et al., 1996a), and is a major binding site for CC chemokines (Daugherty et al., 1996; Gao et al., 1996; Kitaura et al., 1996; Ponath et al., 1996b; Forssmann et al., 1997; Heath et al., 1997). CCR3 has been cloned from guinea pig (Sabroe et al., 1998), murine (Gao et al., 1996), and human eosinophils (Ponath et al., 1996a), and the latter has been trans-

ferred into AML14.3D10 (Daugherty et al., 1996) and murine pre-B lymphoma cell lines (Ponath et al., 1996a) where it binds eotaxin, regulated on activation, normal T-expressed and secreted (RANTES), and monocyte chemoattractant protein (MCP) 3 at levels that are indistinguishable from those achieved in binding studies with primary eosinophils. Furthermore, a study using an antagonistic monoclonal antibody demonstrated that >95% of the eosinophil's response evoked by eotaxin, RANTES, MCP-2, MCP-3, and MCP-4 was mediated through CCR3 (Heath et al., 1997). Eosinophils also express low levels of the chemokine receptor CCR1, which appears to mediate the effects of MIP-1 α (Daugherty et al., 1996). The expression of CCR1 and CCR3 is up-regulated during the maturation of eosinophilic HL-60 cells, although the kinetics of these effects is different with CCR1 levels rising first (Tiffany et al., 1998). Significantly, increased CC chemokine receptor expression correlates with the development of specific binding sites for MIP-1 α and eotaxin, and the accompanying ability of the cells to generate Ca²⁺ and chemotactic responses (Tiffany et al., 1998). CCR3 expression also is increased on eosinophilic HL-60 cells by IL-5, suggesting that the chemokine receptors represent a marker of late eosinophilic differentiation (Tiffany et al., 1998).

Cloning and sequencing studies have established that the human CCR3 is composed of 355 amino acids with an approximate molecular mass of 41 kDa (Daugherty et al., 1996; Ponath et al., 1996a,b). The receptor contains four cysteine residues at amino acids 24, 106, 183, and 273, and a DRYLAIVHA motif between residues 130 and 138, that is characteristic of all chemokine receptors. In addition, the receptor contains two PKC phosphorylation sites, one in the third intracellular loop at amino acid 231 and the second in the cytoplasmic tail at position 333. Eight serine/threonine residues also are present within the cytoplasmic tail, providing additional possibilities for post-translational modifications (Ponath et al., 1996a,b). Binding studies have demonstrated that eotaxin, RANTES, and MCP-3 bind to a single population of noninteracting sites ($B_{\max} = 40,000$ per cell) with affinities of 0.1, 2.7, and 3.1 nM, respectively (Daugherty et al., 1996). The guinea pig CCR3 is a 358-amino acid protein that shares 67 and 69% primary sequence identity to its human and murine homologs, respectively (Sabroe et al., 1998).

CC chemokines induce eosinophil chemotaxis and increase the intracellular free Ca²⁺ concentration and ac-

TABLE 9
Human chemokine receptors expressed by eosinophils and their endogenous ligands

Chemokine Subfamily	Nomenclature	Endogenous Ligand(s)
CXC chemokines	CXCR1 CXCR2	IL-8, GCP-2 IL-8, GCP-2, GRO α , GRO β , GRO δ , NAP-2, ENA-78
CC chemokines	CCR1 CCR3	MIP1 α , RANTES, MCP-2, MCP-3, MCP-5, leukotactin-1 Eotaxin, eotaxin-2, leukotactin-1, MCP-3, MCP-4, RANTES

tin polymerization that is associated with this response. These include eotaxin-1 (Jose et al., 1994b; Elsner et al., 1996b; Garcia Zepeda et al., 1996a), eotaxin-2 (Forssmann et al., 1997), RANTES, (Kameyoshi et al., 1992, 1994; Rot et al., 1992; Alam et al., 1993; Kameyoshi et al., 1992, 1994; Schweizer et al., 1994; Elsner et al., 1996b), MCP-2 (Noso et al., 1994; Weber and Dahinden, 1995), MCP-3 (Dahinden et al., 1994; Noso et al., 1994; Elsner et al., 1996b), and MCP-4 (Garcia Zepeda et al., 1996b; Stellato et al., 1997). In contrast, the related chemokines MCP-5 (Sarafi et al., 1997) and MIP-1 α (Rot et al., 1992; Dahinden et al., 1994) are relatively weak chemoattractants.

In addition, CC chemokines induce a range of additional cellular responses in eosinophils and display a similar spectrum of activities. Thus, RANTES, eotaxin, eotaxin-2, MIP-1 α , and MCP-4 activate the NADPH oxidase (Rot et al., 1992; Chihara et al., 1994; Kapp et al., 1994; Elsner et al., 1995, 1996b; Tenscher et al., 1996; Elsner et al., 1998; Petering et al., 1998), transiently promote CR3- and VLA-4-dependent adherence to fibronectin and vascular cell adhesion molecule (VCAM) 1 (Weber et al., 1996), enhance the expression of CD11b (Alam et al., 1993; Tenscher et al., 1996), and stimulate the release of IL-8 from eosinophils primed with GM-CSF (Simon et al., 1995b). In addition, activation of CCR3 enhances firm adhesion of eosinophils to human umbilical vein endothelial cells (HUVECs) through α_4 and β_2 integrins even in shear flow (Kitayama et al., 1998). Many of the aforementioned eosinophil responses are inhibited by PTX, indicating that CCR1 and CCR3 can couple to their effectors through G_i and/or G_o .

In vivo, eotaxin and eotaxin-2 selectively promote cutaneous eosinophilia in humans (Forssmann et al., 1997). Moreover, in allergic reactions, these chemokines are believed to cooperate with IL-5 in the mobilization and subsequent "homing" of eosinophils to specific tissues (see *XII.A.3*). Similarly, RANTES when injected into the skin of dogs promotes a local eosinophilia (Meurer et al., 1993). In asthmatic subjects, allergen provocation is associated with an increase in mRNA transcripts and protein for eotaxin that appears before the development of the LPR and infiltration of eosinophil into the airways (Brown et al., 1998). Significantly, at late time points, when eotaxin expression declined, the number of eosinophils recovered from the BAL fluid continued to rise, suggesting that eotaxin contributes only to the early phase of eosinophilia and that other mediators regulate the persistent eosinophilia (Brown et al., 1998).

Although eotaxin expression usually is associated with inflammation, it also is expressed basally and is involved in the fundamental baseline trafficking of eosinophils from the circulation to tissues in health (Matthews et al., 1998). However, this appears to be restricted to the gut where appreciable degranulation is also common (Kato et al., 1998b).

RANTES also promotes degranulation of eosinophils with the release of ECP and EDN (Alam et al., 1993; Horie et al., 1996) by a mechanism that might involve the opening of high conductance Ca^{2+} -activated K^+ channels (Saito et al., 1996). Indeed, patch-clamping studies have shown that RANTES increases the open-state probability of these channels in EoL-1 cells with a unit conductance of 14 pS. Moreover, channel activation is blocked by PTX and mimicked by the intracellular application of GTP γ S (in inside-out patches) and by Ca^{2+} consistent with the interaction of RANTES with the G_i -coupled receptor CCR3 (Saito et al., 1996). RANTES also activates PtdIns 3-kinase and promotes subsequently the phosphorylation of PKB in human eosinophils (Coffer et al., 1998). Although the functional consequences of these biochemical effects are largely unexplored they might represent upstream effectors of the NADPH oxidase (Coffer et al., 1998).

2. *CXC Chemokines*. Only one CXC chemokine, IL-8, is known to activate eosinophils. However, whether it mediates its effects through CXCR1 (IL-8_A-R) or CXCR2 (IL-8_B-R) is unexplored. Several inconsistencies exist in the literature with respect to the sensitivity of eosinophils to IL-8. Erger and Casale (1995) found that IL-8 promoted eosinophil migration across micropore filters and through monolayers of HUVECs and A549 cells. However, those findings contradict the results obtained in a previous study (Ebisawa et al., 1994). This discrepancy may have resulted from cell priming during the isolation of eosinophils (Rozell et al., 1996). Indeed, this explanation would be in agreement with a number of in vitro studies where IL-8-induced chemotaxis is observed only after preincubation of eosinophils with IL-5 or GM-CSF (Warringa et al., 1991, 1992b; Schweizer et al., 1994; Heath et al., 1997). Interleukin-8-induced chemotaxis is associated with an increase in the $[Ca^{2+}]_i$ (Collins et al., 1993) and actin polymerization (Schweizer et al., 1994). In vivo studies have established that IL-8 elicits eosinophil migration into the BAL fluid (Lagente et al., 1995) and skin of guinea pigs (Collins et al., 1993), although it is uncertain whether this is a direct or indirect response.

F. Complement

Complement is a collective term that refers to a group of at least 30 proteins including proteolytic proenzymes, nonenzymatic components from which active enzymes are derived, and receptors that together form part of an intricate enzyme system found in plasma (Ember and Hugli, 1997). Triggering of these systems sets in motion an amplification cascade that ultimately results in the formation of the, so-called, terminal attack sequence that promotes cell lysis and is central to protecting the host from invading parasites and microbes. In excess of nine receptors for complement fragments have been identified and characterized to some extent (see Ross, 1989; Krych et al., 1992; Wetsel, 1995; Ember and Hugli,

1997). The 74- to 77-amino acid anaphylatoxins (C3a, C4a, C5a) are known to signal through G protein-coupled receptors and these are described below. The remaining complement receptors relevant to eosinophil biology are discussed in XI. M.

1. *Complement 3a Anaphylatoxin*. The most abundant and important complement component is C3, which is split by a convertase into the anaphylatoxin C3a and a larger fragment, C3b. Through combination with factor B and in the presence of a normal plasma enzyme, factor D, C3b forms C3bBb that can act in a positive feedback loop to further degrade C3.

The ability of C3a to bind to the surface of human eosinophils was first demonstrated in 1979 (Glovsky et al., 1979), and specific saturable binding sites for this anaphylatoxin were subsequently identified (Goers et al., 1984; Martin et al., 1997). In 1996, a 482-amino acid C3a receptor was cloned from a LPS-activated human neutrophil cDNA library that had 37% nucleotide identity with the human C5a receptor throughout the coding region (Ames et al., 1996). The C3a receptor is a member of the G protein-coupled family of seven transmembrane-spanning receptors but has an uncharacteristically large extracellular loop of over 160 amino acids between transmembrane domains four and five, and features two *N*-linked glycosylation sites. Stable transfection of the rat basophilic leukemia cell line RBL-2H3, with expression plasmids encoding the C3a receptor, showed that agonist ligation with the C3a carboxyl-terminal analog WWGKKYRASKLGLAR resulted in robust Ca^{2+} mobilization under conditions where C5a was inactive.

The murine C3a receptor also has been isolated using a probe derived from the large extracellular loop found in the human homolog to screen a mouse brain cDNA library (Tornetta et al., 1997). The receptor is 65% identical with the 482 amino acids comprising the coding region of the human C3a receptor and features four extracellular *N*-linked glycosylation sites. Consistent with the results of Ames et al. (1996), stable transfection of RBL-2H3 cells with expression plasmids encoding the murine C3a receptor confers sensitivity to C3a but not to C5a (Tornetta et al., 1997).

C3a is a selective chemoattractant for eosinophils but not neutrophils (Daffern et al., 1995), activates the NADPH oxidase (Bach et al., 1990; Elsner et al., 1994), and promotes the release of EPO, EDN, and ECP from cytochalasin B-treated cells (Bach et al., 1990; Takafuji et al., 1994), which can be enhanced by IL-3 and IL-5 (Takafuji et al., 1996). The mechanism of eosinophil activation by C3a is poorly understood, although it is known to elevate the $[Ca^{2+}]_i$ and to promote the production of reactive oxygen intermediates by a PTX-sensitive mechanism (Elsner et al., 1994). Those preliminary data are consistent with findings in other cells expressing the C3a receptor. Thus, in U937 cells, C3a increases $[Ca^{2+}]_i$ by a PTX-sensitive mechanism and elevates $Ins(1,4,5)P_3$

mass, indicating that the C3a receptor couples to a PLC- β isoform via G_i or G_o (Klos et al., 1992). Identical results have been obtained with blood- and skin-derived macrophages and monocytes (Zwirner et al., 1997).

2. *Complement 4a Anaphylatoxin*. The second component of the classical complement pathway, C4, is split by C1 into the anaphylatoxin C4a and the larger C4b. Controversy surrounds the mechanism by which C4a anaphylatoxin elicits its functional effects. Indeed, evidence is available that C4a interacts with a structurally distinct C4a receptor (Murakami et al., 1993; Ames et al., 1997) and that it shares the same receptor as C3a (Hugli, 1984; Gerard and Gerard, 1994). To the authors' knowledge, nothing is known of the effect of C4a on eosinophil function. However, a C3a receptor-mediated effect of C4a seems unlikely given that it fails to promote Ca^{2+} mobilization in RBL-2H3 cells stably transfected with an expression plasmid encoding the murine C3a receptor (Tornetta et al., 1997).

3. *Complement 5a Anaphylatoxin*. Activation of the complement cascade can result in enzymatic cleavage of complement C5 and the release of a small polypeptide, C5a, from the remainder of the molecule, C5b, which remains loosely attached to the catalyst C5 convertase. One possible source of C5 degradation is provided by the eosinophil itself when exposed to immune complexes or SOZ (Ogawa et al., 1981a). Under those conditions, eosinophils can secrete a neutral protease that cleaves C5 to yield an eosinophil chemotactic activity that may well be C5a (Ogawa et al., 1981a). In 1977, Klebanoff et al. reported that eosinophils taken from the peritoneum of a child with eosinophilic gastroenteritis were activated by C5a, suggesting that receptors for this anaphylatoxin were expressed. Subsequent studies confirmed the expression of C5a-binding sites on human eosinophils using $[^{125}I]C5a$ as a ligand and identified two apparently distinct populations of saturable sites (Gerard et al., 1989). One of these is present in relatively low abundance ($B_{max} = 15,000-20,000$ sites/cell) for which C5a has high affinity ($K_d = 31$ pM). The other constitutes the majority (>90%) of the total binding capacity ($B_{max} = 375,000$ sites/cell) although the affinity ($K_d = 100$ nM) of C5a is considerably (>300-fold) lower.

Autoradiography of eosinophils cross-linked to $[^{125}I]C5a$ and run on SDS-polyacrylamide gels identified a dominant 60- to 65-kDa receptor complex (Gerard et al., 1989). However, using the same technique, the C5a receptors on human neutrophils are of a lower mass (50–52 kDa), suggesting possible C5a receptor heterogeneity (Gerard et al., 1989). The apparent difference between the eosinophil and neutrophil C5a receptor is supported by expression studies. A 2.3-kilobase (kb) cDNA, isolated from a library prepared from the mRNA of dibutyryl cAMP-differentiated HL60 cells, and expressed in COS cells encoded a 50- to 52-kDa C5a receptor consistent with the neutrophil variant (Boulay et al., 1991). It is noteworthy, that binding studies with that

cloned receptor revealed sites for which C5a had high ($K_d = 1.7$ nM) and low ($K_d = 20$ – 25 nM) affinity (Boulay et al., 1991) which might point to different conformations of the same protein.

The amino acid sequence of the C5a receptors cloned from U937 and HL-60 cells indicates that they adopt a seven transmembrane-spanning architecture and feature the necessary motifs for interaction with heterotrimeric GTP-binding proteins (Boulay et al., 1991; Gerard and Gerard, 1991). Concordant with those data is the finding that in human and guinea pig eosinophils, C5a evokes a rapid and transient, PTX-sensitive increase in $[Ca^{2+}]_i$ (Elsner et al., 1995) that is derived almost exclusively from intracellular storage organelles (Elsner et al., 1994, 1995; Takafuji et al., 1994; Wymann et al., 1995; Teixeira et al., 1997b). C5a also has been shown to activate PLD in human normodense eosinophils (Minnicozzi et al., 1990) as well as PKB and PtdIns 3-kinase (Coffer et al., 1998), but the functional consequences of these effects have not been investigated further.

Ligation of the C5a receptor on eosinophils evokes a number of functional responses, many of which are shared with other agonists that act through G protein-coupled receptors (Table 10). Perhaps the most effective activity of C5a is its ability to act as a chemoattractant, although it has been reported to generate lipid mediators, oxygen-derived free radicals, and certain cytokines, promote degranulation, chemotaxis, and adherence, and to modulate the expression of certain receptors and adhesion molecules (see Table 10). With respect to the aforementioned functional effects, Ca^{2+} ions are apparently required for the activation of the NADPH oxidase complex (Elsner et al., 1994, 1995; Wymann et al., 1995) and for promoting chemotaxis and actin polymerization (Elsner et al., 1996a).

In vivo, C5a is an effective eosinophil chemoattractant, although in some species its effects are partially indirect through the generation of secondary factors such as LTB_4 (Faccioli et al., 1991; Pettipher et al., 1994).

G. 5-Oxoicosatetraenoic Acid (ETE), Hydroxyicosatetraenoic Acids (HETEs), and Dihydroxyicosatetraenoic Acids (diHETEs)

The lipids 5-oxo-ETE (Powell et al., 1995; Schwenk and Schroder, 1995; O'Flaherty et al., 1996a; Czech et al., 1997), 5-oxo-15-HETE (Schwenk et al., 1992; Powell et al., 1995; O'Flaherty et al., 1996a; Czech et al., 1997), 5-HETE (O'Flaherty et al., 1996b), and 8,15-diHETE (Morita et al., 1990a; Sehmi et al., 1991) are powerful eosinophil chemoattractants. In addition 5-oxo-ETE, the most potent of these novel lipid mediators (Powell et al., 1995; O'Flaherty et al., 1996a), induces degranulation of GM-CSF-treated eosinophils and enhances, by up to 10,000-fold, the ability of C5a, LTB_4 , PAF, and fMLP to effect secretion of stored proteins (O'Flaherty et al., 1996a). Similarly, 5-oxo-ETE, at substimulatory concentrations, potentiates the chemotactic activity of PAF (Powell et al., 1995). Interestingly, 5-oxo-ETE, but not 5-HETE or 15-HETE, is approximately 100 times more potent as an eosinophil stimulant than its activity on neutrophils, suggesting that this compound may act selectively to induce eosinophil margination and activation (O'Flaherty et al., 1996a).

The cell surface receptor(s) on human eosinophils at which 5-oxo-ETE and 5-HETE act are not defined but their ligation results in rapid actin polymerization, intracellular Ca^{2+} mobilization, and the generation of oxygen radicals via a PTX-sensitive mechanism (Czech et al., 1997). Thus, the receptor for 5-oxo-ETE is likely to be G_i protein-coupled. 5-Oxo-ETE also enhances the ex-

TABLE 10
Functional effects evoked by C5a anaphylatoxin in eosinophils

Function	Species	Reference(s)
Induces chemotaxis	Human	Kay et al. (1973); Klebanoff et al. (1977); Ogawa et al. (1981a); Fischer and Czarnetzki (1982); Morita et al. (1989b); Rot et al. (1992); Elsner et al. (1996a,b)
Mobilizes and activates CR3	Human	Lundahl et al. (1993)
Activates VLA-4	Human	Weber et al. (1996)
Activates the NADPH oxidase	Human	De Simone et al. (1986b); Elsner et al. (1995); Wymann et al. (1995); Zeck Kapp et al. (1995); Elsner et al. (1996a,b)
Generates PAF	Human	Lee et al. (1984)
Generates LTC_4 in IL-3 and IL-5-primed cells	Human	Takafuji et al. (1991)
Releases β -glucuronidase	Human	Morita et al. (1989b)
Releases EPO	Human	De Simone et al. (1986b); Kernén et al. (1991); Takafuji et al. (1994); Zeck Kapp et al. (1995)
Releases ECP in cytochalasin-treated cells	Human	Zeck Kapp et al. (1995)
Releases MBP	Human	Koyanagi et al. (1995)
Releases IL-8 in cytochalasin-treated cells	Human	Takafuji et al. (1991)
Activates the hexose monophosphate shunt	Human	Klebanoff et al. (1977)
Promotes binding of estrogen	Human	Klebanoff et al. (1977)
Promotes degradation of thyroid hormone	Human	Klebanoff et al. (1977)
Releases MIF	Human	Rossi et al. (1998)
Generates TXB_2	Guinea pig	Giembycz et al. (1990)
Promotes CD18/lectin-dependent homotypic aggregation	Guinea pig	Teixeira et al. (1996c)
Promotes adherence to fibronectin (weak)	Horse	Foster et al. (1997)
Promotes adherence to bronchial epithelial cells	Human	Burke-Gaffney and Hellewell (1998)

pression of CD11b and the shedding of L-selectin by a mechanism that is insensitive to PD 098059, wortmannin, and staurosporine (Powell et al., 1999). Some 5-oxo-EETE-elicited responses might be attributable to its ability to promote the phosphorylation of ERK-1 and ERK-2 (O'Flaherty et al., 1996b).

In vivo, 5-oxo ETE, given by the intratracheal route to Brown Norway rats, produces a dramatic (5- to 8-fold) increase in the number of eosinophils around the airway wall that is not blocked by LTB₄ or PAF antagonists but is attenuated (~ 75%) by monoclonal antibodies directed against the adhesion molecules very late antigen (VLA) 4 and CD11a (Stamatiou et al., 1998). The magnitude of this effect is significantly greater than that effected by LTB₄.

H. Sensory Neuropeptides

Sensory neuropeptides represent a host of biologically active mediators, many of which have a variety of effects on eosinophil function. The most studied of these peptides include SP, NKA, NKB, calcitonin gene-related peptide (CGRP), gastrin-releasing peptide, peptide histidine isoleucine, secretin, helodermin, secretoneurin, cholecystokinin octapeptide, and vasoactive intestinal peptide (Goetzl and Sreedharan, 1992), and some of these are discussed below.

1. *Substance P*. Substance P (SP), NKA, and NKB comprise the tachykinins and exert many (if not all) of their effects by acting through at least three structurally distinct, seven transmembrane-spanning receptors denoted neurokinin (NK)₁, NK₂, and NK₃. In humans, the NK₁, NK₂, and NK₃ receptors are composed of 407, 398, and 468 amino acids, respectively, represent distinct gene products and couple primarily through the G_{q/11} family of GTP-binding proteins. Heterogeneity of tachykinin receptors also is seen in cells and tissues from mice and rats. See Regoli et al. (1994) for additional details.

SP is a undecapeptide which is localized to sensory nerves that innervate various organs, in particular the gut and respiratory tract. In addition, eosinophils have the capacity to synthesize, store, and release large quantities of peptides, including SP and CGRP (Aliakbari et al., 1987; Weinstock et al., 1988; Weinstock and Blum, 1989, 1990b; Weinstock, 1991; Metwali et al., 1994), that may act in an autocrine fashion. High concentrations (>1 μM) of SP effectively degranulate eosinophils (measured as secreted EPO and ECP) but, unlike melittin (see *XI.N*), do not promote the biosynthesis of TX, indicating a selective effect on the exocytotic response (Kroegel et al., 1990b; Iwamoto et al., 1993a). SP-induced EPO release is thought to be mediated by the amino terminus of the molecule as evinced from the ability of the truncated analog SP₁₋₄, but not SP₄₋₁₁, to promote secretion (Kroegel et al., 1990b). Paradoxically, the release of ECP by SP is mediated by the carboxyl terminus of the peptide since SP₁₋₉ failed to promote degranulation, unlike the truncated peptides SP₄₋₁₁ and SP₆₋₁₁, although the

degree of ECP release (less than 10% of total stored) was modest (Iwamoto et al., 1993a). The significance of these discrepant findings is unclear. The ability of SP to effect eosinophil degranulation is not mimicked by the related peptide NKA, which could indicate a non-NK receptor-mediated process. Indeed, it has been proposed that the effects of SP and other amphiphilic peptides are due to physicochemical properties of these molecules, possibly involving the direct interaction and activation of G proteins (Mousli et al., 1990). This is a plausible explanation and particularly relevant to SP-induced EPO release given that a novel G protein, G_E, is believed to regulate the terminal stages of exocytosis (Gomperts, 1990; Nusse et al., 1990; Cromwell et al., 1991; Gomperts and Cromwell, 1991).

SP also promotes the migration of human eosinophils at extremely low concentrations (EC₅₀ = 1–10 pM) (Wiedermann et al., 1993; Dunzendorfer et al., 1998a), possibly through a PtdIns 3-kinase-dependent mechanism, and potentiates the chemotactic activity of IL-5, LTB₄, and PAF (Numao and Agrawal, 1992; Elshazly et al., 1996a; Dunzendorfer et al., 1998a,b). Although there is some discrepancy over whether priming occurs in eosinophils purified from the blood of nonallergic subjects (see Numao and Agrawal, 1992; Elshazly et al., 1996a), this action is, again, directed by the carboxyl terminus of the peptide (Numao and Agrawal, 1992; Wiedermann et al., 1993). However, in contrast to its ability to promote directional migration, SP-induced priming is probably mediated through NK₁ receptors since it is antagonized by FK888 (Elshazly et al., 1996a). Similar data have been obtained with NKA and cholecystokinin octapeptide (Numao and Agrawal, 1992).

Submicromolar concentrations of SP have been reported to up-regulate the expression of receptors for Fcε and Fcγ on human eosinophils and to augment antibody-dependent eosinophil-mediated cytotoxicity toward erythrocytes (De Simone et al., 1987). With respect to the NADPH oxidase, human eosinophils in suspension are insensitive to SP (Dri et al., 1991). However, when they adhere to polystyrene-based enzyme-linked immunosorbent assay plastic, SP can evoke a respiratory burst provided very high concentrations (in the high micromolar range) are used (Dri et al., 1991). Whether NK receptors are involved in either of these functional effects is unclear.

In vivo, SP generally promotes tissue eosinophilia. This has been observed in both guinea pigs, where intradermal administration elicits cutaneous eosinophil accumulation by a NK₁-independent mechanism that relies on the generation of 5-lipoxygenase products (D. T. Walsh et al., 1995), and in BALB/c mice which is dependent upon the secondary formation of LTB₄ (Iwamoto et al., 1993b). Similar data have been reported in human studies. Fajac et al. (1995) found that SP, nebulized into each nostril of seven patients with seasonal allergic rhinitis 24 h after nasal provocation,

markedly (>10-fold) enhanced the already numerous number of eosinophils present in the nasal lavage fluid. That effect was associated with increased nasal obstruction and leakage of plasma proteins from the vasculature. Since SP is released after nasal allergen challenge, it is possible that this peptide plays an important role in chronic eosinophilic inflammation of the nasal mucosa in symptomatic allergic rhinitis. However, the ability of SP to activate eosinophils in the lung, gut, or nose may have little physiological or pathophysiological significance given that the concentration released from sensory nerves and proinflammatory cells would have to be in the micromolar range for most functional effects to be manifest.

2. *CGRP*. Four distinct receptors for the CGRP family of proteins (which include amylin, calcitonin, and adrenomedullin) have been partially classified based on rank orders of agonist potencies and molecular cloning. Each receptor is G protein-coupled, probably through G_s , to adenylyl cyclase, although this is probably not the only effector.

Controversy exists regarding the effect of CGRP on eosinophil function. Numao and Agrawal (1992) reported that CGRP primed human eosinophils to chemotactic agents but had no direct effect itself. However, most other investigators have provided results to the contrary. Thus, in vitro CGRP has been shown to be an extremely potent chemotactic agent for human eosinophils with an EC_{50} of approximately 1 pM (Dunzendorfer et al. 1998a). Similarly, rat CGRP is chemotactic for guinea pig eosinophils (Manley and Haynes 1989). Intriguingly, the amino acid sequence VGSE, which represents ratCGRP³²⁻³⁵, is identical with ECF-A reported by Goetzl and Austen (1975) and is more effective than CGRP in the chemotaxis assay (Manley and Haynes, 1989). Since CGRP is a substrate for endopeptidase 24.11, it could be converted into ECF-A in vivo. Thus, a novel function of endopeptidase 24.11 may be to enhance rather than terminate the biological activity of CGRP (Davies et al., 1992).

The chemotactic activity of CGRP is somewhat surprising given that receptors for GCRP and related family members are believed to couple primarily to adenylyl cyclase via G_s . However, the possibility exists that CGRP could promote chemotaxis by activating an alternative G_s -regulated protein such as an ion channel. Alternatively, coupling of CGRP receptors through other G proteins could be inferred from the report that human eosinophils chemotaxis is abolished by wortmannin at a concentration that selectively inhibits PtdIns 3-kinase (Dunzendorfer et al., 1998a). These possibilities are supported by the general observation that cAMP-elevating agents suppress eosinophil chemotaxis (see *XIV.A.5*, *XIV.C*, and *XIV.D* for details).

Little is known of the effects of CGRP on leukocyte accumulation in vivo. Bellibas (1996) reported that rats given nebulized CGRP developed a pulmonary eosino-

philia. Similarly, injection of CGRP into human skin causes a long-lasting flare associated with eosinophil infiltration (Piotrowski and Foreman, 1986). Whether CGRP acts directly or indirectly has not been explored.

3. *Secretoneurin*. Dunzendorfer et al. (1998a,b) have reported that secretoneurin, a novel 33-amino acid peptide derived from secretogranin II (Kirchmair et al., 1993) that is released from sensory afferent C-fibers by capsaicin (Kirchmair et al., 1994), is an effective chemoattractant for human eosinophils with a potency 10 to 50 times less than SP, RANTES, and IL-8. Preliminary studies designed to evaluate the signaling pathway(s) utilized by secretoneurin established that chemotaxis was abolished by the PtdIns 3-kinase inhibitor wortmannin, but not by tryphostin-23, whereas the same response evoked by SP was inhibited by both pharmacological agents (Dunzendorfer et al., 1998a,b). Thus, it would appear that secretoneurin-induced human eosinophil chemotaxis is mediated, in part, by mechanisms distinct from those recruited by SP. Studies with the phosphodiesterase (PDE) inhibitor 3-isobutyl-1-methylxanthine (IBMX), which significantly attenuated secretoneurin-, but not SP-, induced chemotaxis support this idea (Dunzendorfer et al., 1998a,b).

4. *Vasoactive Intestinal Peptide*. In humans and rats, three receptors (PAC, VPAC₁, and VPAC₂) unequivocally have been defined at which vasoactive intestinal peptide (VIP) is an agonist. Molecular genetics has established that each receptor is encoded by a distinct gene that activates effector elements by coupling exclusively through G_s . See Harmar et al. (1998) for additional details.

Eosinophils have the capacity to synthesize, store, and release large quantities of a variety of peptides including VIP (Aliakbari et al., 1987; Weinstock and Blum, 1990a; Weinstock, 1991; Metwali et al., 1994) that may act in an autocrine fashion to modulate cell function. A preliminary report has described the specific binding of ¹²⁵I-labeled VIP to intact eosinophils harvested from the peritoneal cavity of guinea pigs (Sakakibara et al., 1990). This effect is rapid, time-dependent, and saturable and can be inhibited by unlabeled VIP and the related peptide helodermin (Sakakibara et al., 1990). Scatchard analyses of ¹²⁵I-labeled VIP-binding isotherms indicates a single class of low-affinity ($K_d = 140$ nM), high-capacity (744,000) sites/cell (Sakakibara et al., 1990). In the presence of the nonselective PDE inhibitor IBMX, neither VIP nor helodermin increased measurably the cAMP content of guinea pig eosinophils (Sakakibara et al., 1990), suggesting that if the VIP-binding sites represent bona fide receptors they are uncoupled from, or do not couple positively to, adenylyl cyclase. Moreover, exogenous VIP does not inhibit the production of superoxide anions from phorbol ester-stimulated eosinophils (Sakakibara et al., 1990). However, that negative result is not entirely unexpected because cyclic nucleotide-elevating drugs generally do not inhibit func-

tional responses in eosinophils effected by phorbol diesters or calcium ionophores (Dent, 1991). The knowledge that cAMP suppresses receptor-mediated respiratory burst activity in eosinophils implies that the substrate(s) phosphorylated by PKA is upstream of PKC. At the present time, therefore, the nature of the specific binding sites labeled by ^{125}I -labeled VIP in guinea pig eosinophils is unclear.

In contrast, VIP is a potent chemokinetic agent for human isolated eosinophils with activity in the femtomolar range. This effect appears to be receptor mediated for it is abolished by $[\text{L}^{17}\text{-G}^{29}\text{,K}^{30}]\text{VIP}$, a VIP antagonist. Moreover, secretin mimicks the effect of VIP, whereas helodermin is relatively inactive, suggesting that VPAC₁ receptors mediate chemokinesis (Dunzendorfer et al., 1998a). Interestingly, the nonselective PDE inhibitor IBMX, prevented VIP- and secretin-induced chemokinesis (consistent with the inhibitory effect of cAMP on eosinophil locomotion) which tempts speculation that the receptor through which VIP acts does not couple through G_s (Dunzendorfer et al., 1998a). In this respect, a low concentration (10 nM) of wortmannin abolished VIP- and secretin-induced chemokinesis, implicating PtdIns 3-kinase in eosinophil locomotion (Dunzendorfer et al., 1998a).

I. Bradykinin

Two subtypes (B₁ and B₂) of the bradykinin receptor have been defined by pharmacological and molecular techniques and additional evidence for a B₃ receptor has been provided from antagonist studies (Farmer, 1995). In humans, the B₁ and B₂ receptors are composed of 353 and 364 amino acids, respectively, represent distinct gene products and couple primarily through the G_{q/11} family of GTP-binding proteins. See Hall (1997) for additional details.

Bradykinin has no known direct effect on eosinophil function although, in vivo, it promotes localized eosinophilia in several species, including the guinea pig (Fechter et al., 1986; Farmer et al., 1992) and rat (Pasquale et al., 1991; Bowden et al., 1994; Pires et al., 1994; Ferreira et al., 1996). Bradykinin B₂ receptors are implicated in the cavine model since eosinophil accumulation is suppressed by the B₂-selective antagonists NPC 567 and NPC 16731. In rats, bradykinin acts, in large part, by effecting the generation of lipoxigenase products (Pasquale et al., 1991).

J. Endothelin

Two receptors (ET_A and ET_B) for the endothelins have been classified in a number of species that couple to intracellular effectors through the G_q/G₁₁ family of GTP-binding proteins. In humans, the ET_A and ET_B receptors are composed of 427 and 442 amino acids, respectively, and are distinct gene products. Pharmacological evidence is available for ET_B receptor heterogeneity but

this is yet to be confirmed at the molecular level. See Masaki et al. (1994) for additional details.

Fujitani et al. (1997) have reported that the appearance of eosinophils in the BAL fluid of allergen-challenged, sensitized BALB/c mice was significantly suppressed by BQ 123 (ET_A antagonist), SB 209670 (ET_A/ET_B antagonists), and a neutralizing anti-endothelin antibody. The additional finding that the ET_B antagonist BQ-788 was inactive suggests that endogenously released endothelin promotes pulmonary eosinophilia through an action at ET_A receptors. It is not known whether eosinophils express functional endothelin receptors but the mechanism of action of BQ 123 and SB 209670 in the murine model probably resides in their ability to release interferon γ (IFN γ) from Th₁ T lymphocytes (Fujitani et al., 1997). Indeed, the i.v. administration of endothelin to guinea pigs does not cause pulmonary leukocyte accumulation (Macquin-Mavier et al., 1989).

K. Adenosine

Currently, four receptors for adenosine have been unequivocally defined in human tissues and are denoted A₁, A_{2A}, A_{2B}, and A₃. Each, so-called, purinoceptor is a member of the seven transmembrane-spanning family of receptors and couples to multiple effectors through G_i, G_o, and G_s. Thus, adenosine can act as an excitatory and inhibitory ligand depending upon the receptor subtype expressed by the cell or tissue of interest. In humans, the A₁, A_{2A}, A_{2B}, and A₃ purinoceptor are composed of 326, 412, 332, and 318 amino acids, respectively, and represent distinct gene products. Adenosine receptor multiplicity also is found in cells and tissues from mice and rats. See Fredholm et al. (1994) for detailed description of classification.

Human and guinea pig eosinophils generate and release adenosine spontaneously in biologically active quantities. This phenomenon is seen in cells pretreated with adenosine deaminase and the adenosine receptor antagonist 8-phenyltheophylline (which does not inhibit PDE). Both of these pharmacological interventions augment the generation of superoxide anions in response to SOZ, indicating that adenosine acts in an autocrine manner to suppress, tonically, the activity of the NADPH oxidase (Yukawa et al., 1989a). Pharmacological experiments designed to determine the adenosine receptor coupled to the inhibition of the NADPH oxidase implicate the A₂ subtype since 5'-N-ethyl-carboximide adenosine has a greater inhibitory effect than R-N-phenyl-isopropyl adenosine (Yukawa et al., 1989a). Furthermore, adenosine has been shown to increase the $[\text{Ca}^{2+}]_i$ in fura-2/AM-loaded guinea pig eosinophils and to significantly enhance PAF-induced superoxide anion generation and Ca²⁺ mobilization (Walker, 1996). The receptor that mediates these latter effects is not defined but is unlikely to be either of the A₂ purinoceptor subtypes since they couple predominantly through G_s.

In situ hybridization and polymerase chain reaction (PCR) studies have localized transcripts of the adenosine A₃ receptor to human eosinophils from normal and atopic donors (Kohno et al., 1996; Walker et al., 1997). More detailed experiments have established that eosinophil membranes express a homogeneous population of noninteracting, high-affinity ($K_d = 3.2$ nM) binding sites for ²⁵I-labeled N⁶-(4-aminobenzyl)-adenosine-5'-N-methyluronamide, an adenosine A₃ receptor agonist, with a B_{max} of 1.3 pmol/mg protein (Kohno et al., 1996). Intriguingly, the density of adenosine A₃ receptor transcripts is higher in lung tissue taken from subjects with airway inflammation than from normal donors (Walker et al., 1997), although whether this is associated with an increase (or decrease) in functional receptors is currently unknown. In addition to suppressing the activation of the NADPH oxidase via A₂ receptors (see above), adenosine exerts effects in eosinophils through agonism of the adenosine A₃ receptor that are considered to be both proinflammatory and anti-inflammatory. Thus, PAF-, RANTES-, and LTB₄-induced chemotaxis of human eosinophils is prevented by 3-(3-iodo-4-aminobenzyl)-8-(4-oxyacetate)phenyl-1-propyloxanthine, a selective antagonist at A₃ receptors (Knight et al., 1997; Walker et al., 1997). In contrast, the highly potent and selective A₃ agonist CI-IB-MECA mobilizes Ca²⁺ from both intracellular stores and from the extracellular compartment, suggesting that the A₃ purinoceptor can couple to a PLC (Kohno et al., 1996).

L. Histamine

Histamine (2-(4-imidazole)ethylamine) can act at three distinct receptors denoted H₁, H₂, and H₃. Classical pharmacology, allied with molecular techniques, has identified the H₁ and H₂ receptor in humans, mice, and rats and has established that they belong to the seven transmembrane-spanning family of receptors. The human H₁ and H₂ receptors are composed of 487 and 359 amino acids, respectively, and are the products of different genes. Although the H₁ receptor couples primarily through a PTX-insensitive G protein, probably of the G_{q/11} class, the H₂ receptor is linked to effector enzymes via G_s. Thus, like adenosine, histamine can activate or inhibit depending upon the receptor subtype expressed by the cell or tissue of interest. The H₃ receptor has not yet been cloned but has pharmacology distinct from the other histamine receptors. The effector molecules involved in H₃ receptor signaling are unknown, although radioligand-binding experiments imply a possible link to a G protein. See Hill et al. (1997) for detailed review.

Pharmacological evidence points to the expression of H₁, H₂, and H₃ histamine receptors on human eosinophils and much of this is derived from experiments assessing locomotion in vitro. Although many studies have examined the chemotactic potential of histamine in several species (Clark et al., 1975, 1977; Bryant et al., 1977; Jones and Kay, 1977; Wadee et al., 1980; McEwen et al.,

1990; Foster and Cunningham, 1998), much of those data are contradictory with respect to the receptor subtype(s) involved. Thus, in the late 1970s, the chemotactic activity of histamine on guinea pig eosinophils was attributable to an interaction at receptors of the H₂ subtype (Jones and Kay, 1977). In contrast, similar experiments performed at the same time with human cells failed to corroborate that finding and, instead, proposed the existence of a novel receptor based on the finding that histamine-induced chemotaxis was not blocked by H₁ or H₂ antagonists (Clark et al., 1975, 1977). Further discrepancy is provided by the results of additional studies where histamine was shown to augment human eosinophil chemokinesis (random migration), effected by endotoxin-activated serum, through a pyrillamine (H₁)-sensitive receptor (Clark et al., 1977; Wadee et al., 1980), whereas, in the same experimental setup, directional motility (chemokinesis) was mediated through H₂ receptors (Clark et al., 1977; Wadee et al., 1980). In equine eosinophils, histamine promotes migration and adherence to serum- and fibronectin-coated plastic solely through the histamine H₁ subtype (Foster and Cunningham, 1998). Thus, although species differences should not be discounted, the histamine receptor subtype(s) that promotes eosinophil locomotion still is equivocal.

Histamine H₃ receptors were identified on human eosinophils by Raible et al. in the early 1990s. Using Ca²⁺ mobilization as an index of activation, the affinity of the selective H₃ antagonists burimamide, thioperamide, and impromidine were similar to those calculated for the H₃ receptors in the central nervous system (Raible et al., 1992, 1994). However, *R*- α -methylhistamine and *N*- α -methylhistamine (H₃-selective agonists) were less active than histamine itself which led Raible et al. (1994) to suggest that the eosinophil H₃ receptor is different from those expressed in other tissues. However, low receptor expression or poor receptor-effector-coupling efficiency equally could explain this apparently anomalous result.

With the possible exception of motility, the functional effects of histamine in eosinophils are surprisingly little studied. Reports that histamine evokes superoxide anion generation from guinea pig and human eosinophils (Pincus et al., 1982) and enhances C3b rosette formation (Anwar and Kay, 1980) by a H₁ receptor-mediated mechanism have been suggested but not corroborated.

One of the first investigations to address the in vivo effects of histamine was published by Vegad and Lancaster (1972) who reported that local application produced cutaneous eosinophilia in sheep. That finding has since been confirmed in guinea pigs (Woodward et al., 1985) and in humans, where the chemoattraction was greater in atopic subjects when compared to normal individuals (Bryant and Kay, 1977). A role for histamine in eosinophil recruitment is not restricted to the skin. Histamine promotes the emigration of eosinophils to the conjunctiva of guinea pigs (Woodward et al., 1986;

Spada et al., 1986) and also is implicated in allergen-induced pulmonary eosinophilia in sensitized dogs (Johnson et al., 1992). In a guinea pig model of cutaneous and conjunctival eosinophilia, pyrilamine and cimetidine administered concurrently is necessary to significantly blunt eosinophil infiltration, indicating that histamine H₁ and H₂ receptors are involved (Woodward et al., 1985, 1986). However, eosinophil trafficking was not abolished by that treatment, tempting speculation that H₃ receptors also play a role (Woodward et al., 1986). Paradoxically, local application of histamine to unroofed heat-suction blisters of ragweed-sensitive subjects inhibited allergen-induced cutaneous eosinophilia (Ting et al., 1981). An important role for inhibitory H₂ receptors is, therefore, proposed.

M. Prostanoids

Elegant studies performed since the mid-1970s have provided pharmacological evidence for five main classes of receptor for the naturally occurring prostanoid agonists (reviewed in Coleman et al., 1994). These receptors have been given the prefix DP-, EP-, FP-, IP-, and TP- and belong to the G protein-coupled receptor superfamily. Because of the lack of selective antagonists, this taxonomy was formulated predominantly from rank orders of agonist potencies obtained in various pharmacological preparations where each prostanoid is at least one order of magnitude more potent than the others at a specific prostanoid receptor. Molecular biological techniques have recently confirmed this pharmacological classification with the cloning and expression of cDNAs for representatives of the five prostanoid receptors in a number of species including humans (Hirata et al., 1991; Abramovitz et al., 1994; Boie et al., 1994, 1995; Kunapuli et al., 1994; Regan et al., 1994a,b; Yang et al., 1994).

In vitro studies suggest that eosinophils might express excitatory DP receptors based on the finding that prostaglandin (PG) D₂ (but not PGF_{2α} or TX mimetics) enhances zymosan-activated serum-induced eosinophil migration (Butchers and Vardey, 1990). This possibility is supported by an earlier description of the chemokinetic activity of PGD₂ (Goetzl et al., 1979) and its ability to promote Ca²⁺ mobilization in fura-2-loaded human eosinophils (Raible et al., 1992). In vivo, PGD₂ promotes eosinopenia and the accumulation of eosinophils in the airways of dogs (Marsden et al., 1984; Emery et al., 1989) in a manner that is attenuated by the nonselective prostanoid receptor antagonist SK&F 88046. Thus, it seems likely that the chemokinetic action of PGD₂ results from a direct action on the eosinophil (Emery et al., 1989). Furthermore, PGD₂ (acting through TP receptors on the airways smooth muscle) evokes potent bronchoconstriction in humans (Beasley et al., 1989; Johnston et al., 1992). This effect raises important clinical considerations given that PGD₂ is present in the BAL fluid of mild asthmatic subjects and is released into the lungs

following acute allergen provocation (Murray et al., 1986; Liu et al., 1990).

Evidence derived from pharmacological studies suggests that eosinophils express a population of prostanoid receptors that, when activated, suppress several indices of activation. Butchers and Vardey (1990) reported that fMLP-induced ECP release from a mixed population of human granulocytes was suppressed by PGD₂, PGE₂, and PGF_{2α} with a rank order of potency in good agreement with that found with other cells and tissues that express DP receptors such as human platelets (Keery and Lumley, 1988). Similarly, the synthetic PGD₂ agonist BW 245C was more potent than the natural ligand at blocking degranulation (Butchers and Vardey, 1990). In complete agreement with those data, Sturton and Norman (1991) noted that PGD₂ was the most effective natural prostaglandin at preventing fMLP-induced respiratory burst (assessed as luminol-enhanced chemiluminescence) in human eosinophils. Thus, it appears that DP receptors can mediate both excitatory and inhibitory effects in human eosinophils that might reflect DP receptor heterogeneity (see Fernandes and Crankshaw, 1995).

PGE₂ inhibits, albeit modestly (20–30%), PAF-induced CD11b expression and the shedding of L-selectin on human eosinophils (Berends et al., 1997), implying that their interaction with the appropriate counter ligands on vascular endothelial cells would be reduced. A similar result was documented for PGE₁ which attenuated the up-regulation by PAF and C5a of the β₂ integrin CD18 in guinea pig eosinophils (Teixeira et al., 1996a). This action would temper the directional migration of eosinophils in response to chemoattractants and might attenuate eosinophil-driven inflammatory responses. The identity of the prostanoid receptor subtype at which E-series prostaglandins suppress adhesion molecule expression has not been determined, although it is curious that the PDE4 inhibitor rolipram is inactive, which tempts speculation that EP receptors coupled positively to adenylyl cyclase are not involved. Nevertheless, eosinophils may express inhibitory prostanoid receptors of the EP₂ subtype (Butchers and Vardey, 1990; Teixeira et al., 1997a). In human cells, this is suggested by the finding that PGE₂ increases the cAMP content (indicative of agonism at EP₂ or EP₄ receptors (Coleman et al., 1994)), and that misoprostol (EP₂-/EP₃-selective agonist), but not sulprostone (EP₁-/EP₃-selective agonist), inhibits fMLP-induced ECP release. In guinea pig eosinophils, pharmacological evidence based on the rank order of agonist potency (PGE₂ > PGE₁ > 11-deoxy-PGE₁ > misoprostol > butaprost > AH 13205) also implicates EP₂ receptors in the inhibition of PAF-induced homotypic aggregation (Teixeira et al., 1997a). In those studies, the selective EP₂ agonists butaprost and AH 13205 were uniformly weak, which might question the classification of the inhibitory eosinophil EP receptor as an EP₂ subtype. However, comparable results have been

described in rat neutrophils (Wise and Jones, 1994) and human monocytes (Meja et al., 1997) that express EP₂-like receptors. Thus, given the high selectivity of butaprost for EP₂ receptors, an alternative possibility is that guinea pig eosinophils express a modest number of EP₂-binding sites at which butaprost and AH 13205 have low efficacy. Regardless of their precise identity, the inhibitory EP receptors are apparently coupled positively to adenylyl cyclase since inhibition of PKA reduced the ability of PGE₁, 11-deoxy-PGE₁, and AH 13205 to suppress PAF-induced aggregation (Teixeira et al., 1996a, 1997a).

In vivo, E-series prostaglandins inhibit cutaneous eosinophilia in guinea pigs in response to PAF and compound 48/80 and after passive cutaneous anaphylaxis under conditions where local edema formation is enhanced (Teixeira et al., 1993). Prostaglandins exert several direct effects on eosinophils that could contribute to their ability to reduce eosinophil number to sites of an inflammatory insult (see above). However, the accumulation of neutrophils in the skin of guinea pigs is enhanced by PGE₁ and PGE₂, whereas in vitro neutrophil activation is generally attenuated (Teixeira et al., 1996a, 1997a; Berends et al., 1997). Thus, E-series prostaglandins might affect eosinophil emigration indirectly. However, studies with the long-acting β_2 adrenoceptor agonist salmeterol (Teixeira and Hellewell, 1997a) has provided persuasive evidence that agents that elevate cAMP can prevent eosinophil locomotion; thus, the mechanism of action of E-series prostaglandins in vivo remains to be elucidated.

Neither functional nor radioligand-binding experiments have provided any evidence for IP, FP, or TP receptors on human or guinea pig eosinophils (Butchers and Vardey, 1990; Giembycz et al., 1990; Sturton and Norman, 1991). As described in *XII. C.2*, the major cyclooxygenase products generated by PAF- and LTB₄-stimulated eosinophils are TX and PGE₂ (Giembycz et al., 1990; Perkins et al., 1995). However, exposure of guinea pig eosinophils to the cyclooxygenase inhibitor flurbiprofen, at a concentration that abolished PGE₂ generation, did not affect LTB₄- or PAF-induced functional responses (Giembycz et al., 1990; Rabe et al., 1992), indicating that this prostanoid is not generated in an amount sufficient to act in an autocrine manner.

N. α Adrenoceptors

Although formal identification (by radioligand binding or pharmacological means) of cell surface α adrenoceptors is lacking, Masuyama and Ishikawa (1985) suggested that they might be expressed on guinea pig eosinophils based on the finding that noradrenaline (α -selective) inhibited eosinophil phagocytosis and free radical production under conditions where isoprenaline (β -selective) was less active. However, in the absence of data obtained with selective agonists and antagonists,

the expression of α_1 or α_2 adrenoceptors (or subtypes thereof) on eosinophils is equivocal.

O. β Adrenoceptors

In the context of asthma, β_2 adrenoceptor agonists are, without exception, the most effective bronchodilators available clinically and can reverse tone by acting on airways smooth muscle directly, irrespective of the causative spasmogen. A far more contentious issue is whether they exert an anti-inflammatory influence in vivo. In the following sections the in vitro and in vivo actions of short- and long-acting β adrenoceptor agonists on eosinophil function are reviewed and their role in the treatment of inflammation discussed.

1. Receptors. Three distinct β adrenoceptor subtypes (β_1 , β_2 , and β_3) have been unequivocally classified. Each subtype is a member of the seven transmembrane-spanning family of receptors and is the product of a different gene. In humans, the β_1 , β_2 , and β_3 adrenoceptor are composed of 477, 413, and 408 amino acids, respectively, and interact predominantly, but not exclusively, with G_s-linked effectors (see Bylund et al., 1994 for details). Pharmacological evidence also is available for β_4 adrenoceptors (Molenaar et al., 1997).

Radioligand-binding studies using the β adrenoceptor antagonist ¹²⁵I-labeled pindolol have identified a homogeneous population of very high-affinity ($K_d \sim 25$ pM) binding sites on intact eosinophils harvested from human blood ($B_{max} = 4333$ sites/cell) and from the peritoneal cavity of guinea pigs ($B_{max} = 7166$ sites/cell) that have the characteristics of the β_2 adrenoceptor subtype (Yukawa et al., 1990). mRNA for the β_2 but not β_1 adrenoceptor subtype also has been identified in the same cells (Peters et al., 1993). Those results are concordant with the ability of isoprenaline and salbutamol to elevate the cAMP content and to activate PKA (Kita et al., 1991b; Souness et al., 1991; Dent et al., 1994; Munoz et al., 1995), and confirm that the β adrenoceptors on eosinophils can couple positively to adenylyl cyclase. Compared to isoprenaline, the selective β_2 adrenoceptor agonist salbutamol is less potent and is a partial agonist ($\alpha = 0.8$) at increasing cAMP in eosinophils (Yukawa et al., 1990), whereas the long-acting β_2 agonist salmeterol is inactive (Rabe et al., 1993; Munoz et al., 1995). The finding that the affinity of atenolol and ICI 118,551, antagonists of β_1 and β_2 adrenoceptors, respectively, for inhibiting isoprenaline-induced cAMP accumulation in eosinophils is essentially the same as their K_i values calculated from binding studies (Yukawa et al., 1990) indicates that the sites labeled by ¹²⁵I-labeled pindolol and the receptors subserving cAMP accumulation are identical (i.e., β_2 adrenoceptors).

In vitro, β_2 adrenoceptor agonists suppress several indices of eosinophil activation (detailed below) provided the preincubation time is not too long (Yukawa et al., 1990). However, prolonged exposure to β adrenoceptor agonists promotes rapidly a state of tolerance and, in

one study, salbutamol, salmeterol, and isoprenaline were reported to enhance eosinophil activation (Nielson and Hadjokas, 1998). Desensitization, noted also in other leukocytes (e.g., Tecoma et al., 1986), is probably due to uncoupling of β_2 adrenoceptors from adenylyl cyclase and/or enhanced metabolism of the cAMP formed following activation of the β adrenoceptor since receptor down-regulation normally is not observed. These biochemical changes are attributable to several mechanisms that are not mutually exclusive including the activation of PKA (Bouvier et al., 1989; Lohse, 1993; Giembycz, 1996), induction of PDE4 (Torphy et al., 1995; Giembycz, 1996; Seybold et al., 1998), and down-regulation of the activity and amount of the 45- and 52-kDa splice variants of $G_s\alpha$ (Finney et al., 1998). Desensitization through the activation of one or more members of the G protein receptor-coupled kinase (GRK) family (Bouvier et al., 1989; Lohse et al., 1990; Chuang et al., 1992; McGraw and Liggett, 1997), particularly GRK2 (formerly β adrenoceptor kinase 1), also is likely. Indeed, high levels of GRK-2 have been identified in the cytosol of human eosinophils (Onorato et al., 1995). The β_2 adrenoceptor also is a substrate for GRKs 1, 3, 5, and 6 (Chuang et al., 1996) which could further compromise signaling.

2. *Activation of the NADPH Oxidase.* In human and guinea pig eosinophils, β_2 adrenoceptor agonists effectively suppress the activation of the NADPH oxidase (Rabe et al., 1993; Dent et al., 1994; Hadjokas et al., 1995; Ezeamuzie and Al-Hage, 1998). In the latter species this effect may not be mediated by receptors of the β_1 or β_2 subtype since the affinities of propranolol ($pA_2 = 7.2$), atenolol ($pA_2 > 5$), and ICI 118,551 ($pA_2 \sim 7.1$) in antagonizing LTB_4 -induced H_2O_2 generation (a reliable measure of the respiratory burst) are considerably less than would be predicted from an interaction with classical β_1 or β_2 adrenoceptors (Rabe et al., 1993). Moreover, the long-acting β_2 adrenoceptor agonist salmeterol is inactive at suppressing oxidant production in response to LTB_4 and actually behaves as an antagonist at this "atypical" receptor subtype with reasonable affinity ($pA_2 = 5.9$) (Rabe et al., 1993). This finding also provides additional evidence for atypical β adrenoceptors on eosinophils. Indeed, logic dictates that if β_2 adrenoceptors were involved, salmeterol should inhibit H_2O_2 generation since it has essentially the same efficacy as salbutamol (Dougall et al., 1991).

The concentration-response curve that describes β adrenoceptor-mediated cAMP accumulation in eosinophils lies one to two orders of magnitude to the left of that which describes the inhibition of H_2O_2 generation (EC_{50} values = 50 nM and 10 μ M, respectively) (Yukawa et al., 1990; Rabe et al., 1993). One interpretation of those findings is that the atypical β receptors on guinea pig eosinophils suppress oxidative metabolism by coupling to signal transduction elements distinct from the adenylyl cyclase/cAMP/PKA cascade. The failure of the PDE

inhibitors rolipram and zardaverine to potentiate the inhibitory action of salbutamol on SOZ-induced superoxide anion production from human eosinophils is consistent with this proposal (Dent et al., 1994).

In human eosinophils, the acute effects of β_2 adrenoceptor agonists on NADPH oxidase activity differ from what is seen with guinea pig cells (Ezeamuzie and Al-Hage, 1998). Thus, salmeterol, but not salbutamol, effectively inhibits IL-5-induced superoxide anion generation from human eosinophils with an EC_{50} in the low micromolar range. It was suggested that the selective inhibitory effect is related to the nature of the activating stimulus since both salbutamol and salmeterol suppressed oxidant production when the NADPH oxidase was activated by PAF (Ezeamuzie and Al-Hage, 1998). Significantly, ICI 118,551 failed to antagonize the inhibitory effect of salmeterol, which points to a mechanism of action independent of β_2 adrenoceptor activation (Ezeamuzie and Al-Hage, 1998).

Although inhaled β_2 adrenoceptor agonists are the most effective bronchodilators known, they may be associated with an increase in asthma mortality and morbidity when high doses are taken chronically (see Sears and Taylor, 1994). One theory that could explain this paradox is that prolonged use of sympathomimetic bronchodilators compromises the anti-inflammatory effect of glucocorticosteroids (Peters et al., 1995). Evidence to support this proposal derives from studies where chronic exposure of human eosinophils to salbutamol, salmeterol, and isoprenaline, at therapeutically relevant concentrations, prevented the ability of dexamethasone to suppress fMLP-induced superoxide anion generation (Nielson and Hadjokas, 1998). That effect was antagonized by propranolol, indicating that β adrenoceptors were involved, and time-dependent such that a 24-h exposure rendered the steroid inactive (Nielson and Hadjokas, 1998). Of potential significance is that the negative functional interaction between β_2 adrenoceptor agonists and steroids in eosinophils is supported by studies performed at the molecular level in a number of other cells and tissues. In particular, Peters et al. (1995) reported that salbutamol and fenoterol when added concurrently with dexamethasone reduced the binding of the activated glucocorticoid (GR) to DNA without altering receptor number or the affinity of dexamethasone. The activation of the transcription factor cAMP-response element binding protein (CREB) and its associated coactivator, CREB-binding protein (CBP) by cAMP is believed to underlie this effect because forskolin also reduced the binding of the activated GR to DNA (Peters et al., 1995). However, the extent to which this molecular mechanism accounts for the inability of dexamethasone to inhibit the activity of the NADPH oxidase in β adrenoceptor agonist-treated eosinophils is unknown.

3. *Degranulation.* Another in vitro functional response where β adrenoceptor agonists demonstrate an inhibitory effect is on degranulation. In human normodense

eosinophils, isoprenaline, salbutamol, and eformoterol inhibit (albeit weakly) the secretion of products (ECP, EDN, or EPO) stored within the specific granules in response to fMLP (Munoz et al., 1995; Ezeamuzie and Al-Hage, 1998), PAF (Eda et al., 1993a), and Ig (IgG and secretory IgA)-coated Sepharose beads (Kita et al., 1991b). Curiously, salmeterol is inactive at blocking fMLP-induced EPO release (Munoz et al., 1995; Ezeamuzie and Al-Hage, 1998) and actually blocks the inhibitory effect of salbutamol under the same experimental conditions, although the nature of the antagonism was not elucidated (Munoz et al., 1995). Those findings confirm previous observations with guinea pig eosinophils (Rabe et al., 1993) that salmeterol can act as a competitive β adrenoceptor antagonist.

Intriguingly, IgG-evoked EDN release is significantly more sensitive to β adrenoceptor agonists, and the inhibition produced greater, than the same response elicited by secretory IgA (Kita et al., 1991b). It is possible that functional antagonism explains this discrepancy since secretory IgA is a more effective stimulus of degranulation than is IgG (Kita et al., 1991b). Alternatively, the finding that Fc receptors for IgA and IgG couple to different G proteins might alter the sensitivity of the secretory mechanism to cAMP (see *XII. B.3.a*).

The exocytosis of arylsulphatase from guinea pig eosinophils elicited by opsonised *Candida albicans* is attenuated by isoprenaline, indicating that the mechanism(s) governing the release of contents from the small granules is similarly sensitive to the actions of β_2 adrenoceptor agonists (Masuyama and Ishikawa, 1985).

4. *Chemotaxis and Chemokinesis.* Salmeterol and formoterol partially inhibit PAF- and fMLP-induced chemotaxis of human eosinophils under experimental conditions where salbutamol is inactive (Koenderman et al., 1992; Eda et al., 1993a; Tool et al., 1996). However, the concentrations required to achieve this effect are very high (1–100 μM) and in excess of those required to increase maximally the cAMP content of eosinophils, inhibit homotypic aggregation (see below), and effect airways smooth muscle relaxation. Thus, the relevance of these findings in relation to the concentration of β_2 adrenoceptor agonist achieved in clinical practice is questionable. Isoprenaline similarly inhibits eosinophil chemotaxis stimulated by endotoxin-activated serum using two indices of migration, the Zigmond-Hirsch assay and a nucleopore filter assay (Clark et al., 1977). It would appear that species or the nature or concentration of the activating stimulus has a profound effect on whether or not β adrenoceptor agonists are active given that isoprenaline does not inhibit chemotaxis of guinea pig eosinophils (Sugasawa and Morooka, 1992).

β Adrenoceptor agonists are similarly effective at suppressing LTB₄-induced eosinophil chemotaxis (Sugasawa and Morooka, 1992) and, consistent with their effect on the NADPH oxidase (Rabe et al., 1993), are believed to act via an apparently atypical β receptor

subtype (Sugasawa and Morooka, 1992). Using a novel, nonradioactive chemotaxis assay modified from the method described by Capsoni et al. (1989), Sugasawa and Morooka (1992) reported that although isoprenaline and fenoterol failed to suppress LTB₄-induced chemotaxis at concentrations up to 100 μM , the atypical β adrenoceptor agonist BRL 35135, but not its demethylated derivative BRL 37344 (Arch et al., 1984; Wilson et al., 1984; Arch and Kaumann, 1993), was active with an IC₅₀ of 9 μM . Intriguingly, propranolol failed to antagonize the effect of BRL 35135 which is consistent with its low affinity for the atypical β adrenoceptors that predominate on rat adipocytes, guinea pig ileum, and rat colon and for the human cloned β_3 adrenoceptor (see Arch and Kaumann, 1993). In contrast, the nonselective β adrenoceptor-blocking drug alprenolol antagonized the inhibition of chemotaxis elicited by BRL 35135 with an affinity ($pA_2 = 5.62$) approximately 10-fold lower than predicted for an interaction with the atypical β adrenoceptors expressed on guinea pig ileum ($pA_2 = 6.46$). Given that isoprenaline, which is a strong agonist at β_3 receptors, was without inhibitory effect in this system, Sugasawa and Morooka (1992) have proposed that guinea pig eosinophils express a novel variant of the β adrenoceptor that is distinct from the β_1 , β_2 , and β_3 adrenoceptor subtypes currently classified.

In contrast to guinea pig and, to some extent, human eosinophils, the β_2 adrenoceptor agonists salbutamol and salmeterol are inactive at preventing PAF- and LTB₄-induced migration of rat peritoneal eosinophils (Alves et al., 1996).

5. *Adhesion and Adhesion Molecule Expression.* In anesthetized, pathogen-free F344 rats, the i.v. administration of SP and bradykinin produces an inflammatory response in the airways characterized by the adherence of proinflammatory leukocytes to venular endothelial cells along with plasma extravasation and edema (see *V.H.1* and *V.I*). Bowden et al. (1994) demonstrated that acute administration of rats with eformoterol reduced the number of eosinophils adherent to venules in the airway mucosa in response to both inflammatory stimuli. This effect was mediated by β_2 adrenoceptors since it was abolished by ICI 118,551 (Bowden et al., 1994). A clue to the mechanism of action of eformoterol in that model can be inferred from a study by Berends et al. (1997) in which isoprenaline, at a maximally effective concentration, suppressed the up-regulation of the adhesion of CD11b (by 43%) and the shedding of L-selectin (by 34%) on human eosinophils evoked by PAF.

Salmeterol, but not salbutamol, has been reported to inhibit the adherence of human eosinophils to fibronectin-coated plastic in response to PAF and IL-5 by a mechanism that does not apparently involve agonism of β_2 adrenoceptors (Ezeamuzie and Al-Hage, 1998).

6. *Membrane Lipid Metabolism.* Few reports have appeared in the literature describing the effect of β_2 adrenoceptor agonists on the liberation of lipid mediators

from eosinophils and the little information available is contradictory. For example, the short-acting β_2 adrenoceptor agonist salbutamol has been reported to inhibit fMLP-, C5a-, and PAF-induced LTC₄ generation from human eosinophils (Munoz et al., 1994; Tenor et al., 1996), whereas salmeterol was inactive under roughly comparable experimental conditions at concentrations that suppressed chemotaxis (Tool et al., 1996). Salmeterol similarly failed to prevent fMLP-induced PAF generation (Tool et al., 1996).

7. *Homotypic Aggregation.* The ability of guinea pig eosinophils to undergo homotypic aggregation in response to PAF and C5a is effectively antagonized by β adrenoceptor agonists (Teixeira et al., 1996a; Teixeira and Hellewell, 1997a). In fact, salbutamol is significantly more potent at suppressing aggregation than H₂O₂ formation with an EC₅₀ similar to that required for cAMP accumulation. Moreover, in contrast to studies on the NADPH oxidase, the PDE4 inhibitor rolipram markedly potentiates the inhibitory effect of salbutamol at a concentration that has no effect on aggregation per se (Teixeira et al., 1996a), suggesting that cAMP-dependent mechanisms regulate this response. It is intriguing that whereas salmeterol fails to inhibit H₂O₂ generation from LTB₄-stimulated eosinophils (Rabe et al., 1993) and actually behaves as a β adrenoceptor antagonist, PAF- and C5a-induced homotypic aggregation are, paradoxically, suppressed in a propranolol-sensitive manner (Teixeira et al., 1996a; Teixeira and Hellewell, 1997a). Several explanations can be advanced for this discrepancy, although no firm conclusion can be drawn at the present time. The first is that guinea pig eosinophils express two populations of inhibitory β adrenoceptor that regulate, independently, the cell-signaling pathways responsible for the activation of the NADPH oxidase and homotypic aggregation. This hypothesis would be consistent with the anomalous pA₂ values that have been calculated for a range of β adrenoceptor antagonists in chemotaxis and respiratory burst assays (Sugasawa and Morooka, 1992; Rabe et al., 1993). Alternatively, the sensitivity of the signal transduction pathway that ultimately promotes homotypic aggregation to the inhibitory action of cAMP might be considerably greater than those mechanisms that govern the activation of the NADPH oxidase. However, it is noteworthy that the failure of PDE4 inhibitors to potentiate the inhibitory effect of salbutamol on H₂O₂ generation is not consistent with a cAMP-dependent mechanism of action. Thus, as in other tissues, β adrenoceptor agonists might recruit multiple and distinct signal transduction cascades that negatively regulate eosinophil activation (Maguire and Erdos, 1980; Barber et al., 1989; Rooney et al., 1991; Vaziri and Downes, 1992; Wu et al., 1995; Xiao et al., 1995) which can theoretically involve signaling via G _{α} and G _{$\beta\gamma$} heterodimers (Daaka et al., 1997).

8. *In Vivo Effects.* The effect of β adrenoceptor agonists on stimulus-induced eosinophil recruitment in vivo is

the subject of some debate. When acute studies are performed in laboratory animals, short- and long-acting β_2 adrenoceptor agonists are generally active (but see Banner et al., 1995; Namovic et al., 1996) at preventing pulmonary and cutaneous eosinophilia in response to a variety of stimuli including allergen (Fugner, 1989; Whelan and Johnson, 1990, 1992; Sanjar et al., 1991; Whelan and Johnson, 1990, 1992; Sugiyama et al., 1992; Teixeira et al., 1993, 1995a; Whelan et al., 1993; Howell et al., 1995; Teixeira and Hellewell, 1997a). Similarly, in humans, the systemic administration of isoprenaline can decrease circulating eosinophil number (Ohman et al., 1972) which may be responsible, at least in part, for the ability of β_2 adrenoceptor agonists to abolish cutaneous eosinophilia in sensitized human volunteers (Ting et al., 1983). It is likely that part of the inhibitory effect of β_2 adrenoceptor agonists on eosinophil recruitment is due to a direct effect on the eosinophil (Teixeira and Hellewell, 1997a). This is suggested from a study performed with salmeterol-treated, ¹¹¹In-labeled guinea pig eosinophils (where the inhibitory effect persists for many hours even after extensive washing) which, when injected into recipient guinea pigs, do not migrate to skin sites exposed to proinflammatory stimuli (Teixeira and Hellewell, 1997a).

Considerable controversy surrounds the effect of β_2 adrenoceptor agonists on various direct and indirect indices of immune and proinflammatory cell activation. In clinical asthma, the demonstration of a LPR is indicative of airway inflammation where eosinophils are believed to play a pathogenic role. Accordingly, the sensitivity of the LPR to β_2 adrenoceptor agonists has been studied in some detail. However, it must be borne in mind that allergen-induced inflammatory responses are acute events contrived to monitor relatively rapid changes in lung function. Thus, the assessment of these parameters is similar to many of the measurement that are made in animal models of "asthma" and must be distinguished from the true pathology which is characterized by a self-perpetuating, chronic inflammation of the airways. It is vital to make this distinction because β_2 adrenoceptor agonists might not affect allergen-induced LPR and the chronic inflammatory response equally.

The administration of a "standard" dose (200 μ g) of salbutamol to asthmatic subjects has no effect on the LPR (Cockcroft and Murdock, 1987), yet high doses of short- and long-acting β_2 adrenoceptor agonists (salmeterol and formoterol) are effective at blocking the late bronchoconstriction that is manifest in many asthma sufferers (Twentyman et al., 1990, 1991; Palmqvist et al., 1992; Pedersen et al., 1993). Unfortunately, interpretation of these data is complicated by the possibility that β_2 adrenoceptor agonists prevent the LPR by functional antagonism at the level of the airways smooth muscle (even in the absence of detectable bronchodilation), rather than by exerting an anti-inflammatory action. This difficulty has necessitated the study of ad-

ditional, more direct and unambiguous measurements of airway inflammation. For example, several investigators have assessed the effect of β_2 adrenoceptor agonists on eosinophil number in the circulation and BAL fluid and on the level of degranulation products in the serum. Dahl and Venge (1978) reported that the acute administration of salbutamol and terbutaline promoted eosinopenia and lowered the serum concentration of ECP in a group of asthmatic subjects, indicating a direct action on circulating eosinophils. In follow-up studies, inhaled salmeterol blocked the increase in serum ECP concentration during the LPR following general or local endobronchial allergen provocation (Dahl et al., 1995; Murray et al., 1995); however, no change in the number of eosinophils present in the BAL fluid was noted (Murray et al., 1995) which is in agreement with the results presented by Calhoun et al. (1995). In contrast, Di Lorenzo and coworkers (1995) were unable to detect any reduction in the serum ECP concentration or in circulating eosinophil number in 20 mild atopic asthmatic subjects given salbutamol. This lack of consistency is compounded by the results of another investigation where salmeterol effectively attenuated the increase in serum ECP and EDN levels evoked by allergen in 12 asthmatic subjects but did not prevent the blood eosinophilia (Pedersen et al., 1993).

Fiber-optic bronchoscopy has allowed an assessment of airway inflammation within the clinical setting and has been used to evaluate the potential anti-inflammatory effect of a variety of drugs including β_2 adrenoceptor agonists. With the exception of one study (Dahl et al., 1995), which found that salmeterol (50 μg b.i.d. for 4 weeks) produced a significant reduction in the levels of ECP in the BAL fluid, no evidence has been provided that chronic administration of either short-acting or long-acting β_2 agonists to asthmatics is efficacious when eosinophil number or secretory products are used as indices of inflammation (Adelroth et al., 1990; Howarth et al., 1992; Jeffery et al., 1992; Laitinen et al., 1992; Davies et al., 1993; Kraft et al., 1995; Manolitsas et al., 1995). In fact, in two investigations (Davies et al., 1993; Manolitsas et al., 1995), compelling evidence was presented that eosinophils accumulated in the airway mucosa in subjects given salbutamol chronically (200 μg q.i.d.; 4 months) when compared to placebo. Moreover, the number of cells that were EG2⁺ (a marker of the secreted form of ECP) was increased, suggesting that they were activated (Manolitsas et al., 1995). Similarly, regular inhaled salbutamol was shown in 1997 to increase the number of eosinophils and level of ECP in the sputum of 10 mild asthmatic (Gauvreau et al., 1997). Taken together, these findings could have some bearing on the observation that regular treatment of asthmatic subjects with isoprenaline (Van Metre, 1969) and fenoterol (Sears et al., 1990) has been associated with an apparent worsening of the disease and a predisposition to increased risk of a life-threatening attack.

P. Somatostatin

Five distinct somatostatin receptors (denoted sst₁ to sst₅) have been identified in humans and mice and belong to the seven transmembrane-spanning family of receptors. Each sst receptor is the product of a different gene and couples primarily to G_{o/i}. See Bruns et al. (1995) for additional details.

Eosinophils have the capacity to synthesize, store, and release (Aliakbari et al., 1987) somatostatin, although it is not known whether they express cognate sst receptors. However, the somatostatin antagonist lanveotide effectively inhibits the peripheral blood and peritoneal eosinophilia precipitated in rats by i.p. administration of Sephadex beads, cyclophosphamide, PAF, or allergen (in sensitized animals) (Etienne et al., 1989a,b). Since somatostatin is known to affect T lymphocyte proliferation, and since T cells are involved in the differentiation of hematopoietic cells to eosinophils, it is possible that somatostatin decreases, indirectly, eosinophil availability and recruitment.

Q. Lipoxins

Structurally, lipoxins are acyclic eicosanoids that contain a conjugated tetraene structure and three alcohol groups (Serhan et al., 1984a,b; Serhan and Samuelsson, 1988; Steinhilber and Roth, 1989; Serhan, 1991). The two major lipoxins in this series of eicosanoids are positional isomers and have been named LXA₄ (5S,6R,15S-trihydroxy-7,9,13-trans-11-cis-eicosatetraenoic acid) and LXB₄ (5S,14R,15S-trihydroxy-6,10,12-trans-8-cis-eicosatetraenoic acid). Other lipoxins also have been identified and are known as LXC₄, LXD₄, and LXE₄ (Steinhilber and Roth, 1989). The human and murine LXA₄ receptors have been cloned, expressed, and their distribution at the mRNA level mapped (Fiore et al. 1994; Serhan et al., 1994; Takano et al., 1997). In the mouse, LXA₄ receptor mRNA transcripts are most abundantly expressed in blood leukocytes followed by the spleen and lung (Takano et al., 1997). Both receptors have a sequence indicative of a seven transmembrane-spanning G protein-coupled receptor and share 73% identity at the amino acid level (Fiore et al. 1994; Serhan et al., 1994; Takano et al., 1997). Binding studies have established that ³H-labeled LXA₄ interacts with LXA₄ receptors with high affinity (K_d = 1–2 nM); LTD₄ effectively competes for this site whereas LXB₄ does not, indicative of lipoxin receptor heterogeneity. In CHO cells transfected with the murine or human LXA₄ receptor, LXA₄ promotes GTP hydrolysis and the release of esterified arachidonic acid by a pertussis toxin-sensitive mechanism (Fiore et al., 1994; Takano et al., 1997). These results are consistent with findings in human neutrophils where LXA₄ evokes functional responses through G_i/G_o-coupled receptors (Fiore et al., 1994). Phylogenetically, the murine and human LXA₄ receptor belongs to the CC chemokine family of G protein-coupled

receptors rather than to the eicosanoids such as the prostanoids (Toh et al., 1995).

Receptors for LXA₄ have not been unequivocally identified on eosinophils but they are probably expressed based on functional studies. Thus, although little is known of the biological activities of the lipoxins, LXA₄ is weakly chemotactic for human eosinophils, evoking responses about 20% of that produced by PAF and fMLP. In addition, LXA₄ inhibits PAF- and fMLP-induced eosinophil migration (Soyombo et al., 1994) but has no effect on ECP release per se or on degranulation effected by fMLP (Soyombo et al., 1994). LXA₄ has been shown to activate PKC with potency greater than DAG (Hansson et al., 1986). However, it displays selectivity for PKC γ (Shearman et al., 1989) which predominates in the central and peripheral nervous systems but is not expressed by human eosinophils (Evans et al., 1999). The biological activities of LXB₄, C₄, D₄, and E₄ equally are obscure.

VI. Interleukin-3, Interleukin-5, and Granulocyte/Macrophage Colony-Stimulating Factor

The hematopoietins, which include IL-3, IL-5, and GM-CSF, are important regulators of eosinophil func-

tion and exert both distinct and overlapping effects (Tables 11, 12, and 13 for details and Miyajima et al., 1992a,b). The IL-5 receptor in humans is selectively expressed by eosinophils and basophils but not neutrophils or monocytes (Chihara et al., 1990; Ingley and Young, 1991). This contrasts with cell surface receptors for IL-3 and GM-CSF that have a more ubiquitous distribution (Clutterbuck et al., 1989; Ogawa, 1993).

A. Receptor Expression and Regulation

Radioligand-binding experiments using ¹²⁵I-labeled IL-5 have demonstrated cross-competition among IL-3, IL-5, and GM-CSF (Lopez et al., 1989, 1991) due to a structural similarity in hematopoietic cytokine receptors. Thus, all three receptors are composed of two subunits: a 60- to 80-kDa α subunit, that is unique to each receptor, and a common β subunit (β_c), which has a mass between 120 and 140 kDa (Tavernier et al., 1991). Interleukin-3, IL-5, and GM-CSF interact with the α subunit of their respective receptors with low affinity, whereas the additional interaction with the β_c subunit results in the formation of a high-affinity ligand-receptor complex, thereby permitting cell signaling to occur

TABLE 11
Some functional effects evoked by IL-3 in eosinophils

Functional Effect	References
Promotes proliferation and differentiation	Warren (1988); Dvorak et al. (1989); Clutterbuck and Sanderson (1990); Ema et al. (1990)
Increases cell survival	Rothenberg et al. (1988); Tai et al. (1991); Wallen et al. (1991)
Inhibits apoptosis	Tai et al. (1991); Atsuta et al. (1995)
Induces hypodense phenotype	Chihara and Nakajima (1989); Clutterbuck et al. (1989); Rothenberg et al. (1989)
Weak chemoattractant	Warringa et al. (1991); Hakansson and Venge (1994); Yamaguchi et al. (1988a)
Increases phagocytosis of <i>Candida albicans</i>	Fabian et al. (1992a, b)
Increases killing of <i>Staphylococcus aureus</i> and <i>Schistosoma mansoni</i>	Rothenberg et al. (1988); Fabian et al. (1992a)
Increases CR3 expression	Thorne et al. (1990); Walsh et al. (1990b); Walsh et al. (1991a); Hartnell et al. (1992a)
Increases CR3 binding affinity	Blom et al. (1994)
Increases binding to glass	Walsh et al. (1990b)
Increases binding to ICAM-1/VCAM-1	Fattah et al. (1996)
Induces ICAM-1 expression	Czech et al. (1993)
Synergizes with TNF α/β to induce ICAM-1	Hansel et al. (1992); Czech et al. (1993)
Increases Fc γ RII expression and binding	Hartnell et al. (1992b); Koenderman et al. (1993)
Stimulates GM-CSF release	Alam and Grant (1995)
Induces CD4/CD25 expression	Riedel et al. (1990)
Increases CD23 expression	Mawhorter et al. (1996)
Increases CD69 expression	Hartnell et al. (1993)
Increases CD30L expression	Pinto et al. (1996)
Increases CD81 expression	Mawhorter et al. (1996)
Increases TGF α mRNA and protein expression	Brach et al. (1994); Elovic et al. (1998)
Increases TGF β_1 mRNA and protein expression	Elovic et al. (1998)
Increases PAF receptor expression	Kishimoto et al. (1996b)
Synergizes with GM-CSF to increase IL-5 binding	Chihara and Nakajima (1989)
Up-regulates PAF receptor expression	Kishimoto et al. (1996a, b)
Enhances C5a-induced IL-8 release	Miyamasu et al. (1997)
Enhances chemotaxis to PAF, LTB ₄ , fMLP, C5a, IL-8, and opsonised particles	Warringa et al. (1991); Hakansson et al. (1994)
Enhances LTC ₄ release to A23187, fMLP, C5a, and PAF	Rothenberg et al. (1988); Takafuji et al. (1991)
Induces EDN degranulation and NADPH oxidase activation from adherent eosinophils	Horie et al. (1996)
Enhances A23187-induced arylsulphatase and β -glucuronidase release	Fabian et al. (1992a)
Enhances ECP and EPX release to C3b-coated Sepharose	Tai and Spry (1990); Carlson et al. (1993)
Enhances C3a- and C5a-induced ECP release	Takafuji et al. (1995, 1996)
Enhances EDN release to IgA- and IgG-Sepharose-coated beads	Fujisawa et al. (1990)
Enhances dexamethasone-induced HLA-DR and HLA-DP expression	Guida et al. (1994)
Synergizes with IFN- γ to induce HLA-DR expression	Hansel et al. (1992)

TABLE 12
Some functional effects evoked by IL-5 in eosinophils

Functional Effect	Reference(s)
Promotes proliferation and differentiation	Enokihara et al. (1988); Jabara et al. (1988); Warren (1988); Clutterbuck et al. (1989); Dvorak et al. (1989); Clutterbuck and Sanderson (1990); Ema et al. (1990)
Increases cell survival	Yamaguchi et al. (1988a); Tai et al. (1991); Kita et al. (1992)
Inhibits apoptosis	Her et al. (1991); Tai et al. (1991); Yamaguchi et al. (1991); Stern et al. (1992)
Induces hypodense phenotype	Rothenberg et al. (1989); Owen et al. (1990); Kita et al. (1992)
Weak chemoattractant	Yamaguchi et al. (1988b); Coeffier et al. (1991b); Sehmi et al. (1992b); Hakansson et al. (1994)
Increases phagocytosis in <i>Candida albicans</i>	Fabian et al. (1992a,b)
Increases killing of <i>Staphylococcus aureus</i>	Fabian et al. (1992a,b)
Weak inducer of EDN, ECP, EPO, and MBP release	Fujisawa et al. (1990); Kita et al. (1992)
Increases CR3 expression	Thorne et al. (1990); Walsh et al. (1990b); Hartnell et al. (1992a); Lundahl et al. (1993); Neeley et al. (1993); Sedgwick et al. (1995)
Increases CR3 binding affinity	Walsh et al. (1991a); Blom et al. (1994)
Increases binding to glass	Walsh et al. (1990b)
Increases binding to HUVECs	Walsh et al. (1991a); Sedgwick et al. (1995)
Increases binding to HMVECs	Walsh et al. (1990b); Walsh et al. (1991a)
Increases binding to ICAM-1/VCAM-1	Fattah et al. (1996)
Synergizes with TNF α/β to induce ICAM-1	Czech et al. (1993)
Increases Fc γ R2 expression	Koenderman et al. (1993)
Increases CD69 expression	Hartnell et al. (1993)
Increases CD30L expression	Pinto et al. (1996)
Increases TGF α mRNA and protein expression	Brach et al. (1994); Elovic et al. (1998)
Increases TGF β ₁ mRNA and protein expression	Elovic et al. (1998)
Increases PAF receptor expression	Kishimoto et al. (1996a,b)
Enhances chemotaxis to PAF, LTB ₄ , fMLP, C5a, RANTES, IL-4, and opsonized particles	Sehmi et al. (1992b); Warringa et al. (1992a); Hakansson and Venge (1994); Schweizer et al. (1994)
Enhances LTC ₄ release to A23187, fMLP, C5a, and PAF	Takafuji et al. (1991); Laviolette et al. (1995); Takafuji et al. (1995)
Enhances NADPH oxidase response to PMA, fMLP, and opsonized particles	Tagari et al. (1993); van der Bruggen et al. (1993a); Sedgwick et al. (1995)
Induces EDN degranulation from adherent eosinophils	Horie et al. (1996)
Enhances C3b-induced ECP release	Carlson et al. (1993)
Enhances C3a- and C5a-induced ECP release	Takafuji et al. (1995, 1996)
Enhances EDN release to IgA- and IgG-Sepharose-coated beads	Fujisawa et al. (1990); Kita et al. (1991a)
Enhances dexamethasone-induced HLA-DR/DP expression	Guida et al. (1994)
Promotes expression of p35 and p40 IL-12 mRNAs and biologically active protein	Grewe et al. (1998)
Up-regulates α _d integrin	Grayson et al. (1998)
Increases LTB ₄ receptor mRNA levels	Huang et al. (1998)
Releases MIF	Rossi et al. (1998)

(Miyajima et al., 1992b; Murata et al., 1992; Koike and Takatsu, 1994). It is possible that the cross-competition between cytokines results from a limited number of β_c subunits that would limit the extent of eosinophil activation. In human eosinophils, a single population of receptors for IL-5 has been identified although the binding constants are variable. Thus, IL-5 has been reported to interact with eosinophils with an affinity of 19 pM (Tagari et al., 1993), 120 pM (Lopez et al., 1991), 170 to 330 pM (Migita et al., 1991), and 400 pM (Ingle and Young, 1991); a broad spectrum of B_{max} values (260–1500 sites/cell) also has been reported (Migita et al., 1991; Lopez et al., 1991; Okada et al., 1998). Less research has been done with IL-3 and GM-CSF but they appear to interact with a single class of noninteracting sites with K_d values of 470 pM and 44 pM, respectively (Lopez et al., 1989).

Regulation of the IL-5 receptor, as well as of the synthesis, storage, and release of IL-5, clearly is important in determining eosinophil responses. However, relatively little is known of the factors that control the transcription and expression of these proteins. It has been reported that transforming growth factor (TGF) β ₁

and phorbol 12-myristate 13-acetate (PMA) down-regulate IL-5 receptor α chain mRNA transcripts in vitro in a remarkably stimulus-specific manner (Zanders, 1994). Indeed, a host of other stimuli including ILs 1 to 11, G-CSF, GM-CSF, LIF, stem cell factor (SCF), erythropoietin, IFN- γ , RANTES, MIP-1 α , EGF, platelet-derived growth factor (PDGF), dexamethasone, forskolin, retinoic acid, and cyclosporin A were inactive. Conversely, up-regulation of IL-5 mRNA was observed in bronchial biopsies taken from asthmatic individuals (Yasruel et al., 1997). In that study, the majority of the IL-5 receptor mRNA was associated with eosinophils, suggesting that they represent the major target for IL-5-induced responses. The gene encoding the IL-5 receptor α subunit is located in region 3p26 of chromosome 3 (Tavernier et al., 1991) and encodes a membrane-anchored form that is produced by alternative mRNA splicing (Tavernier et al., 1992). In addition, two novel soluble isoforms, which are secreted into body fluids, also are produced that arise from either normal mRNA splicing or from the absence of a splicing event (Tavernier et al., 1992). Although the soluble isoforms bind IL-5 in in vitro assays, their role in vivo is presently unclear; however, it is

TABLE 13
Some functional effects evoked by GM-CSF in eosinophils

Functional Effect	Reference(s)
Promotes proliferation and differentiation	Clutterbuck et al. (1989); Clutterbuck and Sanderson (1990); Ema et al. (1990)
Increases cytotoxicity	Lopez et al. (1986); Silberstein et al. (1986); Owen et al. (1987)
Increases cell survival	Lopez et al. (1986); Owen et al. (1987); Vancheri et al. (1989); Tai and Spry (1990); Wallen et al. (1991); Hallsworth et al. (1992)
Inhibits apoptosis	Tai et al. (1991); Alam et al. (1994); Atsuta et al. (1995)
Induces hypodense phenotype	Caulfield et al. (1990); Owen et al. (1990)
Weak chemoattractant	Warringa et al. (1991); Yamaguchi et al. (1988b)
Increases phagocytosis of <i>Candida albicans</i>	Fabian et al. (1992a,b)
Increases killing of <i>Staphylococcus aureus</i>	Fabian et al. (1992a,b)
Increases CR3 expression	Thorne et al. (1990); Walsh et al. (1991b); Hartnell et al. (1992a); Tomioka et al. (1993); Sedgwick et al. (1995)
Increases CR3 binding affinity	Blom et al. (1994)
Increases binding to glass	Walsh et al. (1990b)
Increases VLA4-mediated binding to activated endothelium	Sung et al. (1997)
Increases binding to ICAM-1/VCAM-1	Fattah et al. (1996)
Synergizes with TNF α / β to induce ICAM-1	Hansel et al. (1992); Czech et al. (1993); Horie et al. (1997a)
Stimulates IL-5 release	Alam et al. (1994)
Increases Fc γ RII expression	Koenderman et al. (1993); Mawhorter et al. (1996)
Increases CD69 expression	Hartnell et al. (1993)
Increases CD30L expression	Pinto et al. (1996)
Increases CD4/CD25 expression	Riedel et al. (1990)
Increases CD23/CD81 expression	Mawhorter et al. (1996)
Increases CD80/CD86 expression	Tamura et al. (1996)
Increases TGF α mRNA and protein expression	Brach et al. (1994)
Increases PAF receptor expression	Kishimoto et al. (1996a,b)
Induces IL-2 mRNA expression in combination with A23187	Bosse et al. (1996)
Synergizes with TNF α to induce CD54 expression	Horie et al. (1997b)
Enhances fMLP and PAF induced CD11b expression and adherence	Tomioka et al. (1993); Nagata et al. (1995b)
Induces EDN release and activates NADPH oxidase from adherent cells	Horie et al. (1996)
Enhances chemotaxis to PAF, LTB $_4$, fMLP, IL-8, C5a, RANTES, IL-4, and opsonized particles	Warringa et al. (1991); Dubois et al. (1994a)
Enhances LTC $_4$ release to A23187, fMLP, C5a, and PAF	Silberstein et al. (1986); Owen et al. (1991); Howell et al. (1989); Takafuji et al. (1991); Fabian et al. (1992a); Nagata et al. (1995b); Laviolette et al. (1995)
Enhances fMLP-induced NADPH oxidase activation and adherence	Nagata et al. (1995b)
Enhances fMLP-induced PAF release	Triggiani et al. (1992)
Enhances ECP and EPX release to C3b-coated Sepharose beads	Tai and Spry (1990); Carlson et al. (1993)
Promotes expression of p35 and p40 IL-12 mRNAs and protein	Grewe et al. (1998)
Enhances A23187-induced arylsulphatase and β -glucuronidase release	Fujisawa et al. (1990)
Enhances EDN release to IgA- and IgG-Sepharose-coated beads	Fujisawa et al. (1990)

likely that they neutralize the effect of IL-5 on target tissues (Tavernier et al., 1992; Devos et al., 1993). Recent studies have identified two functional promoter regions, P1 and P2, in the gene encoding the IL-5 receptor α subunit that are located in the 5' upstream regions of exon 1 (L. Sun et al., 1995) and exon 2 (J. Zhang et al., 1997), respectively. Using the eosinophilic cell line AML14, P1 promoter activity has been localized within a 561-base pair (bp) sequence proximal to the transcriptional start site (Z. Sun et al., 1995). 5'-Deletion mutants within that region have identified a 34-bp domain (-432 to -398) that confers approximately 80% promoter activity and is highly active in a myeloid cell- and eosinophil-specific manner (Z. Sun et al., 1995). However, consensus sequences for known transcription factors are absent indicative of unique myeloid cell- and, possibly, eosinophil-specific, regulatory elements. Subsequent studies identified an enhancer element (*EOS1*) within the P1 promoter (Sun et al., 1996). A comparison with other models of transcription factor binding shows that *EOS1* is similar to the bacterial helix-turn-helix phage λ

and 434 repressor-operator complexes, and the Cys4 zinc finger glucocorticoid response element (GRE) motifs. The possibility that the enhancer element may function as a GRE is supported by the identification of an AP-1-binding site adjacent to the *EOS1* domain. This is significant as AP-1:GRE is a composite response element in the regulation of a number of genes (Sun et al., 1996). The P2 promoter is located within a 66-bp region (-31 to +35) of exon 2 and features a 5'-CCAAT-3'-binding domain for the transcription factor CCAAT-enhancer binding protein (C/EBP), and two consensus motifs (-5 to +1 and +13 to +18) for the oncogene *c-ets* (J. Zhang et al., 1997). However, of particular interest is the presence of a novel 6-bp element (5'-CTAATT-3'), spanning -19 to -14, that is essential for P2 promoter activity and which is activated by a transcription factor specific to the eosinophil lineage (J. Zhang et al., 1997).

B. Signal Transduction

The binding of IL-3, IL-5, and GM-CSF to their cognate receptors leads to the activation of multiple signal-

ing pathways (Fig. 5; Koenderman et al., 1996; van der Bruggen and Koenderman, 1996; Yousefi et al., 1997). Although the α and β_c subunits of hematopoietic receptors do not exhibit intrinsic kinase activity, activating cytokines cause rapid changes in the tyrosine phosphorylation of a number of cellular proteins (van der Bruggen et al., 1993a) through the recruitment of cytoplasmic tyrosine kinases and phosphatases. Ligation of the IL-5 receptor on human eosinophils induces a rapid recruitment of the tyrosine kinases *lyn*, *syk*, and *Jak-2* to the β_c subunit of the receptor (Alam et al., 1995; Pazdrak et al., 1995a,b; van der Bruggen et al., 1995; Bates et al., 1996) along with the tyrosine phosphatase SHPTP-2 (Pazdrak et al., 1997). Similarly, GM-CSF activates *lyn* and *Jak-2* (Simon et al., 1997b). In addition, IL-5 promotes the phosphorylation of $p52^{shc}$, an adapter protein that physically links cell surface receptors to downstream signaling elements, and enhances its association to another adapter protein, *Grb* (Bates et al., 1998). Other early signaling events that occur in eosinophils exposed to IL-5 include the activation of PtdIns 3-kinase and the subsequent phosphorylation of PKB (Coffer et al., 1998). Despite these data, the down-stream biochemical events or the functional responses they ultimately promote are not clearly defined. However, it has been established that IL-5 stimulates the Ras-Raf1-MEK-ERK protein kinase cascade in human eosinophils (Alam et al., 1995; Pazdrak et al., 1995a; Bates et al., 1996; Coffer et al., 1998), although, at present, there are contradictory reports concerning the ERK isoform that is activated. Independent studies by Bates et al. (1996) and Hiraguri et al. (1997) found that anti-ERK antibodies immunoprecipitated three proteins of molecular weights 42, 44, 45 kDa and 40, 42, 44 kDa, respectively and, consistent with Pazdrak et al. (1995a), found that IL-5 activated

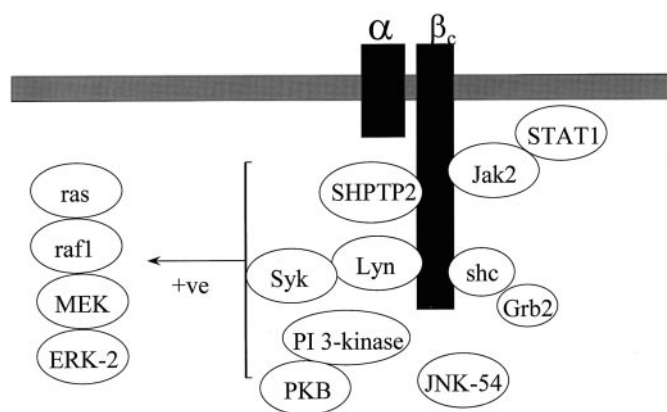


FIG. 5. IL-5-induced signaling in human eosinophils. The binding of IL-5 with its cognate receptor and dimerization of the α and β_c subunits is believed to trigger the phosphorylation of tyrosine residues upon the latter by an, as yet, undefined mechanism. The phosphotyrosine residues then permit the binding and activation of a number of kinases including *lyn*, *syk*, and *Jak-2*, the phosphatase SHPTP-2, and, possibly, the scaffold or adapter proteins *shc* and *Grb*. A number of downstream kinase cascades and transcription factors then are activated including *ras/raf1/MEK/ERK*, PtdIns 3-kinase/PKB, JNK-54, and STAT-1 with resultant gene transcription. See *V.I.B* for further details.

the higher molecular weight species, that is probably ERK-1. However, those data contrast to the recent report of Coffer et al. (1998) who found that IL-5 only activated ERK-2. The upstream events linking the Ras-Raf1-MEK-ERK pathway to the IL-5 receptor have not been fully characterized but antisense studies have implicated a role for SHPTP-2 in ERK-2 activation (Pazdrak et al., 1997). Similarly, PtdIns 3-kinase and, possibly, PKB also are involved since the activation of ERK-1 by IL-5 and GM-CSF is inhibited by wortmannin (Hiraguri et al., 1997).

Other proteins necessary for signaling through the IL-5 receptor include the transcription factor signal transducers and activators of transcription (STAT) 1, which probably is activated by *Jak-2* (Alam and Grant, 1995; Pazdrak et al., 1995b; van der Bruggen et al., 1995). de Groot et al. (1997) also have provided evidence that TPA-responsive element (TRE)- and diad symmetry element (DSE)-dependent transcription is regulated by *Jak-2* and JNK-54.

Specific domains within the common β subunit of the IL-5 receptor initiate signaling to the cells' interior. Using truncated mutants of the cytoplasmic domain of β_c subunit Sato et al. (1993) identified two functional regions: a membrane proximal domain (amino acid residues 456–517) essential for proliferation, activation of *Jak-2* and induction of *c-myc*, and a second domain (amino acid residues 627–763) that is required for the binding of *shc*, activation of the $p21^{ras}$ -Raf-1-MEK-ERK kinase cascade, and the induction of *c-fos* and *c-jun*. The association of SHPTP-2 with the IL-5 receptor β_c has been demonstrated in a cell-free reconstituted system using a synthetic peptide (residues 605–624) of the latter incorporating Y⁶¹² (Pazdrak et al., 1997). Binding to this phosphotyrosine-containing peptide, but not a peptide in which the phosphorylated Y⁶¹² had been mutated to F, increases SHPTP-2 activity implying that direct binding can induce enzyme activation (Pazdrak et al., 1997). Three additional tyrosine residues (Y⁷⁵⁰, Y⁸⁰⁶, Y⁸⁶⁹) located carboxyl-terminal to amino acid 589 on the IL-5 receptor β_c also have been found that are surrounded by a consensus sequence that favors the binding of SHPTP-2. Thus, the exact site at which SHPTP-2 binds remains unresolved, although Pazdrak et al. (1997) have speculated Y⁶¹² and/or Y⁷⁵⁰ are likely candidates. A pentapeptide sequence at amino acids 577 to 581 also has been identified that is central to the activation of JNK-54 and DSE-dependent transcription (de Groot et al., 1997).

In addition to the β_c subunit, the cytoplasmic domain of the IL-5 receptor α subunit is apparently essential for IL-5-induced proliferation and the activation of *c-jun*, *c-fos*, and *Jak-2* (Takaki et al., 1994; Cornelis et al., 1995; Muto et al., 1996).

A current model of the IL-5/IL-3/GM-CSF signaling pathway predicts that activating ligands induce a conformational change in their cognate receptors, which

thereby activate receptor-bound tyrosine kinases (Fig. 5). These then tyrosine phosphorylate the common β subunit of the receptor to provide the binding sites for the recruitment and subsequent activation of *lyn*, *syk*, and SHPTP-2. The tyrosine kinases responsible for this event are likely to be bound to a proline-rich domain, also called a box-1 motif, at residues 458 to 465 as deletion of these amino acids prevents the tyrosine phosphorylation of the IL-5 receptor β_c subunit (Itoh et al., 1996). Currently, the identity of this tyrosine kinase(s) is unknown but a case can be made for Jak-2 based on the finding that mutant cells lacking this kinase are unable to phosphorylate the IL-5 receptor β_c subunit after stimulation with GM-CSF (Watanabe et al., 1997).

C. Functional Effects

Interleukin-3, IL-5, and GM-CSF exert a range of effects on eosinophils (see Tables 11, 12, and 13). In particular, they are central in determining the number of eosinophils in the circulation and in tissues through their ability to promote production, proliferation, and differentiation (see III.) and to enhance their survival by suppressing apoptosis (see XII.H). Hematopoietic cytokines are also implicated in the priming of mature eosinophils to a range of stimuli that evoke chemotaxis (see XII.A.3), degranulation (see XII.B), adhesion (see XII.A.2), and activation of the NADPH oxidase (see XII.G).

It is well established that administration of IL-5 to laboratory animals induces blood eosinophilia (e.g., Iwama et al., 1992) and IL-5 transgenic mice show life-long eosinophilia in organs without overt pathology, indicating that eosinophils require other factors for activation (Dent et al., 1990). The importance of IL-5 in allergen-induced tissue eosinophilia in laboratory animals also has been examined extensively and similar investigations now are emerging in humans. Generally, exposure of sensitized mice, rats, and guinea pigs to allergen results in the appearance of IL-5 and eosinophils in the BAL fluid. The pulmonary eosinophilia is dependent upon circulating, not locally produced, IL-5 (Wang et al., 1998) and is associated with an increase in airways reactivity to a variety of stimuli including acetylcholine (ACh), arecholine, histamine, and 5-hydroxytryptamine (Chand et al., 1992a; Gulbenkian et al., 1992; Nagai et al., 1993, 1996; Brunjezel et al., 1993). Similar effects are seen in the pleural cavity of antigen-challenged sensitized mice (Bozza et al., 1994a). Almost without exception, the effect of neutralizing IL-5 with antibodies inhibits eosinophil infiltration but has a variable effect on airways responsiveness (Gulbenkian et al., 1992; Chand et al., 1992a; van Oosterhout et al., 1993; Nagai et al., 1993, 1996). Using the technique of adoptive transfer, it has been found that IL-5-secreting CD4⁺ Th₂-type cells in mice play a pivotal role in generating blood and airways eosinophilia and in the subsequent development of bronchial hyperreactivity and lung dam-

age that occurs in response to aeroallergens (Hogan et al., 1998).

The effect of anti-IL-5 antibodies has not been reported in humans. However, a similar activity to that described in animals might be predicted given the reports of Shi et al. (1997, 1998) who found that IL-5 given to asthmatic subjects by the inhaled route, or instilled directly into the airways, produced pulmonary eosinophilia, and increased the number of eosinophils and the level of ECP in the induced sputum.

IL-5 is also involved in parasitosis and in helminth-induced airway hyperresponsiveness (Hall et al., 1998). Indeed, administration of the anti-IL-5 antibody TRFK-5 to mice inoculated with microfilariae of the filarial nematode *Onchocerca lienalis* reduces the ability of the animals to resist re-infection (Folkard et al., 1996). A similar approach has been adopted to show that IL-5 is important in driving eosinophilia and reducing parasite burden in mice exposed to *Aspergillus fumigatus* (Murali et al., 1993; Kurup et al., 1997), *Toxocara canis* (Buijs et al., 1995), and *Angiostrongylus cantonesis* (Sasaki et al., 1993).

VII. Interferon Receptor Superfamily

The IFN receptor superfamily, which includes receptors for IFN α/β , IFN γ , and IL-10, characteristically are single transmembrane-spanning glycoproteins with either one (IFN γ and IL-10) or two (IFN α/β) homologous extracellular regions that feature two fibronectin domains. Although, IFN α/β (type I interferons) and IL-10 (a type II interferon) exert biological actions on human eosinophils (Table 14), only a receptor for IFN γ (type II interferon) has been convincingly identified (Aldebert et al., 1996; Ishihara et al., 1997). ¹²⁵I-labeled IFN γ labeled a single population of noninteracting sites on intact eosinophils with a K_d and B_{max} of 3.9 pM and 183 to 233 sites per cell, respectively (Aldebert et al., 1996). Although IFN γ binds with high affinity, the ability of the agonist-occupied receptor to signal requires a species-specific accessory protein that associates with an epitope on the intracellular domain of the receptor protein.

VIII. Tumor Necrosis Factor Superfamily

The tumor necrosis factor (TNF) or nerve growth factor (NGF) superfamily is composed of cytokine receptors and leukocyte surface glycoproteins. Members of this family are characterized by three to four cysteine-rich repeats of 40 amino acids in the extracellular portion of the molecule (Mallett and Barclay, 1991).

A. Tumor Necrosis Factor α

The type I (CD120a) and type II (CD120b) TNF receptors have respective molecular masses of 55 and 75 kDa and have been identified on human eosinophils by fluorescence-activated cell sorting analysis and immune electron microscopy (Zeck Kapp et al., 1994). Generally,

TABLE 14
Functional effects evoked by interferons and IL-10 in eosinophils

Functional Effects	References
IFN α	
Inhibits IL-3-induced eosinophil differentiation	Sillaber et al. (1992)
Inhibits eosinophil colony growth	Shalit et al. (1995)
Reduces Fc ϵ RI and Fc ϵ RII expression in human cord blood-derived eosinophils	Capron et al. (1997)
Inhibits IgA- and IgE-induced ECP, EDN, and IL-5 release and antiparasitic cytotoxicity	Lamkhioued et al. (1995a); Aldebert et al. (1996)
Promotes expression of p35 and p40 IL-12 mRNAs and biologically active protein	Grewe et al. (1998)
IFN β	
Augments Fc γ R expression	De Simone et al. (1986a)
IFN γ	
Down-regulates IL-3-induced eosinophil differentiation	Sillaber et al. (1992)
Decreases Fc ϵ RI expression in cord blood-derived eosinophils	Capron et al. (1997)
Enhances Fc ϵ RII expression in peripheral and core blood-derived eosinophils	Akutagawa et al. (1994); Capron et al. (1997)
Induces Fc γ RIII expression in peripheral eosinophil	Akutagawa et al. (1994)
Inhibits TNF α -induced CD4 expression	Hossain et al. (1996)
Increases number of cells expressing RANTES mRNA	Ying et al. (1996)
Increases Mcl-1 expression	Druilhe et al. (1998)
Induces IL-3 release	Fujisawa et al. (1994)
Induces GM-CSF mRNA expression	Moqbel et al. (1991)
Induces IL-6 mRNA expression	Hamid et al. (1992)
Induces ICAM-1 expression (response synergized with TNF α)	Czech et al. (1993)
Induces CD69 expression	Hartnell et al. (1993)
IL-10	
Inhibits LPS induced GM-CSF release and survival	Takanaski et al. (1994)
Down-regulates CD40 mRNA expression	Ohkawara et al. (1996)

TABLE 15
Functional effects evoked by TNF- α in human eosinophils

Functional Effects	Reference(s)
Induces adherence to activated HUVECs	Lamas et al. (1988)
Enhances eosinophil toxicity to <i>Schistosoma mansoni</i> larvae	Silberstein and David (1986); Thorne et al. (1986)
Enhances cytotoxicity to antibody-treated Daudi-lymphoma cells	Valerius et al. (1990)
Enhances IgE-mediated cytotoxicity to <i>Schistosoma japonicum</i>	Janecharut et al. (1992)
Enhances A23187-induced LTC $_4$ release	Roubin et al. (1987)
Enhances fMLP-induced LTC $_4$ release from normodense cells	Takafuji et al. (1992)
Increases oxidant production in eosinophils adherent to HUVEC and FCS-coated plates	Slungaard et al. (1990)
Induces superoxide release of eosinophils adherent to plastic, fibrinogen, and fibrin	Dri et al. (1991); Zeck Kapp et al. (1994)
Induces CD4 expression	Hossain et al. (1996)
Induces IL-8 mRNA/protein production and release	Nakajima et al. (1996)
Induces the expression of ICAM-1 in combination with IL-3, IL-5, GM-CSF, or IFN γ	Hansel et al. (1992); Czech et al. (1993)
Induces chemokinesis and increases PAF-induced chemotaxis	Nagata et al. (1993)
Promotes expression of p35 and p40 IL-12 mRNAs and biologically active protein	Grewe et al. (1998)

the actions of TNF α on eosinophils in culture or isolation usually are proinflammatory (Table 15). In vivo, antibodies against TNF α significantly attenuated the development of fibrosis elicited by bleomycin in mice and the associated pulmonary eosinophilia, suggesting that TNF α plays an important pathogenic role in that model (K. Zhang et al., 1997).

B. CD30 Ligand

CD30 is a transmembrane receptor that was originally identified as a surface antigen on Reed-Sternberg cells in Hodgkin's disease and found subsequently to be preferentially expressed by human activated CD4 $^+$ T lymphocytes (Del Prete et al., 1995; Manetti et al., 1994). Eosinophils are CD30 $^-$ cells but express an activating ligand CD30L (CD153) (Pinto et al. 1996) that has homology only with members of the TNF superfamily (Falini et al., 1995). The demonstration that native CD30L can transduce proliferative signals in CD30 $^+$ targets such as Hodgkin and Reed-Sternberg cells has suggested a possible role for eosinophils in the pathology

of Hodgkin's disease (Pinto et al., 1996, 1997). This contention is supported by the higher than normal levels of CD30L expression on circulating and tissue eosinophils in patients with Hodgkin's disease and hypereosinophilic syndrome compared to normal subjects. In this respect, it is interesting that the expression of CD30L on eosinophils is increased by IL-3, IL-5, and GM-CSF (Pinto et al., 1996).

C. CD40 and CD40 Ligand

Originally identified on B lymphocytes and some carcinoma cell lines, CD40 is expressed on a variety of cells including eosinophils (Ohkawara et al., 1996). Structurally, CD40 is a 45- to 50-kDa transmembrane-spanning glycoprotein and, together with its activating ligand, CD40L (CD154 also called gp39), is thought to be important for the full expression of allergic inflammatory responses in the airways of animals and possibly humans (Lei et al., 1998). mRNA and surface protein for CD40 are expressed constitutively on circulating eosinophils of allergic patients and are up-regulated in response to IgA

immune complexes and down-regulated by IL-10 (Ohkawara et al., 1996). Similarly, constitutive expression of CD40L on cells obtained from a hypereosinophilic patient has been reported along with the finding that normal eosinophils and the eosinophilic cell line Eol-3 will produce CD40L in response to fMLP, PMA, and ionomycin (Gauchat et al., 1995).

Functionally, cross-linking of CD40 increases eosinophil survival in a concentration-dependent manner by stimulating the release of GM-CSF (Ohkawara et al., 1996). In the presence of IL-4, eosinophils are able to induce CD40L-dependent B lymphocyte proliferation in vitro (Gauchat et al., 1995).

D. CD69

The CD69 antigen is a phosphorylated 28- to 32-kDa disulfide-linked homodimer that was first identified on activated T lymphocytes and natural killer cells in the late 1980s (for review, see Testi et al., 1994). Complementary DNA clones encoding human and mouse CD69 have been isolated and identified the antigen as a C-type lectin (Ziegler et al., 1994). Gene-mapping studies have placed CD69 on mouse chromosome 6 and the p13 region of human chromosome 12 (Ziegler et al., 1994). The role of CD69 as a possible marker of activated eosinophils was proposed shortly after it was originally described following the detection of significant levels of CD69⁺ cells in the BAL fluid, but not peripheral blood, of patients with eosinophilic pneumonia (Nishikawa et al., 1992). It is now known that CD69 is expressed on eosinophils taken from the BAL fluid of patients with mild asthma (Hartnell et al., 1993; Matsumoto et al., 1998) and on peripheral blood eosinophils during human parasitosis (Mawhorter et al., 1996) consistent with an activated phenotype. Indeed, CD69⁺ eosinophils are rapidly induced in vitro in response to IL-3, IL-5, GM-CSF, IFN γ , and IL-13 (Nishikawa et al., 1992; Hartnell et al., 1993; Luttmann et al., 1996; Mawhorter et al., 1996; Matsumoto et al., 1998). The induction of CD69 by GM-CSF is inhibited by cycloheximide, suggesting that new protein synthesis is required (Hartnell et al., 1993). However, it has been reported that protein and mRNA for CD69 are found within unstimulated eosinophils (Luttmann et al., 1996), although those data were not corroborated in a subsequent investigation (Matsumoto et al., 1998). The function of CD69 is largely unexplored but it might be involved in regulating longevity based on the finding that anti-CD69 antibodies promote apoptosis of GM-CSF-stimulated eosinophils (Walsh et al., 1996b).

E. CD95

Human CD95 (Fas/APO-1) is a membrane-associated polypeptide, has an approximate molecular mass of 48 kDa, and is comprised of 335 amino acids with a glycosylated amino-terminal extracellular domain, a hydrophobic middle, and an intracellular carboxyl terminus (Oehm et al., 1992; Smith et al., 1994). The amino ter-

minus contains three cysteine-rich regions that are characteristic of the TNF/NGF receptor family whereas a 70-amino acid sequence at the carboxyl terminus features a, so-called, "death domain" that is necessary and sufficient for the transduction of signals that effect apoptosis (Itoh and Nagata, 1993).

Freshly purified eosinophils express CD95 at a low but consistent level (Matsumoto et al., 1995; Druilhe et al., 1996). However, following culture of eosinophils in the absence of cytokines the level of CD95 increases in a time-dependent manner that is associated temporally with reduced viability and an increase in the number of apoptotic nuclei (Druilhe et al., 1996). Similarly, cross-linking of CD95 with specific monoclonal antibodies produces a time- and concentration-dependent increase in apoptosis (Matsumoto et al., 1995; Tsuyuki et al., 1995; Druilhe et al., 1996). mRNA and protein for CD95 are up-regulated in human eosinophils cultured for 24 h with IFN γ and TNF α , and synergy occurs when both cytokines are used concurrently. These effects are functionally relevant as eosinophils now display an enhanced rate of apoptosis in response to CD95L (Luttmann et al., 1998b). Significantly, IL-3, IL-5, and GM-CSF prevent CD95 expression by an unknown mechanism and this presumably contributes to their survival-prolonging activity (Luttmann et al., 1998b; see *XII.H* for additional details). Unlike human neutrophils, the activating ligand CD95L is not constitutively expressed on eosinophils (Liles et al., 1996). However, ligation of CD95 by CD95L present on activated T lymphocytes, for example, recruits a number of intracellular pathways in human eosinophils including JNK-54, *lyn*, and IL-1-converting enzyme-like proteases that are believed to couple the activation of an upstream sphingomyelinase to the degradation of lamin B₁ (Hebestreit et al., 1998; Simon et al., 1998). Indeed, the broad-spectrum tyrosine kinase inhibitors genistein and lavendustin A prevent CD95-mediated death in human and murine eosinophils in vitro and partially resolve CD95L-induced eosinophilia in an in vivo model of inflammation in the mouse (Simon et al., 1998). Lavendustin A also inhibits CD95-mediated lamin B₁ degradation which might account in part for its antiapoptotic activity (Simon et al., 1998).

F. Nerve Growth Factor

Relatively little is known of the functional actions of NGF on eosinophils although chemotaxis, laticidal activity and degranulation (Hamada et al., 1996; Solomon et al., 1998) all are accredited activities. NGF also suppresses fMLP-stimulated LTC₄ release (Takafuji et al., 1992).

IX. Adhesion Molecules

Adhesion molecules or receptors are thought to be central to the process of eosinophil migration from the systemic circulation into tissue (see *XII.A*). A number of

adhesion molecules are expressed by eosinophils (Fig. 6) and can be divided into three families: the selectins, integrins, and immunoglobulins.

A. Selectins

Three selectin families (denoted E, P, and L) have been described. E-selectin (CD62E) and P-selectin (CD62P) are expressed on endothelial cells whereas L-selectin (CD62L) is found on the cell surface of leukocytes including eosinophils (see Bevilacqua and Nelson, 1993; Lasky, 1995). Structurally, the selectins are characterized by an amino-terminal C-type (Ca^{2+} -dependent), lectin-like, binding domain, an EGF-like region, two to nine consensus repeats of sequence similar to those appearing in complement-regulatory proteins, such as decay-accelerating factor, a membrane-spanning domain, and a short cytoplasmic tail.

The expression of E-selectin by endothelial cells is induced by certain cytokines and requires gene transcription and protein synthesis (Bevilacqua et al., 1987). P-selectin is stored within cytoplasmic Weibel-Palade bodies from where it translocates to the plasma membrane within minutes of stimulation (Johnston et al., 1989; Geng et al., 1990). In contrast, L-selectin is constitutively expressed by eosinophils but is shed upon activation with stimuli such as A23187, PAF, fMLP, and IL-5 (Smith et al., 1992; Neeley et al., 1993). Those *in vitro* observations are entirely consistent with the lower than normal expression of L-selectin on eosinophils harvested from the sputum of asthmatic subjects when compared with blood eosinophils (in't Veen et al., 1998). The counterligands for selectins are a family of sialylated, fucosylated, and, in many cases, sulfated, glycosaminoglycans typified by the moiety sialyl Lewis X (Springer

and Lasky, 1991). The precise carbohydrate moieties recognized by the selectins are presently unknown, although the peptide backbone appears to be important in conferring selectin specificity. The majority of selectin counterligands contain mucin regions that are characteristically serine/threonine/proline-rich peptide sequences with rigid backbones and are decorated with *O*-linked carbohydrates (Shimizu and Shaw, 1993). To date, three L-selectin counterligands have been identified upon endothelial cells: 1) GlyCAM-1, 2) MadCAM-1, and 3) CD34, which contain mucins or mucin-like domains (Lasky et al., 1992; Briskin et al., 1993; Baumhueter et al., 1994). Studies examining P-selectin-mediated binding of eosinophils to nasal polyp endothelial cells and to soluble P-selectin identified PSGL-1, a sialylated, homodimeric glycoprotein, as the eosinophil counterligand (Wein et al., 1995; Symon et al., 1996). PSGL-1 has been isolated by expression cloning from an HL-60 library and shown to be a 220-kDa homodimer with a heavily *O*-glycosylated mucin-like structure (Sako et al., 1993). Further structural analyses revealed that, in contrast to the 15-decapeptide repeat found in neutrophil PSGL-1, the corresponding eosinophil variant is 10-kDa heavier due to an extra repeat (Symon et al., 1996). The counterligand for E-selectin was identified from examining the interaction of eosinophils with soluble E-selectin immobilized upon plastic plates and identified as a sialylated, protease-resistant structure (Bochner et al., 1994).

B. Integrins

The integrins constitute a superfamily of gene products that are composed of two noncovalently linked α and β transmembrane heterodimeric glycoproteins. Eo-

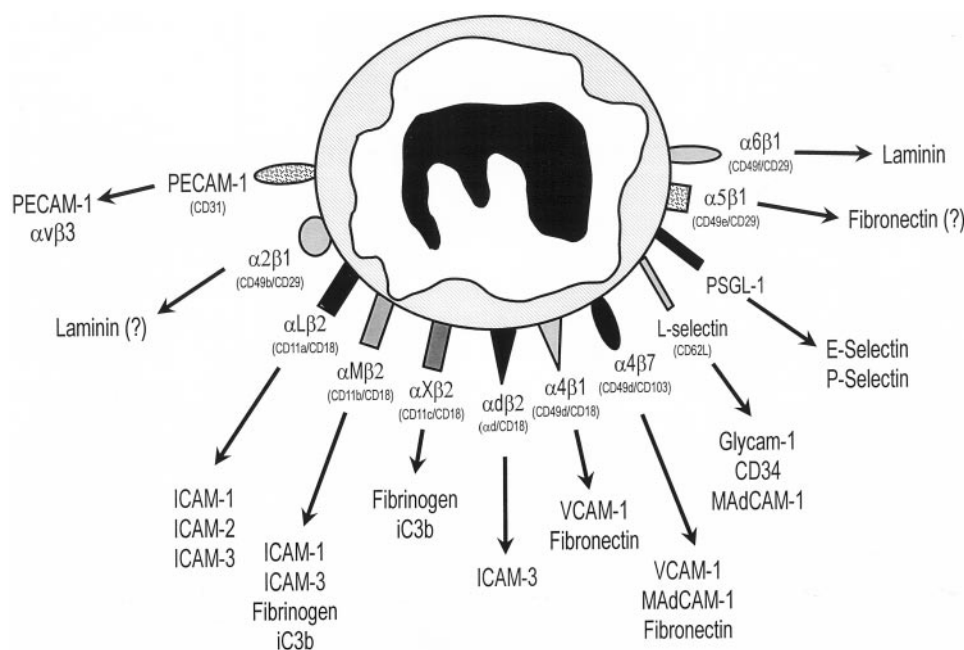


FIG. 6. Eosinophil adhesion molecules/receptors and their counterligands. See IX for additional details.

sinophils express the β_1 (CD29) integrins: VLA-2 (CD49b), VLA-4 (CD49d), VLA-5 (CD49e), and VLA-6 (CD49f); the β_2 (CD18) integrins (Kuijpers et al., 1993): leukocyte function-associated antigen (LFA) 1 (CD11a, $\alpha_L\beta_2$), CR3 (CD11b, $\alpha_M\beta_2$, Mac-1), and complement receptor (CR) 4 (CD11c, $\alpha_X\beta_2$, p150,95); the novel integrin, $\alpha_d\beta_2$, which interacts with intercellular adhesion molecule (ICAM) 3, and the β_7 integrin, $\alpha_4\beta_7$ (CD49d/CD103) (Kuijpers et al., 1993; Walsh et al., 1996a). The integrins bind to members of the Ig superfamily expressed upon endothelial cells as well as components of the extracellular matrix (see Fig. 6).

1. β_1 Integrins. The most extensively studied β_1 integrins are VLA-4 and VLA-6 which bind to the extracellular matrix proteins fibronectin and laminin, respectively. Relatively little is known about VLA-2 and VLA-5. It has been demonstrated that VLA-4 binds to the, so-called, IIIICS region of fibronectin that features a 25-amino acid alternatively spliced connecting segment, CS-1, which is recognized by the integrin through a characteristic LDV motif (Anwar et al., 1993, 1994). VLA-4 also can bind to VCAM-1, an Ig superfamily member expressed upon cytokine-exposed endothelial cells (Bochner et al., 1991a; Dobrina et al., 1991; Weller et al., 1991b; Atsuta et al., 1998). The interaction occurs at sites within the first and fourth Ig-like domains of the protein (Osborn et al., 1992; Vonderheide et al., 1994). The VLA-4:VCAM-1 and VLA-4:fibronectin interaction is encouraged when eosinophils are preincubated with GM-CSF (Sung et al., 1997), SCF (Yuan et al., 1997), and PAF (Anwar et al., 1994) and is due to an increase in ligand affinity rather than an up-regulation of receptor expression or changes in receptor distribution (Neeley et al., 1993; Sung et al., 1997; Yuan et al., 1997). The chemoattractants, RANTES, MCP-3, and C5a transiently increase VLA-4-mediated adhesion to purified VCAM-1 and fibronectin (Weber et al., 1996). However, those data contrast with the result of other experiments. In particular, Burke-Gaffney and Hellewell (1996) have found that the activation of human lung microvascular endothelial cells by TNF α was associated with increased VLA-4-mediated adhesion of eosinophils after their exposure to eotaxin but not to RANTES or MIP-1 α .

VLA-4-dependent adhesion alters the functional responsiveness of eosinophils to a number of stimuli. Thus, PAF- and A23187-induced LTC₄ release (Anwar et al., 1994; Munoz et al., 1996), the secretion of ECP in response to fMLP in cytochalasin B-treated cells (Neeley et al., 1994), and the enhanced survival of eosinophils effected by IL-3 and GM-CSF produced in an autocrine manner (Anwar et al., 1993) all are augmented. Furthermore, cross-linking of VLA-4 receptors with activating monoclonal antibodies (Laudanna et al., 1993) or after spontaneous adherence to VCAM-1-coated plates (Nagata et al., 1995a) activates the NADPH oxidase through a mechanism that might be secondary to the activation of CR3 (Nagata et al., 1995a).

Expression of VLA-6 by eosinophils was reported by Georas et al. (1993) and is elevated in mildly allergic patients. Using monoclonal antibodies directed against CD29 and CD49f, it has been shown that VLA-6 mediates the binding of eosinophils to laminin, a component of the basement membrane, and suggests that this interaction may contribute to eosinophil localization in the subendothelium (Georas et al., 1993). Consistent with the results obtained with fibronectin, the longevity of eosinophils cultured on laminin is significantly enhanced (Tourkin et al., 1993).

As described above, adhesion molecules are involved in processes other than simple cell-cell interactions such as survival, leukotriene release, and degranulation. Currently, the signaling pathways utilized by the β_1 integrins in eosinophils are under studied. However, in other cells it has been established that the cytoplasmic tail of the β subunit promotes a rearrangement of actin and cytoskeletal components to form a focal adhesion complex that predominates at sites where the cell interacts with extracellular matrix components (Clark and Brugge, 1995). In this respect, ligation of β_1 integrins results in the activation of the focal adhesion kinase p125^{Fak} (Schaller and Parsons, 1994), which is believed to recruit a number of other signaling molecules to the focal adhesion complex that are intimately involved in cell spreading. Occupancy of the β_1 integrin receptor also results in the activation of *src*-related protein tyrosine kinases (Shattil et al., 1994), the mitogen-activated protein (MAP) kinase cascade (Schaller and Parsons, 1994), and a novel 59-kDa serine/threonine "integrin-linked kinase" that, as the name implies, associates with the cytoplasmic tail of β_1 integrins (Hannigan et al., 1996).

2. β_2 Integrins. Human eosinophils express the common β_2 chain CD18 and the α chains CD11a (LFA-1), CD11b (CR3), and CD11c (p150,95) that bind to ICAM-1 (CD54) (Fischer et al., 1986; Hartnell et al., 1990; Walsh et al., 1990a,b; Kyan Aung et al., 1991a; Grayson et al., 1997). A fourth integrin, $\alpha_d\beta_2$, also is expressed on human eosinophils, is up-regulated by IL-5 and Ca²⁺ ionophore A23187, and can function as an alternative ligand for VCAM-1 (Grayson et al., 1998). The expression of CD11b is greater on eosinophils found in the sputum of asthmatic subjects when compared with their peripheral blood counterparts (in't Veen et al., 1998), and this is consistent with the ability of proinflammatory mediators to up-regulate β_2 integrins in general. CR3 numbers are increased on the surface of human eosinophils by PAF, IL-3, IL-5, GM-CSF (Thorne et al., 1990; Walsh et al., 1991a; Hartnell et al., 1992a; Lundahl et al., 1993; Neeley et al., 1993; Tsai et al., 1993; Fattah et al., 1996), and, to a lesser extent, TNF α (Thorne et al., 1990), fMLP (Lundahl et al., 1993; Neeley et al., 1993), LPS (Lundahl et al., 1993), C5a (Gerard and Gerard, 1991; Lundahl et al., 1993), and RANTES (Alam et al., 1993). In contrast, the expression of LFA-1 seems to be more tightly con-

trolled in that it is up-regulated only by PAF (Hayashi et al., 1994). A number of investigators have reported that in addition to receptor number, IL-3, IL-5, GM-CSF, and RANTES also increase the affinity of β_2 integrins for their counterligands (Blom et al., 1994; Kakazu et al., 1995).

Binding through CD18 appears to be important for the activation of the NADPH oxidase (Laudanna et al., 1993). The interaction of CR3 and LFA-1 with soluble ICAM-1 promotes the production of reactive oxygen radicals (Chihara et al., 1995a), and CD18-dependent binding of eosinophils to HSA-coated plates confers sensitivity to GM-CSF and PAF which are otherwise inactive (Horie and Kita, 1994). Soluble ICAM-1 and anti-CD11b-linked to polystyrene microbeads also promote eosinophil degranulation with the release of ECP and EDN (Chihara et al., 1995b; Kato et al., 1998a). Mechanistically, the adherence of IL-5-treated eosinophils to protein-coated tissue culture plates via β_2 integrins is accompanied by inositol phosphate accumulation and the tyrosine phosphorylation of a number of proteins (Kato et al., 1998a). One of those is the product of the *c-cbl* proto-oncogene Cbl, along with two other proteins of 105 and 115 kDa (Kato et al., 1998a). Similar results have been obtained with anti-CD11b to activate directly $\alpha_M\beta_2$. Thus, the tyrosine phosphorylation of Cbl and the 115-kDa proteins along with phosphoinositide hydrolysis may play a central role in integrin-dependent functional responses such as degranulation.

3. $\alpha_4\beta_7$ *Integrin*. In addition to the formation of VLA-4, the α_4 subunit has been shown by immunostaining and flow cytometry to associate with the β subunit, β_7 to form $\alpha_4\beta_7$ in eosinophils (Erle et al., 1994; Walsh et al., 1996a). This integrin is expressed at the same level as $\alpha_4\beta_1$ and is believed to bind to the Ig, MadCAM-1 (Berlin et al., 1993; Briskin et al., 1993) as well as VCAM-1 and the CS-1 region of fibronectin (Chan et al., 1992; Ruegg et al., 1992; Postigo et al., 1993). Although $\alpha_4\beta_7$ is constitutively expressed upon eosinophils, it is poorly active since the presence of Mn^{2+} is required to demonstrate adherence (Seminario and Bochner, 1997). This is despite the fact that exposure of eosinophils to PAF has been shown to induce $\alpha_4\beta_7$ -mediated binding to MadCAM-1 but not VCAM-1 in L-12 cells transfected with the appropriate cDNAs (Walsh et al., 1996a). Thus, in the absence of stimuli, the binding of eosinophils to VCAM-1 and fibronectin is mediated predominantly by VLA-4.

C. Intercellular Adhesion Molecule 1

Intercellular adhesion molecule 1 (CD54) is a member of the C2-type Ig family of proteins that have been implicated in cell adhesion and complement binding. Human ICAM-1 is composed of a 55-kDa core protein, an extracellular-facing fragment containing five Ig-like domains and up to eight possible sites for *N*-linked glycosylation, and a 28-amino acid cytoplasmic tail rich in

lysine and arginine that is thought to be responsible for binding to the cytoskeleton (Staunton et al., 1990; Carpen et al., 1992; Kirchhausen et al., 1993).

ICAM-1 is not constitutively expressed by circulating blood eosinophils (Hansel et al., 1992; Czech et al., 1993) but has been detected on sputum eosinophils (Hansel et al., 1991a) and in eosinophils recovered from the BAL fluid of patients with eosinophilic pneumonia (Azuma et al., 1996). In contrast to data published by Hansel et al. (1992), Czech et al. (1993) reported that the inflammatory cytokines IL-3, IFN γ , and TNF α induce ICAM-1 expression on normal circulating eosinophils. Despite that discrepancy, there is a consensus that TNF α [and TNF β (Hansel et al., 1992)] acts synergistically with IL-3, IL-5, GM-CSF, and IFN γ to up-regulate ICAM-1 expression by a mechanism that involves *de novo* protein synthesis (Hansel et al., 1992; Czech et al., 1993). Burke-Gaffney and Hellewell (1998) have shown that ICAM-1 mediates adhesion of eosinophils to human bronchial epithelial cells which would aid their accumulation and retention in the airways in diseases such as asthma.

Little is known of the affect of ICAM-1 binding upon eosinophil function, although it has been implicated in GM-CSF- and TNF α -induced degranulation (Horie et al., 1997a).

X. Immunoglobulins

Eosinophils can express Fc receptors for IgA, IgD, IgG, and IgM. Receptors for the Fc portion of IgE also have been detected on eosinophils but controversy surrounds the precise nature of the IgE-Fc ϵ R interaction (Kita and Gleich, 1997).

A. Receptors for Fc α

The Fc receptor for IgA (CD89) is a transmembrane glycoprotein expressed by several granulocytes including neutrophils and eosinophils (Capron et al., 1988a). Molecular genetics has mapped the human *CD89* gene to chromosome 19 (Kremer et al., 1992), which contrasts to the genes that encode other Fc receptors that are localized to chromosome 1. Structurally, Fc α R is composed of five exons spanning approximately 12 kb (de Wit et al., 1995). The first two exons (denoted S1 and S2) encode a leader sequence, the third and fourth (termed EC1 and EC2) each encode a homologous Ig-like domain and the final exon (TM/C) codes for a short intracellular region, a transmembrane segment and a short cytoplasmic tail (de Wit et al., 1995). Evidence exists for at least seven transcripts of Fc α R designated Fc α Ra.1 to 6 and Fc α Rb that arise from alternative mRNA splicing (Patry et al., 1996; Pleass et al., 1996; van Dijk et al., 1996). That discovery is entirely consistent with what has been established for Fc γ RI (Porges et al., 1992) and Fc γ RII (Brooks et al., 1989) and suggests that the expression of several closely related proteins by alternative splicing provides a means of diversifying function (see X.D).

The cDNAs derived from the two major Fc α transcripts of both human eosinophils and neutrophils have been cloned and sequenced, and the neutrophil variants stably transfected in CHO-K1 cells (Pleass et al., 1996). The largest clone, Fc α Ra.1, represents the previously described full-length receptor (Maliszewski et al., 1990), whereas the splice variant, Fc α Ra.3, is a truncated form lacking the entire second, membrane-proximal Ig domain. The long and short forms do not bind anti-Fc α R monoclonal antibodies equally or serum IgA, supporting the idea that alternative splicing of Fc α R gene could provide a means of altering Fc α R receptor function.

van Dijk et al. (1996) also have reported a novel isoform of the Fc α R that is expressed in human eosinophils and neutrophils. The cloned receptor, Fc α Rb, differs from previously described splice variants in that it lacks the exon (TM/C) encoding the transmembrane/intracellular region of the wild-type receptor and exon EC2 is extended to encode 23 additional amino acids. Transfection of IIA1.6 murine pro-B lymphocytes with the cDNA for Fc α Rb results in high levels of expression at the plasma membrane, along with the secretion of a significant amount of protein. The expression of Fc α Rb at the cell surface is not affected by phosphatidylinositol-specific PLC, indicating that glycosyl phosphatidylinositol (GPI) linkage of Fc α Rb is unlikely. In IIA1.6 murine pro-B lymphocytes expressing Fc α Rb and Fc γ R, which is necessary for signal transduction by wild-type Fc α R, neither Ca²⁺ mobilization nor tyrosine phosphorylation is observed upon receptor cross-linking (van Dijk et al., 1996), suggesting that Fc α Rb has a different functional role to Fc α R.

The molecular mass of Fc α R on eosinophils (70–100 kDa) is significantly higher when compared to its counterpart on human neutrophils (55–75 kDa). However, removal of N-linked carbohydrates from both cell types yields a protein of 32 kDa, indicating differential degrees of glycosylation between neutrophils and eosinophils (Monteiro et al., 1993). The expression of Fc α R is up-regulated approximately 3-fold on human eosinophils exposed to the Ca²⁺ ionophore A23187 (Monteiro et al., 1993). Similarly, eosinophils harvested from allergic individuals express higher levels of Fc α R when compared with control subjects (Monteiro et al., 1993).

Functionally, anti-IgA induces eosinophil migration in atopic and healthy volunteers (Rihoux et al., 1990). A number of studies also have demonstrated the expression of functional IgA receptors on human eosinophils (Capron et al., 1988a; Abu Ghazaleh et al., 1989; Kita et al., 1991b) with particular reference to degranulation. Secretory IgA and IgA-coated Sepharose beads are particularly effective at promoting EDN release by a mechanism that is enhanced by IL-3 and GM-CSF (Abu Ghazaleh et al., 1989; Kita et al., 1991b).

B. Receptors for Fc δ and Fc μ

It has been reported (Wardlaw et al., 1995) that human eosinophils express Fc receptors for IgD but this

assertion has not received further documentation. In contrast, normal blood eosinophils lack Fc μ R (CD7) (Ottesen et al., 1977; Walsh and Kay, 1986) although binding of IgM can apparently occur when cells are cultured in vitro (De Simone et al., 1982a).

C. Receptors for Fc ϵ

It has been known for some time that certain allergic diseases and parasitic infections are associated with peripheral blood and tissue eosinophilia along with an increase in total and antigen-specific IgE. Indeed, there is a close correlation between serum IgE and the prevalence and severity of allergic diseases such as asthma (Sears et al., 1991). Similarly, the acquisition of immunity against *Schistosoma hematobium* is positively correlated with the appearance of anti-schistosome IgE antibodies (Hagan et al., 1991). IgE is known to promote mast cell and eosinophil degranulation (Khalife et al., 1986; Galli et al., 1991; Tomassini et al., 1991), enhance antigen presentation to, and internalization by, T lymphocytes when bound to antigen-presenting cells (APCs) (Mudde et al., 1995; Maurer et al., 1996) and mediate killing of invading parasites by acting as a ligand for antibody-dependent, cell-mediated cytotoxicity (Capron et al., 1982; Truong et al., 1993; Capron and Capron, 1994; Gounni et al., 1994a). Thus, these and other data have led to the general view that IgE is implicated in the direct and indirect activation of eosinophils in allergic diseases and following parasite infestation.

Arbesman and coinvestigators were the first to demonstrate that complexed IgE binds to human eosinophils (Ishikawa et al., 1974; Fujita et al., 1975), an observation that was extended several years later by the identification of cell surface receptors for IgE (Capron et al., 1981). Subsequently, it was established that IgE bound to a receptor on eosinophils with low affinity ($K_d \sim 100$ nM) that was similar, but not identical, to CD23 (Fc ϵ RII) expressed by B lymphocytes (Capron et al., 1986, 1991; Jouault et al., 1988; Yokota et al., 1988; Capron and Joseph, 1991). However, in 1998, definitive evidence was provided that human eosinophils express Fc ϵ RII that is identical with CD23 expressed by B lymphocytes (Abdelilah et al., 1998). Structurally, Fc ϵ RII is a 45-kDa type II glycoprotein that can exist in at least two isoforms, Fc ϵ RIIa and Fc ϵ RIIb, that differ only in their amino-terminal cytoplasmic tail and arise through differential mRNA splicing (Yokota et al., 1988). Eosinophils express both forms of Fc ϵ RII (Abdelilah et al., 1998). Since those original observations, two other receptors for IgE have been identified on eosinophils and to some extent characterized. In mice, one of these, Fc ϵ RI, is a tetrameric protein composed of an α chain, which binds IgE, a β chain, and two disulfide-linked γ chains (Ravetch and Kinet, 1991), and is recognized by IgE with high affinity ($K_d \sim 0.1$ nM) (Gounni et al., 1994a,b). Interestingly, the human homolog of Fc ϵ RI

lacks the β subunit. The other receptor is a galactose-specific, thiol-dependent S-type lectin called Mac-2 that has a high degree of sequence homology to rat ϵ BP and carbohydrate-binding protein 35 and binds to IgE with relatively low affinity (Truong et al., 1993).

Evidence is available that eosinophils can express each variant of Fc ϵ , although the extent to which this occurs depends on whether the cells are purified from normal subjects or from individuals with eosinophilia associated with allergic inflammation or parasitosis. Further distinctions probably can be made based on the type and severity of disease. For example, the expression of Fc ϵ R2 is seemingly restricted to a hypodense population of eosinophils harvested from subjects with prominent eosinophilia and certain allergic disorders (Capron et al., 1986, 1989; Rumi et al., 1998), whereas little, if any, expression is detected on eosinophils from "normal" individuals (Hartnell et al., 1989; Rumi et al., 1998). Comparable data also have been reported for Fc ϵ R1 (Terada et al., 1995; Rajakulasingam et al., 1997, 1998; Sihra et al., 1997) and Mac-2/ ϵ BP (Truong et al., 1993). In the later case, Northern blot analysis using eosinophil RNA from several eosinophilic donors probed with human Mac-2 and human ϵ BP cDNAs routinely identified a single 1.2-kb product (Truong et al., 1993). In 50% of those eosinophil preparations, complementary flow cytometry experiments identified cell surface Mac-2 expression. This was confirmed by Western immunoblotting which resulted in the labeling of a 29-kDa band, consistent with Mac-2 protein, and two smaller anonymous peptides of 20 and 15 kDa (Truong et al., 1993).

It is clear from the aforementioned discussion that there is a wide body of evidence from studies in humans that IgE can activate eosinophils and promote antibody-dependent, cell-mediated cytotoxicity through Fc ϵ R1, Fc ϵ R2, and Mac-2/ ϵ BP. However, some controversy still surrounds the functional role of Fc ϵ on eosinophils (Kita and Gleich, 1997). In particular, allergen-antibody complexes also can activate eosinophils via Fc γ R (Kaneko et al., 1995a). Similarly, Fc γ R are involved in IgG-dependent cytotoxicity toward parasites (Butterworth et al., 1977). Moreover, eosinophils purified from the BAL fluid, liver granulomas, and bone marrow cultures of parasite-infected mice do not express cell surface receptors for Fc ϵ and fail to bind IgE under conditions where eosinophils can be activated following ligation of Fc γ R by IgG (Jones et al., 1994; de Andres et al., 1997b). A major implication of those findings is that the mouse might not be a suitable species to study human immunological disease and, clearly, this requires careful investigation. Another enigmatic set of observations that currently defies explanation is the finding that antibodies raised against *all* three Fc ϵ receptors abolish IgE binding and antibody-dependent, cell-mediated cytotoxicity (see Kita and Gleich, 1997 and references therein).

D. Receptors for Fc γ

Three functional receptors for IgG have been identified and characterized on human leukocytes. On resting human eosinophils, only one of these, Fc γ R2 (CDw32), is constitutively expressed to any extent (Hartnell et al., 1990) although murine eosinophils also express Fc γ R3 (CD16) in reasonable numbers (de Andres et al., 1997b). IFN γ up-regulates Fc γ R2 expression (Valerius et al., 1990; Hartnell et al., 1992b) and is associated with enhanced IgG-induced antibody-dependent cellular cytotoxicity (Valerius et al., 1990). Those data are consistent with an earlier publication that described an increase in Fc γ receptor density and cytotoxicity in response to IFN β (De Simone et al., 1986). Structurally, Fc γ R2 is a 40-kDa protein, for which IgG has low affinity, and is widely distributed among leukocytes.

Hartnell et al. (1992b) have reported that the expression of Fc γ R2 is up-regulated by IL-3. However, although a subsequent study (Koenderman et al., 1993) found that the addition of IL-3, IL-5, and GM-CSF to freshly prepared eosinophils produced a transient 3-fold increase in their ability to form rosettes with IgG-sensitized erythrocytes, no change in Fc γ R2 receptor expression was noted. Indeed, it was concluded that changes in Fc γ R2 signaling might reflect alterations in CR3 receptor function since the increase in rosetting activity was accompanied by a commensurate augmentation in the binding of iC3b to CR3. Further support for that contention was that an antibody against CD11b prevented the effects of IL-3, IL-5, and GM-CSF (Koenderman et al., 1993). The reason for the discrepancy between the two studies is unclear. In murine eosinophils, ligation of Fc γ R2 results in phosphatidylinositol hydrolysis which has been linked to the activation of 5-lipoxygenase (de Andres et al., 1991b).

The other Fc γ receptor for which IgG has low affinity is the 50- to 70-kDa Fc γ R3 (CD16). Although not expressed constitutively by human eosinophils, high levels are found intracellularly that can be mobilized to the cell surface by mediators such as IFN γ , PAF, fMLP, and C5a in a cycloheximide- and dexamethasone-sensitive manner, indicating a requirement for new protein synthesis (Hartnell et al., 1992b; Zhu et al., 1998). The up-regulation of Fc γ R3 is transient and protein is rapidly released into the medium and then is reabsorbed. The role of Fc γ R3 on eosinophils is unknown but it is likely that the secretion of the soluble receptor might neutralize bioavailable IgG. Treatment of human eosinophils with phosphatidylinositol-specific PLC markedly reduces cell surface CD16 expression, indicating that it is a GPI-linked receptor (Zhu et al., 1998). The finding that anti-CD16 effects membrane depolarization and LTC $_4$ release in cytokine-treated cells (Hartnell et al., 1992b) indicates that this effect is functionally relevant. Those data are concordant with the enhanced expression of IgG receptors in general by eosinophils purified from

subjects with eosinophilia (that have presumably become exposed to a host of mediators in vivo) when compared with normal individuals (Kishimoto, 1988).

The cDNA of each Fc γ R has been cloned (Stuart et al., 1987; Simmons and Seed, 1988; Allen and Seed, 1989) which led to the discovery of two Fc γ RIII isoforms [Fc γ RIII-1 (CD16-1), Fc γ RIII-2 (CD16-2)] that are encoded by distinct genes (Ravetch and Perussia, 1989; Scallon et al., 1989). Fc γ RIII-1 is expressed predominantly by resting neutrophils and is anchored to the cell surface by a GPI linkage; however, after activation of the cell, this receptor is shed and is detected in the plasma (Huizinga et al., 1988, 1989, 1990). In contrast, Fc γ RIII-2 is a transmembrane-spanning receptor expressed by natural killer cells (Hibbs et al., 1989; Kurosaki and Ravetch, 1989; Lanier et al., 1991). The Fc γ RIII variant(s) expressed on eosinophils and the function(s) it specifically subserves is currently unclear, although treatment of IFN γ -exposed eosinophils with phosphatidylinositol-specific PLC reduces Fc γ RIII expression, suggesting that eosinophils express a functionally active GPI-linked form (Fc γ RIII-1) of the receptor (Hartnell et al., 1992b).

Fc γ RI (CD64) is a 72-kDa protein for which IgG has high affinity and is expressed almost exclusively by monocytes. However, receptors for Fc γ RI can be induced in human eosinophils treated with IFN γ (Hartnell et al., 1992b).

IgG, immobilized to Sephadex beads, evokes a host of functions in eosinophils. Of significance was the demonstration in 1997 that ligation of Fc γ receptors on murine eosinophils provided a napoptotic signal. de Andres et al. (1997a) reported that culture of murine eosinophil precursors with a rat monoclonal antibody (2.4G2) that reacts with CD32 and CD16 promoted several hallmarks of apoptosis: chromatin condensation, annexin V binding, and induction of CD95. Since murine eosinophils express CD16 and CD32, additional experiments were performed with precursors obtained from mice in which the *CD16* gene was disrupted. The results of those experiments established that apoptosis was absolutely dependent on CD32 and the activation of CD95 (de Andres et al., 1997a). Collectively, those data highlight a novel mechanism of inducing apoptosis which, if reproduced in human eosinophils, could be relevant to cell-mediated tissue injury and antibody-dependent cellular cytotoxicity (see *XII.H*).

Other functional effects for which IgG has been accredited include degranulation (Kita et al., 1991b,d; Tomassini et al., 1991; Kaneko et al., 1995a,b), activation of the NADPH oxidase (de Andres et al., 1997b), and the generation of LTC $_4$ (Shaw et al., 1985; Cromwell et al., 1988; Moqbel et al., 1990a) and PAF (Cromwell et al., 1990).

XI. Miscellaneous

A. Interleukin-1

The type I (CDw121a) and type II (CDw121b) IL-1 receptor have been identified in mice and humans. Structurally, these receptors are single transmembrane

glycoproteins with approximate molecular masses of 80 kDa and 60 kDa, respectively. Both receptors bind the predominately membrane associated IL-1 α , IL-1 β that is secreted, and IL-1RA. Studies with human eosinophils suggest that IL-1 β induces the secretion of arylsulfatase and β -glucuronidase whereas a combination of IL-1 α and IL-1 β inhibits the activation of the NADPH oxidase in response to the phorbol diester PMA (Pincus et al., 1986; Whitcomb et al., 1989). Prolonged exposure (30–180 min) of guinea pig eosinophils to IL-1 β suppresses A23187-induced [3 H]AA and phosphatidylcholine release by down-regulating the activity of PLA $_2$ (Debbaghi et al., 1992).

Sanz et al. (1995) demonstrated that intradermal administration of IL-1 β to rats stimulates the accumulation of radiolabeled eosinophils to the sites of injection (Sanz et al., 1995). Moreover, persuasive evidence for a role of IL-1 β in allergen-induced eosinophil migration derives from the ability of IL-1RA to prevent pulmonary eosinophilia when given by aerosol to sensitized guinea pigs immediately before challenge (Watson et al., 1993). Similarly, IL-1RA blunts the LPR and the number of hypodense eosinophils that appear in the BAL fluid of allergen-challenged sensitized guinea pigs (Okada et al., 1995). These findings have prompted clinical trials with IL-1RA in asthma, the results of which are eagerly awaited. It is noteworthy that the in vivo chemotactic activity of IL-1 β is likely to be secondary to the activation of the endothelium (Lamas et al., 1988; Bochner et al., 1991a; Kyan Aung et al., 1991b; Ebisawa et al., 1992) and/or to the release of other chemoattractants such as PAF and IL-8 (Sanz et al., 1995).

B. Interleukin-2

The IL-2 receptor is composed of three polypeptide chains; an α chain (p55, CD25), a β chain (p 75, CD122), and a γ chain (γ_c) that is common to several cytokine receptors. IL-2 binds to the α and β chains with low affinity but does not interact with γ_c . However, a high-affinity IL-2:receptor complex is achieved when the ligand ligates the $\alpha\beta\gamma_c$ heterotrimer; interactions of intermediate affinity also can occur with $\alpha\gamma_c$ and $\beta\gamma_c$ heterodimeric forms of the receptor. In T lymphocytes, the β chain of the IL-2 receptor is essential for activation and features critical sequences within its intracellular domain necessary for effective signaling (Hatakeyama et al., 1989). The same appears to be true for γ_c (Zurawski and Zurawski, 1992) whereas the α chain alone cannot transduce the IL-2 signal.

In 1991, Rand et al. (1991a) reported that IL-2 was chemotactic for eosinophils obtained from both normal and hypereosinophilic individuals, which implied that cognate receptors for this cytokine were expressed. The demonstration that eosinophils were exquisitely sensitive to IL-2 (EC $_{50}$ = 1 pM) and that chemotaxis was blocked by antibodies against p55 and p75 led to the proposal that IL-2 mediates its effect via the $\alpha\beta\gamma_c$ het-

erotrimer (Rand et al., 1991a). The expression of p55 is increased on eosinophils taken from hypereosinophilic individuals and after exposure (24–48 h) of normal eosinophils to supernatant obtained from U937 cells. GM-CSF, IL-3, and IL-16 (lymphocyte chemotactic factor) act similarly, albeit to a lesser extent (Riedel et al., 1990; Rand et al., 1991a), implying that the IL-2 receptor may represent an activation marker. The IL-2 receptor is induced on eosinophils taken from rats with experimental adjuvant arthritis (Meacock et al., 1991).

In vivo, infusion of IL-2 into the systemic circulation, as part of cancer chemotherapy, results in eosinophilia and an attendant increase in colony-stimulating activity (Macdonald et al., 1990; Sedgwick et al., 1990a). This effect is indirect and is due to the release of IL-3, IL-5, or GM-CSF. In Brown Norway rats, IL-2 promotes pulmonary eosinophilia with localization around the airways (Renzi et al., 1992).

C. Interleukin-4

The IL-4 receptor is composed of at least two chains, a 140-kDa α chain (CD124) to which IL-4 binds with high affinity and is responsible for signal transduction and γ_c , found also in the IL-2 receptor, which acts as an amplifier (Russell et al., 1993; Kondo et al., 1993). In vivo studies have implicated IL-4 in selective eosinophil recruitment, although that response may be secondary to the activation of the endothelium (see XII.A.2). In human and murine eosinophils, IL-4 exerts a number of actions upon eosinophils (Table 16) by mechanisms that may involve the activation of PtdIns 3-kinase and PKB (Coffer et al., 1998).

D. Interleukin-10

No evidence is available that eosinophils express receptors for IL-10. However, administration of IL-10 to sensitized Brown Norway rats attenuates the LPR and coincident eosinophilia following allergen provocation (Woolley et al., 1994b). Similarly, intranasal IL-10 significantly suppresses eosinophil recruitment into the

lungs and peritoneum of immunized mice in response to ovalbumin (Zuany-Amorim et al., 1995, 1996). These data have led to the suggestion that IL-10 may have utility in the treatment of eosinophil-dependent inflammatory diseases such as asthma (Pretolani and Goldman, 1997) although clinical studies have yet to be performed.

E. Interleukin-12

Interleukin-12 is a cytokine that promotes Th1-driven cell immunity while suppressing Th2-mediated responses. Although the direct effect of IL-12 on eosinophil function is not established, this cytokine has a marked impact on allergen- and parasite-induced eosinophil recruitment in vivo. Generally, antigen-induced airway eosinophilia in sensitized mice is suppressed by IL-12 (Gavett et al., 1995; Kips et al., 1995; Wynn et al., 1995; Iwamoto et al., 1996; Sur et al., 1996; Pauwels et al., 1997) through its ability to enhance the secretion of IFN γ , which subsequently suppresses the secretion of IL-5. Thus, Th2-cells are believed to represent a primary, albeit indirect, target for IL-12. Furthermore, in IFN γ -treated knockout mice, IL-12 is proinflammatory (Wynn et al., 1995). However, Pearlman et al. (1997) have reported that the administration of IL-12 to mice infected with *Onchocerca volvulus*, which promotes onchocercal keratitis, enhanced the pathology and the associated eosinophil recruitment into the corneal stroma by augmenting the elaboration of eosinophil chemokines even though the level of IFN γ was also elevated (Pearlman et al., 1997). Thus, it would appear that the ultimate effect of IL-12 in inflammation is more complex and not simply due to changes in the relative expression of IFN γ and IL-5.

F. Interleukin-13

A recent report has documented the ability of IL-13 to increase eosinophil survival by promoting the synthesis and/or release of IL-3 and GM-CSF in a sufficient concentration to act in an autocrine manner (Luttmann et

TABLE 16
Functional effects evoked by interleukin-4 in eosinophils

Species	Functional Effect	Reference
Human	Induces chemotaxis in peripheral blood of individuals with atopic dermatitis but not normal subjects	Dubois et al. (1994)
Human	Inhibits IL-3 and IL-5 induced differentiation of cord blood mononuclear cells	Dubois and Bruijnzeel (1994)
Human	Down-regulation of Fc ϵ RI and up-regulation of Fc ϵ RII expression during differentiation of eosinophils from cord blood precursors	Ochiai et al. (1995)
Human	Stimulates Fc ϵ RI mRNA expression in individuals with allergic rhinitis	Capron et al. (1997)
Human	Stimulates HLA-DR expression	Terada et al. (1995)
Human	Up-regulates TGF β ₁ and down-regulates TGF α mRNA and protein	Weller et al. (1993)
Human	Promotes expression of p35 and p40 IL-12 mRNAs and biologically active protein	Elovic et al. (1998)
Human	Promotes apoptosis and overcomes survival-enhancing effect of IL-3, IL-5, and GM-CSF	Grewe et al. (1998)
Mouse	Inhibits constitutive mRNA but not protein expression of Fc γ RII and Fc γ RIII	Wedi et al. (1998)
Mouse	Increases Fc γ RII binding but not expression in BAL cells obtained mice with <i>Toxocara</i> <i>cais</i> -infected lungs	de Andres et al. (1994)
Mouse	Inhibits β -glucuronidase and arylsulfase release stimulated by IgG- but not IgE-coated beads as well as antibody-dependent killing of <i>S. mansoni</i> through down-regulation of IgG FcR but not IgE FcR	Jones et al. (1994)
Mouse	Stimulates class II MHC expression	Baskar et al. (1990)
Mouse		Mawhorter et al. (1993)

al., 1996). IL-13 also is chemotactic for human eosinophils (Horie et al., 1997b) and induces CD69, a putative marker of activated eosinophils, at the mRNA and protein level (Luttmann et al., 1996). These effects of IL-13 are mediated via the IL-4 receptor.

G. Transforming Growth Factor β

Three receptors for TGF β have been identified in humans. Two of these (the type I and type II receptors) are bound by TGF β with high affinity while the third, or type III receptor, is recognized by TGF β_1 with relatively low affinity (Wang et al., 1991; Massague, 1992). The type I and II receptors have intrinsic serine/threonine kinase activity, are related to the activin receptor, and are believed to aggregate when transducing the signal conferred by TGF β . In contrast, the type III receptor, which includes β -glycan and endoglin in its structure, does not signal but may concentrate TGF β molecules on the cell surface and present them to the other TGF β receptor subtypes.

The complement of TGF β receptors expressed by eosinophils is unknown although the functional effects of TGF β_1 have been studied to some extent. In general, TGF β_1 is inhibitory: it suppresses IL-5-induced degranulation (Alam et al., 1994; Atsuta et al., 1995), abrogates IL-3-, IL-5-, GM-CSF-, and IFN- γ -mediated survival through the induction of apoptosis (Alam et al., 1994; Atsuta et al., 1995; Luttmann et al., 1998a), attenuates the secretion of GM-CSF and IL-5 by IL-3 and GM-CSF, respectively (Alam et al., 1994), and inhibits IL-3-dependent differentiation of human eosinophils in a bone marrow suspension system (Sillaber et al., 1992). However, low concentrations of TGF β induce chemotaxis (Luttmann et al., 1998a), indicating that it also has the ability to activate eosinophils which might reflect expression of multiple receptors for TGF β . At the biochemical level, TGF β_1 prevents the activation of *lyn*, Jak-2, and ERK-2 by IL-5 as well as the phosphorylation of STAT-1 (Pazdrak et al., 1995c) although the extent to which these effects relate to the aforementioned functional responses remain largely unexplored.

H. Platelet-Derived Growth Factor

PDGF is composed of two chains (A and B) that can dimerize so that three possible conformations can be secreted (AA AB and BB). Receptors for PDGF are members of the subclass III of receptor tyrosine kinases which also includes the receptors for *c-kit* and CSF-1 (*c-fms*; Yarden et al., 1986; Heldin, 1992). PDGFs exert their effects through at least two subtypes of the PDGF receptor denoted α and β . Binding of dimeric PDGF promotes receptor dimerization with three possible configurations ($\alpha\alpha$, $\alpha\beta$, and $\beta\beta$). Although the PDGF receptor subtype(s) on eosinophils is not known, PDGF-BB, which binds all three receptor isoforms, elicits a number of responses including the release of EPO and EDN (Bach et al., 1992) and, at higher concentrations, the

generation of superoxide, which is primed by prior exposure of eosinophils to phorbol esters (Bach et al., 1991, 1992).

I. Stem Cell Factor

Stem cell factor is expressed either as a soluble or membrane-bound form and is the endogenous ligand for *c-kit* a receptor with intrinsic protein kinase activity (Ogawa et al., 1991). Recent cytofluorographical analyses have identified *c-kit* on peripheral blood eosinophils from both nonatopic and atopic individuals (Yuan et al., 1997). Although little is known of the role of SCF, it has been shown to augment GM-CSF- and IL-3-induced eosinophil colony formation (Ichihara et al., 1994), encourage the proliferation of eosinophils precursors in the presence of IL-3, IL-5, and GM-CSF (Kobayashi, 1993), and increase VLA-4 avidity and the subsequent binding to fibronectin and VCAM-1 (Yuan et al., 1997). In a murine model of allergic airway inflammation, Lukacs et al. (1996b) discovered that the concentration of SCF in the lungs and serum were markedly increased following allergen challenge with attendant eosinophilia. Of significance was the additional observation that the inflammation was prevented in mice given a neutralizing antibody against SCF, suggesting that it acts as a direct or indirect eosinophil chemoattractant (Lukacs et al., 1996b).

J. CD4

The expression of CD4 upon eosinophils obtained from both normal and eosinophilic individuals was first reported by Lucey et al. (1989a). Immunoprecipitation of a 55-kDa polypeptide using two anti-CD4 antibodies subsequently led to the identification of gp120, a ligand for human CD4 (Lucey et al., 1989a). Since that original report other experiments have established that the CD4 ligands, gp120, OKT4 (a CD4 binding antibody), and LCF [a potent chemotactic factor with activity in the low picomolar range (Rand et al., 1991b), subsequently identified as IL-16—see *XII.D.9*] stimulate eosinophil migration. The expression of CD4 on human eosinophils is induced by TNF α , IL-3, and GM-CSF (Riedel et al., 1990; Hossain et al., 1996).

K. CD9

The CD9 antigen is a 24-kDa cell surface glycoprotein that belongs to the transmembrane 4 superfamily that is characterized by four hydrophobic transmembrane-spanning domains (Wright and Tomlinson, 1994). The role of CD9 in eosinophils is unknown although immobilization of an anti-CD9 monoclonal antibody, ALB6, to tissue culture plates induces degranulation (Kim et al., 1997). That response was inhibited by an antibody against CD18, suggesting a role for β_2 integrins. In addition, a number of anti-CD9 clones (ALB6/FMC56/ML13) have been shown to enhance cell survival by stimulating the production and release of GM-CSF (Kim

et al., 1997). Fernvik et al. (1995) have identified an intracellular pool of CD9 in human eosinophils that can be mobilized in response to PMA. Those investigators also demonstrated increased CD9 expression on circulating eosinophils of patients with allergic rhinitis before and during the pollen season (Fernvik et al., 1996).

L. CD44

The designation CD44 encompasses several closely related type I transmembrane proteins that share amino- and carboxyl-terminal sequences but differ in their central extracellular domain. Perhaps the single most important property of CD44 is its ability to bind hyaluronic acid that exerts a number of effects including homotypic cell aggregation, the binding of T lymphocytes to bone marrow stromal cells (Borland et al., 1998), and in cell trafficking where it mediates rolling and firm adhesion to matrix constituents (Miyake et al., 1990; Degrendele et al., 1996). Although CD44 ligands other than hyaluronic acid have been identified, there is little to indicate a significant role for any of them. In 1998, Matsumoto et al. (1998a) detected cell surface CD44 on human eosinophils by flow cytometry with the monoclonal antibody J173 and established that expression was increased (~ 2-fold), in a time- and concentration-dependent manner, after culture of cells with IL-3, IL-5, and GM-CSF. Significantly, the authors of that study also noted that expression of CD44 was higher (3- to 8-fold) in hypodense eosinophils purified from eosinophilic donors and proposed that CD44 might, therefore, represent a useful cell surface marker of activation. A perplexing finding is that normodense, hypodense, and cytokine-treated eosinophils do not bind hyaluronic acid (Matsumoto et al., 1998a). However, it is likely that this anomaly relates to the level of glycosylation which tends to impede CD44-hyaluronate interactions (Katoh et al., 1995; Bartolazzi et al., 1996). The function of CD44 on human eosinophils is unknown.

M. CD52

CD52 is a GPI-linked membrane protein that is expressed constitutively at the protein and mRNA level in eosinophils but not neutrophils (Elsner et al., 1996c). There is a paucity of information on the functions CD52 mediates. Receptor cross-linking results in the inhibition of C5a-, PAF-, and GM-CSF-induced oxygen radical production which has led to the suggestion that this could be used to selectively down-regulate eosinophil activity during inflammation (Elsner et al., 1996c). The phorbol ester PMA can down-regulate CD52 expression, but this effect is not mimicked by IL-3, IL-5, GM-CSF, IFN γ , C5a, RANTES, or PAF (Elsner et al., 1996c).

N. Complement Receptors Not Coupled Through G Proteins

In addition to receptors for C3a and C5a, eosinophils also express receptors for a number of other complement

fragments that signal by G protein-independent mechanisms. Henson (1969) first demonstrated that guinea pig eosinophils could form rosettes with C3-coated erythrocytes, a finding that was extended to human eosinophils 7 years later (Tai and Spry, 1976). A number of investigations subsequently established that eosinophils from several species, including human, express CR1 (CD35), CR3 (CD11b/CD18), CR4 (CD11c/CD103; p150,95), and receptors for C1q (Fearon, 1985; Fischer et al., 1986; Hamada and Greene, 1987; Hartnell et al., 1990, 1992a) but not CR2 (Spry and Tai, 1976).

1. *CR1*. CR1 was originally purified as a 205-kDa single-chain polypeptide from human erythrocyte membranes and subsequently found to be expressed as several allotypes—A (190 kDa), B (220 kDa), C (160 kDa), and D (250 kDa)—that are encoded by a single gene (Fearon, 1979; Gerdes et al., 1982; Dykman et al., 1983a, b; Hogg et al., 1984; Ahearn and Fearon, 1989). In all cases, CR1 is recognized by the complement fragments C3b, C4b, and iC3b in increasing order of affinity (Ross et al., 1983; Gordon et al., 1987) as well as C1q (see below) (Klickstein et al., 1997). Low levels of CR1 generally are expressed by human eosinophils (Hartnell et al., 1992a) although the density is increased in response to certain stimuli including LTB $_4$, 5-HETE, and 5-HPETE (Nagy et al., 1982; Fischer et al., 1986). Nothing is known of the cell signaling pathways activated following ligation of CR1 on eosinophils. However, exposure of human neutrophils to monomeric C3b increases CR1 expression (Porteu et al., 1987), and cross-linking of anti-CR1 antibodies bound to cell surface CR1 induces Ca $^{2+}$ mobilization and the activation of PLD (Fallman et al., 1993). Significantly, these effects are enhanced when anti-CR1 antibodies are bound to a particle (Fallman et al., 1993), indicating that CR1 is involved in neutrophil activation.

Functionally, CR1 mediates several effects including all of those described for the cC1q receptor (see below). In addition, fMLP (Kay et al., 1979) and high concentrations of histamine (Anwar and Kay 1977, 1980) significantly increase the percentage of human eosinophils that form rosettes with C3b-coated ovine erythrocytes.

2. *CR3*. CR3 was originally identified as an iC3b receptor by rosette formation of iC3b-coated erythrocytes with neutrophils and other leukocytes (Ross and Lambris, 1982). Shortly after that observation, CR3 was found to be identical with Mac-1 and an integrin (Beller et al., 1982). Of the varied complement fragments that can be generated, iC3b is the preferred ligand of CR3 although C3b and C3d will bind, albeit with relatively lower affinity (Ross et al., 1983; Gordon et al., 1987). The basic structure of the integrins is described in IX.B. The α_M (CD11b) and β_2 (CD18) subunits of CR3 are approximately 170 kDa and 95 kDa, respectively (Sanchez Madrid et al., 1983). The β_2 subunit is an integral transmembrane glycoprotein composed of three distinct regions: a short, 46-amino acid carboxyl-terminal cyto-

plasmic domain, a membrane-spanning region, and an extracellular component that features conserved residues required for ligand binding and association with the α subunit (Kishimoto et al., 1987; Wardlaw et al., 1990). The topology of α_M is similar to the β_2 subunit, and the extracellular domain contains several putative binding sites for a variety of ligands. In particular, a so-called "I" (inserted) region is present that has a unique sequence that binds divalent cations and the complement fragment iC3b (Diamond et al., 1993; Michishita et al., 1993).

In addition to the ability of a diverse range of agents to activate CR3 on eosinophils and to increase its expression, ligands such as iC3b, ICAM-1, or fibrinogen can activate eosinophils, resulting in homotypic aggregation (Koenderman et al., 1991), degranulation, and superoxide anion generation (Metcalf et al., 1977; Zeiger and Colten, 1977). In many instances, adhesion is prerequisite for those functional effects to be manifest (Horie and Kita, 1994). The biochemical pathways involved in activating eosinophils have not been delineated. However, in human neutrophils cross-linking of either CD18 or CD11b by antibodies evokes a PTX-insensitive Ca^{2+} transient (Sengelov, 1995). PLD is similarly activated in response to iC3b-opsonized particles, and the *src*-related tyrosine kinase p58^{fsr} and the cytoskeletal protein paxillin are phosphorylated when neutrophils adhere to fibronectin in the presence of iC3b (Sengelov, 1995).

3. *CR4*. CR4 shares the same β subunit as CR3 but has a novel 150-kDa α chain, α_X (also known as p150,95 and CD11c), which is 63% homologous to α_L (Corbi et al., 1987). Significantly, the extracellular domain of α_X also features a unique I domain similar to that found in α_L that specifically binds ICAM-1, iC3b, and, to a lesser extent, C3b (Ross et al., 1983; Corbi et al., 1987; Gordon et al., 1987). The endogenous cellular ligands for CR4 on eosinophils are currently unknown and the function this receptor subserves is obscure. In neutrophils, it has been suggested that CR4 may have a role as an "assisting" adhesion protein (Anderson et al., 1986), although whether this occurs with eosinophils is unexplored. In macrophages, CR4 is immobile in the plane of the plasma membrane, and it has been proposed that it is linked to the cytoskeleton and is responsible for the phagocytosis of iC3b-coated particles (Ross et al., 1992; Ross, 1994).

4. *The C1q Receptor*. The C1 proteolytic complex is the first molecule in the so-called classical complement pathway and is activated after an interaction with a microbe-bound antibody. C1 is composed of six C1q subunits which collectively take the form of a bouquet of flowers with a central collagen-like trunk branching into six globular peptide chains that feature an antibody-binding site. C1q is associated with two other subunits, C1r and C1n, stabilized by Ca^{2+} in a trimolecular complex. Receptors for C1q on human eosinophils were initially detected by Hamada and Greene (1987), using

^{125}I -labeled C1q, at a density (1.9×10^7 /cell) approximately twice that of autologous neutrophils. Differential modulation of C1q-mediated functional activities by monoclonal antibodies across cell types and the subsequent finding that ligation of the C1q receptor can occur through both the collagen-like and globular components of the molecule led to the proposal of C1q receptor heterogeneity (Tenner, 1993). A 60-kDa receptor (cC1qR), shown in 1993 to be calreticulin (Malhotra et al., 1993), recognizes the collagen-like amino terminus of C1q and is constitutively expressed on eosinophils (Kuna et al., 1996). In addition, a novel 33-kDa receptor (gC1qR) has been identified on eosinophils through which C1q interacts at the globular carboxyl terminus of the protein (Peerschke et al., 1994; Kuna et al., 1996). However, experimental evidence supports the idea that gC1qR is not membrane-bound, but rather a secreted soluble protein (van den Berg et al., 1997). It is possible that low levels may be expressed on the surface of certain cells complexed with other fluid-phase molecules (van den Berg et al., 1997). A third, 126-kDa, receptor for C1q, C1qRp, also has been identified that modulates monocyte phagocytosis (Guan et al., 1991, 1994; Nepomuceno et al., 1997). Whether this form is expressed by eosinophils is unclear. In 1997 it was reported that ^{125}I -labeled C1q bound specifically to human CR1 transfected into K562 cells (Klickstein et al., 1997), suggesting that if this translates to normal cells, a common receptor is recognized by all three complement opsonins: C1q, C3b, and C4b. The observation that collagen completely inhibited ^{125}I -labeled C1q binding to K562 cells strongly suggests that CR1 represents the previously defined cC1qR (see above). The nature and identity of the gC1qR is ill-defined.

The functional effects that are mediated by cC1qR are little studied. Work by Hamada and Greene (1987) demonstrated that, in the presence of a small amount of IgG antibody, C1q enhances the cytotoxic capacity of eosinophils against schistosomula. More recently it was shown that ligation of the human C1qR induces eosinophil migration (Kuna et al., 1996) and promotes superoxide anion generation (Tenner, 1993) with cC1q being the most potent opsonin. Collectively, these findings support the original suggestion that the C1qR might play a role in the effector functions of eosinophils (Hamada and Greene, 1987).

O. Melittin

Several naturally occurring peptides have been implicated in the activation of proinflammatory cells. One of the most thoroughly investigated of these is melittin, an abundant component of the venom of honeybees. Melittin is an amphiphilic 26-amino acid peptide that is reported to stimulate, at noncytotoxic concentrations and by a nonreceptor-mediated mechanism, the exocytosis of EPO from the specific granules and the generation of TX (Kroegel et al., 1990b). The latter observation is consis-

tent with the effect of melittin on human neutrophils and rat mast cells (Kroegel et al., 1981) and seemingly results following a direct intracellular action at the level of PLA₂ or a closely associated protein (Kroegel et al., 1981).

P. Secretory Component

Secretory component is an intrinsic protein localized to the basolateral surface of secretory epithelial cells, and is believed to mediate the *trans*-epithelial transport of polymeric immunoglobulins, in particular IgA (Brandtzaeg, 1981). During that process, the polymeric Ig receptor is cleaved and SC binds to IgA, forming secretory IgA with the excess SC being released into secretions (Mostov et al., 1980).

Secretory IgA is a very effective degranulation-promoting stimulus in human eosinophils compared to serum IgA (Abu Ghazaleh et al., 1989). Lamkhioed et al. (1995a) hypothesized that this discrepancy might simply be due to the association of SC with IgA that follows *trans*-epithelial transport and the subsequent binding of SC to a specific receptor expressed by eosinophils distinct from FcαR. Indeed, saturable, high-affinity ($K_d = 30$ nM), low-capacity ($B_{max} = 1100/\text{cell}$) binding sites (receptors ?) for ¹²⁵I-labeled human SC have been identified on human eosinophils (see Lamkhioed et al., 1995a; Motegi and Kita, 1998). Moreover, it was shown by flow cytometry that purified SC bound to a subpopulation (4–59%) of blood eosinophils purified from 19 patients with eosinophilia in a manner that was prevented by unlabeled SC and secretory IgA, but not by serum IgA or IgG (Lamkhioed et al., 1995a). Significantly, exposure of the same eosinophils to free SC and secretory IgA, in the presence of a cross-linking agent, resulted in degranulation whereas serum IgA was ineffective. Similar results have been reported for normal eosinophils where SC enhances cytokine- and IgG-induced superoxide generation (Motegi and Kita, 1998). Preliminary data indicate that the receptor for SC is a 15-kDa GPI-anchored protein that might be a lectin (Lamkhioed et al., 1995a). Collectively, these data provide an explanation for the preferential activation of human eosinophils by secretory IgA over serum IgA, and imply that FcαR and/or the 15-kDa receptor for SC could mediate IgA-driven immune responses.

Q. Human Leukocyte Antigen

In addition to their ability to synthesize and release a plethora of proinflammatory mediators, eosinophils have the capacity to act as APCs, which identifies a new role of eosinophils in regulating the immune response. As eosinophils mature, they lose Ia antigen (Koeffler et al., 1980) and, accordingly, express little if any major histocompatibility complex (MHC) class II antigens (Lucey et al., 1989b; Weller et al., 1993; Magyar et al., 1995; Tamura et al., 1996) which is prerequisite for antigen presentation to CD4⁺ T lymphocytes. However,

in the presence of certain cytokines (GM-CSF, IL-4, IL-5, IFNγ) and in disease states such as chronic eosinophilic pneumonia (Beninati et al., 1993) and asthma (Hansel et al., 1991a,b, 1992; Sedgwick et al., 1992b), human leukocyte antigen (HLA) DR⁺ eosinophils have been detected (Lucey et al., 1989b; Walsh et al., 1990a; Hansel et al., 1991a, 1992) that are capable of acting as APCs (Lucey et al., 1989b; del Pozo et al., 1992; Hansel et al., 1989, 1992; Weller et al., 1993; Mawhorter et al., 1994) by a mechanism that, in mice (Tamura et al., 1996) and possibly humans (Bosse et al., 1998), is dependent on CD80 (B7-1) and CD86 (B7-2). Furthermore, Hansel et al. (1992) demonstrated that eosinophil-mediated, antigen-specific proliferation of an autologous HLA-DR-restricted clone was prevented by a monoclonal antibody against HLA-DR. Identical results also have been obtained with murine eosinophils which have been shown to present antigens derived from the parasite *Mesocostoides corti* to specific T cell clones with an associated increase in IL-2 generation and consequent proliferation (del Pozo et al., 1992). In an independent study, the ability of GM-CSF-treated, human peripheral blood eosinophils (in which the expression of ICAM-1 is increased) to bind human RV16 and to present antigen to RV16-specific T cells was documented (Handzel et al., 1998). Those observations were associated with attendant T cell proliferation and the elaboration of IFNγ (Handzel et al., 1998) which provide an explanation for the exacerbations of asthma symptoms that sometimes occur after viral infections. As described in XI.J, human eosinophils also express CD4 which is up-regulated by IL-3 and GM-CSF and enhances eosinophil migration when bound by IL-16 for which it is a receptor (Rand et al., 1991b). This functional property, along with the possibility that CD4⁺ eosinophils could interact with HLA-DR⁺ cells, including other eosinophils, suggests potentially complex cell-cell interactions during antigen presentation.

XII. Functional Consequences of Eosinophil Activation

A. Locomotion

The selective migration of circulating eosinophils across the endothelium and into tissue occurs sequentially in a number of characteristic, well defined steps (see Teixeira et al., 1995b; Wardlaw et al., 1995; Knol and Roos, 1996). These include the 1) reversible binding of the eosinophil to activated endothelial cells and subsequent “rolling” of the eosinophil along the luminal surface of the vessel; 2) firm “adhesion” of the eosinophil to the endothelium; and 3) “transmigration” of the adherent eosinophil through the endothelium into tissues. The mechanisms underlying these processes have aided our understanding of the selective recruitment of eosinophil to sites of chronic inflammation in response to allergens and parasite infestation. Thus, eosinophils,

unlike neutrophils, express VLA-4. Moreover, CC chemokines, C3a, and LTD₄ are selective eosinophil chemoattractants.

1. Rolling. Eosinophil-endothelial cell interactions are enhanced after the release of inflammatory mediators from tissue and/or resident cells. Like neutrophils, the so-called "rolling" step is thought to be predominately mediated by selectins expressed on eosinophils (L-selectin) and endothelial cells (E- and P-selectin) that bind to their respective counterligands (see Fig. 6). Indeed, evidence that all three selectins contribute to primary tethering or rolling has been provided.

A role for L-selectin in rolling was first suggested from studies performed under nonstatic conditions which showed that the adherence of eosinophils to IL-1 β -activated HUVECs was inhibited by blocking antibodies against L-selectin (Knol et al., 1994). Furthermore, under conditions where L-selectin is shed, the ability of eosinophils to bind is reduced (Knol et al., 1994). An examination of the effect of a range of neutralizing antibodies confirmed a role for eosinophil L-selectin, but not CD18, in the mechanism of rolling along activated (IL-1) venule endothelial cells of the rabbit mesentery. That report also suggested a role for VLA-4 through binding to an unidentified ligand expressed by the endothelium (Sriramarao et al., 1994). However, a recent study examining eosinophil rolling under flow conditions showed that L-selectin was not required for primary tethering but, instead, contributed to homotypic (cell-cell) aggregation and secondary binding in collaboration with PSGL-1 (Kitayama et al., 1997). Evidence *in vitro* for a role for L-selectin in C5a-induced homotypic aggregation has been demonstrated with guinea pig eosinophils (Teixeira et al., 1996b).

Although cytokine-activated endothelial cells can bind eosinophils via E-selectin (Bochner et al., 1991a; Kyan Aung et al., 1991a; Weller et al., 1991b), recent studies, using specific blocking antibodies, have excluded E-selectin in eosinophil rolling along rabbit-activated mesenteric venules (Sriramarao et al., 1996). Furthermore, eosinophils, unlike neutrophils, do not "roll" on monolayers of E-selectin-transfected cells (Sriramarao et al., 1996) or E-selectin-coated surfaces under flow conditions (Kitayama et al., 1997), possibly because of relatively low expression of an E-selectin counterligand(s) (Bochner et al., 1994). In contrast, a role for P-selectin is suggested following the demonstration of eosinophil rolling on P-selectin-coated surfaces (Symon et al., 1996; Kitayama et al., 1997) that was mediated by the binding of P-selectin to the amino-terminus of PSGL-1 (Patel and McEver, 1997). That conclusion is supported from studies of eosinophil binding to eosinophil-rich nasal polyp endothelial cells (Symon et al., 1994), (that express E-selectin, P-selectin, and ICAM-1), which was almost completely inhibited by monoclonal antibodies raised against P-selectin. In addition, binding was partially blocked by a monoclonal antibody against eosino-

phil CR3 but was unaffected by neutralizing E-selectin, L-selectin, ICAM-1, VCAM-1, VLA-4, and LFA-1 (Symon et al., 1994). A central role for endothelial cell P-selectin in eosinophil rolling is supported by a number of recent reports. Thus, *in vivo* studies using a mouse model of LPS-induced pleurisy established that eosinophil infiltration into the pleural cavity at 24 h was inhibited by monoclonal antibodies to L-selectin (97%) and P-selectin (54%) but not E-selectin (Henriques et al., 1996). In contrast, although the more rapid influx of neutrophils at 4 and 24 h was inhibited by anti-L-selectin, that response was unaffected by antibodies directed against either P- and E-selectins unless they were used in combination (Henriques et al., 1996). Eosinophil rolling and adhesion studied by intravital microscopy in P-selectin-deficient mice and after the induction of eosinophilic peritonitis was reduced by 75% when compared to that of wild-type animals (Broide et al., 1998a). Similarly, the number of eosinophils recruited into the lung and BAL fluid of allergen-challenged, P-selectin-deficient mice was greatly attenuated when compared to that of genetically naive animals (Broide et al., 1998b).

2. Adhesion. The rolling of eosinophils along activated endothelial cells is thought to facilitate their subsequent adherence. Using blocking antibodies, it has been reproducibly shown that firm binding of eosinophils to TNF α -, IL-1 β -, and LPS-activated HUVECs is mediated by CR3/ICAM-1 and VLA-4/VCAM-1 interactions (Kimani et al., 1988; Lamas et al., 1988; Walsh et al., 1990b, 1991a; Bochner et al., 1991a; Dobrina et al., 1991; Kyan Aung et al., 1991a,b; Weller et al., 1991b). The observation that VLA-4 is found only on the cell surface of a restricted number of leukocytes, including eosinophils, monocytes, basophils, and T lymphocytes, has led to the suggestion that the expression of VCAM-1 on endothelia can facilitate the selective recruitment of these cells. Of potential importance is the knowledge that IL-4 (Schleimer et al., 1992) and IL-13 (Sironi et al., 1994; Bochner et al., 1995) selectively up-regulate the expression of VCAM-1 on endothelial cells. Since the level of these two cytokines is elevated in asthma they may, indirectly, govern eosinophil trafficking into the lung. Endothelial cell-derived chemokines that act through CCR3 also are able to promote firm adhesion of eosinophils to TNF α - and IFN γ -treated HUVECs by α_4 and β_2 integrins. This is seen even under conditions of shear flow where transiently tethered eosinophils become arrested (Kitayama et al., 1998).

Similar mechanisms of adhesion occur *in vivo* although the relative contribution of CCR3 and VLA-4 to eosinophil migration appears to be variable and is probably related to species, stimuli, and differences in specificity of blocking antibodies. Using ovalbumin-sensitized mice, Nakajima et al. (1994) documented that allergen challenge resulted in an increased expression of VCAM-1 by endothelial cells and coincident pulmonary eosinophilia. Moreover, by using neutralizing antibod-

ies, that effect was shown to be due to an interaction between VLA-4 on the eosinophil and endothelial cell VCAM-1 (Nakajima et al., 1994). More contemporary experiments also have implicated ICAM-1 in eosinophil recruitment. An example is provided by Chin et al. (1998) who found that anti-ICAM-1 attenuated by >70% the accumulation of eosinophils into the bronchial lumen of allergen-challenged sensitized mice. That finding was subsequently confirmed in ICAM-1 knockout animals (Broide et al., 1998b). However, a study using P-selectin/ICAM-1 double-mutant mice found that the recruitment of eosinophils into the peritoneum was inhibited by only 62%, whereas the simultaneous administration of anti-VCAM abolished the eosinophilia (Broide et al., 1998a). Thus, P-selectin, VCAM-1, and ICAM-1 all appear to be important for the adhesion and/or subsequent induction of peritoneal eosinophilia in vivo in the mouse.

In guinea pigs, cutaneous eosinophilia in response to a range of stimuli including LTB₄, PAF, and C5a *des arg* is inhibited by anti-CD18 neutralizing antibodies (Teixeira et al., 1994a; Macari et al., 1996). Similarly, airway hyperresponsiveness, the LPR, and the associated infiltration of eosinophils into the tracheal wall and nasal mucosa that follows allergen challenge of ovalbumin-sensitized guinea pigs or naïve animals given IL-5 is blunted by anti-VLA-4 antibodies (Terada et al., 1996; Sagara et al., 1997; Kraneveld et al., 1997). Thus, comparable mechanisms of eosinophil adherence apply in the skin of guinea pigs.

Human investigations have provided evidence that adhesion molecules might play a central role in pulmonary eosinophil recruitment. Several independent studies have established that ICAM-1 and HLA-DR are induced on eosinophils present in the BAL fluid and sputum of asthmatic subjects along with an up-regulation of CR3 and reduced expression of L-selectin (Hansel et al., 1991a; Kroegel et al., 1994a; Mengelers et al., 1994). In addition, bronchial biopsies of asthmatic subjects showed increased expression of CR3, LFA-1, and VLA-4 within the eosinophil-rich mucosa and submucosa, and increased expression of ICAM-1, VCAM-1, and E-selectin upon the luminal membrane of the endothelial cells (Ohkawara et al., 1995). Those data are consistent with an activated eosinophil phenotype and suggest that eosinophils could interact with T lymphocytes leading to immunomodulation and cell activation. Similar data have been generated experimentally in *Nippostrongylus brasiliensis*-infected mice where eosinophils in the BAL fluid show increased expression of ICAM-1, LFA-1, and VLA-4 (Watkins et al., 1996).

3. Transmigration and Chemotaxis. In vitro, a number of stimuli have been identified that are potent and effective eosinophil chemotaxins and the most notable of these are PAF, LTD₄, C5a, IL-2, and RANTES (see Table 17). However, of particular interest has been the demonstration that the CC chemokines eotaxin and

eotaxin-2 are selective eosinophil chemoattractants although their potency is less than the aforementioned stimuli (Forssmann et al., 1997). In the presence of IL-5 (or IL-3/GM-CSF), eotaxin and PAF promote the migration of eosinophils across Matrigel membranes (to simulate the basement membrane) by a mechanism inhibited by antibodies against CD29 and CD18, implicating β_1 and β_2 integrin adhesion molecules, respectively (Okada et al., 1997). Migration is not seen in the absence of hematopoietic cytokines which has led to the hypothesis that directional migration of eosinophils into tissue requires both a specific chemoattractant, such as eotaxin, and an activating cytokine that also enhances eosinopoiesis, such as IL-5 (see below). Other studies have found that the migration of primed eosinophils across an intestinal epithelial cell line, T84, in response to PAF is dependent on VLA-4, CD11b, and ICAM-1 (Resnick et al., 1995) while PAF-induced migration across IL-1-activated endothelium is inhibited by anti-VLA-4 (Ebisawa et al., 1994).

Detailed investigations of the mechanism(s) of eosinophil accumulation following allergen challenge of ovalbumin-sensitized guinea pigs have identified eotaxin as a major chemotactic factor that is present in the BAL fluid and lung (Jose et al., 1994a,b). Eotaxin also has been implicated in IL-4-, but not TNF α - or LTB₄-, induced eosinophil accumulation in rat skin by use of neutralizing antieotaxin antibodies (Sanz et al., 1998). A comparison of eotaxin release into the lung and BAL fluid with the extent of eosinophil accumulation in tissue revealed parallel increases during the first 6 h after allergen challenge. However, although eotaxin levels then declined, eosinophil numbers remained constant and BAL levels were increased. It has been speculated that eotaxin may be rapidly degraded in tissue but not in the BAL fluid, thereby creating a concentration gradient for the attraction of eosinophils into the airway lumen (Humbles et al., 1997). An additional activity attributed to eotaxin is a rapid and selective release of eosinophils and their progenitors from the bone marrow by a mechanism that is markedly enhanced by IL-5 (Palframan et al., 1998a). Thus, eotaxin may be involved both in the egress of eosinophils from the bone marrow as well as their subsequent recruitment into tissues.

Other indirect evidence that could support a role for eotaxin in eosinophil migration is provided from histological studies. Ishi et al. (1998) have reported that exposure of rats to ozone induces large increases in the expression of eotaxin mRNA transcripts and the recruitment of eosinophils into the BAL fluid. Comparable data also are available from human studies. Indeed, the number of cells expressing eotaxin mRNA transcripts is increased in the epithelial and subepithelial layers of individuals with chronic sinusitis (Minshall et al., 1997). A comparison of the levels of epithelial/endothelial cell-associated eotaxin and eosinophil CCR3 mRNA tran-

TABLE 17
Eosinophil chemoattractants

Stimuli	Potency	Reference(s)
Lipids		
PAF	High	Wardlaw et al. (1986); Sigal et al. (1987); Tamura et al. (1987); Czarnetzki and Csato (1989); Kurihara et al. (1989); Martins et al. (1989); Little and Casale (1991); Sun et al. (1991); Foster et al. (1992); Numao and Agrawal (1992); Fukuda et al. (1992); Miyagawa et al. (1992); Warringa et al. (1992b); Towney et al. (1994); Elsner et al. (1996a); Erger and Casale (1996); Schweizer et al. (1996)
LTB ₄	Low (human)/ Medium (guinea pig)	Czarnetzki and Mertensmeir (1985); Czarnetzki and Rosenbach (1986); Czarnetzki and Csato (1989); Coffier et al. (1991a); Maghni et al. (1991); Ng et al. (1991); Taylor et al. (1989, 1991); Sehmi et al. (1992a); Kim et al. (1994); Spada et al. (1994)
LTD ₄	High	Spada et al. (1994)
ETEs, HETEs, and diHETEs	High	Morita et al. (1990a); Sehmi et al. (1991); Schwenk et al. (1992); Powell et al. (1995); Schwenk and Schroder (1995); O'Flaherty et al. (1996a); Czech et al. (1997)
LXA ₄	Low	Soyombo et al. (1994)
Peptides		
fMLP	Low	Ogawa et al. (1981b); Morita et al. (1989b)
C5a	High	Kay et al. (1973); Klebanoff et al. (1977); Ogawa et al. (1981a); Fischer and Czarnetzki (1982); Morita et al. (1989b); Elsner et al. (1996a,b)
C3a	Medium	Daffern et al. (1995)
SP	High	Wiedermann et al. (1993)
Secretogranin	Medium	Dunzendorfer et al. (1998)
CGRP	?	Manley & Hayes (1989)
Cytokines		
IL-3	Low	Yamaguchi et al. (1988b); Coeffier et al. (1991b); Warringa et al. (1991); Sehmi et al. (1992b); Hakansson et al. (1994)
IL-2	High	Rand et al. (1991a)
IL-4	?	Dubois et al. (1994); Dubois and Bruijnzeel (1994)
IL-13	?	Horie et al. (1997b)
TGFβ	?	Luttmann et al. (1998a)
TNFα	Low	Nagata et al. (1993)
CC chemokines		
RANTES	High	Kameyoshi et al. (1992); Rot et al. (1992); Alam et al. (1993); Dahinden et al. (1994); Kameyoshi et al. (1994)
Eotaxin	Low	Jose et al. (1994a,b); Elsner et al. (1996b)
Eotaxin-2	Medium	Forssmann et al. (1997)
MIP-1α	Low	Rot et al. (1992); Dahinden et al. (1994)
MCP-2	Medium	Noso et al. (1994); Weber and Dahinden (1995)
MCP-3	High	Dahinden et al. (1994); Noso et al. (1994); Elsner et al. (1996b)
MCP-4	High	Garcia Zepeda et al. (1996a)
MCP-5	Low	Sarafi et al. (1997)
CXC chemokines		
IL-8	Low (primed cells)	Schweizer et al. (1994)
Lectins		
Ecalectin	High	Matsumoto et al. (1998b)

scripts demonstrated significantly enhanced expression in biopsies obtained from asthmatic patients when compared to normal individuals (Ying et al., 1997). Interestingly, there was a highly significant inverse correlation between eotaxin mRNA-positive cells and the PC₂₀ to histamine (Ying et al., 1997).

In addition to eotaxin, a number of other chemoattractants have been implicated in eosinophil recruitment. Lukacs et al. (1996a) have shown that MIP-1α and RANTES are produced in murine lung following allergen challenge and that a homogenate of that lung tissue induces eosinophil chemotaxis *ex vivo* by a mechanism inhibited by neutralizing antibodies to those chemokines. Similarly, the chemotaxis induced by a lung homogenate prepared from *Toxocara canis*-infected rats was shown to be mediated by PAF, LTB₄, and IL-5 (Okada et al., 1996), whereas BAL fluid from asthmatic patients with birch pollen allergy evoked eosinophil chemotaxis that was inhibited by anti-RANTES and anti-IL-5 antibodies (Venge et al., 1996). Collectively, those findings are consistent with human studies where a

significant influx of eosinophils, basophils, and mononuclear cells into the nasal mucosa has been reported after RANTES challenge that induces a clinically symptomatic response (Kuna et al., 1998).

In general, the most effective chemotaxins are those acting through G protein-linked receptors while the cytokines IL-3, IL-5, and GM-CSF seem predominately to be involved in eosinophil priming (see VI.C). This two-step model of eosinophil chemotaxis has been demonstrated *in vivo*. Injection of IL-5 into guinea pigs increases the circulating levels of eosinophils and, although inactive itself, primes the ability of LTB₄ and eotaxin to promote cutaneous eosinophilia (Collins et al., 1995). Similarly, intranasal and intradermal induction of eosinophilia by eotaxin is observed in IL-5 transgenic mice but not in wild-type animals (Rothenberg et al., 1996). Moreover, IL-5 alone is unable to evoke cutaneous eosinophilia in sensitized BALB/c mice but effectively primes for IL-1β-, IL-4-, TNFα-, RANTES-, and MIP-1α-induced recruitment (Satoh et al., 1997). Thus, the priming of circulating eosinophils in diseases such as atopic

dermatitis and allergic asthma may explain their increased sensitivity to a selective number of chemoattractants that act through G protein-coupled receptors (Morita et al., 1989a,b; Bruijnzeel et al., 1993a; Waringa et al., 1993b).

At present little is known of the biochemical pathways mediating eosinophil rolling, adhesion, and locomotion. Chemotaxis resulting from the activation of seven transmembrane-spanning receptors is associated with rapid increases in the $[Ca^{2+}]_i$ and actin polymerization. Whether these changes are essential to chemotaxis is equivocal; thus, Elsnier et al. (1996a) have provided evidence that Ca^{2+} fluxes are required for chemotaxis and actin polymerization, whereas another study showed that depletion of Ca^{2+} failed to effect chemotaxis and actually enhanced actin polymerization (Schweizer et al., 1996). Recently, caged peptides have been used to probe the role of calcium-calmodulin and myosin light chain kinase in eosinophil motility (Walker et al., 1998). Flash photolysis of polarized eosinophils containing caged peptides against the aforementioned proteins with near UV light promptly blocked amoeboid locomotion from which it can be inferred that myosin is involved in this response.

B. Cytolysis, Secretion, and Piecemeal Degranulation

At least three discrete processes have been defined that result in the release of granule contents from eosinophils: secretion, piecemeal degranulation, and cytolysis (necrosis). Many stimuli have been identified that promote release by the former two mechanisms including opsonized particles, deuterium oxide, immunoglobulins, metazoan parasites, Sepharose beads, and various proinflammatory mediators and cytokines such as PAF, fMLP, and complement (Winqvist et al., 1984; Capron and Capron, 1987; Gorski et al., 1988; Kroegel et al., 1988, 1989c, 1990; Abu Ghazaleh et al., 1989; Carlson et al., 1991, 1992; Kita et al., 1991a; Takafuji et al., 1994; Kaneko et al., 1995a; Munoz et al., 1995; Horie et al., 1996). In addition, although ignored for many years, a possible role for eosinophil cytolysis in the genesis of inflammatory lesions is being considered (Erjefalt et al., 1996, 1997a,b). In the succeeding sections, the main proteins stored within eosinophil granules and their characteristics are described, along with the current understanding of the morphological, biochemical, and electrophysiological basis of granule protein release.

1. Granule Proteins

a. MAJOR BASIC PROTEIN. MBP is a 13.8-kDa arginine- and cysteine-rich polypeptide composed of 117 amino acids that features alternating hydrophobic and hydrophilic sequences (Barker et al., 1988; Wasmoen et al., 1988). This protein was first isolated from guinea pig eosinophils and shown subsequently to have a very high tendency to form aggregates (Lewis et al., 1978). However, despite its prominence in eosinophils, it is also

expressed in placental X cells and placental giant cells during pregnancy. As the name implies, MBP accounts for the majority (50%, approximately 250 pg/cell) of the granule protein found in guinea pig eosinophils and was so named for that fact (Gleich et al., 1973). However, in normal human eosinophils, the MBP content lies between 5 and 10 pg/cell (Ackerman et al., 1983; Gleich and Loegering, 1984; Peters et al., 1988) and is lower still in disease states associated with peripheral blood eosinophilia (Peters et al., 1988). The high number of arginine residues renders the protein so basic that its isoelectric point cannot be measured, although it has been calculated as 10.9 (Hamann et al., 1991). MBP has been purified and/or cloned from several species including humans (McGrogan et al., 1988; Barker et al., 1990; Hamann et al., 1991; Popken-Harris et al., 1994, 1995; Li et al., 1995), guinea pigs (Gleich et al., 1973, 1974; Aoki et al., 1991), rats (Nittoh et al., 1995; Watanabe et al., 1995), and mice (Larson et al., 1995; Denzler et al., 1997a), and characterized extensively. Although MBP is localized to the crystalloid core of the specific granules of most species (Egesten et al., 1986), an equivalent protein is present in the homogeneous granules of bovine and equine eosinophils (Archer, 1963; Duffus et al., 1980). The gene encoding human MBP is 3.3 kb, composed of nine upstream exons, five coding exons, and five introns, and is localized to chromosome 11 (Barker et al., 1990; Hamann et al., 1991; Li et al., 1995); the murine *MBP* gene maps to chromosome 2 (Denzler et al., 1997a). Detailed molecular biological studies suggest that MBP is translated as a more neutral preproprotein, to protect the cell from the toxic actions of the mature form, before it is taken up into the secondary granules and processed (Hamann et al., 1991; Popken-Harris et al., 1994). Indeed, evidence now exists that pro-MBP is converted into mature MBP within granules during the process of eosinophil differentiation (Popken-Harris et al., 1998).

Original studies identified a MBP gene promoter, P2, that generated a 1-kb transcript for prepro-MBP (Barker et al., 1988). However, in 1995, Li et al. (1995) demonstrated that the *MBP* gene is expressed from two upstream promoters: a distal promoter, P1, generating a 1.6-kb product, in addition to the previously described P2 promoter resulting in a smaller transcript. It has since been established that the long and short forms arise by differential splicing of alternate MBP mRNA transcripts from promoters P1 and P2, respectively (Li et al., 1995). Both cDNAs have identical coding and 3'-untranslated regions but differ in their 5' sequences (Li et al., 1995). Distribution studies have identified high levels of the 1-kb variant in immature cells such as those found in the bone marrow, when compared to the long form of the protein which predominates in differentiated blood eosinophils. Those data are consistent with differential use of the P1 and P2 promoters as a mechanism for regulating MBP expression in eosinophil maturation (Li et al., 1995).

Little is known of the regulation of the *MBP* gene although the detection of mRNA transcripts for GATA-1, GATA-2, and GATA-3 in eosinophils (Zon et al., 1993) has led to the proposal that gene transcription in the eosinophil lineage is regulated by the GATA family of transcription factors. Indeed, Yamaguchi et al. (1998) have reported that the GATA-binding proteins can have a significant impact on the *trans*-activation of the MBP promoter. A consensus sequence, conserved between the human and murine MBP promoter, has been identified that binds the transcription factors GATA-1 and GATA-2. Transfection of Jurkat T-cells with a GATA-1 expression vector significantly enhanced MBP promoter activity while a GATA-2 expression vector was inactive (Yamaguchi et al., 1998). Interestingly, cotransfection experiments with both vectors resulted in less *trans*-activation than the single GATA-1 construct, suggesting that GATA-2 can negatively modulate the ability of GATA-1 to *trans*-activate the MBP promoter (Yamaguchi et al., 1998).

Human recombinant prepro-MBP has been expressed in CHO cells, purified, and characterized (Popken-Harris et al., 1995). The cDNA for prepro-MBP encodes a 25.2-kDa protein of 222 amino acids. Structurally, prepro-MBP is composed of a typical 15-amino acid hydrophobic signal peptide, a "pro" portion—that is 90 amino acids in length (9.9 kDa)—and MBP itself, which accounts for the majority (117 amino acids) of the polypeptide. It is of interest that purified MBP (33 kDa) is considerably heavier (~ 8 kDa) than the molecular mass predicted from the cDNA, indicating that a considerable amount of carbohydrate must be added to the polypeptide to account for the discrepancy in mass. Indeed, analysis of purified prepro-MBP has established that S²⁴ and T²⁵ are *O*-glycosylated. Other likely residues that could be modified include N⁸⁶, which is a candidate for *N*-linked glycosylation, and S⁶², to which glycosaminoglycans can attach (Shikata et al., 1993). Significantly, glycosylation of prepro-MBP occurs exclusively in the prepro part of the protein which is consistent with the knowledge that mature MBP is nonglycosylated (Wasmoen et al., 1988).

MBP has the potential to act in a paracrine manner to modify the activity of other eosinophils. At low, noncytotoxic concentrations (<0.1 μg/ml), MBP is as effective as secretory IgA in evoking the exocytosis of EDN (Kita et al., 1995). MBP-induced degranulation is partially dependent on extracellular Ca²⁺ although it does not evoke a Ca²⁺ transient in eosinophils. MBP also increases the expression of IL-8 mRNA transcripts and protein in an actinomycin D-sensitive manner and acts synergistically with the Ca²⁺ ionophore A23187 in the production of LTC₄ (Kita et al., 1995).

MBP is a potent helminthotoxin and cytotoxin. It also degranulates basophils and possesses bactericidal activity. The ability of MBP to damage target cells is due to its ability to increase membrane permeability through

surface charge interactions rather than by the formation of distinct pores (Young et al., 1986). It is believed that the high cationic nature of MBP allows it to bind avidly to anionic domains on target cells and parasites that results in perturbation of the lipid bilayer following insertion of apolar residues into the membrane (Wasmoen et al., 1988).

Recently, a novel homolog of MBP was identified in human eosinophil granules (Plager et al., 1998). Although it has similar biological activity to MBP, it is considerably less abundant and does not interact with MBP in a synergistic manner with respect to its cytotoxicity (Plager et al., 1998). Its role in eosinophil-driven histopathology is unknown.

b. EOSINOPHIL CATIONIC PROTEIN. Present within the matrix of the specific granules are a number of other proteins including the variably glycosylated, zinc-rich single-chain peptide ECP, which has a molecular mass ranging between 16 and 21.4 kDa and shows significant primary sequence identity across species (Peterson et al., 1988; Watanabe et al., 1995). Approximately 15 pg of ECP are present in a single human eosinophil, although marked variation between individuals is apparent (Venge, 1993). The isoelectric point of ECP is very basic (10.8 and 9.85 in humans and rats, respectively) due to a high content of arginine residues, although it shares more sequence homology to EDN (66%) and pancreatic ribonuclease (31%) than to the similarly charged MBP (Rosenberg et al., 1989a,b; Nittoh et al., 1997). ECP is a member of a subfamily of rapidly evolving, primate RNase A multigenes that emerged through gene duplication in primates 25 to 40 million years ago (Hamann et al., 1990; Rosenberg, 1995). Accordingly, ECP possesses ribonuclease activity which has the characteristics of the "nonsecretory" liver-type (Sorrentino and Glitz 1991), although it is approximately 100 times less active than another eosinophil product, EDN (Gleich et al., 1986; Gullberg et al., 1986; Slifman et al., 1986; Barker et al., 1989).

Two peaks of ECP activity, denoted ECP-1 and ECP-2, are resolved following chromatography of human eosinophils on heparin Sepharose (Gleich et al., 1986). Endoglycosidase F digestion of both activities decreases their molecular mass, indicating that they feature at least one complex oligosaccharide (Gleich et al., 1986). Two forms of ECP also have been identified immunologically; one of these is found within the granules of resting (EG1⁺) eosinophils while the other represents a secreted (EG2⁺) form thought to be derived from activated cells (Tai et al., 1984). The difference between these two forms is currently unknown, although it is possible that structural changes occur to the protein when it is released by exocytosis. Their possible relationship to ECP-1 and ECP-2 has not been formally explored.

The gene for human ECP (*RNS3*) is localized to the q24-q31 region of chromosome 14 which encodes a pre-

protein (Olsson et al., 1986; Rosenberg et al., 1989a,b; Mastrianni et al., 1992) that subsequently is processed to the form stored in the matrix of the specific granules. Structurally, *RNS3* is ~ 1.2 kb and contains a single intron (230 bases) in the 5'-untranslated region and an intronless coding domain that are characteristic features of members of the RNase gene superfamily (Hamann et al., 1990). Rosenberg et al. (1989a,b) have isolated a 725-bp full-length cDNA for human ECP; the open reading frame encodes a preprotein with a 27-amino acid "leader" sequence preceding a 133-residue mature ECP polypeptide which has a mass of 15.6 kDa. Comparable data also were reported by Barker et al. (1989). An intronic enhancer element has been identified within the *ECP* gene that features a consensus sequence for NF-AT-1 (Handen and Rosenberg, 1997). However, it is of interest that no "super shift" was observed in gel-shift assays performed in the presence of an anti-NF-AT serum, suggesting that a nuclear factor other than NF-AT may be acting at this site (Handen and Rosenberg, 1997).

In addition to its weak RNase activity, ECP exhibits a number of other properties: it is bactericidal, promotes degranulation of mast cells, and is helminthotoxic (Gleich et al., 1986; Lehrer et al., 1989). The mechanism of action of ECP has not been studied in detail but it is believed to exert many of its effects by creating functional pores or channels that traverse the plasmalemma of target cells, which are neither voltage- nor ion-sensitive (Young et al., 1986). It is noteworthy that the cytotoxicity of ECP is not apparently dependent on its RNase activity (Rosenberg et al., 1995b). Perhaps the most notable property of ECP is its ability to elicit the Gordon phenomenon when injected into rabbits by the i.c.v. route. This is characterized by the destruction of Purkinje cells and a spongiform change in the structure of the white matter of the cerebellum, pons, and spinal cord (Durack et al., 1979; Fredens et al., 1982).

c. EOSINOPHIL-DERIVED NEUROTOXIN. Another member of the RNase A multigene family localized to the matrix of the specific granules is EDN. It is now appreciated that EDN is indistinguishable from another protein, EPX, that was purified and characterized from human eosinophils by Peterson and Venge (1983). EDN and EPX are almost certainly the same protein; they exhibit identical physicochemical, immunological, and neurotoxicological properties and have equivalent RNase activity (Slifman et al., 1989). The human form of EDN has been expressed, purified, and extensively characterized from eosinophils taken from normal subjects and individuals with hypereosinophilic syndrome (Durack et al., 1981; Peterson and Venge, 1983; Newton et al., 1994; L. Sun et al., 1995), and the crystal structure has been resolved (Mosimann et al., 1996). Structurally, EDN is an 18.5-kDa, single-chain polypeptide (Gleich et al., 1986; Rosenberg et al., 1989b) but has a pI (8.9) approximately 10 to 100 times more acidic than either human MBP or

ECP, due to a relatively lower number of arginine residues in the protein, which probably accounts for its reduced cytotoxicity (Barker et al., 1989).

The human *EDN* gene (*RNS2*) maps to chromosome 14 in the same region, q24-q31, as *RNS3* (Hamann et al., 1990), while the porcine homolog is found in the p1.3-p1.2 domain of chromosome 7 (Lahbib-Mansais et al., 1995). Human *RNS2* consists of a noncoding and coding exon separated by a single intron (Tiffany et al., 1996) and produces a preprotein (Olsson et al., 1986; Rosenberg et al., 1989b; Mastrianni et al., 1992) that is subsequently processed to the stored form found within the matrix of the specific granules. This genomic structure is common among mammalian RNases and suggests that the mechanism(s) of gene regulation is conserved. The structural similarity between ECP and EDN led Spry (1988) to propose that these proteins should be renamed eosinophil RNases. Indeed, since that proposal, the cDNAs of EDN and ECP have been shown to be 88% homologous at the nucleotide level, including the 27-amino acid signal peptide (Barker et al., 1989; Rosenberg et al., 1989b) and 70% identical at the amino acid level for the "pre" form of both proteins (Gleich et al., 1986; Barker et al., 1989; Hamann et al., 1991). Moreover, there is marked similarity between the 3'- and 5'-untranslated regions and the single introns in *RNS2* and *RNS3* providing compelling evidence for gene duplication (Hamann et al., 1990). The monoclonal antibody EG2 recognizes an epitope on EDN endorsing its close similarity to ECP (Tai et al., 1984).

A functional promoter has been identified within *RNS2* that depends upon the activity of upstream enhancer elements located in the first 60 bases of the first intron (Tiffany et al., 1996; Handen and Rosenberg, 1997). Specifically, a consensus sequence for NF-AT-1 has been found (Tiffany et al., 1996; Handen and Rosenberg 1997) that differs from the corresponding site within *RNS3* by a single base (Handen and Rosenberg, 1997). A putative binding domain for AP-1 also has been identified (Handen and Rosenberg, 1997). In differentiated eosinophilic HL-60 cells, a region in the first intron contains tandem PU.1-binding sites that are apparently important for enhancer activity (van Dijk et al., 1998). Gel-shift analysis and DNA affinity precipitation have demonstrated that this enhancer domain binds multiple forms of the transcription factor PU.1. Moreover, point mutations within the PU.1-binding domain drastically attenuates intronic enhancer activity, indicating an important role for the expression of EDN by cells of the eosinophilic lineage (van Dijk et al., 1998).

Rosenberg et al. (1989b) have isolated a 725-bp cDNA clone for human EDN. The open reading frame encodes a 134-amino acid, 15.5-kDa mature polypeptide, and a 27-residue hydrophobic leader sequence at the amino-terminus akin to that found for ECP. The discrepancy (~3 kDa) between the predicted mass of EDN and the purified enzyme is due to glycosylation. The amino acid

sequence of EDN, deduced from the coding sequence of the corresponding cDNA, is identical with urinary RNase (Hamann et al., 1989; Rosenberg et al., 1989b) and shows a high degree of homology with human, non-secretory, pancreatic RNase, and angiogenin (Gleich et al., 1986).

The mean content of EDN of a normal human eosinophil is approximately 10 pg, but marked variation exists between individuals, and the amount is considerably lower in cells harvested from patients with various forms of eosinophilia (Venge, 1993). Despite its name, EDN is not restricted to eosinophils; it has been identified in basophils, mononuclear cells, and possibly neutrophils, and is probably secreted by the liver (Rosenberg et al., 1989b; Ten et al., 1991; Wilde et al., 1992).

Although a relatively poor helminthotoxin and cytotoxin EDN, like ECP, is neurotoxic and causes the Gordon phenomenon when injected intrathecally into laboratory animals (Durack et al., 1979; Fredens et al., 1982). This deleterious effect has been linked to its marked RNase activity but it is not sufficient to account totally for its neurotoxicity (Sorrentino et al., 1992). Indeed, the RNase activity of EDN is approximately 125-fold higher than that of ECP (Rosenberg et al., 1989b), a property conferred by arginine and/or isoleucine residues adjacent to the carboxyl-terminus of the protein (Rosenberg and Dyer 1997), yet it is considerably less neurotoxic (Fredens et al., 1982). Thus, the high level of RNase activity associated with EDN suggests an additional but, as yet, undefined physiological function.

d. EOSINOPHIL PEROXIDASE. EPO (donor: H_2O_2 oxidoreductase) is a member of the family of haloperoxidases that catalyze the peroxidative oxidation of halides and pseudohalides (see *XII.G*). It is localized exclusively to the matrix of the secondary granules (Egesten et al., 1986; Enomoto and Kitani, 1986) where, in human eosinophils, it accounts for approximately 5% (~15 pg/cell) of the total granule protein (Carlson et al., 1985; Venge, 1993). Intriguingly, the expression of EPO is not uniform across mammals and in eosinophils derived from the hyena, rhinoceros, giraffe, birds, and certain cats (domestic cat, tiger, and lion), it is absent (Undritz et al., 1956; Presentey et al., 1980). However, the properties and level of expression of EPO are essentially the same in eosinophils purified from normal subjects and individuals with eosinophilia (Bos et al., 1981). A number of publications have described the purification of EPO from several species including the horse (Jorg et al., 1982a) and humans (Olsen and Little, 1983; Bolscher et al., 1984; Carlson et al., 1985; Olsson et al., 1985; Menegazzi et al., 1986; Ten et al., 1989), and, more recently, the cloning and expression of EPO was reported (Sakamaki et al., 1989; Ten et al., 1989).

Structurally, EPO is a haem-containing protein composed of two subunits: a heavy chain of some 50- to 57-kDa and a 11- to 15-kDa light chain (Olsson et al., 1985; Ten et al., 1989). Screening of a cDNA library

derived from HUVECs with oligonucleotides obtained from the partial amino acid sequence of both subunits, led Ten and colleagues (1989) to identify a clone corresponding to EPO. The nucleotide sequence of the clone revealed an open reading frame of 2106 bp corresponding to a prosequence, a heavy chain, and a light chain. The deduced amino acid sequence of the proform is rich in arginine and leucine, resulting in a highly basic protein ($pI = 10.9$) with a molecular mass of ~79.5 kDa. Based on these and other studies (Olsson et al., 1985; Sakamaki et al., 1989), the general consensus is that EPO is produced as a 79.5-kDa prepro-protein which is cleaved twice: first, by removal of the 13.8 kDa "pro" sequence to form an intermediate, and again resulting in two highly basic fragments corresponding to a light (12.7 kDa, $pI = 10.8$) and a heavy (53 kDa, $pI = 10.7$) chain (Ten et al., 1989). These chains may be reassembled to form native EPO that is composed of a two-chain monomer or, possibly, a four-chain dimer, which would be similar to the organization of myeloperoxidase (MPO).

A comparison of EPO with neutrophil MPO and other peroxidases has led to the theory of a peroxidase multi-gene family that has evolved through gene duplication in an analogous fashion to ECP and EDN (Sakamaki et al., 1989; Ten et al., 1989; Hamann et al., 1991). Despite this, monensin, a proton ionophore which blocks the sequestration of MPO by the specific granules, does not inhibit the processing of EPO, indicating that different mechanisms are required to direct peroxidases into storage organelles (Olsson et al., 1985).

The gene for human EPO has been isolated using human MPO cDNA as a probe (Sakamaki et al., 1989) and maps to chromosome 17. Like MPO, it is composed of 12 exons and 11 introns spanning 12 kb and encodes for a 715-amino acid protein. The coding sequence of MPO and EPO is about 72% and 70% homologous at the nucleotide and amino acid level, respectively; however, there is little sequence similarity at the 5'-flanking region (Sakamaki et al., 1989; Ten et al., 1989) that features promoter elements, suggesting differences in peroxidase gene regulation. Information also is available on the murine *EPO* gene; it has been mapped to chromosome 11 (Denzler et al., 1997b) and shares a considerable degree of conservation with its human counterpart (Horton et al., 1996). Thus, at the nucleotide level human and murine EPOs are 86% homologous in the protein-coding region and 66% homologous in the 3'-untranslated region; at the amino acid level they show 90% identity.

In studies designed to probe the transcriptional regulation of the *EPO* gene, Yamaguchi et al. (1994a,b) cloned a 1.5-kb fragment of the human *EPO* gene upstream of the transcription start site into an eosinophil-inducible leukemic cell line, HL6-C15, and examined *cis*-acting elements required for promoter activity. Consensus sequences for the transcription factors Egr-1, H4TF-1, PuF, UBP-1, CTCF, and GaEII were identified

(Yamaguchi et al., 1994a,b). Northern blot analysis of developing cord blood-derived eosinophils has established that, in the presence of EL-4-conditioned medium, EPO mRNA transcripts rise rapidly, peak at day 8 and still are detectable at day 34, a time when the cells resemble mature eosinophils (Ten et al., 1991). Those findings are entirely consistent with the presence of very low levels of EPO mRNA in peripheral blood eosinophils from eosinophilic patients (Gruart et al., 1992). Essentially, identical data are available for MBP, whereas the number of transcripts for EDN and ECP remain relatively constant throughout maturation, implying that the genes encoding granule proteins are subject to different regulatory constraints (Gruart et al., 1992).

Once released, EPO can elicit a number of effects, some of which are protective and others potentially destructive. In particular, it inactivates the peptido-LTs (Henderson et al., 1982) and converts LTC₄ to all-*trans* isomers of LTB₄ (Goetzl, 1982). LTB₄ is similarly inactivated by EPO but at a much slower rate (Henderson et al., 1982). EPO also is bactericidal (Bujak and Root, 1974; Jong et al., 1980) and, in the presence of peroxide and bromide, can catalyze the formation of hypobromous acid and the highly reactive singlet oxygen (see *XII.G*). A number of cells including basophils, mast cells, and neutrophils will actively endocytose EPO by utilizing a vesicular transport system. That finding explains the variable detection of EPO in proinflammatory leukocytes and tempts speculation that the EPO is deliberately stored until such a time when release is deemed necessary (Dvorak et al., 1985; Zabucchi et al., 1986).

e. CHARCOT-LEYDEN CRYSTALS. The identification and description of distinct, needle-shaped crystal structures was originally reported in tissues from a patient with leukemia (Charcot and Robin 1853) and, subsequently, from the sputum of individuals with asthma (Leyden, 1872). Now known as Charcot-Leyden crystals, this protein is localized to the primary granules of mature eosinophils (Dvorak et al., 1988) and also is present in basophils in a roughly equal amount (Ackerman et al., 1982; Tanabe et al., 1993). Structurally, Charcot-Leyden crystals are colorless, hexagonal, and bi-pyramidal, 20 to 40 μm in length and 2 to 4 μm across, and are routinely found in the feces and sputum of animals with severe gastrointestinal and respiratory eosinophilia (Zucker Franklin, 1980). Molecular genetics technology has identified and sequenced a human full-length cDNA clone for Charcot-Leyden crystals and has localized the gene that encodes this protein to chromosome 19 (Mastrianni et al., 1992). Transcription of the Charcot-Leyden crystals gene ultimately yields a 17.4-kDa hydrophobic protein with inherent lysophospholipase activity which represents the sole protein component (Weller et al., 1980, 1981, 1982, 1984). Charcot-Leyden crystals account for 10% of the total eosinophil protein (Weller et al., 1982, 1984), suggesting that they are functionally important, although their precise role is far from clear.

f. OTHER GRANULE PROTEINS. In addition to Charcot-Leyden crystals and the four main cationic proteins described in the aforementioned sections, eosinophils also store a plethora of other enzymes in significantly greater amounts than are present in autologous neutrophils. Besides the proteins listed in Table 3, eosinophils express α -mannosidase, β -galactosidase, β -hexosaminidase, histaminase, collagenase, alkaline phosphatase, matrix metalloproteinase 9 (gelatinase B), MIF, the serine proteinase esp-1, inducible and endothelial nitric oxide synthase (iNOS and eNOS, respectively), NGF, and eotaxin (see Archer, 1963; Makita and Sanborn, 1970; Heyneman, 1975; Zeiger and Colten, 1977; Williams et al., 1978; Hibbs et al., 1982; Weller et al., 1983; Davis et al., 1984; Spry, 1988; Weller, 1991; Zanardo et al., 1997; Ohno et al., 1997; Rossi et al., 1998; Shlopov and Hasty, 1998; Inoue et al., 1998; Nakajima et al., 1998; Solomon et al., 1998).

2. Morphological Changes

a. SECRETION. In many secretory cells, the most common form of degranulation is regulated secretion. This is believed to be an exocytotic process involving the fusion of granules with the plasma membrane and the partial or total extrusion of secretory products. A complicating factor in studying exocytosis in secretory cells is the rapidity and transience of the response. Accordingly, evidence for fusion sites has been difficult to obtain with conventional chemical fixatives. However, Newman et al. (1996) adopted an arrest procedure, using tannic acid (Buma et al., 1984), to "trap" exocytotic events. Tannic acid, when applied to secretory cells before fixation, arrests exocytosis of granule contents, which causes an accumulation of fusion sites (Buma et al., 1984). Two main forms of exocytotic secretion have been described, simple and compound (Fig. 7), and both types have been visualized in guinea pig peritoneal eosinophils at the ultrastructural level (Henderson and Chi, 1985; Dvorak et al., 1993; Newman et al., 1996). The first and most simple method involves the fusion of single granules with the plasmalemma with full incorporation of the granule membrane. In ultrathin sections and freeze-fracture replicas of guinea pig eosinophils permeabilized with streptolysin O and stimulated with Ca²⁺ and GTP γ S, large numbers of crystalloid granules have been found in a state of arrested fusion with the plasma membrane (Fig. 8, a and b) when compared to unstimulated cells (Newman et al., 1996). Figure 8, a and b, shows a single fusion event of a specific granule exhibiting the classical omega shape with retention of the central crystalloid core (see Fig. 8b). In addition to simple secretion, compound exocytosis also can occur in eosinophils (Newman et al., 1996). In this case, multiple granules first fuse intracellularly to form a large degranulation chamber or cavity (see Fig. 8c) that can occupy a substantial volume of the cytoplasm in some cells (see Fig. 8d). This structure then fuses with the cell mem-

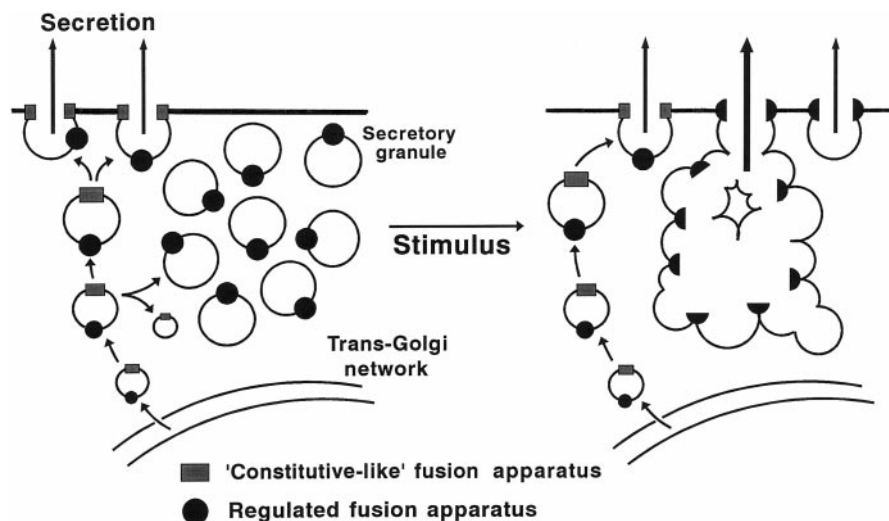


FIG. 7. Model of constitutive and regulated exocytosis. Upon synthesis from the *trans*-Golgi network, granules can either be secreted via a constitutive, or unregulated mechanism, or can enter a regulated pathway of secretion with loss or masking of the constitutive fusion apparatus. After application of a degranulation-evoking stimulus, granules can additionally be released by the regulated pathway involving either simple or compound exocytosis (see Fig. 8 for electron micrographs of these phenomena).

brane before discharging its contents in a coordinated and vectorial fashion.

Two mechanisms have been described that govern the secretion of granule contents. One of these is called constitutive or unregulated secretion and is characterized by small intracellular vesicles containing secretory products that are unpackaged and released in a stimulus-independent manner. The other process is known as regulated secretion and results from the formation of the degranulation chamber or cavity described above and the release of stored contents in response to external stimuli (see Fig. 7). Under resting conditions, the significance of the constitutive pathway in eosinophils is questionable as little, if any, granule products are secreted spontaneously.

b. **PIECEMEAL DEGRANULATION.** An alternative process of secretion that commonly is seen in human eosinophils is piecemeal degranulation. This differs from secretion in that small protein-containing vesicles bud off from, and gradually empty, the secondary granules (Tai and Spry 1981; Torpier et al., 1988; Dvorak et al., 1991, 1992a). Tai and Spry (1981) have studied this phenomenon in some detail and reported marked variability in granule morphology. Some secondary granules are completely empty or lack only the dense core while, in others, partial or complete loss of the matrix is evident. Thus, it seems likely that the formation of small vesicles from the specific granules permits, in a stimulus-dependent manner, the selective release of an individual secretory protein from a common storage organelle. Indeed, piecemeal degranulation provides an explanation for the ability of anti-IgE and anti-IgG selectively to release EPO and ECP respectively (Tomassini et al., 1991).

c. **CYTOLYSIS.** Histological analysis of tissue samples from sites of inflammation reveals that many eosino-

phils have undergone cytolytic degranulation, which is characterized by swollen mitochondria, cell and nuclear membrane rupture, lysis of chromatin, and the release of "clusters of free eosinophil granules" into surrounding structures that are in different stages of dissolution (Figs. 9 and 10) (Erjefalt et al., 1996, 1997a,b, 1998; Greiff et al., 1998). Many of these histological features of cytolysis have been described at the ultrastructural level and are associated with eosinophilic diseases including bullous pemphigoid (Dvorak et al., 1982), nasal polypsis (Greiff et al., 1998), eosinophilic pneumonia (McEvoy et al., 1978), atopic dermatitis (Leiferman et al., 1990), and asthma (Filley et al., 1982; Beasley et al., 1989; Jeffery et al., 1992; Ohashi et al., 1992; Laitinen et al., 1993). In addition, human eosinophil cytolysis has been produced *in vitro* in response to secretory IgA and IgG-bound to Sepharose beads (Weiler et al., 1996) and Ca^{2+} ionophore, A23187 (Fukuda et al., 1985a). However, in the context of eosinophilic inflammation and the killing of parasites, this phenomenon was largely ignored until the middle of the 1990s when Persson and Erjefalt (1997a,b, 1998) emphasized its potential significance. Thus, in addition to secretion and piecemeal degranulation, the ability of eosinophils to undergo nonapoptotic lysis may represent the "ultimate activation" of eosinophils *in vivo* (Persson and Erjefalt, 1997b).

3. **Cell-Signaling Events.** Although many stimuli are known to promote the release of preformed granule products, relatively little is known of the biochemical basis of this response. In human eosinophils, immobilized immunoglobulins and fMLP effectively evoke degranulation; Ca^{2+} ionophore, A23187, similarly is active on equine eosinophils (Henderson et al., 1983; Abu Ghazaleh et al., 1989; White et al., 1993; Kaneko et al., 1995a) and the cell-signaling pathways that could underlie this response have been investigated to some ex-

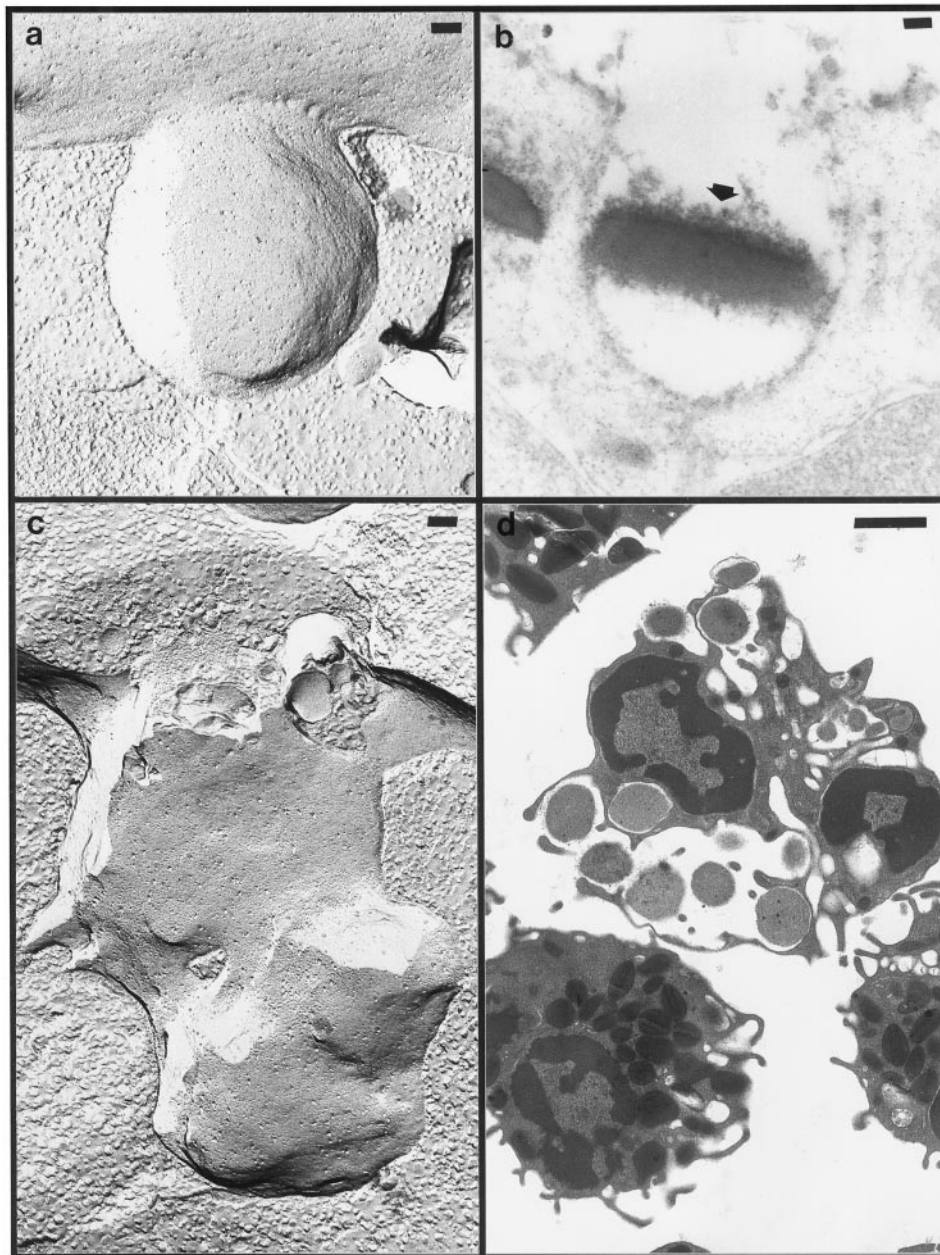


FIG. 8. $\text{GTP}\gamma\text{S}/\text{Ca}^{2+}$ -induced secretory granule exocytosis in streptolysin O-permeabilized guinea pig peritoneal eosinophils arrested by incubation with tannic acid. a and c, a single fusion site (giving the classical omega shape found in many secretory systems) and a compound fusion site, respectively, in cells prepared for freeze-fracture replication. b and d, the same phenomena in ultrathin sections. Note the retention of the crystalloid core in the single fusion site (b, arrow). Bars: a, 100 nm. Original magnification, 63,000 \times . b, 100 nm. Original magnification, 55,000 \times . c, 500 nm. Original magnification, 58,000 \times . d, 1 μm . Original magnification, 18,000 \times . See *XII.B.2.a* for further details.

tent. Another approach has been to study exocytosis in permeabilized eosinophils (Cromwell et al., 1991; Gomperts and Cromwell, 1991), which allows the intracellular environment to be precisely manipulated and the importance of putative messenger molecules, enzymes, cofactors, and ions to be assessed directly.

a. STUDIES WITH IMMUNOGLOBULINS, fMLP, AND A23187. Of the many stimuli that evoke degranulation of human eosinophils, IgG and secretory IgA, immobilized on to Sephadex beads, are two of the most effective and have provided a model system with which to examine the cell-signaling events that could account for the

ultimate fusion of secretory granules with the plasma membrane. A limited number of studies also have used fMLP and A23187 as secretagogues. One of the earliest events that follows ligation of $\text{Fc}\alpha\text{R}$ is the formation of inositol polyphosphates, indicating that a PLC is stimulated (Kita et al., 1994; Kato et al., 1995). The identity of the PLC isoform(s) to which $\text{Fc}\alpha\text{R}$ couple is unknown but, because IgA-induced inositol phosphate accumulation is abolished by PTX (Kita et al., 1994; Kato et al., 1995), a good case can be made for PLC- β_1 and/or PLC- β_2 that are known to couple to one or more members of the G_i and/or G_o families of heterotrimeric GTP-

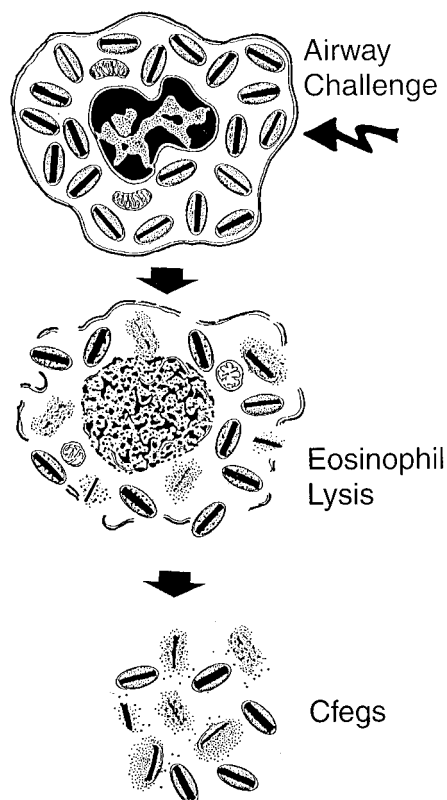


FIG. 9. Eosinophil cytolysis. Allergen provocation of a mucosal eosinophil promotes cytolysis, the release of cfegs and the subsequent deposition of their contents in intimate apposition to the target tissue. See *XII.B.2.c* for further details.

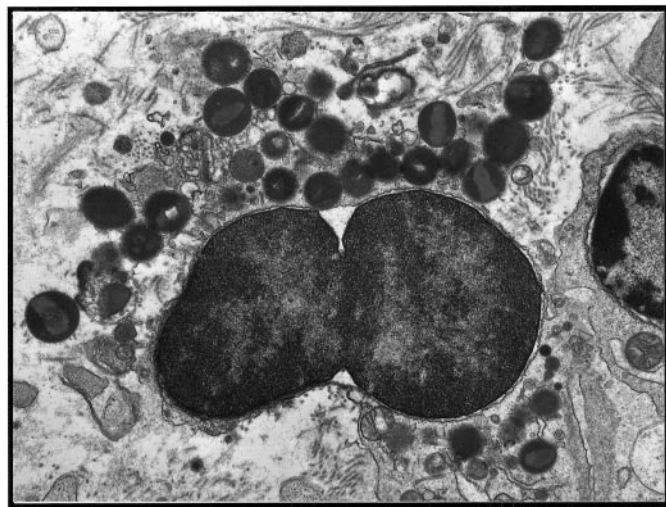


FIG. 10. Cytolysis of a human eosinophil within the airway mucosa 24 h after experimental allergen provocation. Note the chromolytic nucleus and the absence of a cell membrane. Original magnification, 4000 \times . See *XII.B.2.c* for further details.

binding proteins (Katz et al., 1992). Another phospholipase, PLC- γ_2 , which is activated by tyrosine phosphorylation, also is present in human eosinophils but its role (if any) in Ig-induced degranulation is unclear.

Secretory IgA promotes the tyrosine phosphorylation of a number of proteins in human eosinophils with the

most prominent labeling seen of bands migrating at 50, 65, 70, 100, and 115 kDa on SDS-polyacrylamide gels. The finding that pervanadate, an inhibitor of phosphotyrosine phosphatases, and genistein and herbimycin A, inhibitors of protein tyrosine kinases, promote and suppress, respectively, tyrosine phosphorylation and degranulation (Kita et al., 1994; Kato et al., 1995) provides compelling evidence that tyrosine kinase-dependent processes play a central role in regulating exocytosis. Furthermore, the general acceptance that regulated secretion in eosinophils is a Ca^{2+} -requiring process is supported by studies with tyrosine kinase inhibitors that similarly prevent secretory IgA-induced inositol phosphate accumulation (Kita et al., 1994; Kato et al., 1995).

Similar results have been obtained with immobilized IgG. Thus, ligation of $\text{Fc}\gamma$ receptors results in activation of PLC and the tyrosine phosphorylation of essentially the same proteins that are phosphorylated in response to secretory IgA, albeit at a slower rate (Kita et al., 1994; Kato et al., 1995). IgG also is reported to activate rapidly the *src*-related tyrosine kinase, *fgr* (Kato et al., 1995). This is an important observation since $\text{Fc}\gamma\text{RII}$, the main receptor for IgG on resting eosinophils, is devoid of intrinsic tyrosine kinase activity (Ravetch and Kinet, 1991; Ravetch, 1994, 1997), suggesting that once bound by an activating ligand it must recruit directly or indirectly a nonreceptor tyrosine kinase. In this respect it is intriguing that *fgr* is known to associate specifically to $\text{Fc}\gamma\text{RII}$ in human neutrophils (Hamada et al., 1993).

Of primary significance is the *insensitivity* of Ig-induced tyrosine phosphorylation to PTX (Kato et al., 1995). At least two explanations could account for this finding. First, two pathways might be activated in parallel that are required for degranulation but only one of these is sensitive to PTX. Alternatively, a critical tyrosine protein kinase may lie upstream of G_i/G_o and, therefore, be insensitive to PTX (Kato et al., 1995).

Although there are marked similarities between the signaling mechanisms recruited by $\text{Fc}\gamma$ and $\text{Fc}\alpha$ receptors, differences also are apparent. A particularly pertinent observation is that PTX abolishes secretory IgA-induced EDN release, whereas the same response evoked by IgG is only affected transiently (Kita et al., 1991a). Indeed, the sensitivity of eosinophils to IgG recovers over a period of 16 h despite the continued presence of PTX (Kita et al., 1991a). Consistent with those functional results is the finding that PTX catalyzes the ADP ribosylation of two proteins in eosinophil membranes of 41 and 44 kDa. However, over time the level of unmodified 44-kDa protein gradually reappears whereas the amount of unmodified 41-kDa protein remains reduced (Kita et al., 1991a). Thus, those results suggest that the receptors for IgG and secretory IgA are coupled to the suppression of degranulation via distinct, PTX-sensitive G proteins of 44 kDa and 41 kDa, respectively. In this respect, Gomperts and his colleagues iden-

tified two PTX substrates ($G_{i\alpha 3}$ and $G_{i\alpha}$) in membranes prepared from guinea pig eosinophils (Lacy et al., 1995).

A central role for PLA_2 , AA, and possibly lipoxygenase products in granule protein release from equine and human eosinophils has been suggested on the basis of pharmacological experiments (Henderson et al., 1983; White et al., 1993). In 1983, Henderson and coworkers reported that the secretion of EPO from equine eosinophils evoked by A23187 was inhibited by eicosatetraenoic acid, a dual inhibitor of cyclooxygenase and lipoxygenase, but not by indomethacin. Similarly, the PLA_2 inhibitor, 4-bromophenacyl bromide, attenuated noncytolytic secretion of EPO effected by exogenous porcine purified secretory PLA_2 . Those two observations led to the conclusion that Ca^{2+} -dependent degranulation requires the activation of PLA_2 and the generation of lipoxygenase products (Henderson et al., 1993). A similar situation exists in human eosinophils. Thus, fMLP-induced EPO release is prevented in cells treated with the PLA_2 inhibitors 4-bromophenacyl bromide and mepracrine by a mechanism that is restored by the addition of exogenous AA (White et al., 1993).

b. STUDIES WITH STREPTOLYSIN O-PERMEABILIZED CELLS.

In streptolysin O-permeabilized guinea pig eosinophils, the exocytotic response depends minimally on two effectors: Ca^{2+} and a guanine nucleotide (Cromwell et al., 1991). In cells treated with 2-deoxyglucose and antimycin D, to suppress the endogenous levels of ATP, neither Ca^{2+} nor $GTP\gamma S$ promote exocytosis as assessed by the release of β -hexosaminidase. However, in combination, Ca^{2+} and $GTP\gamma S$ evoke robust degranulation that suggests an intimate interaction between the proteins to which these two effectors bind (Cromwell et al., 1991). Since $GTP\gamma S$ is nonhydrolyzable and cannot function as a phosphoryl donor, the release of β -hexosaminidase from permeabilized eosinophils must occur independently of protein phosphorylation. This is contrary to the situation that prevails in intact cells, however, where ATP plays an obligatory role in exocytosis. Collectively, these data indicate that ATP-dependent phosphorylation is essential for those processes that govern the early stages of stimulus-secretion coupling. The absolute requirement for ATP in intact cells is illustrated by the fact that ATP augments β -hexosaminidase release in permeabilized cells by increasing the affinity of Ca^{2+} and $GTP\gamma S$ for their respective binding proteins (Cromwell et al., 1991).

The difference in requirement for ATP between intact and permeabilized eosinophils is significant because it provides compelling evidence that a G protein mediates a stage in the exocytotic process distal to the activation of PLC (Gomperts, 1990). ATP is required to maintain the concentration of $PtdIns(4,5)P_2$ in cells and also to provide, by nucleotide transphosphorylation, sufficient GTP for G protein activation. Thus, although $GTP\gamma S$ will activate all G proteins in permeabilized eosinophils, its ability, with Ca^{2+} , to release β -hexosaminidase in the

absence of ATP effectively dissociates products derived from the hydrolysis of $PtdIns(4,5)P_2$ from exocytosis. This is so for two reasons. First, any $Ins(1,4,5)P_3$ produced will rapidly leak out of the cell through the permeabilization pores and, in any case, the small amount of Ca^{2+} that could be released will be readily chelated by the EGTA in the buffer. Second, any $PtdIns(4,5)P_2$ -derived diglyceride will be unable to activate PKC owing to the absence of ATP (Gomperts, 1990). Collectively, these facts support the belief that GTP interacts with a novel, functionally distinct G protein, designated G_E , that is fundamental for the latter stages of regulated secretion of granule proteins in eosinophils. The identity of G_E is uncertain, but it has been proposed that Rac, or another Rho-related protein, might fulfill this function (Larbi and Gomperts, 1997), which would be similar to the situation that prevails in permeabilized mast cells (O'Sullivan et al., 1996). Other possibilities include $G_{\alpha 13}$ (Lacy et al., 1995), which may act as a stimulatory form of GE in mast cells (Aridor et al., 1993), and G_o (Lacy et al., 1995), which in bovine adrenal chromaffin cells has been proposed to act as an inhibitory G_E (Vitale et al., 1993).

An important consideration that arises from the preceding description of exocytosis is how ATP augments the magnitude of Ca^{2+} -/ $GTP\gamma S$ -induced degranulation and the respective affinity of $GTP\gamma S$ for G_E and of Ca^{2+} for its binding protein. Studies by Cromwell et al. (1991) have proposed that this is due to the activation of PKC by diglyceride cleaved from membrane phospholipids by PLC or PLD and the subsequent phosphorylation of G_E and the Ca^{2+} -binding protein. This sequence of events is supported by the observation that $GTP\gamma S$ -induced β -hexosaminidase release is attenuated (but not abolished) by a peptide inhibitor of PKC (Cromwell et al., 1991).

Magnesium ions inhibit exocytosis in permeabilized eosinophils driven by Ca^{2+} and $GTP\gamma S$ in the presence of ATP. Logic dictates that this effect might reasonably result from competition with Ca^{2+} at a Ca^{2+} -binding site. However, studies designed to assess this possibility revealed no simple relationship between the EC_{50} value of Ca^{2+} to promote secretion and the IC_{50} value of Mg^{2+} required to suppress this response (Larbi and Gomperts, 1997). Indeed, the mechanism of inhibition is apparently complex and, to some extent, depends on the stimulus (Larbi and Gomperts, 1997). Thus, exocytosis evoked by $GTP\gamma S$ in the presence of 10 μM free Ca^{2+} is inhibited by Mg^{2+} in a manner consistent with the behavior of a competitor. This observation led Larbi and Gomperts (1997) to suggest that inhibition could be due to the well established ability of Mg^{2+} to retard the dissociation of GDP from most monomeric G proteins, including Ras and Rho, thereby suppressing their activation. However, when exocytosis is initiated by $GTP\gamma S$ in the absence of Ca^{2+} , conditions that require ATP (see above), the inhibitory effect of Mg^{2+} is seen over a very narrow con-

centration range irrespective of the concentration of either nucleotide. Based on these results, Larbi and Gomperts (1997) have concluded that in the presence of ATP, Mg^{2+} inhibits exocytosis by acting at an undefined site(s) downstream of those processes activated by G_E .

4. *Electrophysiological Changes.* Compelling evidence that the secretion of granule contents from human (Aizawa et al., 1992; Hartmann et al., 1995), guinea pig (Nusse et al., 1990; Lindau et al., 1993), and equine (Scepek and Lindau, 1993; Hartmann et al., 1995) eosinophils occurs by an exocytotic process has been provided from high-resolution capacitance measurements (an index of membrane area) of cells patch-clamped in the whole-cell configuration. At a Ca^{2+} concentration chemically constrained to $\sim 1 \mu M$, the introduction of GTP γ S into a single eosinophil elicits well resolved, stepwise increases in membrane capacitance (approximating to the number of crystalloid granules in that eosinophil), each consistent with the fusion of a single granule with the plasma membrane (Nusse et al., 1990; Aizawa et al., 1992; Scepek and Lindau, 1993; Hartmann et al., 1995). The magnitude of each discrete increment in capacitance is in remarkable agreement with the size distribution of granules identified by electron microscopy, and demonstrates that an exocytotic stimulus promotes *sequential*, not random, granule-membrane fusion (Nusse et al., 1990; Lindau et al., 1993; Scepek and Lindau, 1993; Hartmann et al., 1995). Moreover, secretion is a vectorial phenomenon that allows appropriate discharge of granule contents against the target cell, tissue or invading organism (e.g., parasite) and minimizes uncontrolled diffusion that could harm the host cell (Scepek and Lindau, 1993). In some eosinophils, the clearly resolved, stepwise changes in capacitance are preceded by a gradual, less well defined increase that might represent the fusing of small vesicles with the membrane (Lindau et al., 1993). Significantly, in equine eosinophils, at relatively high concentrations (20 μM) of GTP γ S, the magnitude of each stepwise increment in capacitance is markedly increased but at the expense of the total number of fusion events. This observation has been taken as evidence for compound exocytosis (Scepek and Lindau, 1993), as described in *XII.B.2.a*, where two or more granules coalesce within the eosinophil's interior to form larger "compound" structures, which then migrate to, and subsequently fuse with, the cell membrane (Scepek and Lindau, 1993). Indeed, this idea is entirely consistent with the finding that the final increase in plasma membrane area resulting from the application of high and low concentrations of GTP γ S is in keeping with a cell that features a constant number of secretory granules.

The release of preformed material stored within eosinophil granules after their fusion with the plasma membrane is made possible by the formation of a distinct connection between the two structures known as a fusion pore (Lindau and Almers, 1995). In equine eosin-

ophils and other secretory cells, the fusion pore has a mean conductance of approximately 200 pS after the initial fusion event and enlarges as the pore expands to several nanoSiemens permitting effective and rapid discharge of granule contents (Lindau and Almers, 1995). The ability of fusion pores to enlarge or expand is regulated by protein phosphorylation and dephosphorylation although the substrates are unknown (Scepek et al., 1998). PMA and micromolar Ca^{2+} accelerate the rate of fusion pore expansion approximately 2-fold although the amplitude and time course of GTP γ S-induced degranulation are unaffected by PMA (Scepek et al., 1998). It is significant that staurosporine blocks only the effect of PMA and that fusion pore expansion can occur in the presence of staurosporine. Thus, Ca^{2+} and PKC regulate the rate of fusion pore expansion by different mechanisms (Scepek et al., 1998). A broad-spectrum phosphatase inhibitor, α -naphthylphosphate, inhibits granule fusion and retards pore expansion but neither protein phosphatases 1 or 2A seem to be implicated in regulating pore expansion rate since selective inhibitors of those enzymes (cantharidin and okadaic acid, respectively) do not mimic the effect of α -naphthylphosphate (Scepek et al., 1998).

The stepwise increases in membrane capacitance observed in GTP γ S-stimulated equine eosinophils can be about six times larger than those recorded from eosinophils of human or guinea pig origin (Hartmann et al., 1995). However, although this observation is in accordance with the size distribution of secretory granules, variable or multimodal increases in membrane capacitance are seen in response to GTP γ S (Hartmann et al., 1995). The smallest of these has been attributed to the fusing of single, or unit, granules with the plasma membrane, which have dimensions (450–500 nm in diameter, $0.7 \mu m^2$) largely invariant across species. To account for this variability, it has been proposed that GTP γ S evokes the exocytosis of multiples of the unit granule (Elmalek and Hammel, 1987; Hartmann et al., 1995). In human eosinophils, approximately 2 granules are permitted to fuse with each other whereas in horses 7 to 15 is not uncommon (Hartmann et al., 1995). Fusion of unit granules to large mature granules also has been used to explain size differences between mature and immature granules in PC12 cells (Tooze et al., 1991) and mast cells (Hammel et al., 1983, 1985, 1988; Alvarez de Toledo and Fernandez, 1990). The marked discrepancy between species implies that mechanisms exist that govern or limit the maximum number of unit granules that fuse to form the mature granule. It is known that vesicular traffic and intracellular fusion events are controlled by small [e.g., rab, ARF (Balch, 1990)] and heterotrimeric (e.g., G_T/G_q) GTP-binding proteins (Leyte et al., 1992), and, in equine permeabilized eosinophils, Scepek and Lindau (1993) have reported that GTP γ S promotes granule-granule fusion.

Scepek and Lindau (1993) also have monitored the in vitro maturation of human cord blood eosinophils to establish when exocytotic competence is achieved. After 10 days of culture in medium containing IL-3 and IL-5, GTP γ S evokes exocytosis at a time that coincides with the appearance of granules, and after 21 days the magnitude of the exocytotic response is equivalent to that seen in mature peripheral blood eosinophils. Thus, the machinery for exocytosis is in place and can be recruited as soon as granules are formed. Time course experiments have demonstrated that eosinophil maturation from day 10 to day 35 is associated with a marked reduction in plasma membrane area (from 700–400 μm^2) consistent with endocytosis of membrane to form small secretory vesicles.

The activation of Ca^{2+} -activated K^+ channels in human eosinophils has been associated with agonist-induced degranulation (Saito et al., 1997). Submicromolar concentrations of PAF caused activation of single channels that were selectively permeable to K^+ but not to Na^+ or Cl^- (Saito et al., 1997). Agents that increased intracellular Ca^{2+} directly, such as thapsigargin and the ionophores A23187 and ionomycin, produced similar increases in K^+ channel activity, suggesting that they were regulated by Ca^{2+} . Two levels of single-channel activity were observed (10 and 24 pS) that are consistent with the gating of intermediate and small conductance, Ca^{2+} -activated K^+ channels, respectively. The finding that quinidine blocked both K^+ currents and the release of MBP suggests a causal relationship between the electrophysiological and exocytotic responses (Saito et al., 1997).

C. Generation of Lipid Mediators

Eosinophils have the capacity to synthesize an array of phospholipid-derived mediators that have widespread biological actions. Some of the more important products include PAF, LTC_4 , PGE_2 , TX, and LXA_4 . The first stage in lipid mediator biosynthesis is the liberation of free AA from the *sn*-2 position of appropriately esterified membrane phospholipids. This reaction is catalyzed by PLA_2 . Like many enzymes, PLA_2 is a generic term that describes an ever increasing family of proteins, which are immunologically distinct and differ in their mode of regulation and cofactor requirements (Dennis, 1997). The beginning of 1997 saw the classification and partial characterization of nine families of PLA_2 , and two of those (the so-called type IIA and type IV enzymes, often referred to as secretory and cytosolic PLA_2 , respectively) are expressed by human eosinophils (Debbaghi et al., 1992; Zhu et al., 1996; Munoz et al., 1997b; Blom et al., 1998). Secretory PLA_2 's are 13- to 15-kDa secretory enzymes that require Ca^{2+} in the millimolar range for activity, are expressed at a level 20 to 100 times greater in human eosinophils relative to other circulating leukocytes, and are apparently confined to the specific granules and to phagosomes in cells challenged with

opsonized particles (Blom et al., 1998). In contrast, cytosolic PLA_2 is a heavier protein (85 kDa) found exclusively in the cytosol and is catalytically active in the presence of Ca^{2+} in the low micromolar range. Despite the apparently selective localization of secretory PLA_2 to eosinophils, the cytosolic isoform is the most abundant (Munoz et al., 1997b). Although relatively little is known of the specific functions PLA_2 isoforms subserve, a common finding is that cytosolic and secretory PLA_2 both can translocate to the plasma membrane of eosinophils upon appropriate stimulation (Munoz et al., 1997b).

1. Platelet-Activating Factor. Two pathways have been delineated for the formation of PAF. One of these is believed to maintain physiological concentrations of PAF for normal cell function (Chung and Barnes, 1991) and is regulated by choline phosphotransferase that acts directly on ether-linked phospholipids (Snyder, 1987). The other biosynthetic route initially involves the release of lyso-PAF from membrane phospholipids by PLA_2 or an endogenous acyltransferase, which then is acetylated to form biologically active PAF. In human eosinophils, an acetyltransferase (1-*O*-alkyl-2-acetyl-*sn*-glycerol-3-phosphocholine:acetyl-CoA acetyltransferase) has been identified that fulfills this latter function and is transiently activated (4-fold) in a time-, concentration- and $\text{Mg}^{2+}/\text{Ca}^{2+}$ -dependent manner in response to the Ca^{2+} ionophore A23187 and certain chemoattractants such as C5a and fMLP (Lee et al., 1984). The molecular species of PAF generated by human eosinophils are apparently dependent on the stimulus (Triggiani et al., 1992). Gas-chromatographic/mass spectrophotometric analyses of A23187-stimulated eosinophils identified three molecular species of PAF. The predominant form was 1-*O*-hexadecyl-2-acetyl-*sn*-glycerol-3-phosphocholine (16:0) followed by lower amounts of 1-*O*-octadecyl-2-acetyl-*sn*-glycerol-3-phosphocholine (18:0) and 1-*O*-octadecenyl-2-acetyl-*sn*-glycerol-3-phosphocholine (18:1) (Triggiani et al., 1992). In contrast, fMLP promotes only the generation of the 16:0 molecular species in an amount 100 times less than that evoked by the Ca^{2+} ionophore (Triggiani et al., 1992). An enzyme (1-*O*-alkyl-2-lyso-*sn*-glycero-3-phosphocholine:acetyl CoA acetyl hydrolase) that inactivates PAF by converting it back to lyso-PAF also has been described in human eosinophils (Lee et al., 1982) but, unlike the acetyltransferase, it is not up-regulated by the same stimuli (Lee et al., 1984). Eosinophils are perhaps the richest source of PAF among leukocytes. Indeed, both normodense and hypodense eosinophils (purified from individuals with rhinitis, asthma and hypereosinophilic syndromes) produce more PAF than neutrophils (Cromwell et al., 1990).

A number of more physiological/pathophysiological stimuli have the ability to promote PAF formation in human eosinophils including unopsonized zymosan (Burke et al., 1990), C5a (Lee et al., 1984), IgG-coated Sepharose particles (Cromwell et al., 1990), ECF-A tetrapeptides (Lee et al., 1984), and, in hypodense cells, IgE

(Capron et al., 1988b), the majority of which is retained (at least initially) intracellularly (Burke et al., 1990; Cromwell et al., 1990). Equine eosinophils also generate PAF in response to the Ca^{2+} ionophores, A23187 and ionomycin (Asmis and Jorg, 1990).

Lee and colleagues (1982) have reported that the activity of the acetyltransferase that catalyzes the acetylation of lyso-PAF is greater in peripheral blood eosinophils purified from donors with eosinophilia than from normal subjects. However, PAF formation is greater from eosinophils of normal density than from those of the hypodense phenotype (Cromwell et al., 1990). To account for this apparent paradox it is likely that the activity of the acetylhydrolase which deacetylates PAF to lyso-PAF is markedly up-regulated in cells of this phenotype. In addition, Cromwell et al., (1990) noted that the incorporation of [^3H]PAF into phosphatidylcholine was greater in low density eosinophils which would tend to limit the detection of free bioavailable PAF.

2. Cyclooxygenase Products. The initial reactions that ultimately result in the formation of prostaglandins, TX and prostacyclin are catalyzed by the enzyme cyclooxygenase. Two molecules of oxygen are initially inserted into AA to form PGG_2 which is subsequently reduced to its 15-hydroxy analog, PGH_2 , in an endoperoxidase reaction. Western blotting has established that eosinophils constitutively express cyclooxygenase 1 and cyclooxygenase 2 (Lee et al., 1997) although the relative contribution of these isoforms to prostanoid formation has not been studied. Cowburn and coworkers (1998) also have localized both cyclooxygenase isoforms to eosinophils present within biopsies taken from normal subjects and individuals with asthma.

Depending on the cell type or tissue in question, other enzymes then catalyze the biosynthesis of specific prostanoids. Of the five principle products that can be formed following the cyclooxygenation of AA, E-series prostaglandins (Hubscher, 1975a,b; Bruynzeel and Verhagen, 1989) and TX (Foegh et al., 1986) are the only metabolites produced to any significant degree by human eosinophils. However, the absolute amounts released are relatively small compared with human macrophages (Foegh et al., 1986) which raises obvious questions of their importance in allergic reactions. The possibility that platelet contamination is responsible for much of the TX release by eosinophils was excluded by Foegh and colleagues (1986) who obtained comparable results from resting and stimulated human eosinophils obtained from the peritoneal cavity of patients undergoing dialysis. In another study, it was reported that the concentration of PGE_2 recovered from the BAL fluid of two patients with eosinophilic pneumonia was increased and that this was positively related to the degree of eosinophilia (Ogushi et al., 1987). Neither PGD_2 nor prostacyclin are primary eosinophil products although a low level of 6-keto- $\text{PGF}_{1\alpha}$, the initial metabolite of prostacyclin, is elaborated from human peritoneal eosino-

phils (Foegh et al., 1986). Similarly, $\text{PGF}_{2\alpha}$ is not synthesized by eosinophils to any appreciable extent (Parsons and Roberts, 1988) despite its ability to promote bronchoconstriction and the fact that the plasma concentration of $\text{PGF}_{2\alpha}$ is elevated in asthma (Skoner et al., 1988).

Guinea pig peritoneal eosinophils synthesize a similar complement of cyclooxygenase products. Thus, TX and PGE_2 are generated in response to PAF and the Ca^{2+} ionophore A23187 (Hirata et al., 1989; Sun et al., 1989; Giembycz et al., 1990). The effect of PAF is receptor-mediated and reduced, in a concentration-dependent manner by dazmegrel, a TX synthetase inhibitor, with a corresponding increase in the elaboration of PGE_2 indicating that free AA has been diverted to the formation of other prostanoids (Giembycz et al., 1990). C5a , fMLP, and PMA also promote the release of TX and PGE_2 from guinea pig eosinophils (Hirata et al., 1989; Sun et al., 1989; Giembycz et al., 1990).

3. 5-Lipoxygenase Products. Following an appropriate stimulus, 5-lipoxygenase, which resides in the euchromatin region of the nucleus, translocates to the nuclear membrane (Rouzer and Kargman, 1988; Malaviya and Jakschik, 1993; Woods et al., 1994, 1995). There it performs two roles in the early stages of leukotriene generation by a mechanism that requires an additional 18-kDa protein called FLAP (Dixon et al., 1990). First, it catalyzes the formation of 5-HPETE by inserting an oxygen atom into the 5 position of AA; it then transforms 5-HPETE into the unstable epoxide, LTA_4 . Depending on species, either LTB_4 or LTC_4 then is formed under the influence of LTA_4 hydrolase or LTC_4 synthetase respectively. Early studies demonstrated that LTC_4 is the major product of the 5-lipoxygenase pathway in human (Weller et al., 1983; Ziltener et al., 1983; Borgeat et al., 1984; Henderson et al., 1984; Shaw et al., 1984; Verhagen et al., 1984; Bruynzeel et al., 1985a,b), equine (Jorg et al., 1982b), and murine (de Andres et al., 1990, 1991) eosinophils, and an 18-kDa LTC_4 synthetase has since been identified in human eosinophils by Western blotting (Penrose et al., 1995). However, guinea pig (Sun et al., 1989; Hirata et al., 1990) and bovine eosinophils (Freiburghaus and Jorg, 1990) lack LTC_4 synthetase and, instead, contain LTA_4 hydrolase, resulting in the predominant formation of LTB_4 . Guinea pig and murine eosinophils also have the capacity to synthesize 5-HETE (Turk et al., 1983; Hirata et al., 1989; Sun et al., 1989).

LTC_4 synthetase-positive cells are widely distributed in the airway mucosa of normal individuals and subjects with asthma with occasional clusters colocalizing with EG2^+ eosinophils (Cowburn et al., 1998). Indeed, eosinophils are enriched in LTC_4 synthetase and account for approximately 70% of all LTC_4 synthetase-positive cells (Cowburn et al., 1998). Moreover, the expression of this enzyme is elevated in aspirin-intolerant asthmatic subjects in whom aspirin and other nonsteroidal anti-inflammatory agents promote bronchoconstriction (Spec-

tor et al., 1979) through the generation of cysteinyl-leukotrienes (Israel et al., 1993; Austen, 1995; Holgate et al., 1996). FLAP and 5-lipoxygenase similarly have been immunolocalized to eosinophils consistent with their central role in leukotriene biosynthesis (Cowburn et al., 1998).

The development of mature eosinophils from cord blood progenitors is associated with a differential expression of the enzymes that synthesize leukotrienes. Boyce et al. (1996) reported that immature cultured progenitors lacked mRNA and protein for LTC₄ synthetase after 7 days of culture and did not generate LTC₄ in response to A23187 despite the presence of cytosolic PLA₂, FLAP and 5-lipoxygenase. However, at day 14, 94% of cells were of the eosinophil lineage and contained mRNA and protein for LTC₄ synthetase, and responded to A23187 with LTC₄ formation (Boyce et al., 1996). Further maturation of eosinophils up to day 28 then was associated with the enhanced expression of LTC₄ synthetase, FLAP, 5-lipoxygenase, and LTC₄ (Boyce et al., 1996).

Little is known of the intracellular mechanism regulating LTC₄ synthesis and release. However, it is established that LTC₄ is initially produced intracellularly (Owen et al., 1987; Mahauthaman et al., 1988) in human eosinophils stimulated with A23187, which then is exported from the cell via a regulated and saturable mechanism (Lam et al., 1989). In addition, a preliminary report implicates cytosolic PLA₂ in leukotriene formation based on the observation that trifluoromethylketone, a selective inhibitor of this enzyme, blocks fMLP-induced LTC₄ generation (Munoz et al., 1997b).

A number of stimuli have been found to stimulate LTC₄ release from eosinophils, the most potent of these being the Ca²⁺ ionophore A23187 (Table 18). A comparison of A23187-induced LTC₄ release from eosinophils obtained from patients with asthma or related allergic diseases and normal subjects has produced conflicting

results although, in general, LTC₄ release is increased in asthma (Taniguchi et al., 1985; Kauffman et al., 1987; Hodges et al., 1988; Schauer et al., 1989, 1990, 1995; Wang et al., 1989; Aizawa et al., 1990; Kohi et al., 1990; Roberge et al., 1990; Bruijnzeel et al., 1993b; Laviolette et al., 1995; Shindo et al., 1996). It is possible that differences in sensitivity to A23287 reflect changes in the density profile of eosinophil populations (Weller, 1993), suggesting that they have been exposed in vivo to priming agents. Indeed, a number of studies have reported that hypodense eosinophils secrete larger quantities of LTC₄ than normodense cells following A23187 stimulation (Hodges et al., 1988; Roberge et al., 1990; Schauer et al., 1990; Bruijnzeel et al., 1993b). In addition, A23187-induced LTC₄ generation in vitro is enhanced by PAF (Schauer et al., 1990; Shindo et al., 1996), fibronectin (Yoshida et al., 1995), and IL-3/IL-5/GM-CSF (Laviolette et al., 1995) in eosinophils obtained from asthmatic subjects but not from normal individuals.

4. 12-Lipoxygenase Products. 12-Lipoxygenase was identified in murine eosinophils in 1983 (Turk et al., 1983) and this was subsequently confirmed (Nakamura et al., 1995). It has been suggested that following the formation of 12-HPETE from AA, a glutathione peroxidase may catalyze the production of 12-HETE (Spector et al., 1988). However, although 12-HETE is produced by both murine (Turk et al., 1983; Brash et al., 1985) and porcine eosinophils (Brash et al., 1985), it is not a major metabolite (Spector et al., 1988). 12-HETE is not well studied but it may be chemotactic for eosinophils (Goetzl et al., 1977; Rand et al., 1982).

5. 15-Lipoxygenase Products. Eosinophils are unique granulocytes in that they express catalytically active amounts of 15-lipoxygenase, in addition to 5-lipoxygenase (Sigal et al., 1988b,c). It has been proposed that 15-lipoxygenase might exist in multiple forms (Izumi et al., 1991) although no differences have been found be-

TABLE 18
Stimuli causing the induction and/or enhancement of LTC₄ release from eosinophils

Stimuli	Potency	Enhancing Factor	Reference(s)
A23187	High	PAF, PMA, TNF α , IL-3, IL-5, GM-CSF, monocyte-derived factors, coculture with endothelial cells	Jorg et al. (1982b); Weller et al. (1983); Ziltener et al. (1983); Borgeat et al. (1984); Henderson et al. (1984); Shaw et al. (1984); Verhagen et al. (1984); Bruynzeel et al. (1985a,b); Dessein et al. (1986); Silberstein et al. (1986); Elsas et al. (1987); Owen et al. (1987); Rothenberg et al. (1987, 1988, 1989); Roubin et al. (1987); Mahauthaman et al. (1988); Tamura et al. (1988); Howell et al. (1989); Burke et al. (1990); Fabian et al. (1992a); Nagata et al. (1995b)
Opsonized zymosan	Low	fMLP, PAF	Bruynzeel et al. (1985a, 1987); Kauffman et al. (1987); Mahauthaman et al. (1988); Burke et al. (1990)
fMLP	Low	TNF α , IL-3, IL-5, GM-CSF	Fitzharris et al. (1986); Owen et al. (1987, 1991); Takafuji et al. (1991, 1992, 1995); White et al. (1993)
PAF	Low	Inhibited by NGF	Takafuji et al. (1992)
IgG-coated particles	Low		Weller et al. (1983); Kajita et al. (1985); Bruynzeel et al. (1986, 1987); Tamura et al. (1988); Miyagawa et al. (1992); Dent et al. (1998)
IgG <i>Aspergillus fumigatus</i> antigen immune complex	Low		Shaw et al. (1985)
IgG/IgE binding to schistosomula	Low		Cromwell et al. (1988)
			Moqbel et al. (1990a)

tween the enzyme in human lung or reticulocytes (Sigal et al., 1992). Unlike 5-lipoxygenase, which prefers free AA as substrate, mammalian 15-lipoxygenase will oxygenate, in addition, linoleic acid, polyenoic acids esterified in phospholipids, and even more elaborate lipid complexes such as lipoproteins and biomembranes (Jung et al., 1985; Kuhn et al., 1990; Ford-Hutchinson, 1991; Belkner et al., 1993). Eosinophils also have been reported to preferentially synthesize 13-HODE from linoleic acid (Engels et al., 1996). A FLAP-like docking protein is not required for 15-lipoxygenase activity (Brinckmann et al., 1998).

Human eosinophil 15-lipoxygenase is constitutively expressed by eosinophils and exists predominantly (75–90%) as a cytosolic enzyme (Sigal et al., 1988c; Brinckmann et al., 1998) expressed in close apposition to the plasma membrane (Brinckmann et al., 1998). It has been purified to electrophoretic homogeneity from human eosinophils (Sigal et al., 1988b,c) and the same enzyme from human reticulocytes has been cloned (Sigal et al., 1988a) and expressed in eucaryotic cells. The reticulocyte variant is a 70-kDa protein that is distinct from, but shares homology with, other lipoxygenases, and is now recognized as a member of the LTA₄ synthetase family of proteins (MacMillan et al., 1994). In the presence of phosphatidylcholine or Ca²⁺, 15-lipoxygenase is stimulated whereas ATP competitively blocks enzyme activation (Sigal et al., 1988b). This mode of regulation differs from the activity of human leukocyte 5-lipoxygenase, which is enhanced by ATP (Rouzer and Samuelsson, 1985). Immunoelectron microscopy of human eosinophils has demonstrated an increase in membrane-associated 15-lipoxygenase in response to A23187. Moreover, RP-HPLC of hydrolyzed lipid membranes resolved 15-HETE in an amount that was significantly greater than that present in untreated eosinophils (Brinckmann et al., 1998). Significantly, 15S-HETE dominated over the corresponding 15R antipode, indicating that it was formed by 15-lipoxygenase and not nonenzymatically (Brinckmann et al., 1998).

A histological study of biopsies obtained by fiber-optic bronchoscopy has localized 15-lipoxygenase-immunoreactive cells to the airway submucosa of normal and asthmatic subjects (Bradding et al., 1995). The majority (85%) of the cells was eosinophils and the number was elevated in tissue taken from asthmatic individuals (Bradding et al., 1995). Those data are consistent with the localization of the 15-lipoxygenase gene to human eosinophils and confirms that the expression of this gene displays a restricted tissue/cell specificity. It is of interest that the 5'-flanking region of the 15-lipoxygenase gene contains a cluster of three binding sites for the GATA family of transcription factors (O'Prey and Harrison, 1995), providing further support for the latter in eosinophil gene regulation (see Zon et al., 1993; Yamaguchi et al., 1998).

The lipid intermediate 15-HPETE is the primary product produced following the hydroperoxidation of AA acid by 15-lipoxygenase and can be converted subsequently into a number of biologically active mediators including 15-HETE. Studies by a number of investigators have found that the level of 15-HETE produced by human eosinophils or by purified eosinophil 15-lipoxygenase is 100 to 300 times higher than that found in neutrophils, endothelial cells, fibroblasts, and HL-60 cells (Sigal et al., 1988b; Holtzman et al., 1989; Morita et al., 1990a). Those findings support the results of other experiments where 15-HETE and additional 15-lipoxygenase products were identified as the predominant eicosanoids found in human eosinophils (Maas et al., 1981; Turk et al., 1982; Henderson et al., 1984; Brash et al., 1985; Smith et al., 1987; Nadel et al., 1991). Murine eosinophils also produce 15-HETE (Turk et al., 1983).

Other AA-derived 15-lipoxygenase products that have been identified in human, porcine, and murine eosinophils include the dihydroxyeicosatetraenoic acids, 8,15-diHETE and 14,15-diHETE (Maas et al., 1981; Turk et al., 1983; Henderson et al., 1984). Additionally, 5,15-diHETE and the lipoxins also may be produced by the sequential action of 5'- and 15'-lipoxygenases (Holtzman, 1991).

6. Lipoxins. In eosinophil-rich granulocytes stimulated with A23187, the initial stages of lipoxin formation involve the sequential lipoxygenation of free AA by 15- and 5-lipoxygenase that produce 15-HPETE and 5,15-diHPETE, respectively. LXA₄, but not LXB₄, is subsequently produced via the formation of a 5(6)-epoxide tetraene intermediate (Serhan et al., 1987). Why eosinophils fail to synthesize LXB₄ is not understood but this may simply reflect the activities of the endogenous lipoxygenases; alternatively, LXB₄ may normally be formed from intercellular interactions between eosinophils and other leukocytes (Weller, 1993).

Steinhilber and Roth (1989) also have reported that AA- and HETE-treated eosinophils generate another series of lipoxins when exposed to A23187 that they named LXC₄, LXD₄, and LXE₄. These "new" members also are believed to result from sequential lipoxygenation of AA by 5- and 15-lipoxygenase and an additional enzyme, glutathione-S-transferase. Thus, LXC₄, like LTC₄, contains glutathione and is formed via conjugation of a 5(6)-epoxide tetraene intermediate. LXD₄ and LXE₄ are produced by sequential peptidolytic cleavage of the glutathione moiety in a manner analogous to the formation of LTD₄ and LTE₄ by reactions catalyzed by γ -glutamyl-transferase and dipeptidase, respectively. It is noteworthy that A23187 preferentially promotes LTC₄ formation in human eosinophils unless AA or HETE are present, in which case the lipoxins predominate (Steinhilber and Roth, 1989).

The level of LXA₄ is elevated in the BAL fluid of asthmatic subjects (Lee et al., 1990) which tempts speculation that the eosinophil is a potential source.

7. *Lipid Bodies as Sites of Eicosanoid Formation.* As described in the previous sections, the nuclear envelope, plasmalemma and/or endoplasmic reticulum, are viewed as primary sites for arachidonyl-containing phospholipids that can be attacked by phospholipases to liberate free AA. However, evidence accrued over the last decade has provided increasing evidence that eicosanoid formation within eosinophils and other leukocytes is further compartmentalized to specialized intracellular cytoplasmic inclusions that have been designated lipid bodies, and it has been hypothesized that the different sites of synthesis might relate to different autocrine and paracrine functions of eicosanoids (Serhan, 1996; Smith et al., 1996a). Low numbers of lipid bodies are normally found in eosinophils. However, in inflammatory disorders including asthma and Crohn's disease and in syndromes associated with hypereosinophilia, lipid bodies increase in size and frequency (Solley et al., 1976; Weller and Dvorak, 1985; Weller et al., 1991a; Beil et al., 1995; Bozza et al., 1997a,b, 1998), providing increased substrate for the liberation of free AA.

Lipid bodies are not simply formed in response to increased availability of lipid precursors. *cis*-Unsaturated fatty acids, proinflammatory mediators, such as PAF, and pharmacological agents that activate PKC all effectively promote lipid body formation (Weller et al., 1989, 1991a; Bozza et al., 1996a,b, 1998). In neutrophils and eosinophils, PAF promotes lipid body formation in a concentration-dependent manner by a mechanism that is blocked by apafant and PTX, indicating that activation of G_i-coupled, cell surface receptors mediate this effect (Bozza et al., 1996a, 1997b). Moreover, lyso-PAF, the direct precursor and metabolite of PAF that does not have efficacy at the PAF receptor, is inactive (Bozza et al., 1996a, 1997a). Curiously, other agonists that act at G protein-linked receptors including LTB₄, C5a, fMLP, and IL-8 are without effect (Bozza et al., 1996a), implying that specific signal transduction pathways need to be recruited for effective lipid body formation. In this respect, PLC and PKC seem to play a central role as inhibitors of these enzymes suppress lipid body generation evoked by PAF and *cis*-unsaturated fatty acids (Weller et al., 1991a; Bozza et al., 1996a,b, 1997a, 1998). In addition, actinomycin D and cycloheximide abolish induced lipid body formation in eosinophils, indicating a requirement for new protein synthesis (Bozza et al., 1996a,b, 1997a). Phosphorylation on tyrosine residues also is important for PAF-induced lipid body formation in eosinophils (Bozza et al., 1998). Curiously, this mechanism is restricted to cells harvested from individuals with hypereosinophilic syndrome although sensitivity to tyrosine kinase inhibitors can be conferred to normal eosinophils after their culture in a mixture of IL-3, IL-5, and GM-CSF (Bozza et al., 1998). Thus, lipid body formation can be differentially regulated.

Additional and necessary evidence to support a role of lipid bodies in localized eicosanoid formation in eosino-

phils derives from several pieces of evidence. Electron microscopic autoradiography has demonstrated that [³H]AA is incorporated into lipid bodies where it is esterified almost totally in glycerolipids, primarily phosphatidylcholine and phosphatidylinositol (Weller and Dvorak, 1985; Weller et al., 1991a). Furthermore, immunocytochemistry allied with immunoblotting has established that many of the enzymes required for AA release and metabolism are colocalized in lipid bodies including cytosolic PLA₂, 5-lipoxygenase, 15-lipoxygenase, cyclooxygenase, and LTC₄ synthetase (Dvorak et al., 1992b, 1994; Weller and Dvorak, 1994; Bozza et al., 1997a, 1998). In U937 promonocytic cells, a number of upstream enzymes that are known to regulate cytosolic PLA₂ including ERK-1, ERK-2, and p38 MAP kinase also have been localized to lipid bodies (Yu et al., 1998).

Significantly, studies with eosinophils and neutrophils have demonstrated a positive correlation between PAF- and *cis*-unsaturated fatty acid-induced lipid body formation and the elaboration of cyclooxygenase and 5-lipoxygenase products. Conversely, agents that suppress lipid body formation, such as actinomycin D and cycloheximide, attenuate this response (Bozza et al., 1996a,b, 1997a). The changes in eicosanoid biosynthesis appear to be specifically related to the number of lipid bodies within cells, rather than to changes in the nuclear pool of eicosanoid-forming enzymes, since identical results are obtained in enucleated eosinophil cytoplasts (Bozza et al., 1997a).

Pharmacological experiments have been performed on the regulation of lipid body formation, given their putative role in inflammation. In neutrophils, the induction of lipid bodies by PAF is blocked by the 5-lipoxygenase inhibitor, zileuton, and the FLAP antagonist MK886 (Bozza et al., 1996a). In contrast, lipid body formation evoked by *cis*-unsaturated fatty acids is independent of 5-lipoxygenase but is inhibited by nonsteroidal anti-inflammatory drugs such as indomethacin and aspirin. This effect does not involve cyclooxygenases 1 or 2 because sodium salicylate, which does not block prostanoid formation, is equally active (Bozza et al., 1996b).

D. Generation of Cytokines

mRNA transcripts and protein for a plethora of cytokines have been identified in human eosinophils (see Table 4). However, a comparison of the literature clearly highlights marked differences between independent investigations (see below). Perhaps this is not surprising given that the source (e.g., blood, BAL fluid, tissue) of eosinophils varies markedly between studies. Moreover, disease status clearly will have a major impact on the expression of certain cytokines possibly through the generation of phenotypically heterogeneous eosinophil populations akin to Th₁ and Th₂ CD4⁺ T lymphocytes originally described in the mouse.

1. *Interleukin-1α.* Protein and mRNA transcripts for IL-1α have been detected in eosinophils obtained from

hypereosinophilic human donors that are up-regulated by the phorbol diester PMA (Weller et al., 1993). Studies with murine eosinophils have shown that IL-1 α mRNA is detected 6 h after treatment with LPS while continued exposure (18–24 h) of the cells results in extracellular protein release (del Pozo et al., 1990).

2. *Interleukin-2*. Both IL-2 mRNA and protein have been detected in circulating human eosinophils (Bosse et al., 1996; Levi Schaffer et al., 1996). Using the technique of immunocytochemistry, Levi Schaffer et al. (1996) found that 6.8% of eosinophils from atopic asthmatic individuals exhibited granular staining, whereas the frequency increased to 36% in severe atopic asthmatic subjects (Bosse et al., 1996). IL-2 is localized to the crystalloid core of the secondary granules (Levi Schaffer et al., 1996) where it is seemingly stored together with other cytokines and MBP (Fig. 11). Freshly prepared, unstimulated eosinophils contain approximately 6 pg of IL-2/10⁶ cells that is reported to increase to 26 pg/10⁶ cells in response to serum-coated Sephadex beads; a small amount of IL-2 (2 pg/10⁶ cells) also is released extracellularly (Levi Schaffer et al., 1996).

3. *Interleukin-3*. Freshly prepared human eosinophils from nonatopic, nonasthmatic subjects do not express IL-3 mRNA (Nakajima et al., 1996). However, prolonged exposure of the same cells to ionomycin (Kita et al., 1991d), IFN- γ (Fujisawa et al., 1994), and IL-13 (Horie et al., 1997b), as well as VLA-4-dependent binding to immobilized fibronectin (Anwar et al., 1993; G. M. Walsh et al., 1995) all have been shown to stimulate the release of IL-3 indicative of gene induction. In each investigation, IL-3 was identified indirectly by the demonstration that neutralizing anti-IL-3 antibodies blocked the enhancement of eosinophil survival. TNF α and immobilized immunoglobulins also promote IL-3 mRNA expression by a mechanism that is enhanced by IL-5 (Nakajima et al., 1996).

4. *Interleukin-4*. A number of independent investigators have reported that IL-4 mRNA and protein are expressed in peripheral blood and tissue eosinophils (Moqbel et al., 1995; Nonaka et al., 1995; Bjerke et al., 1996; Moller et al., 1996a; Nakajima et al., 1996; Ying et al., 1997). Experiments aimed at localizing IL-4 protein have established that it is costored within the electron-dense crystalloid core of the secondary granules (Moqbel et al., 1995; Moller et al., 1996a) with IL-2 and GM-CSF (Fig. 11). In one study, 22% of eosinophils taken from atopic asthmatic subjects were IL-4⁺ and contained approximately 108 pg/10⁶ cells (Moqbel et al., 1995). An examination of skin biopsies obtained from atopic individuals during the LPR (Moqbel et al., 1995) and from nasal polyp tissue (Nonaka et al., 1995) suggests that the inflammation is associated with the infiltration of IL-4-expressing eosinophils. Thus, Moqbel et al. (1995) and Nonaka et al. (1995), respectively, demonstrated that 85% of eosinophils obtained from skin biopsies and up to 44% of the eosinophils in nasal polyps were IL-4⁺. Freshly isolated circulating eosinophils purified from normal donors also constitutively express IL-4 albeit at a lower level (20–25 pg/10⁶ cells). However, culture of those cells for 24 h in medium alone, or in the presence of stimuli (secretory IgA, IgG) that can evoke degranulation, results in the loss of stored IL-4 without a commensurate release into the extracellular medium (Nakajima et al., 1996). In contrast, secretory IgA immune complexes and serum-coated particles increase both IL-4 mRNA expression in (Nonaka et al., 1995) and release from (Moqbel et al., 1995; Nonaka et al., 1995) eosinophils obtained from allergic individuals. The reason for this discrepancy is unclear although it is possible that the secreted IL-4 from “normal” eosinophils is, for some reason, more rapidly degraded by eosinophil-derived proteinases than the IL-4 released from “allergic” cells (Nakajima et al., 1996). Intriguingly, IL-5 attenuates the reduction in IL-4 seen in cells cultured in medium alone, suggesting that it enhances the biosynthesis and/or the storage of IL-4 (Nakajima et al., 1996).

The magnitude of IL-4 release from human eosinophils clearly suggests that it is of physiological relevance (Moqbel et al., 1995; Nonaka et al., 1995). It is well established that IL-4 can enhance the local production of IgE, up-regulate VCAM-1 expression upon endothelial cells and induce the local chemotaxis of eosinophils (see *XII.A.3*). In addition, a study using mice infected i.p. with *Schistosoma mansoni* eggs showed that eosinophil-derived IL-4 rises rapidly which has led to the suggestion that it may be required for the priming of T lymphocytes and the expression of the Th2 phenotype (Sabin et al., 1996).

5. *Interleukin-5*. The hematopoietic cytokine IL-5 has been detected at the mRNA and protein level in blood and tissue eosinophils obtained from patients with a range of inflammatory diseases. Initial studies were able to demonstrate IL-5 mRNA in the eosinophils infil-

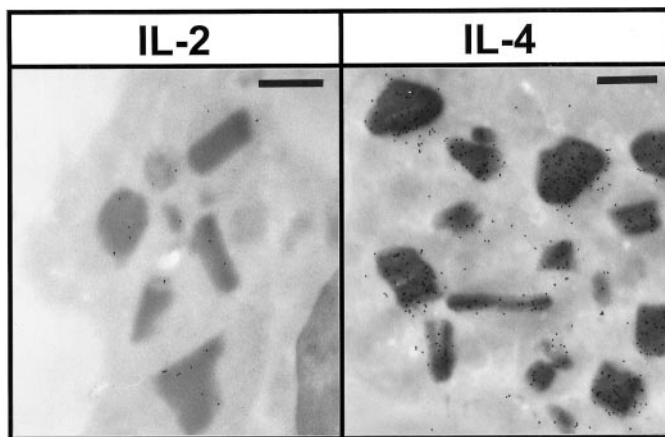


FIG. 11. Immunogold labeling of embedded intact purified human eosinophils of IL-2- and IL-4-like immunoreactivity. Note the preferential distribution of gold particles over the specific granules. Bars: IL-2, 500 nm. Original magnification, 38,000 \times ; IL-4, 500 nm. Original magnification, 35,000 \times . See *XII.D* for further details.

trating the mucosa of four patients with coeliac disease as well as in the circulating cells of three of those individuals (Desreumaux et al., 1992). Similarly, Broide et al. (1992) found that 68% of eosinophils recovered from the BAL fluid of asthmatic subjects following allergen challenge contained IL-5 mRNA. In other investigations, IL-5 mRNA and protein have been localized to eosinophils found in heart sections from patients with eosinophilic endomyocarditis (Desreumaux et al., 1993) and in blood and tissue eosinophils obtained from individuals with eosinophilic cystitis and hypereosinophilic disease (Dubucquoi et al., 1994). In contrast to the aforementioned studies, IL-5 mRNA was not detected in circulating eosinophils obtained from normal individuals (Nakajima et al., 1996) or, surprisingly, from subjects with Crohn's disease (Dubucquoi et al., 1994). Thus, subpopulations of eosinophils may exist (Lamkhioed et al., 1995b) that can be distinguished on the basis of their cytokine profiles.

Cell localization studies have established that IL-5 is stored within the crystalloid core of the secondary granules (Dubucquoi et al., 1994; Moller et al., 1996b) and can be released following incubation of eosinophils with IgA, IgE, and IgG immune complexes, or following VLA-4-mediated adherence to fibronectin-coated plates (Dubucquoi et al., 1994; G. M. Walsh et al., 1995).

6. *Interleukin-6*. IL-6 mRNA is constitutively expressed in circulating eosinophils obtained from normal and hypereosinophilic individuals (Hamid et al., 1992; Melani et al., 1993) where it is stored within the matrix of the specific granules (Lacy et al., 1998). Hamid et al., (1992) have reported that culture of human eosinophils for 24 h with IFN γ significantly increases the elaboration of IL-6 into the surrounding medium; presumably this effect is the result of the associated increase in the number of eosinophils expressing IL-6 mRNA and stored protein. Interestingly, up-regulation of IL-6-like immunoreactivity in human eosinophils occurs very rapidly (within minutes) which might point to an important action of IFN γ in the translation of preexisting IL-6 mRNA (Lacy et al., 1998).

7. *Interleukin-10*. The inhibitory cytokine, IL-10, is constitutively expressed in some, but not all, human circulating eosinophils at the mRNA (Lamkhioed et al., 1995b) and protein level (Lamkhioed et al., 1995b; Nakajima et al., 1996). However, consistent with data obtained for IL-4 (Nakajima et al., 1996), culture of eosinophils for 24 h in medium alone or medium supplemented with immobilized secretory IgA or IgG resulted in a loss of intracellular IL-10 in the absence of extracellular release. Similar experiments performed in the presence of IL-5 prevented the loss of IL-10 in eosinophils incubated with media and TNF α [but not immobilized secretory IgA or IgG (Nakajima et al., 1996)].

8. *Interleukin-12*. Neither atopic nor nonatopic individuals constitutively express mRNA for the p35 or p40 subunits of IL-12 and this is reflected by little, if any,

secreted IL-12 protein (Grewe et al., 1998). However, significant mRNA and biologically active IL-12 expression has been observed following culture of eosinophils with IL-4, GM-SCF, and, to a lesser extent, TNF α and IL-1 (Grewe et al., 1998). IL-5 also is active in this respect in some individuals (Grewe et al., 1998). In contrast, RANTES selectively up-regulates mRNA for the p40 subunit of IL-12 without having an effect on p35 message or protein (Grewe et al., 1998). Based on these data it is logically speculated that eosinophil-derived IL-12 may switch the immune response from a Th1 to a Th2-like state (Grewe et al., 1998) although this outcome is not inevitable since IL-12 can enhance chemokine generation in certain circumstances (Pearlman et al., 1997). See *XI.E* for further details.

9. *Interleukin-16*. In 1996 a "lymphocyte chemotactic factor" was identified in the supernatants of cultured eosinophils and was shown, by use of neutralizing antibodies, to be IL-16 (Lim et al., 1996). Constitutive expression of mRNA transcripts and protein was subsequently found in human eosinophils (Lim et al., 1996) and a more contemporary investigation established that IL-16 is present in the airways of asthmatic subjects after histamine challenge, indicating a possible role in the early infiltration of CD4⁺ T cells (Mashikian et al., 1998). Similar data have been reported in a murine model of allergic asthma where IL-16 appears to be involved in up-regulating IgE production and in airways hyperresponsiveness (Hessel et al., 1998).

10. *Interferon- γ* . Lamkhioed and colleagues (1995b) have demonstrated that some eosinophils express mRNA and protein for IFN- γ . By use of double in situ hybridization or double immunostaining, the same investigators reported that eosinophils never coexpressed IL-5 and IFN γ , tempting speculation of different eosinophil phenotypes secreting distinct patterns of cytokines.

11. *Tumor Necrosis Factor α* . mRNA for TNF α has been detected in eosinophils present within nasal polyps (Costa et al., 1993; Finotto et al., 1994), the intestinal mucosa of patients with necrotizing enterocolitis (Tan et al., 1993), and the circulation of normal and hypereosinophilic subjects (Costa et al., 1993; Nakajima et al., 1996). Consistent with these data is the demonstration of TNF α in circulating eosinophils obtained from hypereosinophilic patients (Costa et al., 1993), where it has been immunolocalized to the matrix of the secondary granules (Beil et al., 1993). Moreover, TNF α is spontaneously secreted by human eosinophils in a cycloheximide-sensitive manner, indicating de novo translation of mRNA (Costa et al., 1993), and this effect is enhanced by LPS (Takanaski et al., 1994). Curiously, TNF α has not been found in circulating eosinophils purified from "normal" individuals (Beil et al., 1993), suggesting that the blood of subjects with hypereosinophilia contains stimuli that promote translation of TNF α mRNA transcripts.

12. *Granulocyte/Macrophage Colony-Stimulating Factor*. mRNA transcripts for GM-CSF have been detected in circulating eosinophils of both normal (Nakajima et al., 1996) and atopic asthmatic individuals (Moqbel et al., 1991), although the corresponding immunoreactive protein has not always been found even after allergen challenge (O'Sullivan et al., 1996). However, it is reported that a significant number (45%) of eosinophils recovered from the BAL fluid of allergen-challenged asthmatic subjects give a positive signal for GM-CSF mRNA (Broide et al., 1992; Sullivan and Broide, 1996). Similarly, a related study found that 30% of eosinophils in tissue sections prepared from individuals with nasal polyposis expressed GM-CSF mRNA (Ohno et al., 1991). On balance, those data might indicate that relatively few eosinophils are GM-CSF⁺ in the blood of normal volunteers and subjects with allergy but that expression increases upon their migration into tissue where the autocrine production of GM-CSF is required to prolong longevity.

Eosinophils obtained from atopic asthmatics contain about 15 pg/10⁶ of GM-CSF that is localized to, and apparently stored within, the core of secretory granules (Levi Schaffer et al., 1995). Moreover, the release of GM-CSF from eosinophils can be effected by ionomycin (Kita et al., 1991d), LPS (Takanashi et al., 1994), IFN γ (Moqbel et al., 1991), ligation of CD40 (Ohkawara et al., 1996), and CD9 (Kim et al., 1997) or following adherence of eosinophils to immobilized fibronectin (Anwar et al., 1993; G. M. Walsh et al., 1995).

13. *Macrophage Migration Inhibitory Factor*. Macrophage migration inhibitory factor (MIF) is a proinflammatory cytokine secreted by a variety of cells including human eosinophils (Rossi et al., 1998). Unstimulated eosinophils do not constitutively secrete MIF but the phorbol diester PMA and more physiological stimuli (IL-5 and C5a) are effective secretagogues. PMA-induced MIF secretion is significantly attenuated by the protein synthesis inhibitor cycloheximide, and an inhibitor of PKC, Ro 31-8220. In the context of airways inflammation, it is significant that the BAL fluid of asthmatic subjects contains elevated levels of MIF when compared to that of nonatopic normal volunteers. The possibility that MIF plays a pathogenic role in eosinophil-based inflammatory disorders merits investigation.

E. Generation of Chemokines

1. *Interleukin-8*. Attempts to demonstrate the presence of IL-8 in human eosinophils have yielded inconsistent data. For example, Yousefi et al. (1995) found that IL-8 mRNA and protein were constitutively expressed in eosinophils purified from the blood of normal subjects and that the latter was elevated in eosinophils obtained from patients with bronchial asthma and atopic dermatitis. However, a subsequent investigation failed to verify the presence of IL-8 mRNA in normal eosinophils and reported only very low levels of immunoreactive protein (Nakajima et al., 1996). Despite these marked discrep-

ancies, eosinophils are capable of synthesizing IL-8 in response to appropriate stimuli. Thus, immobilized secretory IgA or IgG, soluble secretory IgA, and TNF α all increase IL-8 mRNA copy number and evoke secretion which is augmented by IL-5 and suppressed by actinomycin D (Nakajima et al., 1996). Similarly, ionomycin promotes a robust secretion of IL-8 from human eosinophils, in an amount significantly greater than IL-3 and GM-CSF, and is accompanied by a cycloheximide-sensitive appearance of IL-8 mRNA (Braun et al., 1993). A number of other stimuli promote IL-8 release, including LPS (Takanashi et al., 1994), MBP (Kita et al., 1995) and, in the presence of cytochalasin, B, C5a, and fMLP (Miyamasu et al., 1995). C5a-induced IL-8 secretion is enhanced in eosinophils primed with IL-3 and IL-5 (Miyamasu et al., 1997).

2. *Macrophage Inflammatory Protein 1 α* . Macrophage inflammatory protein-1 α mRNA has been identified in 39 to 91% of circulating eosinophils obtained from patients with hypereosinophilic syndrome as well as in most eosinophils found in nasal polyp tissue (Costa et al., 1993). However, these results contrast with the very low expression of MIP-1 α mRNA in circulating eosinophils from normal patients (Costa et al., 1993).

3. *RANTES*. Human eosinophils have the capacity to synthesize, store, and secrete biologically active concentrations of RANTES. Constitutive expression of mRNA (and/or protein) has been reported by a number of investigators (Lim et al., 1996; Ying et al., 1996; Nakajima et al., 1996), and it has been estimated that atopic individuals contain approximately 7 ng of RANTES/10⁶ blood eosinophils and that approximately 24% of that is released in response to serum-coated particles (Ying et al., 1996). In the context of allergic reactions, it is significant that a study by Ying and colleagues (1996) found that 7 to 10% and 4 to 17% of eosinophils expressed RANTES mRNA and protein, respectively, and that this was increased to 22 to 30% and 11 to 20% following in vitro stimulation (16 h) with IFN γ . The expression of RANTES mRNA also has been observed in sensitized human subjects. Sequential immunocytochemistry and in situ hybridization on biopsies from allergen-induced cutaneous LPRs showed that 55 to 75% of the infiltrating RANTES⁺ cells were EG2⁺ eosinophils (Ying et al., 1996). Eosinophils might, therefore, represent an important source of RANTES with relevance to allergic inflammation.

4. *Eotaxin*. Nakajima et al. (1998) have reported that human eosinophils from normal, nonatopic individuals express granule-associated eotaxin that is released by a number of secretagogues including C5a and ionomycin. The finding that eosinophils also store IL-5 strongly supports the idea that eosinophil-derived eotaxin and IL-5 could contribute to the local accumulation of eosinophils to inflammatory loci and to their enhanced survival.

F. Generation of Growth Factors

1. *Transforming Growth Factor α* . Transforming growth factor α was first identified in eosinophils within the interstitial tissue adjacent to colonic adenocarcinomas and oral squamous cell carcinomas, and subsequent experiments, measuring mRNA, extended that finding to 80% of circulating eosinophils in patients with idiopathic hypereosinophilic syndrome (Wong et al., 1990). However, evidence both for (Walz et al., 1993; Brach et al., 1994) and against (Wong et al., 1990) constitutive expression of TGF α in eosinophils from normal healthy individuals has been published, suggesting that factors other than disease can govern its biosynthesis. In vivo, TGF α mRNA-expressing eosinophils have been found in eosinophil-associated wound healing in rabbit (Todd et al., 1991) and hamster (Wong et al., 1993) skin and in the hamster cheek pouch mucosa during malignant transformation (Elovic et al., 1990; Ghiabi et al., 1992). Similarly, the majority of eosinophils in tissue sections of nasal polyps express both TGF α mRNA and immunoreactive protein (Elovic et al., 1994). Little is known of the regulation of TGF α synthesis and secretion although Brach et al. (1994) and Walz et al. (1994) have found that certain cytokines (IL-3, IL-5, GM-CSF) relevant to the pathogenesis of Th2-driven immune responses enhance TGF α mRNA and protein expression.

2. *Transforming Growth Factor β_1* . mRNA transcripts and protein for the multifunctional cytokine TGF- β_1 have been found in peripheral blood eosinophils of patients with idiopathic hypereosinophilic syndrome and asthma (Wong et al., 1991; Ohno et al., 1992, 1996). In addition, the complementary techniques of in situ hybridization and immunocytochemistry have been used to localize TGF β_1 mRNA and protein to tissue eosinophils associated with nasal polyposis (Elovic et al., 1994) and nodular sclerosing Hodgkin's disease (Kadin et al., 1993). Those observations have led to the proposal that eosinophil-derived TGF β_1 may contribute to some of the pathological alterations (thickening of epithelial basement membrane, glandular hyperplasia, stromal fibrosis, angiogenesis) observed in nasal polyposis and in the histogenesis of nodular sclerosing Hodgkin's disease. Other abnormalities where eosinophil-derived TGF β_1 is seen include severe asthma, where it is overexpressed in bronchial biopsies, and in a hamster model of eosinophil-associated wound healing (Wong et al., 1993). Circulating eosinophils from normal healthy subjects do not express TGF β protein (Wong et al., 1991).

3. *Platelet-Derived Growth Factor*. Asthma and nasal polyposis can be associated with tissue remodeling, which include stromal deposition of extracellular matrix proteins, airways smooth muscle hypertrophy and hyperplasia, and subbasement deposition of collagen. Of the varied mediators that can contribute to this metamorphosis, PDGF is believed to be pivotal, and the eosinophil is likely to be a rich source of this growth factor

given the high number present within these tissues. Indeed, almost all resident eosinophils in nasal polyps and lung biopsies taken from severe asthmatic sufferers express mRNA for the B chain of PDGF (Ohno et al., 1995). Regulation of the PDGF gene is little studied although the Ca²⁺ ionophore A23187 significantly increases PDGF-B mRNA transcripts and immunoreactivity in peripheral blood eosinophils (Ohno et al., 1995).

4. *Heparin-Binding, Epidermal Growth Factor-Like Growth Factor*. Heparin-binding, epidermal growth factor-like growth factor (HB-EGF), a member of the EGF family of growth factors, is a mitogen for fibroblasts and smooth muscle cells. Powell and colleagues (1993) have shown by histochemistry that following the induction of pulmonary hypertension in rats exposed to high oxygen and normobaric pressure there is eosinophil accumulation and clustering around lung microvessels and a 100-fold increase in the expression of HB-EGF mRNA transcripts. The possibility that eosinophil-derived HB-EGF contributes to the thickening of lung microvessels by stimulating vascular smooth muscle hypertrophy and hyperplasia has been suggested (Powell et al., 1993).

5. *Vascular Endothelial Growth Factor*. Horiuchi and Weller (1997) have demonstrated that freshly prepared eosinophils from healthy volunteers constitutively express mRNA and protein for VEGF, which also is known as vascular permeability factor. VEGF is a multifunctional cytokine existing as four splice variants that exert a variety of important actions on the vasculature and endothelium. In particular, VEGF is a mitogen for endothelial cells and a highly potent angiogenic agent involved in tumor and normal physiological angiogenesis. Exposure of eosinophils to GM-CSF and IL-5 increases mRNA expression and the extracellular release of VEGF by a mechanism that is attenuated by the inhibitor of transcription, actinomycin D. Several pharmacological agents including a glucocorticoid (dexamethasone), a protein-tyrosine kinase inhibitor (genistein), and a protein kinase C inhibitor (chelerythrine) also have been shown to attenuate gene induction and secretion of VEGF (Horiuchi and Weller, 1997). Of the four splice variants of VEGF identified, eosinophils contain transcripts mainly for the 121- and 165-amino acid isoforms. It has been suggested that cytokine-activated eosinophils are an important source of VEGF and might contribute to edema formation at sites of inflammation and to airways remodeling due to its angiogenic properties (Horiuchi and Weller, 1997).

6. *Nerve Growth Factor*. Recent studies have shown that NGF, a polypeptide originally discovered in connection with its neurotrophic activity, is found in various immune organs and leukocytes including eosinophils where it is stored (see Aloe et al., 1997; Solomon et al., 1998). Moreover, circulating levels of NGF are elevated in parasitic infections and in various autoimmune and allergic diseases (for review, see Aloe et al., 1997).

G. Activation of the NADPH Oxidase

The NADPH oxidase (EC 1.23.45.3) catalyzes the single electron reduction of molecular O_2 to superoxide, a powerful oxidizing and reducing agent (Babior et al., 1973). In the presence of superoxide dismutase, superoxide anions dismutate to H_2O_2 which subsequently can be converted into hypobromous acid in the presence of EPO and bromide (Weiss et al., 1986; Mayeno et al., 1989; Thomas et al., 1995) (Fig. 12). Alternatively, in the presence of ferrous ions, superoxide anions and H_2O_2 interact to form the membrane-perturbing hydroxyl radical, one of the most unstable oxidizing species known (see Fig. 12). Other pathways of free radical formation also have been described including the reaction of superoxide anions with nitric oxide to form peroxynitrite which provides an additional, iron-independent route of hydroxyl radical formation along with nitrogen dioxide radicals (see Fig. 12). Hypobromous acid is able to interact with H_2O_2 to form singlet oxygen (see Fig. 12), the biological significance of which is currently unclear (Kanofsky et al., 1988). Activation of the NADPH oxidase and the subsequent production of toxic oxygen radicals are thought to be relevant to eosinophils in host defense (Butterworth and Thorne, 1993). However, it is now appreciated that activation of the NADPH oxidase may be cytotoxic to many mammalian cells, particularly those of the gut, skin, and lung, and has implicated eosinophils in the pathogenesis of a number of nonparasitic inflammatory disorders, including Crohn's disease, atopic dermatitis, and allergic asthma (Butterworth and Thorne, 1993). Indeed, the activity of the NADPH oxidase is significantly higher in eosinophils than in other phagocytes (Learn and Brestel, 1982; Shult et al., 1985; Yamashita et al., 1985; Petreccia et

al., 1987; Yazdanbakhsh et al., 1987a; Sedgwick et al., 1988; Yagisawa et al., 1996).

Human and guinea pig eosinophils in suspension undergo a rapid and transient activation of the NADPH oxidase in response to a range of soluble and particulate stimuli (Table 19). Preincubation of eosinophils with subthreshold concentrations of PAF, IL-3, IL-5, and GM-CSF primes the NADPH oxidase to activation by opsonized particles (Mabuchi et al., 1992; Tool et al., 1992; van der Bruggen et al., 1993a) and fMLP (Zoratti et al., 1992; Nagata et al., 1995b). Recent studies have demonstrated a similar priming of human eosinophils adherent to tissue culture plates coated with a range of extracellular matrix proteins (e.g., fibronectin, fibrinogen, collagen, laminin) and fetal calf serum. Under those conditions, the cytokines $TNF\alpha$ and GM-CSF, which are unable to stimulate the NADPH oxidase in nonadherent cells, produce a slowly developing and sustained generation of superoxide anions (Dri et al., 1991; Horie and Kita, 1994). Moreover, antibodies directed against CD18 and CD11b block this effect (Horie and Kita, 1994), suggesting a central role for CR3. That conclusion was confirmed in subsequent studies following the observation that CD18-mediated adhesion primed eosinophils for fMLP-induced respiratory burst (Nagata et al., 1995a) and that antibody ligation of β_1 and β_2 integrins promoted the generation of oxygen-derived free radicals (Laudanna et al., 1993). In addition to CR3-mediated adhesion, anti-VCAM-1-coated plates were shown to induce eosinophil adherence and NADPH oxidase activation although the response to fMLP was dependent upon CD18 (Nagata et al., 1995a). There are no studies concerning the biochemical mechanism of NADPH oxidase activation in adherent eosinophils and the data in this

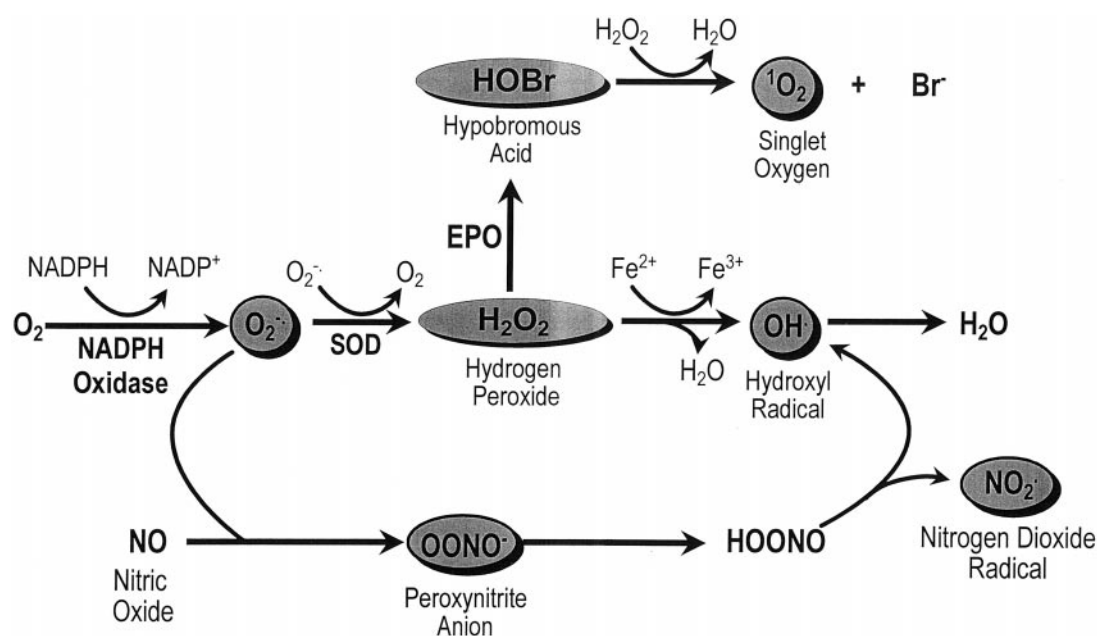


FIG. 12. Route of formation of free radicals in eosinophils and other phagocytes following the activation of the NADPH oxidase and subsequent generation of superoxide anions. See *XII.G* for further details.

TABLE 19
Stimuli that activate the NADPH oxidase in eosinophils

Stimulus	Species	Reference(s)
LTB ₄	Human	Palmlblad et al. (1984)
	Guinea pig	Maghni et al. (1991); Ng et al. (1991); Rabe et al. (1992); Subramanian (1992); Perkins et al. (1995); Lindsay et al. (1998a,b,c); Perkins et al. (1995)
PAF	Human	Kroegel et al. (1989c); Chanez et al. (1990); Mabuchi et al. (1992); Elsner et al. (1995); Zeck Kapp and Kapp (1995); Wymann et al. (1995); Dent et al. (1998)
	Guinea pig	Kroegel et al. (1989a); Shute et al. (1990)
	Rat	Cypcar et al. (1996)
fMLP	Human	Beswick and Kay (1981); Palmlblad et al. (1984); Wymann et al. (1995)
	Rat	Cypcar et al. (1996)
	Guinea pig	Kroegel et al. (1990)
C5a	Human	De Simone et al. (1986b); Elsner et al. (1995, 1996d); Wymann et al. (1995); Zeck Kapp and Kapp (1995)
RANTES	Human	Rot et al. (1992); Chihara et al. (1994); Kapp et al. (1994); Elsner et al. (1995)
5-ETE/5-HETE	Human	Czech et al. (1997)
MCP-4	Human	Petering et al. (1998)
IL-8	Human	Wymann et al. (1995)
Eotaxin	Human	Elsner et al. (1996b); Tenschler et al. (1996)
Eotaxin-2	Human	Elsner et al. (1998)
Opsonized particles	Human	Petrecchia et al. (1987); Koenderman et al. (1990); Shute et al. (1990)
	Rat	Cypcar et al. (1996)

section focuses predominantly on studies conducted with nonadherent cells.

In neutrophils, an active NADPH oxidase complex assembles at the phagocytic and plasma membranes following activation (Segal and Abo, 1993). At least five proteins are required for the formation of an active oxidase complex: the membrane-bound cytochrome b₅₅₈ (consisting of two subunits gp91^{phox} and p22^{phox}) and the cytosolic proteins p47^{phox}, p67^{phox}, and a small GTP-binding protein, Rac-1 or Rac-2 (Bokoch, 1994). Recently, two additional components have been identified, these being the cytosolic protein, p40^{phox}, which appears to be associated with p67^{phox} (Wientjes et al., 1993; Tsunawaki et al., 1994), and a membrane-associated small GTP-binding protein, Rap1a (Gabig et al., 1995). Under resting conditions, the cytosolic components exist as a 240- to 300-kDa oligomer (Park et al., 1992,1994). Following activation, translocation of these components to the membrane-bound cytochrome b₅₅₈ and assembly of the active oxidase complex is thought to be mediated by a mechanism involving both protein binding through SH3 domains and phosphorylation of p47^{phox} (Rodaway et al., 1990; McPhail, 1994; Park and Ahn, 1995; de Mendez et al., 1996). In eosinophils, evidence for a similar, if not identical, mechanism of oxidase assembly and activation also is available. Thus, the cytosolic components p47^{phox}, p67^{phox}, p40^{phox}, and membrane components p22^{phox} and gp91^{phox} have been identified (Segal et al., 1981; Kuribayashi et al., 1995; Yagisawa et al., 1996; Zhan et al., 1996), whereas p47^{phox} and p67^{phox} have been shown to reconstitute NADPH oxidase activity in cell-free systems prepared from both neutrophil and eosinophil fractions (Bolscher et al., 1990; Someya et al., 1991).

At present, little is known of the intracellular mechanisms responsible for NADPH oxidase activation in eosinophils. Previous studies have demonstrated a rapid and transient increase in both Ins(1,4,5)P₃ and [Ca²⁺]_i

following exposure of guinea pig and human eosinophils to LTB₄, PAF and fMLP (Kroegel et al., 1991; Perkins et al., 1995; Wymann et al., 1995). Furthermore, human eosinophils release DAG following stimulation with opsonized particles (Koenderman et al., 1990). However, the generation of oxygen-derived free radicals is only marginally suppressed in Ca²⁺-depleted cells, suggesting that an increase in [Ca²⁺]_i does not play a major role (Subramanian, 1992; Perkins et al., 1995; Wymann et al., 1995). This conclusion is supported by studies showing that LTB₄- and PAF-induced NADPH oxidase activation in guinea pig eosinophils occurs at concentrations greater than 100-fold higher than those required for Ca²⁺ mobilization (Kroegel et al., 1989a; Lindsay et al., 1998c). Similarly, although phorbol diesters are potent and robust stimulants of oxidase activation (Petrecchia et al., 1987; Rossi et al., 1989; Yoshie et al., 1989; Perkins et al., 1995), the PKC inhibitors, Ro-31 8220 (Perkins et al., 1995) and 1-O-hexadecyl-2-O-methylglycerol (Rabe et al., 1992), only partially inhibit (by 20–30%) agonist-induced H₂O₂ release in guinea pig eosinophils, suggesting that PKC is not central to this response. Indeed, in human eosinophils exposed to opsonised particles, the rate of oxygen consumption is *augmented* in the presence of inhibitors of PKC (van der Bruggen et al., 1993b), implying that one of more of these enzymes can negatively regulate oxidase activation. Collectively, therefore, these data provide persuasive evidence that agonist-induced activation of the NADPH oxidase in eosinophils is mediated by mechanisms that are largely independent of intracellular Ca²⁺ and PKC.

The role of PLD in NADPH oxidase activation has so far proved elusive. Although C5a stimulates PLD in human eosinophils (Minnicozzi et al., 1990), this is not observed in guinea pig eosinophils exposed to LTB₄ (Perkins et al., 1995). Unusually, the latter study found that butan-1-ol, an inhibitor of PLD, abrogated NADPH oxidase activation. However, it is likely that the action of

butan-1-ol is due to its ability to elevate intracellular cAMP, which is known to inhibit the activation of the NADPH oxidase in eosinophils (see below) (Perkins et al., 1995).

Experiments with wortmannin suggest that the conversion of PtdIns(4,5) P_2 to PtdIns(3,4,5) P_3 by PtdIns 3-kinase is implicated in SOZ-evoked respiratory burst in IL-5- and PAF-primed eosinophils (Coffer et al., 1998). It has been proposed that priming is mediated by the serine/threonine kinase PKB/c-Akt, a downstream substrate for PtdIns 3-kinase (Coffer et al., 1998). However, the role of these signal transduction elements in oxidant production is likely to be species and/or stimulus-specific since wortmannin attenuates eotaxin-induced NADPH oxidase activation in human eosinophils (Elsner et al., 1996b), but has no effect upon LTB₄-induced H₂O₂ generation in guinea pig eosinophils (Perkins et al., 1995).

A possible role for PLA₂ in the stimulation of the respiratory burst has been advanced based on the demonstration that exogenous AA stimulates H₂O₂ generation in guinea pig eosinophils (Lindsay et al., 1998c). This response is unaffected by inhibitors of cyclooxygenase and 5-lipoxygenase, indicating that AA per se, rather than TX, a PG(s) or a LT(s), is the causative mediator. However, the functions of PLA₂ and AA in receptor-mediated NADPH oxidase activation in eosinophils is open to conjecture. Pharmacological studies using the PLA₂ inhibitors mepacrine and 4-bromophenacyl bromide have implicated PLA₂ in fMLP- (White et al., 1993) and SOZ-stimulated (Shute et al., 1990) superoxide anion generation. However, both inhibitors are nonselective and no measurement of AA release was made. Indeed, a more contemporary investigation (Lindsay et al., 1998c) found that although the liberation of [³H]AA from guinea pig eosinophils occurred with a time- and concentration-dependence consistent with a causal role in the generation of H₂O₂, the nonselective PLA₂ inhibitor mepacrine caused only a small inhibition of H₂O₂ generation at a concentration that abolished [³H]AA release. Thus, based on those data, PLA₂ activation does not seem to be central to the mechanism of LTB₄-induced NADPH oxidase activation (Lindsay et al., 1998c). Again, it is important to appreciate that differences in species and/or stimulus could profoundly influence the signaling pathways recruited for effective oxidant generation.

LTB₄ can activate the raf1/ERK pathway in guinea pig eosinophils by a PKC-independent mechanism (Araki et al., 1995). Since p47^{phox} features putative MAP kinase phosphorylation sites, this finding tempts speculation that MAP kinases could play a role in the activation of the NADPH oxidase. However, the results of experiments designed to test this hypothesis have proved negative. Thus, the MEK-1 inhibitor PD098059 does not suppress LTB₄-induced oxidant production from guinea pig eosinophils at concentrations that abol-

ish ERK-1/2 activation (Lindsay et al., 1998b). Similarly, PD098059 is without effect on SOZ-induced respiratory burst in PAF- and IL-5-primed human eosinophils despite clear activation of ERK-2 (Coffer et al., 1998).

Pharmacological experiments suggest that protein tyrosine kinases play a role in oxidative metabolism evoked by eotaxin (Elsner et al., 1996b), LTB₄ (Lindsay et al., 1998b), and following adherence of eosinophils to VCAM-1 (Nagata et al., 1995a). Herbimycin A, an inhibitor of nonreceptor tyrosine kinases, attenuates SOZ-induced respiratory burst in IL-5-, IL-3-, and GM-CSF- but not PAF-primed human eosinophils (van der Bruggen et al., 1998). The identity of the tyrosine kinase(s) is presently unknown although the LTB₄-induced response in guinea pig eosinophils appears to be mediated independently of the activation of members of the src-related family of tyrosine kinases (Lindsay et al., 1998a).

It has been proposed that the opening of voltage-sensitive K⁺ channels might be related to the generation of superoxide anions by Ca²⁺-mobilizing stimuli based on the finding that quinidine, a potent inhibitor of voltage-sensitive K⁺ channels, attenuated the activation of the NADPH oxidase in eosinophils obtained from patients with hypereosinophilic syndrome in response to ionophore A23187 (Saito et al., 1995).

H. Apoptosis

Of great importance in determining the number of eosinophils found in the blood and tissues is the balance between cell production and cell death (for reviews, see Simon and Blaser, 1995; Simon, 1997; Simon et al., 1997b, Walsh, 1997a; Yousefi et al., 1997). In the absence of cytokines, eosinophil death is thought to occur in a controlled or programmed manner by a mechanism known as apoptosis (Yamaguchi et al., 1991; Stern et al., 1992). This process is distinct from necrosis in which cell lysis and the uncontrolled release of cellular contents occurs that may produce harmful actions. Apoptosis is characterized by specific biochemical and morphological changes including cell shrinkage, which may involve K⁺ efflux (Beauvais et al., 1995a), surface blebbing, chromatin condensation, and endonuclease-catalyzed DNA fragmentation. The cell then fragments into discrete apoptotic bodies that are recognized and engulfed by monocytes/macrophages following the coordinate binding, by thrombospondin (expressed by the apoptotic eosinophil), to CD36 and the vitronectin receptor that are expressed by the phagocyte (Stern et al., 1992, 1996).

Studies conducted primarily in the 1980s convincingly demonstrated that the survival of human eosinophils in vitro is greatly enhanced (>10 days) by GM-CSF (Begley et al., 1986; Lopez et al., 1986; Tai et al., 1991), IL-3 (Rothenberg et al., 1988; Tai et al., 1991), and IL-5 (Begley et al., 1986; Tai et al., 1991) by inhibiting the natural processes that govern apoptosis (Yamaguchi et al., 1991). Although the longevity-enhancing cytokines are predominately T cell-derived, eosinophils provide an

effective autocrine and/or paracrine source. Thus, the increased survival of eosinophils adherent to laminin (Tourkin et al., 1993) and fibronectin (Anwar et al., 1993; G. M. Walsh et al., 1995) results from VLA4-mediated release of hematopoietic cytokines (Anwar et al., 1993; G. M. Walsh et al., 1995). Similarly, suppression of the constitutive rate of apoptosis by $\text{IFN}\gamma$ (Fujisawa et al., 1994), CD40 (Ohkawara et al., 1996), IL-13 (Luttmann et al., 1996), LPS (Takanashi et al., 1994), $\text{TNF}\alpha$ (Levi-Schaffer et al., 1998), and CD9 (Kim et al., 1997) is mediated indirectly through the autocrine release of GM-CSF and, in the case of IL-13, IL-3. In contrast, $\text{TGF}\beta$ abrogates the actions of IL-3, IL-5, and GM-CSF through the induction of apoptosis although this can be overcome by increasing the concentration of IL-5 (Alam et al., 1994; Atsuta et al., 1995). It seems likely that cytokines and, arguably, the processes of adherence also are likely to affect eosinophil viability in vivo in certain inflammatory diseases. Indeed, IL-5 mRNA expression is elevated in eosinophils recovered from the BAL fluid of asthmatic subjects after allergen challenge (Broide et al., 1992), infiltrating the mucosa in coeliac disease (Desreumaux et al., 1992) and in the dermis of individual with atopic dermatitis (Tanaka et al., 1994).

Evidence is available that CD95 (Matsumoto et al., 1995; Tsuyuki et al., 1995; Druilhe et al., 1996) and CD69 (Walsh et al., 1996b) are physiological death receptors. Freshly purified blood eosinophils express little if any mRNA or functional protein for CD95 but marked time-dependent induction is observed following their culture in the absence of cytokines (Druilhe et al., 1996). Ligation of CD95, with an activating antibody, induces apoptosis in both cytokine-deprived and IL-5-stimulated eosinophils (Matsumoto et al., 1995; Tsuyuki et al., 1995; Druilhe et al., 1996). However, unlike $\text{TGF}\beta$, CD95 seemingly recruits different signal transduction elements since its apoptotic effect cannot be overcome by IL-5 (Matsumoto et al., 1995). In vivo studies utilizing sensitized mice have established that CD95 expression on, and CD95-mediated apoptosis of, eosinophils in the BAL fluid is increased following allergen challenge (Tsuyuki et al., 1995). Furthermore, inhalation of an anti-CD95 antibody is associated with a reduction in airway eosinophils, an increase in peroxidase-positive macrophages, and the subsequent resolution of eosinophilic airway inflammation (Tsuyuki et al., 1995). Interestingly, apoptosis is induced in murine eosinophils by neutralizing antibodies against $\text{Fc}\gamma\text{RII}$ (CD32) by a mechanism dependent upon the expression of CD95 (de Andres et al., 1997a).

CD69 is not constitutively expressed on freshly purified eosinophils but is present on BAL fluid eosinophils obtained from patients with asthma and pulmonary eosinophilia (Nishikawa et al., 1992; Hartnell et al., 1993). It is likely that the in vivo elaboration of cytokines from a number of resident lung cells is responsible for the

appearance of this death receptor since CD69 can be induced in vitro in a time- and concentration-dependent manner by IL-3, IL-5, and GM-CSF (Walsh et al., 1996b). In GM-CSF-activated eosinophils cultured on fibronectin, ligation of CD69, by an activating antibody, induces apoptosis (Walsh et al., 1996b). This effect is not secondary to the autocrine release of the apoptotic cytokine $\text{TGF}\beta_1$ despite the knowledge that it is released from GM-CSF-exposed eosinophils (Walsh et al., 1996b).

Of clinical relevance is the demonstration that glucocorticoids, such as dexamethasone, can promote eosinophil apoptosis (Meagher et al., 1996) and reduce cytokine-induced survival (Cox et al., 1991; Lamas et al., 1991; Wallen et al., 1991; Hallsworth et al., 1992). Although these effects can be overcome by low concentrations of hematopoietic cytokines, the fact remains that this might represent a mechanism by which glucocorticoids resolve eosinophilia in a number of inflammatory diseases such as asthma (Schleimer and Bochner, 1994).

The intracellular second messenger pathways responsible for spontaneous and CD95-mediated apoptosis and the enhanced cell survival effected by IL-3-, IL-5-, and GM-CSF are unclear. Investigations conducted in the early 1990s established that neither actinomycin D nor cycloheximide affected spontaneous apoptosis of human cultured eosinophils but effectively inhibited the survival-promoting actions of hematopoietic cytokines, suggesting that their antiapoptotic effect is dependent upon RNA and protein synthesis (Tai et al., 1991; Yamaguchi et al., 1991). A central role for tyrosine phosphorylation is suggested from pharmacological experiments with tyrosine kinase and tyrosine phosphatase inhibitors (Yousefi et al., 1994; Simon et al., 1995a, 1998). Thus, GM-CSF-induced eosinophil survival is inhibited by genistein, while phenylarsine oxide-induced tyrosine phosphorylation prevents apoptosis in the absence of GM-CSF. The finding that IL-5 signals through *lyn/syk-raf1-MEK-ERK* (Pazdrak et al., 1995a; Bates et al., 1996), *Jak2-STAT1* (Pazdrak et al., 1995b; van der Bruggen et al., 1995; Bates et al., 1996), and *SHPTP-2* (Pazdrak et al., 1997) strongly implicates tyrosine phosphorylation in cytokine-enhanced eosinophil survival. Further support for that contention was the additional observations that 1) the tyrosine phosphorylation of *lyn*, *Jak-2*, and *ERK* by IL-5 was reversed by the apoptotic cytokine $\text{TGF}\beta$ (Pazdrak et al., 1995c); 2) antisense oligonucleotides to *lyn*, *syk*, *raf-1*, and *SHPTP-2* abrogated the survival-enhancing effect of IL-5 and GM-CSF (Yousefi et al., 1996; Pazdrak et al., 1997, 1998); and 3) the ability of IL-5 and GM-CSF to augment the life span of human eosinophils was prevented by tyrphostin AG490 and tyrphostin B42, respectively, selective inhibitors of *Jak-2* but not *lyn* kinase (Simon et al., 1997; Pazdrak et al., 1998). Studies aimed at identifying downstream effectors of spontaneous apoptosis or the survival-enhancing effects of hematopoietic cytokines have excluded *ERK-1/2* on the basis that PD 098059, a

highly selective inhibitor of MEK-1, modifies neither response (Kankaanranta et al., 1998). In contrast, p38 MAP kinase does seem to play a role in spontaneous apoptosis. Time course experiments have shown that activation of p38 MAP kinase is positively correlated with the degree of eosinophil apoptosis, and that SB203580, which selectively inhibits the α and β isoforms of this enzyme family, enhances the rate of cell death (Kankaanranta et al., 1998). Intriguingly, both of these affects are reversed by IL-5 (Kankaanranta et al., 1998), implying that this pathway is not responsible for IL-5-induced survival but is central to prolonging viability in cytokine-deprived cells.

Tyrosine phosphorylation apparently plays a pivotal role in CD95-mediated apoptosis. The degradation of the proteinase lamin B₁ following exposure of human eosinophils to CD95L is antagonized by the broad-spectrum tyrosine kinase inhibitor lavendustin A (Simon et al., 1998). Experiments with antisense oligonucleotides have implicated *lyn* in the regulation of apoptosis (Simon et al., 1998). This is an unexpected finding given that *lyn* also is implicated in IL-5-induced eosinophil survival (see VI.B). Whether the different isoforms of this kinase subserve distinct functions or extracellular stimuli can dictate the role *lyn* plays in eosinophil longevity remains to be established.

Evidence is available that constitutive eosinophil apoptosis and the survival-enhancing activity of IL-5 and GM-CSF involve the Bcl-2 family of proteins which include both anti-apoptotic (Bcl-2, Bcl-x_L, Mcl-1, A1) and proapoptotic (Bcl-x_S, Bax) members. In freshly prepared blood eosinophils, high amounts of Bax and Bcl-x_L (but see Druilhe et al., 1998) have been detected by Western blotting but little, if any, Mcl-1, Bcl-2, and Bcl-x_S (Druilhe et al., 1998, Dibbert et al., 1998). Using the complementary techniques of reverse transcription (RT)-PCR, Western blotting, flow cytometry, and immunohistochemistry, Dibbert and colleagues (1998) reported that the mRNA and protein levels for Bcl-x_L decreased during spontaneous eosinophil apoptosis although this was not confirmed in an independent investigation (Druilhe et al., 1998). In contrast, IL-5 significantly increased the expression of Bcl-2 mRNA transcripts and protein content in cultured eosinophils which coincided with rescue of cells from apoptosis (Ochiai et al., 1997). Significantly, introduction of a phosphothioate antisense oligonucleotide targeted at the ATG start codon of Bcl-2 mRNA into the cultures blocked the antiapoptotic action of IL-5 when compared with the sense cDNA. Similar results also have been described by Dibbert et al. (1998). Thus, IL-5 and GM-CSF either maintained or up-regulated Bcl-x_L mRNA and protein levels in human cultured eosinophils. Furthermore, Bcl-x_L antisense but not scrambled oligonucleotides attenuated the survival-enhancing activity of IL-5. It is noteworthy that identical experiments focusing on Bcl-2 failed to detect any change in expression in

response to IL-5 which contrasts with the data published by Ochiai et al. (1997). The reason for this discrepancy is unclear.

XIII. Eosinophil Heterogeneity

Human peripheral blood eosinophils are physically, morphologically, and, above all, functionally heterogeneous (Connell, 1968; Tai and Spry, 1976). Variations in oxidative metabolism and antibody-dependent cytotoxicity were initially reported in the early 1980s even among eosinophils of the same buoyant density (Bass et al., 1980; David et al., 1980; Pincus et al., 1981) and were described before the formal recognition of physical heterogeneity. It is now believed that heterogeneity of eosinophils has physiological/pathophysiological significance, and this has prompted many investigations aimed at understanding the mechanisms responsible for inducing a hypodense phenotype and how these distinct populations of cell could be manipulated therapeutically.

A. Physical Heterogeneity

Essentially three distinct populations of eosinophils are now recognized that are characterized on the basis of density and responsiveness to activating stimuli. Compared to the majority (~90%) of eosinophils purified from the blood of normal individuals, which are of the resting normodense phenotype, increased numbers of "hypodense" cells are present in the blood of patients with eosinophilia associated with parasitosis (De Simone et al., 1982b; Prin et al., 1983, 1984), asthma (Fukuda et al., 1985b; Kajita et al., 1985; Hodges et al., 1988; Kloprogge et al., 1989a), allergic rhinitis (Frick et al., 1988), idiopathic eosinophilic syndrome (Winqvist et al., 1982; Prin et al., 1983; Peters et al., 1988), and malignancies (Winqvist et al., 1982; Prin et al., 1983, 1984). It has been suggested that the number of hypodense cells is positively related to the degree of blood eosinophilia (Fukuda et al., 1985b; Shult et al., 1988) although this is not always seen (Frick et al., 1988; Sedgwick et al., 1990a). Thus, the mechanisms that govern the induction of hypodensity are likely to be different from those that promote eosinopoiesis. In addition, a third population of eosinophils that is neither hypodense nor resting has been unequivocally identified. Cells in this category are said to be "primed" in that they respond to stimuli that are ordinarily inactive or relatively weakly active on eosinophils that are normodense. Although the precise numerical definition of hypodensity is unclear, there is persuasive evidence that eosinophils of low buoyant density are activated both metabolically and functionally, and that their number positively correlates to severity of symptoms (Frick et al., 1988). Moreover, the vast majority (60–100%) of eosinophils isolated from the BAL fluid and from the pleural cavity of patients with diseases associated with eosinophilia

are invariably hypodense (Winqvist et al., 1982; Prin et al., 1984, 1986).

B. Functional Heterogeneity

The enhanced activity of hypodense eosinophils is manifest in a variety of ways. Resting and stimulated low-density cells demonstrate increased oxidative metabolism (Winqvist et al., 1982) and hexose transport (Prin et al., 1983), and generate significantly more LTC₄ than autologous normodense eosinophils. This is not obviously related to the stimulus and is observed in response to diverse agents that include SOZ (Kauffman et al., 1987), IgG-coated particles (Shaw et al., 1985), the Ca²⁺ ionophore A23187, and *S. mansoni* coated with parasite-specific IgE (Moqbel et al., 1990a). Other functional responses that are up-regulated include PAF generation (Ojima Uchiyama et al., 1991), antibody-dependent, cell-mediated cytotoxicity (Prin et al., 1983; Capron et al., 1984), degranulation (Khalife et al., 1986), chemotaxis (Wardlaw et al., 1986), and adherence (Kimani et al., 1988).

Two possibilities that could account for the heightened functional responsiveness of hypodense eosinophils have been considered but neither of those is entirely satisfactory:

1. *Cell-Cell Interactions.* Before the advent of immunomagnetic beads to remove unwanted CD16⁺ cells, hypodense eosinophils were difficult to separate from neutrophils. Thus, it was suggested that interactions between these two cell types could enhance the sensitivity and responsiveness of eosinophils to activating stimuli. However, carefully designed studies to assess this possibility have proved negative (Kajita et al., 1985; Kauffman et al., 1987; Hodges et al., 1988) with one exception (Kloprogge et al., 1989b) in which the generation LTC₄ from a mixture of human eosinophils and neutrophils was greater than the sum of LTC₄ produced by either cell type alone.

2. *Up-Regulation of Cell Surface Receptors.* Hypodense eosinophils express a greater number of receptors for IgG, IgE, CD44, complement, and the p55 subunit of the IL-2 receptor when compared to their normodense counterparts (Winqvist et al., 1982; Capron et al., 1985; Rand et al., 1991a; Matsumoto et al., 1998). Therefore, it is possible that this contributes to their enhanced activation status. However, the density of many more receptors is not different between eosinophil populations (Hartnell et al., 1990), and the expression of some cell surface epitopes (e.g., CD18) is even decreased in the hypodense phenotype (Hartnell et al., 1990). Moreover, the lack of consistency in the magnitude of various responses elicited by Ca²⁺ ionophores and phorbol esters (that act independent of cell surface receptors) in hypodense and normodense eosinophils suggests that up-regulation of receptor expression is not sufficient to account totally for differences in eosinophil behavior.

C. Morphological Heterogeneity

Low-density eosinophils from the blood of patients with idiopathic eosinophilic syndromes are typically vacuolated, contain more lipid bodies, and express less MBP than their normodense counterparts. Moreover, the morphology of the intracellular granules is markedly altered; they are significantly smaller than those present in cells of normal density (although the absolute number is the same), slightly more lucent, and occupy considerably less cell volume (Henderson et al., 1988; Peters et al., 1988; Caulfield et al., 1990). In one study, the percentage of the cytoplasm occupied by eosinophil granules fell from 33.1% in normodense eosinophils to 19.7% in low-density cells (Caulfield et al., 1990). These structural abnormalities, in particular the hypogranularity and loss of MBP, provide a rational morphological basis for hypodensity in vivo. However, the morphology of low density eosinophils resident in BAL fluid differs from autologous blood eosinophils. Significantly, the granules in those cells generally are completely lucent indicative of degranulation (Metzger et al., 1986) which equally could explain the hypodense phenotype.

Eosinophil density also can be modulated in vitro in response to various naturally occurring substances and pharmacological stimuli. A hypodense phenotype can rapidly (after 15–60 min) be formed from normodense cells by agents such as fMLP, PAF, SOZ, and Ca²⁺ ionophores (Fukuda and Gleich, 1989; Kloprogge et al., 1989a; Agrawal et al., 1996). Significantly, these altered cells behave similarly to those found in the peripheral blood of eosinophilic subjects in that they generate more superoxide and have higher peroxidase activity than unstimulated cells. Thus, an interaction of normodense eosinophils with mediators involved in immediate hypersensitivity reactions may represent one means of generating the hypodense phenotype. This contrived method of altering eosinophil density is not apparently dependent on degranulation or limited cytolysis, for there is no concomitant release of EPO, arylsulphatase B, or lactate dehydrogenase. However, morphologically, the density transition is associated with multiple structural alterations. In particular, low-density cells phagocytose their granules and display an increase in the surface area to cell volume ratio (Owen, 1993).

IL-3, IL-5, and GM-CSF also can reduce the buoyant density of eosinophils (Owen et al., 1987; Rothenberg et al., 1988, 1989) but their characteristics similarly can differ depending on the stimulus and experimental conditions in much the same way as hypodense cells found in vivo. Thus, there is no morphological consistency that explains the physical transition of normodense eosinophils to a hypodense phenotype.

D. Acquisition of a Hypodense Phenotype

It is clear from the above discussion that it is not possible to identify a single unifying hypothesis that

adequately explains the generation of low-density eosinophils and, *in vivo*, it is likely that multiple, possibly related processes, are involved. At least four possibilities have been considered and all of them are entirely plausible.

1. Low-density eosinophils arise when normodense circulating cells enter the extravascular compartment where upon they become activated;

2. Eosinophils are rendered hypodense in the circulation and then migrate into tissue;

3. Low-density eosinophils reflect an increase in the number of immature cells that have been released from the bone marrow;

4. Hypodense eosinophils appear solely as a function of disease severity.

The knowledge that certain cytokines (e.g., IL-3, IL-5, GM-CSF) and/or mediators (e.g., PAF) can enhance eosinophil survival and/or promote hypodensity *in vitro*, and that they are present at biologically active concentrations in blood, in tissue fluids, and at sites of inflammatory reactions adds further support to the belief that eosinophil hypodensity can be effected by multiple mechanisms.

For additional information on eosinophil heterogeneity, interested readers should consult the following excellent articles (Sorice and De Simone, 1986; Fukuda and Gleich, 1989; Owen, 1993; Wardlaw, 1995).

XIV. Pharmacological Modulation of Eosinophil Function

A. Phosphodiesterase Inhibitors

Cyclic nucleotide PDEs are a heterogeneous group of immunologically distinct enzymes whose sole function is to metabolize the second messenger purine nucleotides, cAMP and cyclic GMP, to their biologically inactive nucleotide 5'-monophosphates. Currently, PDEs are categorized into nine broad families (PDEs 1–9; see Beavo et al., 1994; Fisher et al., 1998a,b; Soderling et al., 1998) that are distinguished by a number of criteria including substrate specificity, kinetic properties, sensitivity to allosteric modulators and synthetic inhibitors, and primary amino acid sequence (Beavo, 1988; Giembycz and Souness, 1994). In many cases these families comprise multiple subtypes which suggests that the degradation of cAMP and cyclic GMP is a highly complex and tightly regulated process.

1. *Enzymology.* The predominant PDE isoenzyme expressed by guinea pig peritoneal (Dent et al., 1991; Souness et al., 1991) and human peripheral blood eosinophils (Dent et al., 1994; Hatzelmann et al., 1995; Aloui et al., 1996) preferentially hydrolyzes cAMP over cyclic GMP. In fact, little cyclic GMP hydrolysis is detected in eosinophil lysates from either species. The metabolism of cAMP by PDE in eosinophils is insensitive to Ca^{2+} /calmodulin, cyclic GMP, and inhibitors of PDE3, but is potently inhibited by rolipram, denbufylline, RP 73401,

Org 20241, and a number of related compounds (Dent et al., 1991; Souness et al., 1991; Dent et al., 1994; Barnette et al., 1995a; Hatzelmann et al., 1995; Nicholson et al., 1995; Souness et al., 1995). Thus, based upon criteria established previously (Beavo, 1988; Beavo et al., 1994), the PDE in eosinophils can be ascribed to the cAMP-specific, or PDE4, family of isoenzymes. Despite a lack of biochemical data, a small amount of PDE3 may be present in guinea pig eosinophils given that milrinone is reported to suppress agonist-induced chemotaxis at concentrations considered selective for inhibiting PDE3 (Cohan et al., 1992).

Currently, four genes (*PDE4A*, *PDE4B*, *PDE4C*, *PDE4D*) have been identified in rat (Colicelli et al., 1989; Davis et al., 1989; Swinnen et al., 1989a,b), mouse (Cherry and Davis, 1995), and humans (Livi et al., 1990; Bolger et al., 1993; McLaughlin et al., 1993; Obernolte et al., 1993; Baecker et al., 1994; Sullivan et al., 1994a; Engels et al., 1995) that can encode multiple, distinct PDE4 isoenzymes. In human eosinophils, mRNA transcripts for *PDE4A*, *PDE4B*, and *PDE4D* have been detected by RT-PCR (Engels et al., 1994), whereas only *PDE4D* gene products have been found in guinea pig cells (Souness et al., 1995).

Greater than 90% of the cAMP hydrolytic activity in guinea pig and human eosinophils is confined to the particulate fraction (Dent et al., 1991, 1994; Souness et al., 1991). Treatment of eosinophil membranes with Triton X-100 or high ionic strength buffers does not dislodge PDE4 activity (Dent et al., 1991, 1994; Souness et al., 1991), indicating that the enzyme is an integral membrane component. However, almost total solubilization of eosinophil PDE4 can be achieved with the bile acid, deoxycholate, in the presence of millimolar concentrations of NaCl (Souness et al., 1991). Although yet to be formally investigated in eosinophils, it is highly likely that membrane localization is conferred by specific amino acid residues at the extreme amino-terminus of the protein (Shakur et al., 1993; Lobban et al., 1994; Houslay et al., 1995; Scotland and Houslay, 1995; Houslay, 1996; Smith et al., 1996b).

Complex kinetics of cAMP hydrolysis are exhibited by eosinophil PDE4 (Dent et al., 1991, 1994; Souness et al., 1991, 1992; Souness and Scott, 1993; Giembycz and Souness, 1994), a feature shared with other membrane-bound PDEs (Souness et al., 1985; Wright et al., 1990). The explanation for this phenomenon is uncertain but it is unlikely to be due to the expression of multiple PDE4 subtypes since the K_m of cAMP for PDE4 gene products is similar (Wang et al., 1997). This assertion is strengthened by the finding that anion exchange chromatography of solubilized membrane-bound PDE4 from guinea pig eosinophils resolves a single peak of catalytic activity (Souness et al., 1992). Moreover, the marked nonlinear kinetics of cAMP hydrolysis is largely lost upon solubilization, which has led to the now widely accepted belief that PDE4 isoenzymes can adopt at least two distinct

and noninterconvertible conformations, PDE_{4H} and PDE_{4L}, for which rolipram has high and low affinity, respectively (Barnette et al., 1995a,b, 1996; Kelly et al., 1996; Souness et al., 1996, 1997; Souness and Rao, 1997). In guinea pig eosinophils, the inhibition of fMLP-induced superoxide generation suggests that PDE4 adopts a conformation at which rolipram and related molecules interact with low affinity (Barnette et al., 1995a). Whether this relationship holds true for other functional responses in the eosinophil is currently unknown.

2. *Activation of the NADPH Oxidase.* Nonselective PDE inhibitors (theophylline, IBMX) and drugs which have been categorized as inhibitors of PDE4 (e.g., rolipram, denbufylline, Ro 20-1724, RP 73401, CP-80,663, D-22888) and hybrid inhibitors of PDE3 and PDE4 (e.g., zardaverine, Org 20241, Org 30029, benafentrine) attenuate the activation of the NADPH oxidase in eosinophils isolated from the guinea pig peritoneal cavity and from human venous blood in response to a variety of stimuli including fMLP, PAF, LTB₄, C5a, SOZ, IL-5, and C3b-opsonized zymosan (Dent et al., 1991, 1994, 1998b; Souness et al., 1991, 1995; Maruo et al., 1994; Torphy et al., 1994; Barnette et al., 1995a; Nicholson et al., 1995; Cohan et al., 1996; Ezeamuzie and Al-Hage, 1998). Suppression of the respiratory burst is associated with the inhibition of PDE4, an increase in the cAMP content and the activation of PKA (Souness et al., 1991). However differences and anomalies are apparent between investigations. In a study conducted by Hatzelmann et al. (1995) PDE4 inhibitors failed to suppress C5a-induced activation of the NADPH oxidase unless a β_2 adrenoceptor agonist was present. Although this might simply reflect low basal adenylyl cyclase activity in those cells, it is strange that the IC₅₀ value derived for RP 73401 and tolafentrine was at least two orders of magnitude lower than would be predicted from the inhibition of PDE4 in a cell-free system, yet the potency of two other inhibitors, rolipram and zardaverine, was consistent with their corresponding IC₅₀ values for the inhibition of PDE4. The reason for this discrepancy is not clear, but the ability of PDE4 isoforms to apparently adopt different conformations for which some inhibitors interact with different affinities provides a possible explanation. See Souness and Rao (1997) for additional details.

3. *Degranulation.* The nonselective PDE inhibitor IBMX prevents the release of EDN from human normodense eosinophils challenged with IgG- and secretory IgA-coated Sephadex beads (Kita et al., 1991b). The mechanism of this effect probably relates to inhibition of cAMP hydrolysis since it potentiates the same effect elicited by PGE₂ and the β adrenoceptor agonists salbutamol and isoprenaline (Kita et al., 1991b). Moreover, similar results have been obtained with selective inhibitors of PDE4 including rolipram, zardaverine, RP 73401, and tolafentrine for the inhibition of C5a-induced ECP and EDN release (Hatzelmann et al., 1995). How-

ever, in those studies degranulation was suppressed only in the presence of salbutamol, which might relate to the selective nature of the inhibitors examined (cf. IBMX) or, alternatively, the possibility that the degranulation-evoking stimulus influences the sensitivity of human eosinophils to cAMP. The ability of PDE4 inhibitors to suppress eosinophil degranulation is not confined to cells of human origin; indeed rolipram and RP 73401 inhibit the release of ECP and MBP from guinea pig cells stimulated with LTB₄ (Souness et al., 1995).

4. *Adhesion and Adhesion Molecule Expression.* Torphy et al. (1994) have reported that *R*-rolipram reduces the adhesion of guinea pig eosinophils to HUVECs stimulated with PMA and TNF α . That effect was modest (25–40%) with maximum inhibition of adhesion observed when both cell types were exposed concurrently to the PDE4 inhibitor (Torphy et al., 1994). In contrast, neither siguazodan (PDE3 inhibitor) nor zaprinast (PDE5 inhibitor) demonstrated activity in this experimental system (Torphy et al., 1994), which is consistent with PDE4 being the primary cyclic nucleotide PDE isoenzymes expressed by eosinophil (Dent et al., 1991, 1994; Souness et al., 1991; Hatzelmann et al., 1995; Aloui et al., 1996) and vascular endothelial cells (Blease et al., 1998). Those data are supported by studies performed with human eosinophils in which the expression of CD11b and shedding of L-selectin by PAF and eotaxin were inhibited, albeit modestly, by rolipram (Berends et al., 1997; Santamaria et al., 1997). Thus, part of the potential anti-inflammatory action of PDE4 inhibitor might be a direct effect on eosinophils to reduce their propensity to adhere to the vascular endothelium and ability to migrate out of the blood vessels.

5. *Chemotaxis and Chemokinesis.* The migration of rat and guinea pig eosinophils evoked by a number of stimuli including PAF, LTB₄, and C5a is inhibited by the PDE4 inhibitor rolipram when studied in Böyden microchemotaxis chambers (Cohan et al., 1992; Alves et al., 1996) and is potentiated in the presence of forskolin (Alves et al., 1996). Siguazodan and zaprinast are inactive under comparable experimental conditions. Identical results are available for human eosinophils. Thus, eotaxin-, PAF-, LTB₄-, and C5a-induced migration is partially prevented by PDE4 inhibitors and theophylline (Kaneko et al., 1995c; Tenor et al., 1996; Santamaria et al., 1997). Although C5a- and PAF-induced chemotaxis is enhanced in eosinophils purified from the peripheral blood of atopic subjects when compared to that of normal individuals, the potency (IC₅₀) of theophylline and rolipram as inhibitors of migration is not significantly different.

6. *Synthesis of Lipid Mediators.* Of the limited studies conducted to date, PDE4 inhibitors prevent or significantly attenuate the elaboration of lipid mediators from activated eosinophils. Tenor and colleagues (1996) demonstrated that little if any LTC₄ is released from human eosinophils by PAF and C5a unless indomethacin is

present. It was reasoned that under normal conditions, inhibitory prostaglandins (e.g., PGE₂) are generated preferentially in response to activating stimuli and act in an autocrine manner to suppress eosinophil activation. Indeed, in the presence of indomethacin, substantial amounts of LTC₄ were released in response to PAF and C5a. Furthermore, this lipolytic response was inhibited by rolipram with a potency in the high nanomolar range and could be prevented by the PKA inhibitor Rp-8-Br-cAMPS. The site of action of cAMP appears to be at the level of PLA₂ since exogenous AA reversed the inhibitory effect of rolipram on LTC₄ formation (Tenor et al., 1996). In guinea pig eosinophils, LTB₄-induced TX generation is prevented by rolipram, ibudilast, and RP 73401 (Souness et al., 1994).

7. *Apoptosis*. Little is published of the effect of PDE inhibitors on eosinophil longevity although IBMX has been reported to rescue eosinophils from apoptosis, resulting from activation of the CD95 receptor by an activating antibody. The mechanism of this effect is unclear since neither rolipram nor denbufylline affected eosinophil viability in GM-CSF-treated human eosinophils (Hallsworth et al., 1996). See *XII.H*, *XIV.C*, *XIV.D*, and *XIV.N.1* for further discussion.

8. *In Vivo Effects*. Comparatively little is known of the actions of isoenzyme-selective PDE inhibitors upon either the acute (IgE-mediated) or chronic (proinflammatory/immunocompetent cell-mediated) consequences of allergen provocation in vivo. However, there are many reports describing the effect of PDE inhibitors on passive cutaneous anaphylaxis and cell infiltration into sites of inflammation. In particular, the effect of PDE inhibitors on the infiltration of proinflammatory cells into the airway lumen, skin, and eye of guinea pigs, rats, mice, rabbits, and monkeys in response to various mediators and allergen has been extensively documented (Table 20). Schudt et al. (1991) reported that pretreatment of sensitized guinea pigs with zardaverine, a mixed PDE3/4 inhibitor, markedly suppressed allergen-induced infiltration of eosinophils, macrophages, and neutrophils into the BAL fluid to a level achieved with dexamethasone. Comparable data have been reported for the PDE3/4 inhibitor, benafentrine, on PAF- (Sanjar et al., 1989; Sanjar et al., 1990b) and allergen-induced (Sanjar et al., 1990c) pulmonary eosinophil recruitment in guinea pigs after chronic (6 days) dosing. More contemporary experiments conducted with rolipram have corroborated those data. Thus, intragastric administration of rolipram to conscious guinea pigs selectively attenuated allergen-induced pulmonary eosinophil influx into the BAL fluid and tissue (Underwood et al., 1993). Similarly, the introduction of rolipram directly into the airways of guinea pigs as a micronised dry powder almost completely prevented the appearance of proinflammatory leukocytes into the BAL fluid in response to allergen provocation (Raeburn et al., 1993). Essentially identical results have been reported in a guinea pig

model of cutaneous inflammation (Teixeira et al., 1994b). Systemic administration of rolipram, but not zaprinast or SK&F 94120, suppressed the accumulation of ¹¹¹In-labeled eosinophils into the skin sites that had been challenged with zymosan-activated plasma, PAF, and histamine (Teixeira et al., 1994b).

Treatment of sensitized cynomolgous monkeys with rolipram and CP 80663 does not block the immediate increase in airways resistance that follows acute antigen provocation (Turner et al., 1994, 1996) but abrogates the pulmonary eosinophilia and airways hyperresponsiveness after multiple exposures to the antigen. Thus, these data are consistent with the findings of Howell et al. (1993) that PDE4 inhibitors may be anti-inflammatory and act primarily to prevent the activation of immune cells in the lung rather than exerting an antispasmodic or spasmolytic effect at the level of airway smooth muscle.

Other models of inflammation are also sensitive to PDE4 inhibitors. For example, allergen-induced lung eosinophilia in Brown Norway rats, an IgE-producing, steroid-sensitive species that exhibits both early and LPRs, is suppressed by PDE3 (milrinone, CI-930), PDE4 (rolipram, denbufylline), and the hybrid PDE3/4 inhibitor, Org 20241 (Elwood et al., 1995; Howell et al., 1995), when administered to the animals acutely and before allergen challenge. The results of Howell et al. (1995) are particularly intriguing as they demonstrate an anti-inflammatory effect of PDE3 inhibitors in an in vivo model of eosinophilia. An interpretation of those data is that the eosinophil is not the cellular target of milrinone and CI-930 since PDE3 probably is not expressed by these cells (Dent et al., 1991, 1994; Souness et al., 1991; Hatzelmann et al., 1995; Aloui et al., 1996). Curiously, in guinea pigs given PDE inhibitors chronically (daily for 7 days), a different profile of activity has been reported (Banner et al., 1995). Thus, rolipram and benafentrine failed to lower eosinophil numbers in the BAL fluid of allergen-challenged animals but significantly reduced the amount of EPO-like immunoreactivity indicating that eosinophil degranulation but not trafficking was inhibited (Banner et al., 1995). It is not immediately clear why eosinophil recruitment was resistant to rolipram and benafentrine in that study given that plicamilast (RP 73401) effectively reduced the cell number and EPO content in BAL fluid in the same study (Banner et al., 1995).

In a guinea pig eye model of tissue eosinophilia, rolipram when administered by gavage, significantly inhibited the number of eosinophils that appeared in the conjunctival epithelium in response to histamine, and a combination of LTB₄ and LTD₄ (Newsholme and Schwartz 1993). In another study, Griswold et al. (1993) reported that oral administration to mice with rolipram inhibited AA-induced inflammatory cell accumulation and activation assessed by myeloperoxidase activity in the inflammatory exudate.

TABLE 20
In vivo effects of PDE inhibitors on eosinophil recruitment and activation

Species	Parameter(s) Measured	PDE Inhibitor Used	Route of Administration	Effect	Reference(s)
Guinea pig	Antigen-induced BAL fluid EPO content	CP 80,633	p.o.	Inhibition	Turner et al. (1996)
Guinea pig	Antigen-induced eosinophil number in BAL fluid and histological evaluation	Rolipram	p.o.	Inhibition	Underwood et al. (1993)
Guinea pig	Antigen-induced eosinophil number in BAL fluid	Org 20241 Theophylline Rolipram Rolipram Rolipram Zardaverine Zardaverine Benafentrine Aminophylline Rolipram RP 73401 Zardaverine Ro 20-1724	i.p. i.p. i.p. (low dose) i.p. p.o. p.o. i.p. i.p. s.c. (minipump) s.c. (minipump) i.t. i.t. p.o. i.p.	Inhibition Inhibition No effect Inhibition Marginal inhibition Marginal inhibition Inhibition after chronic dosing Inhibition after chronic dosing Inhibition Inhibition Inhibition Inhibition Inhibition Inhibition	Santing et al. (1995) Santing et al. (1995) Santing et al. (1995) Ortiz et al. (1996) Underwood et al. (1994) Underwood et al. (1994) Banner and Page (1995b) Banner and Page (1995b) Sanjar et al. (1990c) Sanjar et al. (1990c) Raeburn et al. (1994) Raeburn et al. (1994) Schudt et al. (1991) Danahay and Broadley (1998)
Guinea pig	Antigen-induced eosinophil number and EPO content in BAL fluid	Rolipram RP 73401 Rolipram Ro 20-1724	i.p. (7 days) i.p. (7 days) p.o. p.o.	No effect Inhibition Inhibition Inhibition	Banner et al. (1995) Banner et al. (1995) Lagente et al. (1994a) Lagente et al. (1994a)
Guinea pig	IL-5 and IL-8-induced eosinophil number in BAL fluid	Rolipram Ro 20,1724 Theophylline	p.o. p.o. p.o.	Inhibition Inhibition Inhibition	Lagente et al. (1995) Lagente et al. (1995) Lagente et al. (1995)
Guinea pig	Cytokine-induced pulmonary eosinophilia	Benafentrine	p.o./s.c. (minipump)	Inhibition	Kings et al. (1990)
Guinea pig	PAF-induced eosinophil number in BAL fluid	Benafentrine Aminophylline	s.c. (minipump) s.c. (minipump)	Inhibition Inhibition	Sanjar et al. (1989, 1990b) Sanjar et al. (1989, 1990b)
Guinea pig	Leukotriene- and histamine-induced eosinophilia in the eye	Rolipram Zardaverine	p.o. p.o.	Inhibition Inhibition	Newsholme and Schwartz (1993) Newsholme and Schwartz (1993)
Guinea pig	Antigen-induced lung eosinophilia/IL-5-induced pleural eosinophilia	Rolipram RP 73401 CDP 840	p.o./i.p. p.o./i.p. p.o./i.p.	Inhibition Inhibition Inhibition	Hughes et al. (1996) Hughes et al. (1996) Hughes et al. (1996)
Guinea pig	Antigen- and mediator-induced cutaneous eosinophilia	Rolipram	i.p.	Inhibition	Teixeira et al. (1994b)
Guinea pig	Antigen-induced eosinophil number in BAL fluid	D-22888 RP 73401 SB 207499 RS 25344	p.o. p.o. p.o. p.o.	Inhibition Inhibition Inhibition Inhibition	Dent et al. (1998) Dent et al. (1998) Dent et al. (1998) Dent et al. (1998)
Guinea pig	Antigen-induced pulmonary eosinophilia	Rolipram Ro-20,1724 Theophylline	i.p. i.p. i.p.	Inhibition Inhibition Inhibition	Danahay and Broadley (1997) Danahay and Broadley (1997) Danahay and Broadley (1997)

Rat	Antigen-induced lung eosinophilia	Rolipram Org 20241 Aminophylline Denbufylline Milrinone	i.p. i.p. p.o. p.o. p.o.	Inhibition Inhibition Inhibition Inhibition	Elwood et al. (1995) Elwood et al. (1995) Howell et al. (1995) Howell et al. (1995) Howell et al. (1995)
Rat	Antigen-induced lung eosinophilia/ IL-5-induced pleural eosinophilia	Rolipram RP 73401 CDP 840	i.p. i.p. i.p.	Inhibition Inhibition Inhibition	Hughes et al. (1996) Hughes et al. (1996) Hughes et al. (1996)
Rat	Antigen-induced eosinophil number in BAL fluid	Rolipram RP 73401	i.t. i.t.	Inhibition at high doses only Inhibition at high doses only	Raeburn et al. (1994) Raeburn et al. (1994)
Monkey	Antigen-induced eosinophil number in BAL fluid	Rolipram CP 80,633	s.c. s.c.	Inhibition Inhibition	Turner et al. (1994) Turner et al. (1996)
Rabbit	Antigen-induced pulmonary eosinophilia	CDP 840 Rolipram Theophylline	i.p. i.p. i.p.	Inhibition Inhibition Inhibition	Gozzard et al. (1996b) Gozzard et al. (1996b) Gozzard et al. (1996b)

Although proinflammatory mediators such as PAF, histamine and LTB₄ elicit pulmonary eosinophil recruitment, the eosinophil count in the airways lumen is considerably less than that seen following antigen provocation (Aoki et al., 1988). This observation, along with the finding that selective antagonists of these mediators do not abrogate eosinophil recruitment following antigen challenge, implicates mediators other than PAF, histamine, and LTB₄ in eosinophil accumulation in the lung. It is now recognized that chronic proinflammatory cytokines/chemokines including IL-3, IL-5, GM-CSF, RANTES, TNF α , eotaxin, and MIP-1 α can elicit the pulmonary accumulation and activation of eosinophils. Indeed, Kings et al. (1990) documented the ability of human recombinant IL-3 and GM-CSF, and mouse TNF α , to selectively attract eosinophils into the lungs of guinea pigs. Significantly, pretreatment of the animals with the PDE3/4 inhibitor benafentrine effectively suppressed that response (Kings et al., 1990). Collectively, these are important observations since they imply that selective PDE inhibitors are effective at blocking the deleterious actions of both acute and chronic mediators of allergic inflammation. Although it is unclear how PDE inhibitors prevent pulmonary eosinophilia, it is likely that part of their action is to suppress directly the activation of eosinophils. This is suggested from studies where the injection of salmeterol-treated, ¹¹¹In-labeled guinea pig eosinophils into the systemic circulation of recipient guinea pigs is associated with a marked reduction in their ability to infiltrate skin sites exposed to an inflammatory insult (Teixeira and Hellewell, 1997b).

There are no reports of the effects of PDE4 inhibitors upon eosinophil numbers in humans. However, it has been reported that ibudilast, a nonselective PDE inhibitor (Souness et al., 1994), failed to reduce the circulating eosinophil count in asthmatic subjects (Kawasaki et al., 1992). However, in another study, oral administration of the PDE4-selective inhibitor CDP 840 to 54 asthmatic patients in a placebo-controlled, double-blind clinical trial produced a marginal, but significant, inhibition of the LPR following antigen provocation, which is believed to involve the influx and activation of eosinophils from the circulation (Harbinson et al., 1997).

B. Theophylline

Theophylline is an adenosine antagonist and weak inhibitor of cyclic nucleotide PDEs and provides a mainstay in the treatment of asthma in the western world. However, the beneficial effects of theophylline on those cell types implicated in the pathogenesis of asthma, such as the eosinophil, and their pharmacological and biochemical basis essentially are unknown.

1. *In Vitro Effects.* Theophylline exhibits multiple pharmacological actions and its effects on leukocyte function accordingly are complex. In guinea pig and human eosinophils, theophylline attenuates PAF-, IL-5-, and SO₂-induced superoxide anion generation (Yukawa

et al., 1989b; Dent et al., 1994; Hatzelmann et al., 1995; Ezeamuzie and Al-Hage, 1998) at concentrations ($>100 \mu\text{M}$) that inhibit PDE4 in washed membranes and elevate the cAMP content in intact cells (Dent et al., 1991; Souness et al., 1991). The finding that the 8-phenyl analog of theophylline, which is not a PDE inhibitor, fails to reduce superoxide anion generation, supports the belief that theophylline inhibits the activation of the NADPH oxidase in eosinophils through PDE inhibition (Yukawa et al., 1989b). At lower concentrations of theophylline, that approximate to what is achieved clinically, a paradoxical increase in superoxide anion generation has been reported which probably is attributable to the antagonism of endogenously released adenosine. Indeed, the available data suggest that adenosine synthesized endogenously by eosinophils normally exerts a negative autocrine effect on oxidative metabolism and that theophylline, at therapeutic doses, blocks this protection. However in asthma, adenosine might act as a proinflammatory mediator through the A_1 receptor subtype. Potentially, this has important therapeutic implications in cell-mediated inflammatory diseases where theophylline is prescribed since blocking the A_1 receptor could, on balance [and despite the ability of adenosine to enhance the elaboration of superoxide anions in leukocytes (Schrier and Imre 1986)], impart an anti-inflammatory influence which might contribute to its efficacy in the treatment of asthma.

Theophylline prevents degranulation of human eosinophils (assessed as secreted EDN or ECP) in response to IgG, secretory IgA, fMLP, and C5a (Kita et al., 1991b; Hatzelmann et al., 1995; Ezeamuzie and Al-Hage 1998). A consistent finding is that IgG-induced EDN release is significantly more sensitive to theophylline than the same response evoked by secretory IgA (Kita et al., 1991b) which agrees completely with results of other experiments where β adrenoceptor agonists were studied. In another investigation, Eda et al. (1993a) reported that theophylline enhanced the ability of the β_2 adrenoceptor agonist eformoterol to suppress PAF-evoked ECP release, implying that the negative effect on degranulation is due to the inhibition of PDE and is therefore governed by a cAMP-dependent mechanism(s).

Theophylline reduces the enhanced survival of guinea pig (Adachi et al., 1996) and human eosinophils (Hossain et al., 1994a; Ohta et al., 1996) afforded by IL-5. Significantly, the morphological changes seen at the electron microscopic level and the fragmentation of DNA visualized on agarose gels show the characteristics of apoptosis rather than necrosis (Adachi et al., 1996). Although it is established that cAMP effectively promotes the apoptosis of human eosinophils (see *XIV.C* and *XIV.D*), the molecular mechanism of action of theophylline is not clear since the PDE4 inhibitors rolipram and denbufylline are inactive (Hallsworth et al., 1996).

Other in vitro functional responses that are negatively regulated by theophylline include agonist-stimulated

chemotaxis (Clark et al., 1977; Eda et al., 1993a; Tenor et al., 1996), LTC₄ and TX biosynthesis (Souness et al., 1994; Tenor et al., 1996), the up-regulation of the surface adhesion molecule Mac-1 by PAF (Sagara et al., 1996), and antibody-dependent, eosinophil-mediated damage of ⁵¹Cr-labeled schistosomula of *S. mansoni* (David et al., 1977).

2. In Vivo Effects. The administration of theophylline to sensitized laboratory animals before antigen provocation or in response to proinflammatory spasmogens such as PAF, histamine, or Sephadex beads has a variable effect on bronchial hyperreactivity and, in the case of allergen, on the early and LPR (Perruchoud et al., 1984; Sanjar et al., 1989; 1990b,c; Ali et al., 1992; Gozzard et al., 1996b). These are curious findings since in the majority of cases (but see Banner et al., 1995; Namovic et al., 1996), experiments conducted with sensitized rats and guinea pigs have demonstrated that theophylline suppresses pulmonary eosinophil recruitment, which is believed to be intimately associated with the development of the LPR (Gristwood et al., 1991; Tarayre et al., 1991a, b, 1992; Manzini et al., 1993; Lagente et al., 1994b, 1995; Howell et al., 1995; Gozzard et al., 1996b). It is important to appreciate, however, that in many of these studies theophylline was administered acutely, as a single dose in excess of that given therapeutically and may, therefore, have little clinical relevance. In contrast, chronic dosing of guinea pigs with theophylline for 7 days effectively prevents PAF- and allergen-induced pulmonary eosinophilia at doses that are achieved clinically (Sanjar et al., 1989, 1990b,c; but see Banner et al., 1995).

A newer xanthine PDE inhibitor, isbufylline, that has negligible affinity for adenosine receptors (Manzini et al., 1990), similarly reduces eosinophil recruitment into the airways of sensitized guinea pigs following antigen inhalation and suppresses PAF-induced bronchial responsiveness effected by i.v. histamine (Manzini et al., 1993).

Theophylline also prevents the influx of eosinophils into the pleural cavity of carrageenan-challenged mice (Saleh et al., 1996) and the cutaneous eosinophilia in sensitized guinea pigs that results following allergen challenge (Teixeira et al., 1994a). In the latter study, a substantial reduction in the accumulation of ¹¹¹In-labeled eosinophils into the skin of sensitized guinea pigs injected intradermally with zymosan-activated plasma (source of C5a), PAF or antigen was noted.

Although the clinical pharmacology of theophylline is well documented, it was only recently appreciated that the efficacy of this drug in asthma is attributable to actions other than bronchodilatation. Significantly, there is increasing evidence that theophylline exerts an immunomodulatory action in clinical asthma (Pardi et al., 1984; Ward et al., 1993; Jaffar et al., 1994; Sullivan et al., 1994b; Banner and Page, 1995a, 1996; Kidney et al., 1995; Chung, 1996; Finnerty et al., 1996; Kraft et al.,

1996; MacLeod and Djukanovic, 1996) at plasma concentrations that do not affect airway smooth muscle tone (Ward et al., 1993; Jaffar et al., 1994; Sullivan et al., 1994b; Finnerty et al., 1996; Tohda et al., 1998). Several lines of investigation have led to this conclusion. In particular, evidence from the majority of studies has demonstrated that theophylline protects against the LPR following allergen provocation, implying that the emigration of proinflammatory and immunocompetent cells from the circulation into the lung and/or their subsequent activation is suppressed. With respect to the eosinophil, experiments conducted by Costello and colleagues (Jaffar et al., 1994; Sullivan et al., 1994b) have demonstrated that the numbers of EG2⁺ (marker for secreted MBP) eosinophils and CD4⁺ T lymphocytes were reduced in allergic subjects given low-dose theophylline (mean plasma concentration 6.6 $\mu\text{g/ml}$) for 6 weeks. In another *in vivo* study, treatment of asthmatic subjects for 11 months with oral theophylline (600 mg/day) reduced the circulating concentration of ECP and EDN indicative of a negative effect on eosinophil degranulation (Pedersen et al., 1996). However, lung function, assessed by the measurement of FEV₁ (% predicted) and histamine PC₂₀, was not improved (Pedersen et al., 1996).

The mechanism by which theophylline could exert an immunomodulatory action is far from clear. It has been reported that oral administration of theophylline (resulting in a mean plasma concentration of 10.9 $\mu\text{g/ml}$) to moderately severe asthmatic subjects reduced the number of cells staining for IL-4 and IL-5 (Djukanovic et al., 1995; Finnerty et al., 1996), implying that theophylline may act, at least in part, to repress transcription of the *IL-4* and *IL-5* genes or reduce the translation of preexisting mRNAs. In this respect, mRNA transcripts and protein for IL-4 and IL-5 have been identified in human eosinophils (Moqbel et al., 1995; Moller et al., 1996a,b; Nakajima et al., 1996). See *XII.D.4* and *XII.D.5* for details.

C. Cholera Toxin and Forskolin

Exposure of human eosinophils to cholera toxin (CTX), which ADP ribosylates G_{sα} and, thereby, irreversibly activates adenylyl cyclase, results in a significant increase in the cAMP content (Kita et al., 1991b; Hallsworth et al., 1996). Functionally, secretory IgA and IgG-induced EDN release is prevented in CTX-treated cells, providing further evidence that eosinophils can be modulated by cAMP-dependent mechanisms (Kita et al., 1991b). In agreement with the inhibitory influence of β adrenoceptor agonists and IBMX on EDN secretion, IgG-induced degranulation is significantly more sensitive to CTX than the same response evoked by secretory IgA (Kita et al., 1991b). Attenuation of the secretory response is observed after a latency of approximately 1 h, which is consistent with the lag time required for the activation of G_{sα} by CTX.

Hallsworth et al. (1996) have reported that CTX reduces the survival of human eosinophils cultured in the presence of GM-CSF. Eosinophil DNA, extracted from CTX-treated cells, and run on an agarose gels was completely fragmented, showing a distinctive "ladder pattern" of approximately 200 bp, indicating the activation of an endonuclease characteristic of apoptosis (Hallsworth et al., 1996). The ability of CTX to reduce eosinophil survival was prevented by the PKA inhibitor H-89, implicating a cAMP-dependent mechanism(s) in apoptosis (Hallsworth et al., 1996). Taken together, these are intriguing results given that cAMP *enhances* the survival of human neutrophils (Rossi et al., 1995) and implies that fundamental differences exist in the regulation of programmed cell death between eosinophils and neutrophils. This contention is supported further by the finding that in the absence of GM-CSF, the survival of human eosinophils is significantly enhanced by CTX by processes that are not sensitive to H-89 and, therefore, may be independent of PKA (Hallsworth et al., 1996). Thus, cAMP-elevating drugs can exert opposite effects on the longevity of human eosinophils that depend upon whether or not the cells are exposed to GM-CSF.

The naturally occurring diterpene, forskolin, which in many cell types promotes a robust activation of adenylyl cyclase, has little if any effect on the cAMP content of eosinophils at concentrations up to 10 μM (Alves et al., 1996; Hallsworth et al., 1996). Increasing the concentration of forskolin further is associated with a detectable increment in cAMP mass (Alves et al., 1996; Hallsworth et al., 1996) but this effect is modest which tempts speculation that eosinophils might express a significant amount of adenylyl cyclase IX which is forskolin-insensitive (see Iyengar, 1993a,b; Pieroni et al., 1993). The limited ability of forskolin to elevate eosinophil cAMP content presumably explains, at least in part, its variable effects in functional assays. Thus, although forskolin does not promote apoptosis of human eosinophils (Hallsworth et al., 1996) or inhibit LTB₄-induced TX biosynthesis or H₂O₂ generation in guinea pig eosinophils, it nevertheless effectively suppresses chemotaxis of rat and human eosinophils in response to PAF, C5a, and LTB₄ (Kaneko et al., 1995c; Alves et al., 1996). Moreover, incubating rat eosinophils with rolipram and forskolin, at concentrations that exert no effect when examined individually, markedly attenuates chemotaxis in the absence of a detectable change in cAMP mass. These results clearly implicate cAMP in the regulation of chemotaxis and suggest that forskolin evokes a subtle increase in cAMP in rat eosinophils such that it cannot be detected when total cell cAMP is measured.

D. Cyclic Nucleotide Analogs

Almost all indices of eosinophil activation studied, that are considered to be proinflammatory or tissue preserving, are suppressed by lipophilic cAMP analogs (Clark et al., 1977; Sher and Wadee, 1981; Dent et al.,

1991; Kita et al., 1991b; 1995; Alves et al., 1996; Hallsworth et al., 1996; Berends et al., 1997; Hebestreit et al., 1998). Agonist-induced AA mobilization, activation of the NADPH oxidase, chemotaxis, expression of CD11b, and the shedding of L-selectin are reduced by dibutyryl cAMP (Clark et al., 1977; Dent et al., 1991; Alves et al., 1996; Berends et al., 1997). Similarly, pretreatment of human eosinophils with a range of analogs including dibutyryl cAMP, 8-Br-cAMP, and N^6 -benzoyl-cAMP prevents IgG-, secretory IgA- and MBP-induced degranulation (Kita et al., 1991b), MBP-induced IL-8 production (Kita et al., 1995), and chemotaxis in response to endotoxin-activated serum (Clark et al., 1977). In addition, flow cytometric analyses have shown that dibutyryl cAMP enhances Fc γ RII (CD32) receptor expression on human peripheral blood eosinophils and on eosinophils differentiated in vitro from mononuclear cells by IL-5 (Akutagawa et al., 1994). In contrast, dibutyryl cAMP reduces the ability of IFN γ to up-regulate Fc γ RIII (CD16) receptor number (Akutagawa et al., 1994).

Dibutyryl cAMP also promotes apoptosis of human eosinophils cultured with GM-CSF (Hallsworth et al., 1996) but, paradoxically, reverses spontaneous and CD95-mediated death in cytokine-deprived cells (Hallsworth et al., 1996; Hebestreit et al., 1998). These results are entirely consistent with the effect of CTX on cell survival (XIV.C) and endorses the idea that activation of the cAMP-dependent protein kinase cascade can produce pro- and antiapoptotic effects, which are determined by the absence or presence of other eosinophil stimuli.

Dibutyryl cyclic GMP is generally inactive on eosinophils (Sher and Wadee, 1981; Dent et al., 1991). However, one exception seems to be the regulation of cell survival where it inhibits spontaneous and CD95-mediated apoptosis of eosinophils purified from human peripheral blood (Beauvais et al., 1995a; Hebestreit et al., 1998).

E. Glucocorticosteroids

Glucocorticosteroids are the most effective anti-inflammatory drugs currently available for the treatment of a number of disorders including asthma, atopic dermatitis, rhinitis, and various syndromes associated with hypereosinophilia. The clinical efficacy of these drugs is attributable to a number of distinct actions. In particular they: 1) reduce circulating eosinophil numbers (Saunders and Adams, 1950; Dahl and Venge, 1978; Hallgren et al., 1979; Baigelman et al., 1983; Gleich et al., 1984; Zora et al., 1984; Bochner et al., 1991b; Butterfield et al., 1992; Evans et al., 1993; Laviolette et al., 1994) and the percentage exhibiting a hypodense phenotype (Evans et al., 1993; Kuo et al., 1994); 2) prevent or attenuate the recruitment of eosinophils to sites of inflammation following allergen provocation (Rebuck and Mellinger, 1953; Pipkorn et al., 1987a,b; Schleimer,

1988; Bascom et al., 1989; Charlesworth et al., 1991; Varney et al., 1992; Taborda Barata et al., 1996); 3) reduce the number of eosinophils and the concentration of eosinophil secretory products in the blood, BAL, nasal fluid (Hallgren et al., 1979; Andersson et al., 1989; Bascom et al., 1989; Bisgaard et al., 1990; Janson Bjerklie et al., 1993), and the airway mucosa (Adelroth et al., 1990; Djukanovic et al., 1992; Jeffrey et al., 1992; Laitinen et al., 1992; Wang et al., 1994); 4) control symptoms in asthma patients of all ages and severity (Konig, 1988; Barnes, 1993, 1995; Barnes and Pedersen, 1993); and 5) reduce bronchial hyperresponsiveness (Barnes, 1990; O'Connor et al., 1992; Kuo et al., 1994). Similar effects have been documented in a variety of animal models of allergic and parasitic diseases (Sabag et al., 1978; Etienne et al., 1989b; Sanjar et al., 1989, 1990b,c; Kawabori et al., 1991; Parker et al., 1991; Elwood et al., 1992; Gundel et al., 1992; Kung et al., 1994; Lagente et al., 1994b; Woolley et al., 1994a; Teixeira et al., 1996c; Danahay and Broadley, 1998; Lawrence et al., 1998). Given the diverse activities of steroids, knowledge of how they affect eosinophil function in vitro and in vivo, and an understanding of their molecular pharmacology is clearly desirable if advances in anti-inflammatory therapies are to be achieved.

1. *Receptors.* Many of the anti-inflammatory properties of steroids are thought to be mediated via the GR, which have been identified and, to some extent, characterized in eosinophils (Peterson et al., 1981). The structure of the GR has been elucidated using site-directed mutagenesis (Muller and Renkawitz, 1991) but, unlike almost every other receptor, there is no evidence for GR heterogeneity within or between tissues (Barnes, 1997). Using [3 H]dexamethasone, Peterson et al. (1981) described the labeling of a population of high-affinity ($K_d = 15$ nM), low-capacity ($B_{max} = 11,000$ per cells) binding sites on human eosinophils. The proposal that glucocorticoids act through GR is supported by the finding that the rank order of potency of various steroids at inhibiting GM-CSF-enhanced eosinophil survival correlates closely with their affinity for the GR (Lamas et al., 1991). Significantly, the rank order of potency is similar to that found for steroid-induced inhibition of AA metabolism from human lung (Schleimer et al., 1986) and histamine release from human basophils (Schleimer et al., 1981). In contrast, the steroid sex hormones β -estradiol and testosterone are not anti-inflammatory in eosinophils and, as would be predicted, have very weak affinity for the GR (Lamas et al., 1991). It is notable that eosinophils purified from the peripheral blood of steroid-insensitive individuals with hypereosinophilia fail to bind [3 H]dexamethasone (Prin et al., 1989).

2. *Maturation.* It is well established that glucocorticoids inhibit the formation of eosinophil-rich colonies in in vitro bone marrow colony assays (Bjornson et al., 1985; Slovick et al., 1985; Butterfield et al., 1986), but interpretation of the data is often difficult as cells, in

addition to eosinophil progenitors, are usually present in the cultures (Gleich et al., 1996). The possibility that steroids inhibit eosinophil colony growth directly was initially suggested by results published by Bjornson and colleagues (1985) who showed that the proliferation of eosinophil progenitors obtained from the peripheral blood and bone marrow was significantly inhibited (from 49 to 4 colonies) by hydrocortisone. Significantly, the reduction in colony frequency was not prevented when adherent or E-rosetting cells were removed, or when cyclosporin A, which suppresses the activity of T lymphocytes, was included in the cultures. However, in contrast to that study, Slovick et al. (1985) reported that glucocorticoids had no effect on eosinophil colony growth when purified progenitors that were devoid of mononuclear cells and T lymphocytes were used. The finding that steroids suppressed the release of a colony-stimulating factor(s) from human monocytes led Slovick and colleagues to conclude that eosinophil maturation is blocked indirectly through the suppression of cytokine release from accessory cells present in the cultures. Persuasive evidence for this latter contention was provided 10 years later in a study where Shalit et al. (1995) were unable to demonstrate an inhibitory action of steroids on the formation of eosinophil colonies when purified CD34⁺ primitive hematopoietic cells were stimulated with IL-3, IL-5, and GM-CSF. Thus, on balance, glucocorticoids probably suppress eosinophil maturation by tempering the production and/or release of IL-5 and other eosinopoietic factors from cells within the bone marrow rather than by directly affecting CD34⁺ progenitors (Sanderson et al., 1985; Yamaguchi et al., 1988b; Sher et al., 1990; Rolfe et al., 1992).

3. Adhesion and Adhesion Molecule Expression. Studies performed in the late 1970s and early 1980s demonstrated that oral administration of prednisolone to human volunteers resulted in a partial inhibition of serum-induced adherence of whole blood eosinophils studied *ex vivo* (Clark et al., 1979; Altman et al., 1981). In those investigations, the effect was transient and a partial recovery was seen 24 to 48 h after steroid administration. Paradoxically, eosinophils purified from whole blood were insensitive to the inhibitory effect of the steroid, an effect shared by purified eosinophils studied *in vitro* (Altman et al., 1981). Those latter findings are entirely consistent with a more recent investigation which failed to demonstrate an inhibitory effect of budesonide on the adhesion of human eosinophils to HUVECs stimulated with PAF, fMLP, IL-1 β , and IL-4 (Kaiser et al., 1993). Collectively, these results lend support to the idea that steroids suppress the accumulation of eosinophils at sites of inflammation by acting indirectly, possibly by inhibiting the generation of chemoattractants.

Despite their apparent inability to attenuate adhesion *per se*, glucocorticoids are reported to block the up-regulation of certain adhesion molecules on eosinophils.

Thus, the increased expression of ICAM-1, promoted by IL-3, IL-5, and GM-CSF, is partially reduced by dexamethasone over the concentration range (1–100 nM) predicted for a GR-mediated effect (Guida et al., 1994). Hartnell et al. (1992a) also have documented that dexamethasone effectively suppresses IL-3-induced CR3 receptor expression although this was not confirmed in a subsequent study where the expression of CD11b by PAF and fMLP was examined (Tomioka et al., 1993). The reason for this discrepancy is unclear, but it is possible that steroids preferentially prevent the transcription of the gene encoding CD18 (the common β chain of the CD11 family) rather than the α chain of CR3 (i.e., CD11b).

4. Cell Survival and Apoptosis. As described in *XII.H*, certain cytokines, in particular IL-3, IL-5, GM-CSF, and IFN γ , can markedly prolong the survival of eosinophils *in vitro* for days or even weeks. However, eosinophils undergo apoptosis if they are exposed to glucocorticoids even in the continued presence of cytokine (Lamas et al., 1989, 1991; Cox et al., 1991; Wallen et al., 1991; Hallsworth et al., 1992; Mullol et al., 1995; Adachi et al., 1996; Druilhe et al., 1996; Kitagaki et al., 1996; Meagher et al., 1996; Nittoh et al., 1998; Hagan et al., 1998). This fundamental finding has led to the proposal that survival-enhancing cytokines maintain eosinophil viability by suppressing apoptosis (Williams et al., 1990). Pharmacological evidence suggests that steroid-induced apoptosis is a GR-mediated process because it is prevented by the GR antagonist RU 38486 (Meagher et al., 1996; Nittoh et al., 1998). With the exception of IFN γ (Her et al., 1991), the ability of glucocorticoids and cytokines to modulate eosinophil survival is mutually antagonistic (Her et al., 1991) where the effect of a steroid can be overcome in the presence of higher concentrations of IL-3, IL-5, or GM-CSF. It is curious that although steroids promote the apoptosis of human eosinophils, they enhance the survival of human neutrophils under similar experimental conditions (Cox, 1995; Meagher et al., 1996; Nittoh et al., 1998); the reason for this divergent effect is unknown.

The precise molecular details of how steroids regulate eosinophil survival are unknown and multiple possibilities exist. In addition to inhibiting the biosynthesis of cytokines from other “supporting” cells, steroids clearly act directly on eosinophils to modulate their longevity. Some of the more attractive processes that are under intense investigation include antagonism of the action of survival-enhancing cytokines, which could be at the level of suppressing the *de novo* generation and/or release of stored cytokines such as GM-CSF (Levi Schaffer et al., 1995), and down-regulating the expression of certain cytokine receptors. It is likely that glucocorticoids also induce or repress certain genes that regulate apoptosis, independent of their ability to modulate the action of survival-enhancing cytokines. Indeed, in contrast to certain T lymphocytes, protein synthesis inhibitors

such as actinomycin D and cycloheximide promote apoptosis of eosinophils (Yamaguchi et al., 1991). Although a variety of effector molecules have been implicated in the final common pathway leading to programmed cell death including Bax (Oltvai et al., 1993), Bcl-2 (Nunez et al., 1990; Sentman et al., 1991), Bcl-x_S (Boise et al., 1993), Bcl-x_L (Boise et al., 1993), cyclins (Sherr, 1993; Shi et al., 1994), p53 (Yonish-Rouach et al., 1991; Lowe et al., 1993), *c-myc* (Shi et al., 1992), and ICE (Barinaga, 1994; Vaux et al., 1994), little information is available for the eosinophil. However, possible clues to the mechanism of action of steroids can be derived from the observation that the enhanced survival of human eosinophils effected by IL-5 is associated with increased expression of Bcl-2 and Bcl-x_L (Ochiai et al., 1997; Dibbert et al., 1998). Therefore, an action of steroids on the expression of these proteins is possible. An additional site of action is the pathway that promotes CD95L-induced apoptosis. Druilhe and coworkers (1996) reported that cross-linking CD95 in cytokine-deprived eosinophils with an "agonistic" CD95L monoclonal antibody increased the number of apoptotic nuclei by a mechanism that was significantly enhanced by dexamethasone.

Although much is to be learned of eosinophil apoptosis and its control, it is clearly a highly regulated process with unique characteristics (Adachi et al., 1996; Druilhe et al., 1996; Meagher et al., 1996). It is tempting to speculate that the ability of steroids to resolve eosinophilic inflammation might be due, in part, to the induction of apoptosis.

5. Degranulation. The effect of steroids on granule protein release from eosinophils is unclear. A study by Hallam and coworkers (1982) demonstrated that relative high concentrations (100 nM to 1 mM) of methyl prednisolone suppressed the ability of eosinophils, harvested from the peritoneal lavage fluid of *N. brasiliensis*-infected rats, to kill chicken erythrocytes in an antibody-dependent manner. That effect was abolished by cycloheximide, suggesting that the steroid was promoting new protein synthesis. Similarly, pretreatment of human eosinophils for 24 h with hydrocortisone effectively inhibited the secretion of ECP in response to serum-coated Sephadex beads (Winqvist et al., 1984). Again, evidence that the effect of hydrocortisone was transcriptional is suggested by an earlier study of Venge and Dahl (1989) who reported that acute exposure of eosinophils to steroids was poorly effective under comparable experimental conditions. Although the above results suggest that steroids can modulate the secretory event of eosinophil leukocytes, other data accrued more recently have not been able to confirm those findings. Indeed, Kita et al. (1991c), using a panel of steroids (hydrocortisone, dexamethasone, methyl prednisolone), did not detect any inhibition of IgG-induced EDN release from human eosinophils after a prolonged period of incubation or when the exocytotic response was en-

hanced by IL-5 (Kita et al., 1991c). Their results are entirely consistent with other studies performed with human neutrophils where dexamethasone was inactive in blocking the release of MPO (Schleimer et al., 1989). The explanation for this inconsistency is unresolved but could reflect the nature of the degranulation-evoking stimulus and/or the identity of product secreted. If steroids are generally unable to prevent eosinophil degranulation, then their activity reported in vivo implies that they act indirectly on other elements that can affect the secretory response. In this respect, Sensi and colleagues (1997) noted that the steroid flunisolide significantly reduced the level of ECP in nasal secretions taken from children with chronic allergic rhinitis.

6. Chemotaxis. The ability of corticosteroids to inhibit directed and random migration of eosinophils was first documented in 1975 using cells harvested from a patient with rheumatoid arthritis (Goetzl et al., 1975). Shortly afterward, it was reported that the chemotaxis of guinea pig eosinophils was similarly suppressed by corticosteroids (Gauderer and Gleich, 1978). Experiments performed 20 years later with a murine model of cutaneous eosinophilia have confirmed those original observations and established, using ¹¹¹I-labeled eosinophils from a donor mouse, that antigen-, PAF-, MIP-1 α -, and LTB₄-induced eosinophil accumulation does not require an action on the bone marrow (Teixeira et al., 1998). However, despite these aforementioned data, the direct effect of steroids on eosinophil chemotaxis is equivocal. For example, in vivo treatment of normal subjects with prednisolone for 24 h inhibited subsequently the ability of endotoxin-activated serum to stimulate the migration of eosinophils in vitro (Clark et al., 1979). In a comparable study, eosinophil migration effected by SOZ was similarly inhibited by hydrocortisone and methylprednisolone (Altman et al., 1981). However, in vitro studies have provided conflicting results. Thus, although Kurihara et al., (1989) failed to detect any inhibitory effect of dexamethasone on PAF-induced eosinophil migration after a 6-h pretreatment period, Prin and colleagues (1989) noted a modest suppression of migration although the concentration of dexamethasone used in that study was approximately 1000-fold higher than its affinity for the GR receptor.

7. Effects on Transcription of Genes Relevant to Eosinophil Function. Steroids can effectively increase and decrease transcription of many genes that produce proteins relevant to normal eosinophil function and the aberrant behavior noted in asthma and allergy. However, with the exception of IL-8 and MCP-1, whose secretion from human eosinophils is suppressed by dexamethasone with an IC₅₀ (10 nM) consistent with a direct interaction at the GR (Miyamasu et al., 1998), there are no GREs in the upstream promoter region of many genes that encode cytokines. In contrast, steroids have a profound ability to up-regulate cytokine receptor expression on many cell types which presumably could enhance

their sensitivity to endogenous activating ligands (see Wiegers and Reul, 1998).

8. *Activation of the NADPH Oxidase.* Exposure of adherent eosinophils to a variety of stimuli (e.g., IL-5, fMLP, GM-CSF) that activate the NADPH oxidase results in a slow and protracted generation of oxygen-derived free radicals that can last for several hours. The possibility that new protein synthesis is required for this response is suggested by the finding that high concentrations of dexamethasone inhibit the release of superoxide anions in response to SO₂ (Evans et al., 1990). A GR-mediated mechanism is apparently responsible for this effect because it is prevented in cells pretreated with the steroid receptor antagonist, RU 38486 (Evans et al., 1990).

9. *Antigen Presentation.* In a study by Guida et al. (1994), the steroids dexamethasone and hydrocortisone markedly enhanced the expression of the MHC class II antigens HLA-DR and HLA-DP on the surface of human peripheral blood eosinophils in response to IL-3, IL-5, and GM-CSF. That effect was observed at concentrations (10 nM) of the steroids approximately equal to their affinity for the GR and, significantly, was associated with an increased ability of the cells to present antigen (Guida et al., 1994). A third MHC class II molecule, HLA-DQ, generally, was not induced although in one donor, exposure of eosinophils to dexamethasone and IL-3 resulted in high levels of expression (Guida et al., 1994).

F. Estrogen

Uterine eosinophilia is induced in rats following the administration of estrogen (Tchernitchin et al., 1974; Katayama et al., 1998). This observation, which was first made in the mid 1970s, led to the proposal that eosinophil activation is responsible for a number of early oestrogenic responses (Tchernitchin et al., 1974). It was further hypothesized that eosinophils express estrogen receptors (A. Tchernitchin et al., 1976; Tchernitchin et al., 1979) of the uterine type II subtype (Lyttle et al., 1984, 1989), which were responsible for the localization of eosinophils to small blood vessels of the uterine wall (X. Tchernitchin et al., 1976). However, it is now believed that eosinophil migration is elicited by chemotactic factors released from the uterus in response to estrogen (Lee et al., 1989) that include complement C3 (Leiva et al., 1991) and cyclophilin (Xu et al., 1992). Furthermore, the preferential accumulation of eosinophils in the uterus may be due to interactions between eosinophil integrins (principally α_6 and β_2), which are up-regulated by estrogen, and uterine extracellular matrix proteins such as laminin (Katayama et al., 1998).

Although there are reports showing increased estrogen binding to eosinophils after stimulation with C5a (Klebanoff et al., 1977) and during phagocytosis (Klebanoff et al., 1977), and that 17 β -estradiol induces eosinophil degranulation both in vivo and in vitro (Tcher-

nitchin et al., 1985; Silva et al., 1997), the existence of bone fide estrogen receptors is questionable. Indeed, although estrogen binding correlates with eosinophil numbers in the uterus (Lyttle et al., 1984, 1989), in vitro culture of rat uterine cells (which lack eosinophils) with 17 β -estradiol stimulates the expression of nuclear type II-binding sites (Markaverich et al., 1986), suggesting that the smooth muscle itself is the primary source of estrogen receptors.

G. Lazaroids

Lazaroid is a generic term that describes a series of 21 amino steroids that are devoid of glucocorticoid and mineralocorticoid activity. These molecules are based on the methylprednisolone structure but lack the critical 11 β -hydroxyl moiety present in glucocorticosteroids. Although initially designed as inhibitors of iron-dependent lipid peroxidation, they have been examined in a number of in vitro and in vivo models for a variety of disorders. One of these, U-75412E, given by aerosol to sensitized rats, markedly attenuated the number of eosinophils that appeared in the BAL fluid after allergen challenge (Richards et al., 1991a, 1992). The effect was dose-dependent and not associated with a reduction in the weight of the thymus or adrenal glands that are typical glucocorticoid side effects. Similar results were reported by Johnson et al. (1992) where topical administration of antigen to the airways of beagle dogs over a period of 6 weeks resulted in a pulmonary eosinophilia that was significantly attenuated by the lazaroid U-78517F. The efficacy of lazaroids also has been confirmed in a sensitized primate model of allergic inflammation with the demonstration that they suppress antigen-induced pulmonary eosinophilia (Johnson and Stout, 1993). The mechanism of action of these novel steroids has not been elucidated but in vitro experiments suggest that it does not apparently involve an interaction with the GR (Richards et al., 1991a) and it is reasonable to conclude, therefore, that they act in vivo also by a GR-independent mechanism. Richards et al. (1992) have proposed that the T lymphocyte could be a primary target for lazaroids due to their intrinsic antioxidant activity (Braugher et al., 1988) but this is yet to be confirmed.

H. Retinoids

Derivatives of vitamin A, or retinoids, evoke a variety of fundamental biological processes through interacting with distinct nuclear receptors that belong to a superfamily of proteins that include steroid, vitamin D, and thyroid hormone receptors, the peroxisome proliferator-activated receptor, the insect edysteroid receptor, and a number of "orphan" receptors whose ligands are currently unknown (Pfahl, 1993; Pemrick et al., 1994). Two families of retinoid receptors have been identified: the retinoic acid receptors (RAR α , RAR β , and RAR γ) and the retinoid X receptors (RXR α , RXR β , and RXR γ).

Moreover, current data are consistent with the idea that there are RAR- and RXR-dependent pathways of gene regulation and that individual receptors influence the expression of specific genes. This diversity of gene regulation has permitted the use of naturally occurring and synthetic retinoids clinically where they have been shown to be particularly effective in cutaneous inflammatory diseases including psoriasis and acne (Pfahl, 1993; Pemrick et al., 1994).

One potential reason for their therapeutic activity might relate to their ability to inhibit the synthesis and/or release of proinflammatory mediators. Lehman and Henderson (1990) compared the ability of eight retinoids (tretinoin, isotretinoin, retinol, retinal, acitretin, retinyl palmitate, atretinate, Ro 15-0778) to suppress the elaboration of LTC₄ from A23187-stimulated equine eosinophils and reported that five of them (tretinoin, isotretinoin, retinol, retinal, and acitretin) were, indeed, active, although the arotinoid, Ro 15-0778, potentiated LTC₄ release. Although the molecular mechanism underlying this effect was not investigated, it was speculated, based on those limited data, that certain retinoids might be of benefit in the treatment of diseases, such as bronchial asthma, where peptido-leukotrienes play a pathogenic role (Lehman and Henderson, 1990).

I. Cromones

Cromones, including sodium cromoglycate and nedocromil sodium, are in widespread use for the prophylaxis of asthma and have been shown to inhibit the LPR following allergen provocation and control many of the symptoms of chronic asthma (Crimi et al., 1989; Brogden and Sorkin, 1993; Twentyman et al., 1993). Although the precise cellular targets through which these drugs exert their beneficial effects are unknown, they modulate directly a number of functional responses in eosinophils that could account or contribute to their clinical efficacy. In the context of host defense and inflammation, both of the aforementioned cromones reduce the number of complement and IgG rosettes on eosinophils and attenuate their propensity to kill schistosomula of *S. mansoni* in response to fMLP (Moqbel et al., 1986, 1988, 1989; Kay et al., 1987). Serum-opsonized zymosan-, C5a-, PAF-, and LTB₄-induced chemotaxis of human eosinophils under in vitro conditions is similarly suppressed by sodium cromoglycate and in some cases nedocromil sodium (Bruijnzeel et al., 1989, 1990; Warringa et al., 1993a). Moreover, in human eosinophils primed with GM-CSF and IL-3, nedocromil sodium at low nanomolar concentrations is extremely effective at preventing fMLP- and IL-8-induced chemotaxis and similarly attenuates the chemotactic response of fMLP on circulating eosinophils harvested from patients with allergic asthma 3 h after allergen provocation (Warringa et al., 1993a). In another study, Abdelaziz and colleagues (1997) reported that nedocromil sodium inhibited the enhancement of eosinophil chemotaxis, adher-

ence to human endothelial cells, and release of soluble ICAM-1 provoked by conditioned medium obtained from human bronchial epithelial cells. Thus, epithelium-derived mediators can potentiate eosinophil activity in a nedocromil-sensitive manner which may represent a potential site where cromones exert their anti-inflammatory activity in vivo.

A number of in vitro and in vivo studies have studied the effect of cromones on eosinophil degranulation in response to diverse stimuli with mixed results. Palczynski et al. (1989) reported that disodium cromoglycate suppressed effectively eosinophil degranulation in 26 of 30 asthmatic patients that were sensitive to deuterium oxide (a stimulus that promotes degranulation in many asthma sufferers but not in normal individuals). Similarly, Spry and coworkers (1986) found that nedocromil sodium inhibited the exocytosis of preformed granule-associated proteins. In contrast, the ECP content of lachrymal secretions from 30 patients with vernal keratoconjunctivitis was poorly suppressed by disodium cromoglycate (4% solution for 10 days) which was in keeping with its limited effect on clinical symptoms (Leonardi et al., 1997).

The effect of cromones on the production of lipid mediators from human eosinophils is similarly unclear. Nedocromil sodium has been reported to be active (Bruijnzeel et al., 1989; Moqbel et al., 1989; Sedgwick et al., 1992a) and inactive (Burke et al., 1990) in suppressing the production of LTC₄ in response to A23187, fMLP, and SOZ. Again, the reason(s) for this difference is not established but might reflect, to some extent, differences in degranulation-evoking stimulus or functional antagonism.

Other potentially beneficial actions of cromones include their ability to inhibit the enhanced survival of human eosinophils afforded by IL-5 (Resler et al., 1992) and epithelial cell-derived cytokines (Mullol et al., 1997), the development of a hypodense phenotype in eosinophils cultured in 50% conditioned medium from bovine pulmonary endothelial cells (Sedgwick et al., 1992a) and the restoration (toward normal) of the eosinophil count in rectal inflammatory exudates from patients with ulcerative colitis (Rampton et al., 1982). Devalia and coworkers (1992) reported that the incubation of human eosinophils with nedocromil sodium along with an activating stimulus, such as a phorbol diester or opsonized latex beads, prevented their ability to impair the normal ciliary beat frequency of human cultured epithelial cells under in vitro conditions. This is an interesting observation given that the clearance of particulate matter from the airways is critically dependent upon uncompromised ciliary beat activity. Therefore, it might be predicted that nedocromil sodium would maintain this key function when the airways are inflamed. Given the wide spectrum of anti-inflammatory effects produced by nedocromil sodium, it is curious that cromones do not

inhibit superoxide anion generation from human eosinophils (Sedgwick et al., 1992a).

Relatively few studies have formally examined the effect of cromones in vivo. Nevertheless, cromones have been shown to reduce pulmonary eosinophilia in laboratory animals in response to diverse stimuli including carrageenan, PAF, and allergen (Hutson et al., 1988; Abraham, 1989; Church et al., 1989; Sanjar et al., 1989, 1990b,c; Kings et al., 1990; Pretolani et al., 1990; Schellenberg et al., 1991; Saleh et al., 1996). Likewise, nedocromil has been reported to suppress allergen-induced eosinophilia in asthmatic subjects (Calhoun et al., 1993) and to reduce bronchial hyperresponsiveness (Aalbers et al., 1991).

The mechanism of action of cromones is unknown but their molecular target is likely to be extracellular since both nedocromil sodium and sodium cromoglycate are extremely polar molecules and highly ionized at physiological pH; thus, they are unlikely to gain access to the cells' interior. A number of mechanisms have been proposed to account for their therapeutic activities in asthma but none are entirely satisfactorily. Interested readers should consult Eady and Norris (1997) for a detailed evaluation of current theories.

J. Loop Diuretics

Loop function measurements in normal subjects and in individuals with asthma have demonstrated that the loop diuretic frusemide effectively attenuates bronchoconstriction induced by a variety of indirect airway challenges including ultrasonically nebulized distilled water (Robuschi et al., 1988), exercise (Bianco et al., 1988), allergen (Bianco et al., 1989), metabisulphite (Nichol et al., 1990), and adenosine 5'-monophosphate (O'Connor et al., 1991), yet it is generally inactive in attenuating the bronchoconstriction elicited by histamine and methacholine which act directly on airway smooth muscle to increase bronchomotor tone (Nichol et al., 1990; O'Connor et al., 1991, but see Polosa et al., 1995). The biochemical basis for the protective action of frusemide is apparently unrelated to its ability to inhibit the $\text{Na}^+/\text{K}^+/\text{2Cl}^-$ cotransporter, which underlies its diuretic mechanism of action, since bumetanide, a more potent inhibitor of the cotransporter in the loop of Henlé, is inactive in the same indirect challenges (O'Connor et al., 1991). To account for this anomaly, an alternative mechanism has been proposed that involves the inhibition of transmembrane Cl^- fluxes (Chung and Barnes, 1992). The finding that bronchoconstriction evoked by stimuli such as adenosine 5'-monophosphate is due to the release of spasmogens from proinflammatory cells prompted studies to assess the effect of frusemide, bumetanide, and various putative Cl^- channel blocking drugs on indices of eosinophil activation.

In guinea pig peritoneal eosinophils, frusemide, but not bumetanide, inhibits LTB_4 -evoked H_2O_2 generation in a concentration-dependent manner with a potency in

the low micromolar range (Perkins et al., 1992). A similar result was evoked by DIDS and NPPB (Perkins et al., 1992) which are known to block small and large conductance Cl^- channels in smooth muscle and epithelial cells (Hanrahan et al., 1985; Wangemann et al., 1986). Despite those data, LTB_4 -induced activation of the NADPH oxidase is not dependent upon Cl^- influx since H_2O_2 is still formed when Cl^- are omitted from the extracellular media (Perkins et al., 1992). Based on the aforementioned data the inhibitory mode of action of frusemide, DIDS and NPPB do not seem to involve an inhibition of Cl^- influx. Although the mechanism(s) of action of these drugs is currently obscure, their effects are agonist-dependent. Thus, in contrast to LTB_4 , the H_2O_2 generated by SOZ has an absolute requirement for extracellular Cl^- (Perkins et al., 1992), indicating that SOZ and LTB_4 promote the assembly and subsequent activation of the NADPH oxidase complex by recruiting different cellular signaling pathways. This conclusion is supported by pharmacological studies that show that frusemide, DIDS, and NPPB are inactive when SOZ is used as the stimulus (Perkins et al., 1992).

K. Sodium Channel-Blocking Drugs

Ohnishi and colleagues (1996) reported that the introduction of BAL fluid from 25 of 40 patients with symptomatic asthma to human peripheral blood eosinophils maintained in culture inhibited their survival. The causative factor(s) was of low molecular weight, heat stable, and its effect was overcome by an excess of exogenous cytokines (IL-5, IL-3, GM-CSF). Moreover, there was a highly significant positive correlation between the rate of enhanced death and the concentration of lidocaine in the BAL fluid, indicating that the local anesthetic used for bronchoscopy might represent the inhibitory factor. This possibility is strongly suggested by the ability of exogenous lidocaine and other local anesthetics including tetracaine, dibucane, benoxinate, proparacaine, procaine, and bupivacaine to inhibit human eosinophil survival (Ohnishi et al., 1996; Okada et al., 1998). The interaction of low concentrations of lidocaine with human eosinophils is seemingly specific because its effects are overcome by IL-3, IL-5, and GM-CSF; however, higher concentrations of the anesthetic are not overcome by hematopoietic cytokines indicative of functional antagonism (Ohnishi et al., 1996; Okada et al., 1998). Curiously, the enhanced survival of human eosinophils afforded by IL-5 is significantly more sensitive to lidocaine than cells treated identically with IL-3 or GM-CSF (Okada et al., 1998). Thus, despite the common β chain shared by the GM-CSF, IL-3, and IL-5 receptor (see VI.A), difference in the responsiveness of eosinophils to these cytokines is clearly apparent and corroborates the results obtained from binding studies with ^{125}I -labeled IL-5 (Lopez et al., 1991). Lidocaine also antagonizes the ability of $\text{IFN}\gamma$ to enhance eosinophil survival (Ohnishi et al., 1996).

The inhibitory action of lidocaine on eosinophils is not limited to survival but seems to be restricted to functional responses effected by IL-5 and related cytokines. Thus, the generation of superoxide by human eosinophils adherent to culture plastic via a β_2 integrin-dependent process and stimulated by IL-5 also is attenuated by lidocaine, whereas activation of the NADPH oxidase by PAF and immobilized IgG is insensitive (Okada et al., 1998).

Collectively, the limited results described above suggest that lidocaine and its analogs behave as glucocorticoid-mimetics although the mechanism of action is almost certainly different (Gleich et al., 1996; Okada et al., 1998). Studies performed by Okada and coworkers (1998) have shown that lidocaine does not inhibit the binding of ^{125}I -labeled IL-5 to human eosinophils or the subsequent changes in protein tyrosine phosphorylation. Furthermore, lidocaine and its analogs do not modify eosinophil survival by preventing Na^+ influx or by inhibiting the Na^+/H^+ antiporter (Okada et al., 1998). Instead, pharmacological evidence points to an inhibitory action of lidocaine at ATP-sensitive K^+ channels (Bankers-Fulbright et al., 1998).

Preliminary clinical investigations have shown lidocaine to be steroid-sparing (Gleich et al., 1996; Hunt et al., 1996) although indices of inflammation, like eosinophil numbers in BAL fluid, have not been reported.

L. Ketotifen

Ketotifen has a pharmacology that supports its utility in the treatment of allergic inflammatory diseases such as asthma (Grant et al., 1990). In vitro studies have demonstrated that several markers of eosinophil activation are suppressed by ketotifen. Using eosinophils purified from the peripheral blood of 25 patients with asthma, Kishimoto and colleagues (1990) found that ketotifen inhibited the release of LTC_4 and the morphological changes evoked by anti-IgG (Kishimoto et al., 1990). Chemotaxis, degranulation, actin polymerization, induction of a hypodense phenotype, and, at high concentrations, the enhanced survival of eosinophils effected by IL-5 are also reported to be suppressed by ketotifen (Podleski et al., 1984; Miyasato et al., 1988; Morita et al., 1990b; Nabe et al., 1991; Hossain et al., 1994a).

Comparable data are available from in vivo investigations. Prophylactic administration of ketotifen to baboons inhibits the accumulation of eosinophils into the BAL fluid evoked by the intratracheal administration of PAF (Arnoux et al., 1988). Identical results have been described in guinea pigs (Sanjar et al., 1989; 1990b,c; Kings et al., 1990) and mice (Nagai et al., 1996) where PAF-, allergen-, and cytokine/lymphokine-induced pulmonary eosinophilia and the increase in IL-5 levels in BAL fluid are significantly attenuated. Ketotifen also reduces the number of eosinophils located in the endometria of estrogen-challenged rats and inhibits degran-

ulation without affecting migration per se (Soto et al., 1989).

Few studies have evaluated the effect of ketotifen on direct or indirect indices of inflammation in humans. However, the limited data available suggest some degree of efficacy. In children presenting with asthma or atopic dermatitis, an apparent correlation exist between the clinical efficacy of ketotifen and normalization of peripheral blood eosinophil numbers during treatment (Uehara et al., 1988; Ikari and Matsunaga, 1989; Grant et al., 1990). Similarly, ketotifen inhibits the cutaneous eosinophilia in response to allergen (Snyman et al., 1992) and prophylactic treatment of patients with pollinosis over the period of natural allergen provocation with ketotifen significantly inhibits the increase in serum ECP levels and eosinophil count (Kato et al., 1994).

Evidence for a direct effect of ketotifen on eosinophil function is suggested from two clinical investigations with comparable results (Hoshino, 1994; Hoshino et al., 1997). In one of those, 25 patients with atopic asthma were given ketotifen (1 mg twice daily for 8 weeks) or placebo in a double-blind parallel group study and eosinophil activation assessed in biopsies taken by fiberoptic bronchoscopy (Hoshino et al., 1997). Relative to placebo, ketotifen reduced the number of EG2^+ cells in the lamina propria, indicating eosinophil stabilization, which was associated with an improvement in asthma symptoms and a reduction in bronchial hyperreactivity (Hoshino et al., 1997).

M. Cyclosporin A, Tacrolimus, and Rapamycin

Evidence now exists that asthma represents a specialized chronic inflammatory condition that may represent a form of cell-mediated immunity where cytokines released from T lymphocytes promote pulmonary eosinophilia. This possibility has prompted several groups of investigators to assess the efficacy of drugs, other than steroids, in the treatment of chronic severe asthma (Corrigan and Kay, 1996). One group of potential therapeutic agents are the immunosuppressants, exemplified by cyclosporin A, tacrolimus (FK 506), and rapamycin (sirolimus) (Bonham and Thompson, 1997).

Cyclosporin A is an undecapeptide isolated from the fungus *Tolypocladium inflatum gams* and tacrolimus is a macrolide produced from the fermentation of a strain of *Streptomyces tsukubaensis*. Although these two molecules are structurally dissimilar, they have closely related biological activities, in particular their ability to alter gene expression. In contrast rapamycin, a macrolide antibiotic produced as a fermentation product of *Streptomyces hygroscopicus*, is believed to exert its biological effects by interfering with cytokine/growth factor receptor signaling, despite its close structural similarity to tacrolimus (Bonham and Thompson, 1997).

A current dogma is that cyclosporin A and tacrolimus exert their effects by interacting specifically with intracellular proteins (collectively known as immunophilins)

termed cyclophilin and FK506-binding protein, respectively (Schreiber, 1991; Thompson, 1993; Wiederrecht et al., 1993; Fruman et al., 1994; Bonham and Thompson, 1997). The drug/immunophilin heterodimer then forms a tertiary complex with a number of other proteins including calcineurin (protein phosphatase 2B) which modulates the activity of transcription factors such as the cytoplasmic component of NF-AT (Flanagan et al., 1991; Liu et al., 1991; Clipstone and Crabtree, 1993; Wiederrecht et al., 1993; Fruman et al., 1994; Bonham and Thompson, 1997).

1. *In Vitro Effects.* Cyclosporin A promotes apoptosis of rat eosinophils (Kitagaki et al., 1996) and, in high concentrations, attenuates the enhanced survival of human eosinophils afforded by IL-5; this activity also is shared by rapamycin and tacrolimus (Hom and Estridge, 1993; Hossain et al., 1994a). Similar data have been obtained with eosinophils whose viability was enhanced by cytokines (IL-3, IL-5, GM-CSF) released from peripheral blood mononuclear cells harvested from asthmatic subjects in response to house dust mite (Hossain et al., 1994b). The finding that the generation of GM-CSF, IL-3, and IL-8 from A23187-stimulated human eosinophils is suppressed by tacrolimus and cyclosporin is consistent with the ability of these drugs to repress gene transcription (Kita et al., 1991d; Braun et al., 1993; Hom and Estridge, 1993; Kohyama et al., 1997). Some specificity of action is suggested by the inability of cyclosporin A to block the expression of IL-8 mRNA and protein from human eosinophils exposed to MBP (Kita et al., 1995). Interestingly, although rapamycin does not prevent cytokine generation under identical experimental conditions, it can antagonize the effect of tacrolimus when present in a large molar excess which presumably relates to its close structural similarity (Hom and Estridge, 1993). On balance, the spectrum of activities of FK 506, cyclosporin, and rapamycin on eosinophils is comparable to that established in T lymphocytes and mast cells. Thus, although eosinophilia is T cell dependent and highly sensitive to tacrolimus and cyclosporin A (Thompson, 1993; Fruman et al., 1994; Thompson et al., 1994), similarities in certain signal transduction pathways between T lymphocytes and eosinophils would permit immunosuppressants to target the latter directly in vivo which may prove potentially useful in the treatment of eosinophil-based inflammatory conditions that do not respond to less aggressive, conventional therapies.

It is noteworthy that the ability of cyclosporin A to promote apoptosis of murine eosinophils does not seem to require binding to cyclophilin (Kitagaki et al., 1997). In fact cyclosporin H, an analog which demonstrates little affinity toward immunophilins, is as effective as cyclosporin A at enhancing apoptosis of eosinophils harvested from BAL fluid of allergen-challenged mice. A role for calcineurin and the cytoplasmic component of

NF-AT does not seem to be required for the apoptotic effect of these drugs.

2. *In Vivo Effects.* The effect of immunosuppressant drugs in laboratory models of asthma or eosinophilia has been widely studied since the late 1980s (Etienne et al., 1989a; Akutsu et al., 1990; Arima et al., 1991; Elwood et al., 1992; Boichot et al., 1993; Francischi et al., 1993a,b,c; Bozza et al., 1994b; Fukuda, 1994; Lagente et al., 1994a; Tominaga et al., 1995; Teixeira et al., 1996c; Eum et al., 1997; Williams et al., 1997). One of the first reports was published by Etienne and colleagues (1989a) who demonstrated that cyclosporin A abolished the increase in eosinophils in the blood and peritoneal fluid of rats rendered hypereosinophilic by Sephadex beads or cyclophosphamide. Those results were essentially confirmed in a model of pleural eosinophilia elicited by intrathoracic administration of LPS (Bozza et al., 1994b); however, in that study it was concluded, by use of the monoclonal antibody, Thy-1.0, and dichloromethylene diphosphonate which deplete T lymphocytes and macrophages, respectively, that cyclosporin A was not directly affecting eosinophil trafficking.

Comparable results have been obtained with rapamycin, tacrolimus, and cyclosporin A in rat and guinea pig models of pulmonary eosinophilia (Arima et al., 1991; Elwood et al., 1992; Francischi et al., 1993a,b,c; Tominaga et al., 1995; Teixeira et al., 1996c; Eum et al., 1997; Williams et al., 1997). In a detailed histological study, Lagente et al. (1994a) measured the accumulation of eosinophils in the peribronchial area of sensitized, challenged guinea pigs and in naive animals exposed to PAF and LTB₄. Using Luna's reagent, which labels eosinophil granule contents, they reported that cyclosporin A (10 mg/kg orally 3 times a day for 2 days and then 1 h before allergen exposure) reduced the appearance of eosinophil degranulation products. Identical results were described for tacrolimus in allergen-challenged mice where the number of eosinophils in the BAL fluid was significantly attenuated; however, this effect is likely to be due to the suppression of IL-5 release (Eum et al., 1997). In contrast, an in vivo model of allergen-induced cutaneous eosinophilia in guinea pigs was not sensitive to cyclosporin A, given systemically, under conditions where dexamethasone was effective. Similar results were obtained in naive animals where eosinophil influx into the skin was achieved by the local administration of PAF, SOZ, or LPS (Teixeira et al., 1996c). Thus, the eosinophil might not be an important target for cyclosporin A in that model of allergic inflammation.

Clinical evidence points toward a potential therapeutic activity of immunosuppressants. Cyclosporin A has been reported to reduced the amount of ECP present in the serum of patients with severe atopic dermatitis (Caproni et al., 1996) and in the lachrymal fluid of individuals with vernal keratoconjunctivitis after chronic (7–14 days) treatment (Leonardi et al., 1995). Moreover, Shu-

pack et al. (1992) have documented that low-dose cyclosporin A decreases the peripheral blood eosinophil count in patients with severe psoriasis. Thus, those data would suggest that cyclosporin A is able to reduce the release of mediators which promote hematopoiesis, degranulation and/or, more directly, block those processes which govern the exocytotic response in eosinophils (Caproni et al., 1996).

A number of clinical trials have been conducted with oral cyclosporin A in patients with steroid-dependent, chronic severe asthma with modest beneficial effects (Szezelik et al., 1991; Alexander et al., 1992; Fukuda, 1994). Similarly, cyclosporin A, in low doses (2.5 mg/kg/day), demonstrates significant clinical efficacy in individuals with atopic dermatitis (Ross and Camp, 1990; Wahlgren et al., 1990; Sowden et al., 1991; Salek et al., 1993). However, the use of immunosuppressants is limited by side effects, especially nephrotoxicity, and probably should be considered as a last resort to treat asthma or dermatitis if oral steroids are inactive.

N. Nitric Oxide

The gas, NO, is formed from L-arginine by a family of enzymes collectively known as NO synthases and mediates its widespread biological effects primarily through the stimulation of soluble guanylyl cyclase and the subsequent activation of the cyclic GMP/cyclic GMP-dependent protein kinase cascade. Three NO synthases are currently defined. Two of these, eNOS and nNOS, are constitutively expressed and are so denoted to reflect the tissue (endothelial and neuronal, respectively) where they were first identified. The third isoenzyme is called iNOS as it can be *induced* by LPS and certain cytokines. eNOS, nNOS, and iNOS are the products of different genes and have deduced molecular masses of 133, 160, and 131 kDa, respectively. See Moncada et al. (1997) for further details.

Many years elapsed after NO was identified and its significance appreciated before del Pozo et al. (1997) identified mRNA transcripts and protein for iNOS in human peripheral blood eosinophils and the human eosinophilic cell line, Eo1-3. Subcloning of a 259-bp fragment from three different human eosinophil iNOS cDNAs revealed 97% sequence identity with macrophage/monocyte iNOS (del Pozo et al., 1997). The iNOS in eosinophils and Eos-3 cells is functional as evinced from the finding that nitrite is released into the supernatant of cultured cells by a mechanism that is blocked by the NO synthase inhibitor, L-NMA (del Pozo et al., 1997). Using a panel of antibodies, Kobzik et al. (1997) also has identified the endothelial form of NO synthase in normal human eosinophils using an immunoperoxidase-based staining technique and extended those findings to eosinophils present in the airways of asthmatic lung. Prominent labeling of nitrotyrosine was detected within eosinophils in the same lung sections demonstrating that NO is synthesized *in vivo* and may be contributing to the

ongoing inflammatory response (Kobzik et al., 1997). In laboratory animals, iNOS and eNOS protein have been localized to the cytoplasmic granules of rat peritoneal eosinophils where they are expressed by approximately 30% and 25% of cells, respectively (Zanardo et al., 1997). Moreover, these cells generate nitrite in response to LPS or a combination of LPS with IL-8 or IFN γ and this is blocked with L-NIO (Oliveira et al., 1998).

1. Apoptosis. Beauvais and colleagues (1995b) have reported that the NO donors azide and hydroxylamine suppress programmed cell death of cytokine-deprived eosinophils purified from human peripheral blood. That effect is presumably a cyclic GMP-driven process for it was mimicked by dibutyryl cyclic GMP and attenuated by an inhibitor of soluble guanylyl cyclase, LY 83583. Those original observations have, to some degree, been confirmed. Using an eosinophil/U937 coculture system, Hebestreit and coworkers (1998) reported that anti-CD95 promoted eosinophil apoptosis by a mechanism that was prevented when LPS and IFN γ were introduced into the culture medium. This pharmacological intervention up-regulates iNOS gene expression in the U937 cell population, with a consequent increase in the liberation of NO that is proposed to then act on the eosinophils. Compelling evidence that NO was the U937-derived, antiapoptotic mediator was the finding that L-NMMA and LY 83583 abolished the ability of LPS/IFN γ to rescue eosinophils from CD95-mediated death. In addition, SNAP, azide, and hydroxylamine prevented apoptosis of a pure population of freshly isolated human eosinophils which was mimicked by IBMX (Hebestreit et al., 1998). On face value, the ability of IBMX to suppress apoptosis is not unexpected; however, eosinophils lack PDE isoenzymes that hydrolyze cyclic GMP (Dent et al., 1991, 1994; Souness et al., 1991; Hatzelmann et al., 1995) which raises the possibility that the antiapoptotic activity of IBMX is due to the inhibition of PDE4, the predominant PDE in these cells. Indeed, this contention is consistent with the greater ability of dibutyryl cAMP to rescue eosinophils from CD95-mediated apoptosis when compared to its sister analog, cyclic GMP (Hebestreit et al., 1998). However, neither rolipram nor denbufylline promote human eosinophil apoptosis (Hallsworth et al., 1996), raising the possibility that IBMX acts via a PDE-independent process.

Studies in a number of cells including human eosinophils (Hebestreit et al., 1998) have established that apoptosis resulting from activation of CD95 is associated with the stimulation of an acidic sphingomyelinase (Cifone et al., 1993; Tepper et al., 1995), resulting in ceramide formation, an increase in the activity of the MAP kinase family, JNK (Cahill et al., 1996; Wilson et al., 1996), and the activation of a number of proteinases that are essential components of the biochemical machinery that execute cell death (Martin and Green, 1995). Those enzymes degrade nuclear proteins, such as lamins [which

turnover very slowly in nonapoptotic cells (Oberhammer et al., 1994)], whose fragments are required for the packaging of condensed chromatin into apoptotic bodies (Lazebnik et al., 1995).

In human eosinophils, the site(s) at which NO could act to prevent CD95-mediated apoptosis has been investigated. In a detailed study, Hebestreit and colleagues (1998) noted that NO did not reduce CD95 expression or the CD95-dependent liberation of ceramide. However, SNAP and dibutyryl cyclic GMP effectively blocked C₂-ceramide-induced eosinophil apoptosis and the activation of JNK, which was assessed by measuring the phosphorylation of *c-jun*, a component of the transcription factor AP-1. Furthermore, SNAP and/or dibutyryl cyclic GMP prevented the activation of various proteinases that are activated in eosinophils following ligation of CD95 (Hebestreit et al., 1998) and the degradation of a 74-kDa nuclear protein, lamin B₁. Thus, these data suggest that NO blocks CD95-mediated apoptosis by acting at the level of, or proximal to, JNK but distal to the generation of ceramide by sphingomyelinase (Hebestreit et al., 1998).

2. *Chemotaxis*. The only other index of eosinophil activation where NO has been shown to play a role is in chemotaxis. Zanardo and colleagues (1997) demonstrated that incubation of rat eosinophils with the NO synthase inhibitors, L-NAME (nonselective), AMT (iNOS-selective), and TRIM (nNOS/iNOS-selective) inhibited fMLP- and LTB₄-induced migration under conditions where D-NAME was inactive. The finding that the L-NAME-induced effect was completely restored by SNP and dibutyryl cyclic GMP and mimicked by the putative inhibitor of soluble guanylyl cyclase, ODQ, strongly supports the idea that NO promotes chemotaxis of rat eosinophils by a cyclic GMP-dependent mechanism (Zanardo et al., 1997). In another study eosinophils, isolated from rats treated chronically with L-NAME in the drinking water, were significantly less sensitive to the chemotaxins, fMLP, PAF, and SOZ when studied ex vivo. The mechanism of that effect was attributed to the inhibition of NO synthesis, because D-NAME was inactive and L-arginine, but not D-arginine, reversed the effect of L-NAME (Ferreira et al., 1996). The regulation of chemotaxis by NO also is seen in human peripheral blood eosinophils (Robbins et al., 1995). Thus, chemotaxis effected by fMLP, PAF, IL-3, and IL-5 is attenuated by L-NMMA, L-NAME, and aminoguanidine, and unaffected by the inactive enantiomer, D-NMMA; consistent with the rat data described above, L-arginine and SNP partially restored the effect of L-NAME (Robbins et al., 1995). Collectively, these data suggest that many agents that promote chemotaxis do so by stimulating the production of NO which enhances the locomotor activity of eosinophils.

3. *In Vivo Effects*. The effect of chronic treatment of rats with L-NAME on bradykinin-, PAF-, LPS-, and carageenan-induced eosinophil migration in model of

pleurisy has been reported (Ferreira et al., 1996). Intrapleural injection of the aforementioned chemotaxins resulted in a significant increase in the number of eosinophils found in the pleural cavity at 24 h that was attenuated in rats given L-NAME but not the inactive enantiomer D-NAME. Comparable findings have been reported in a sensitized animal model of pulmonary eosinophilia (Feder et al., 1997; Ferreira et al., 1998). In one representative study, the effect of four NOS inhibitors (L-NAME, L-NMMA, L-NIL, aminoguanidine) administered to sensitized B6D2F1/J mice by the i.p. route were evaluated for their ability to modify the number of eosinophils that appeared in BAL fluid and lung tissue 24 h after antigen challenge. Consistent with all the currently available data, NAME attenuated pulmonary eosinophil recruitment in an enantio-selective manner by a mechanism that was largely prevented by L-arginine. The same result was obtained with aminoguanidine and L-NMMA, but not with the iNOS inhibitor L-NIL. The latter observation is significant, as allergen challenge had no effect on steady-state level of iNOS mRNA transcripts or protein in the lungs, but increased the level of nitrite in the BAL fluid. Thus, it is unlikely that inducible forms of NO synthase are involved in the regulation of eosinophilia. In the same study, L-NAME had no effect on the reduction of eosinophils in the bone marrow that followed allergen challenge, indicating that NO-dependent pulmonary eosinophil recruitment is not due to an enhancement of eosinophil efflux from the marrow. The site of NO production is unclear but Feder et al. (1997) have speculated that pulmonary vascular endothelial cells could be involved in the extravasation of eosinophils from the circulation into the lung since these cells are under the control of eNOS and may thus provide a source of NO. Alternatively, the ability of NO to inhibit the activity of IFN γ -secreting cells could increase the proliferation of Th2 lymphocytes and thereby the elaboration of IL-5.

O. Cetirizine and Other Second-Generation Histamine H₁ Receptor Antagonists

Cetirizine, a carboxylated metabolite of hydroxyzine, is a potent, long-acting, second-generation histamine H₁ receptor antagonist used in the treatment of atopic dermatitis, urticaria, and allergic rhinitis (Spencer et al., 1993). In addition, cetirizine exerts pharmacological effects distinct from those which arise from an interaction at H₁ receptors (Walsh, 1993, 1997b). With respect to the eosinophil, cetirizine inhibits several indices of activation that might contribute to its therapeutic activity in the treatment of allergic disorders. In vitro studies have demonstrated that PAF-induced hyperadherence of human eosinophils to HUVECs is suppressed by cetirizine in the nanomolar range (Sehmi et al., 1993). Higher concentrations of cetirizine (100 μ g/ml) also attenuate the adherence of fMLP-stimulated eosinophils to resting cultured endothelial cells and the adherence of

unstimulated eosinophils to endothelial cells exposed to IL-1 (Kyan Aung et al., 1992), although the clinical significance of those effects is unclear. Other in vitro functional responses where cetirizine, at concentrations achieved therapeutically, is inhibitory include adhesion-dependent processes such as PAF-induced, eosinophil-enhanced complement, and IgG-dependent rosette formation and complement-dependent cytotoxicity (Walsh et al., 1991b), superoxide anion generation from eosinophils purified from the blood of allergic subjects (Okada et al., 1994) and eosinophil migration in response to fMLP, IL-8, C5a, and LTB₄ (Leprevost et al., 1988; De Vos et al., 1989; Sehmi et al., 1993). Significantly this latter effect is not mimicked by the antihistamine dexchlorpheniramine (Leprevost et al., 1988), suggesting that the histamine H₁ receptor is not involved. Integrin-dependent activation of the NADPH oxidase in human normodense eosinophils also is blocked by cetirizine but high concentrations are required (Piacentini et al., 1996).

In vivo studies have established that cetirizine attenuates cutaneous, pleural, and pulmonary eosinophil infiltration in response to several stimuli which is consistent with its ability to block adhesion and chemotaxis in vitro. In sensitized rats cetirizine, given by the i.p. route, prevents allergen-induced eosinophil accumulation into the pleural cavity and can resolve existing eosinophilia when injected directly into the thorax (Pasquale et al., 1992). Similar data have been obtained using PAF and compound 48/80 to induce eosinophil emigration in the same model (Martins et al., 1992). Neither of those effects seem to be related to histamine H₁ receptor blockade. In another study, topical exposure of the airways of *ascaris*-sensitized beagle dogs to cetirizine blocks pulmonary eosinophilia following allergen provocation (Johnson et al., 1992). However, a proportion of that effect is certainly attributable to the antagonism of mast cell-derived histamine at H₁ receptors since mepyramine and terfenadine were equally active (Johnson et al., 1992). Comparable data have been obtained in a number of human studies (Fadel et al., 1987, 1990, 1991; Michel et al., 1988; Charlesworth et al., 1989). In a double-blind, placebo-controlled crossover study in pollen-sensitive subjects, oral cetirizine inhibited the infiltration of eosinophils into the superficial dermis after antigen challenge (Michel et al., 1988). Those data were largely supported in a subsequent investigation where cetirizine decreased eosinophil infiltration into the skin of ragweed-sensitive subjects by almost 80% (Charlesworth et al., 1989). However, unlike the results obtained in beagle dogs (Johnson et al., 1992), cetirizine was not acting as a histamine H₁ receptor antagonist because it failed to block the effect of exogenous histamine, and another antihistamine, astemizole, was inactive. Using a "window" technique to measure the number of resident and invading leukocytes in the skin, oral cetirizine significantly attenuates eosinophil migration in response to

pollen, PAF, and fMLP in allergic subjects under conditions where intradermal injection of histamine is unaffected (Fadel et al., 1987, 1990). A preliminary report also documents the ability of cetirizine to attenuate skin reactions in normal and atopic subjects in response to bradykinin given intradermally and by the skin-prick technique (see Walsh, 1997b). It is noteworthy that two studies, which evaluated the effect of cetirizine on allergen-induced LPRs in atopic subjects, failed to detect any suppression of the cellular infiltrate in response to allergen [although in some subjects eosinophil numbers were decreased (Varney et al., 1992; Taborda Barata et al., 1996)]. However, this apparent discrepancy could be methodological (Walsh, 1997b) since punch biopsies, which measure the gross cell content at the reaction site, were used to enumerate cell numbers in those investigations, whereas the skin window technique, which permits the enumeration of cells that have left the postcapillary venules in the dermis, was used in the earlier assessments.

The biochemical basis of the histamine H₁-independent effects of cetirizine is unknown although an interaction at other cell surface receptors is unlikely (Snyder and Snowman, 1987). Low concentrations (0.7–1 μg/ml) of cetirizine increase the lipid order in the exterior part of eosinophil membranes, decrease membrane heterogeneity, and block PAF-induced changes in membrane fluidity (Kantar et al., 1994, 1996). However, the extent to which those physical effects contribute to the aforementioned pharmacological actions of cetirizine remain to be established.

Several other second generation antihistamines have been synthesized that exhibit inhibitory/anti-inflammatory properties unrelated to H₁ receptor blockade. These drugs and the functional effects they produce in eosinophils are detailed in Table 21.

XV. Concluding Remarks

The last decade has witnessed significant advances in our understanding of the basic pharmacology and immunopharmacology of eosinophils to a level that now is challenging discoveries made by classical parasitologists and immunologists. Almost certainly, this is due to significant refinements in eosinophil purification, the development of new biochemical assays and the application of molecular biological techniques with which to study the regulation of cell surface receptors, G proteins, ion channels, and second and tertiary messenger molecules. Despite this new knowledge and over 100 years of research experience that has encompassed many disciplines, the role of the eosinophil in health and disease still is equivocal. It is true that support has shifted away from the original concept that eosinophils participate in tissue preservation and protection of the host against invading parasites. However, although the trend in the 1990s has been to consider the eosinophil as a proinflammatory cell (see Table 1), proof-of-concept clinical stud-

TABLE 21
Inhibitory effects on eosinophils of second generation histamine H_1 receptor antagonists

Drug	Species	Effect	Reference
Azelastine	Human	Inhibits fMLP-, PMA, and A 23187-superoxide anion generation	Busse et al. (1989)
Azelastine	Eo1 cells	Inhibits PAF- and fMLP-induced Ca^{2+} influx and actin polymerization	Morita et al. (1993)
Azelastine	Eo1 cells	Inhibits A 23187-induced ECP release	Morita et al. (1993)
Azelastine	Human	Suppresses allergen-induced eosinophilia in the nose of allergic subjects	Ciprandi et al. (1996)
Azelastine	Guinea pig	Suppresses allergen-induced eosinophilia in the BAL fluid	Chand et al. (1992b)
Azelastine	Human	Inhibits generation of PAF-like material evoked by fMLP	Shindo and Fukumura (1996b)
Loratadine	Human	Inhibits PAF-induced chemotaxis and superoxide anion generation	Eda et al. (1993b)
Terfenadine	Human	Inhibits PAF-induced chemotaxis and superoxide anion generation	Eda et al. (1994)
Emedastine	Human	Inhibits PAF-induced chemotaxis	Elsahzly et al. (1996b)
Epinaestine	Human	Inhibits IL-8 release	Kohyama et al. (1997)

ies still are not possible. It is conceivable that other aspects of eosinophil physiology and pathophysiology will dominate research in the immediate future before the role of this cell in allergic diseases is determined. Indeed, the potential involvement of eosinophils in wound healing and, more importantly, cancer immunity (see Table 1) makes this likely. Nevertheless, it is hoped that the advent of new technologies will shed light on the function(s) of one of the most poorly understood leukocytes in the near future.

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