MOLECULAR MECHANISMS OF STIMULUS-RESPONSE COUPLING IN HUMAN AND GUINEA PIG EOSINOPHILS. TRANSDUCTION PATHWAYS UTILIZED BY PLATELET ACTIVATING FACTOR AND THEIR RELATIONSHIP TO CELLULAR EFFECTOR FUNCTIONS

A thesis presented by CLAUS KROEGEL

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Department of Thoracic Medicine, National Heart and Lung Institute, Brompton Hospital, Dovehouse Street London SW3 6LY To my wife

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<u>ABSTRACT</u>

The molecular mechanisms of signal transduction in eosinophils by platelet activating factor (PAF) and the relationship to the cellular responses were investigated. PAF initiated eosinophil chemotaxis, granular enzyme secretion (eosinophil peroxidase, arylsulfatase B, β - glucuronidase), generation and release of prostanoids (the thromboxane TXB_2 , and the prostaglandins PGE_2 , PGD_2 , $PGF_{2\alpha}$), and the production of oxygen radicals (measured as superoxide anion release, O_2^-) through the specific binding to two distinct classes of sites: a high affinity receptor (RI) with a dissociation constant K_D of approximately 0.3 nM (using [³H]PAF as a radioligand) and 16 nM (using the PAF antagonist [3H]WEB 2086) and a second receptor (RII) with an approximately 50- to 500- fold lower affinity. Occupation of the high affinity PAF- RI receptor related to degranulation and prostanoid release whereas occupancy of the PAF- RII receptor was associated with the generation of O_2^- radicals. The receptor subtypes are differentially coupled to intracellular second messengers and enzymes. A pertussis toxin- sensitive guanine nucleotide binding protein of 41 kDa couples the PAF- RI receptor to phospholipase C (PLC) which, in turn, hydrolyses polyphosphoinositides to give inositol trisphosphate ($InsP_3$) and diacylglycerol (DAG). Both events are followed by an increase in intracellular Ca²⁺ concentration ([Ca²⁺]_i) and activation of the protein kinase C (PKC) the latter being translocated from the cytosol to the eosinophil membrane. In contrast, stimulus activation coupling through the low affinity receptor was pertussis toxin-insensitive and appeared to occur without activation of the PLC, an elevation of $[Ca^{2+}]_i$, intracellular Ins(1,4,5)P₃, and DAG, indicating a transduction pathway different from the PAF- RI receptor. However, evidence for the involvement of the PKC was found. It is proposed that PAF utilizes two distinct transduction pathways in eosinophils operative in different functional responses. These findings may have pathogenetic and therapeutic implications in inflammatory disease.

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PUBLICATIONS ARISING FROM WORK PRESENTED IN THIS THESIS

Kroegel C, Yukawa T, Dent G, Chung KF & Barnes PJ. Platelet activating factor induces eosinophil peroxidase release from purified human eosinophils. Immunology 64, 559-562 (1988)

Kroegel C, Chanez P, Yukawa T, Dent G, Chung KF & Barnes PJ. Platelet activating factor (PAF) induces eosinophil peroxidase (EPO) release from purified human and guinea pig eosinophils.

Am Rev Respir Dis 137, 281A (1988).

Yukawa T, Kroegel C, Dent G, Chanez P, Roberts NM, Ukena D, Chung KF & Barnes PJ. Theophylline potentiates oxygen free radical release from guinea pig eosinophils possibly due to antagonism agonist adenosine receptors. NER Allergy Proc 9, 475 (1988).

Yukawa T, Chanez P, Kroegel C, Roberts NM, Chung KF & Barnes PJ. Bronchodilator agents do not inhibit oxygen free radical release from guinea pig eosinophils.

Am Rev Respir Dis 137, 27A (1988).

Kroegel C, Yukawa T, Venge P & Barnes PJ. Degranulation of human and guinea pig eosinophils by platelet activating factor (PAF). N Engl Reg Allergy Proc 9, 318 (1988). Kroegel C, Costabel U, Barnes PJ & Matthys H. Die pathogenetische Bedeutung des eosinophilen Granulozyten. I. Morphologie, Biochemie und Effektormechanismen. Dtsch Med Wschr 113, 1405-1411 (1988).

Kroegel C, Costabel U, Matthys H & Barnes PJ. Die pathogenetische Bedeutung des eosinophilen Granulozyten. II. Hypereosinophile Erkrankungen. Dtsch Med Wschr 113, 1446-1452 (1988).

Yukawa T, Kroegel C, Dent G, Chung KF& Barnes PJ. Effect of theophylline and adenosine on guinea-pig and human eosinophil activation. Thorax 44, 360-361 (1988).

Ukena D, Kroegel C, Dent G, Yukawa T, Sybrecht GW & Barnes PJ. PAF-Receptors in eosinophils: Identification with a novel ligand [³H]WEB 2086. Biochem Pharmacol 38, 1702-1706 (1989).

Chung KF, Ukena D, Yukawa T, Kroegel C, Dent G & Barnes PJ. Funtional characteristics of beta-adrenergic receptors of the intact eosinophil. Clin Science 76, 14P (1989).

Kroegel C, Yukawa T, Dent G, Venge P, Chung KF & Barnes PJ. Stimulation of degranulation from human eosinophils by platelet activating factor.

J Immunol 142, 3518-3526 (1989).

Kroegel C, Yukawa T, Venge P, Matthys H & Barnes PJ. Stimulation of degranulation of purified human and guinea pig eosinophils by platelet activating factor (PAF).

Eur Respir J 1, 191S (1989).

Kroegel C, Pleass R, Yukawa T, Chung KF, Westwick J & Barnes PJ. Characterisation of platelet activating factor-induced elevation of cytosolic free calcium concentration in eosinophils.

FEBS Letters 243, 41-46 (1989).

Kroegel C, Chilvers ER & Barnes PJ. Platelet activating factor (PAF) stimulates phosphoinositide (PI) metabolism in guinea pig eosinophils. Clin Science 76, 45P (1989).

Kroegel C, Pleass R, Yukawa T, Chung KF & Barnes PJ. Rise of intracellular calcium ions in eosinophils induced by platelet activating factor. Br J Pharmacol 96, 58P (1989).

Kroegel C, Yukawa T & Barnes PJ. Substance P induces degranulation of eosinophils. Am Rev Respir Dis 139, 238A (1989).

Kroegel C, Yukawa T, Westwick J & Barnes PJ. Activation of eosinophils by platelet activating factor (PAF): Degranulation and intracellular calcium mobilization. Am Rev Respir Dis 139, 481 (1989).

Kroegel C, Pleass R, Yukawa T, Chung KF, Westwick J & Barnes PJ. Platelet activating factor (PAF) stimulates calcium influx in eosinophils. Am Rev Respir Dis 139, 366 (1990).

Kroegel C, Ukena D, Matthys H & Barnes PJ. Aktivierung eosinophiler Granulozyten durch den Platelet Activating Factor - Bindung von PAF und intrazelluläre Calzium Mobilisation.

Klin Wochenschr 67, 105-106 (1989).

Yukawa T, Kroegel C, Evans P, Dent G, Chung KF, Fukuda T & Barnes PJ. Induction of hypodense eosinophils by platelet activating factor *in vitro*. Am Rev Respir Dis 139, 480 (1989).

Yukawa T, Kroegel C, Dent G, Ukena D, Chung KF & Barnes PJ. Effect of theophylline and adenosine on eosinophil function. Am Rev Respir Dis 140,327-333 (1989).

Yukawa T, Kroegel C, Evans P, Fukuda T, Barnes PJ. Density heterogeneity of eosinophil leukocytes: Induction of hypodense eosinophils by platelet activating factor. Immunology 68, 140-143 (1989).

Kroegel C, Giembycz MA & Barnes PJ. Staurosporine inhibits protein kinase C and prevents phorbol ester-mediated PAF receptor desensitization in guinea pig eosinophils. Eur Respir J 2, 668s (1989).

Yukawa T, Dent G, Kroegel C, Evans P, Barnes PJ & Chung KF. Inhibition of guinea-pig and human eosinophil function by corticosteroids in vitro. Thorax 44, 883 (1989).

Kroegel C, Yukawa T, Westwick J & Barnes PJ. Evidence for two platelet activating factor receptors on eosinophils: Dissociation between PAF-induced intracellular calcium mobilization, degranulation, and superoxide anion generation in eosinophils. Biochem Biophys Res Commun 162, 511-521 (1989).

Yukawa T, Read RC, Kroegel C, Rutman A, Chung KF, Wilson R, Cole PJ & Barnes PJ. The effect of activated eosinophils and neutrophils on guinea pig airway epithelium *in vitro*.

Am Rev Respir Dis 139, 481 (1989).

Giembycz MA, Kroegel C & PJ Barnes. Platelet activating factor stimulates cyclooxygenease activity in guinea pig eosinophils. Concerted biosynthesis of thromboxane A_2 and E-series prostaglandins.

J Immunol 144, 3489-3497 (1990).

Kroegel C, Costabel U & Barnes PJ. Platelet-Activating-Factor-Rezeptor Heterogenität. Hinweise für die Existenz eines zweiten PAF-Rezeptors auf eosinophilen Granulozyten.

Klin Wschr 68, 157-158 (1990).

Kroegel C, Venge P, Matthys H & Barnes PJ. Degranulation humaner eosinophiler Granulozyten durch den Platelet Activating Factor (PAF). Pneumol 44S, 234-235 (1990).

Barnes PJ, Kroegel C, Yukawa T, Dent G & Chung KF. Pharmacology of eosinophils, In: 'Eosinophils. Allergy and Asthma', A.B.Kay, (ed.), Blackwell Scientific Publications, Oxford, London, Edinburgh, Boston Melbourne, pp.144-157 (1990).

Kroegel C, Warner JA, Liu M, Lichtenstein LM & MacGlashan DW. Induction of intracellular free ionized calcium changes in purified human eosinophils by platelet activating factor.

J Allergy Clin Immunol 85, 280 (1990).

Giembycz MA, Kroegel C & Barnes PJ. Platelet activating factor and other agonists stimulate thromboxane biosynthesis in guinea pig eosinophils. Am Rev Respir Dis 141, 216 (1990).

Kroegel C. The role of eosinophils in asthma. Lung 168, 5-17 (1990).

Giembycz MA, Kroegel C & Barnes PJ. Prostaglandin E_2 inhibits platelet activating factor-induced eosinophil activation.

Am Rev Respir Dis 141, 396 (1990).

Kroegel C, Warner JA, Lichtenstein LM & Hubbard WC. Platelet activating factor (PAF) stimulates eosinophils through both pertussis toxin-sensitive and pertussis toxin-insensitive transduction mechanisms.

FASEB J 4, A1942 (1990).

Giembyz MA, Kroegel C, Dent G & Barnes PJ. Induction of thromboxane and Eseries prostaglandin biosynthesis in guinea-pig eosinophils stimulated with platelet activating factor.

Br J Pharmacol 98, 375P (1990).

Kroegel C, Chilvers ER, Giembycz MA, Challiss RAJ & Barnes PJ. Receptormediated accumulation of D-myo-inositol(1,4,5)-trisphosphate mass in guinea pig eosinophils.

Br J Pharmacol 98, 374P (1990)

Kroegel C, Hubbard WH & Lichtenstein LM. Spectrum of prostanoid generation by human blood eosinophils stimulated with platelet activating factor. Eur J Respir Dis 3, 347s (1990).

Kroegel C. Pathomechanismen der allergischen Entzündungsreaktion. Der eosinophile Granulozyt.

Allergologie 13, 281-294 (1990).

Kroegel C, Yukawa T, Costabel U & Barnes PJ. Pathomechanismus der Schadigungn des respiratorischen Epithels beim Asthma bronchiale. Die Effekte PAF-aktivierter eosinophiler Granulozyten.

Pneumologie 44, 1036-1037 (1990)

Kroegel C, Ukena D, Matthys H & Barnes PJ. Aktivierung eosinophiler Granulozyten durch den Platelet-Activating Factor. Bindung und intrazellulare Kalzium-Mobilisierung.

Kassenarzt, 31, 36-39 (1990).

Kroegel C, Giembycz MA & Barnes PJ. Characterization of eosinophil cell activation by peptides. Differential effects of substance P, melittin, and fMet-Leu-Phe. J Immunol 145, 2581-2587 (1990).

Kroegel C. Der eosinophile Granulozyt als Effektorzelle beim Asthma bronchiale. In: 'Asthma', Schultze-Werninghaus G, & Debelic M (eds), Springer-Verlag, in press (1991). Kroegel C, Liu MC, Lichtenstein LM & Bochner BS. Antigen-induced eosinophil activation and recruitment in the lower airways.

J Allergy Clin Immunol. 87, 303s (1991).

Kroegel C, Chilvers ER, Giembycz MA, Challiss RAJ & Barnes PJ. Platelet activating factor (PAF) and eosinophil activation. Accumulation of D-*myo*-inositol(1,4,5) trisphopsphate mass.

Am Rev Respir Dis 143, 150A (1991).

Kroegel C, Costabel U, Matthys H, Barnes PJ. Platelet Activating Factor-Rezeptor Heterogenität. Hinweise für die Existenz eines zweiten PAF-Rezeptors.auf eosinophilen Granulozyten.

Kassenarzt 31, 46-50 (1991).

Kroegel C, Schleimer RP, Costabel U, Matthys H, Lichtenstein LM & Bochner BS. Lymphokine und eosinophile Granulozyten. Die Rolle des Granulozyte/Macrophage-Colony-Stimulating Factors (GM-CSF) auf die Aktivierung eosinophiler Granulozyten beim episodischem Angioodem.

Klin Wschr 69, 216-217 (1991).

Kroegel C, Liu MC, Hubbard WC, Lichtenstein LM & Bochner BS. Segmental lung antigen challenge of allergic subjects induces the local activation and recruitment of eosinophil leukocytes.

Am Rev Respir Dis 143, 45A (1991).

Kroegel C, Liu MC, Bochner BS, Lichtenstein LM & Matthys H. Antigen-induzierte Akkumulation und Aktivierung bronchialer eosinophiler Granulozyten beim Asthma bronchiale.

Klin Wschr 69, 301 (1991).

Kroegel C, Bochner BS & Lichtenstein LM. Oberflachenmarker auf humanen eosinophilen Granulozyten: Identifizierung des Integrin-Rezeptoren Mac-1 (CD11b/CD18) Verhandlungsbericht der 26.Tagung der Deutschen Gesellschaft fur Lungen und Atemwegsforschung, Ulmer, WT (Ed.), in press (1991)

Kroegel C, Chilvers ER, Giembycz MA, Challiss RAJ & Barnes PJ. Platelet activating factor stimulates a rapid accumulation of D-*myo*-inositol(1,4,5)-trisphosphate in guinea pig eosinophils. Relationship to intracellular calcium mobilization and degranulation. J Allergy Clin Immunol 88, 114-124 (1991).

Kroegel C. Asthma als chronisch-desquamative eosinophile Bronchitis. Untersuchungen zur pathogenetischen Bedeutung hypodenser eosinophiler Granulozyten beim Asthma bronchiale.

Pneumologie, in press (1991)

Kroegel C, Warner JA, Hubbard WM, MacGlashan D, Barnes PJ & Lichtenstein LM. Dual transmembrane signalling mechanisms in eosinophils: Evidence for two distinct platelet activating factor receptors. Submitted Kroegel C, Liu M, Friedman B, Lichtenstein LM, Hubbard WM, Schleimer RP & Bochner BS. Blood and bronchoalveolar eosinophils in allergic asthmatic patients. Density heterogeniety, phenotype, and responsiveness to platelet activating factor. Submitted.

Kroegel C, Warner JA & Matthys H. Asthma bronchiale und andere mit dem eosinophilen Granulozyten assoziierte Erkrankungen. Neue pathogenetische und therapeutische Konzepte.

Arzneimitteltherapie, in press (1991),

Kroegel C, Hubbard WM & Lichtenstein LM. Prostanoid production in human blood eosinophils from asthmatics. Comparative study of platelet activating factor and other stimuli.

Submitted.

Kroegel C & Kapp A. Der eosinophile Granulozyt beim Asthma bronchiale und bei der atopischen Dermatitis. Gegenwärtiger Wissenstand und Perspektiven. Dtsch Ärztbl., in press (1991).

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ABBREVIATIONS

` A	
Ag,	antigen
ADP,	adenosine diphosphate
ATP,	adenosine trisphosphate
BAL,	bronchoalveolar lavage
BALF,	bronchoalveolar lavage fluid
BSA,	bovine serum albumin
Ċ,	complement
°C,	degree Celsius
	intracellular calcium concentration
$[Ca^{2+}]_i$	
cAMP,	cyclic adenosine monophosphate
Ci,	curie
cpm,	counts per minute
d,	day
DAG,	1,2-diacylglycerol
dpm,	disintegrations per minute
DMSO,	dimethylsulfoxide
DNase,	deoxyribonuclease
DNP,	dinitrophenyl
DTT,	dithiothreitol
EC ₅₀	50% effective concentration
ECF,	eosinophil chemotactic factor
	eosinophil cationic protein
ECP,	
EDN,	eosinophil-derived neurotoxin
EDTA,	ethylenediaminetetra-acetic acid
EGTA,	ethyleneglycol-bis(beta-aminoethylether)-
	tetra-acetic acid
EM,	electron microscopy
EPO,	eosinophil peroxidase
EPX,	eosinophil protein X (identical to EDN)
fMLP,	formyl-methionyl-leucyl-phenylalanine
g,	gram
ĞC/MS,	gas chromatography/mass spectrometry
GDP	guanosine diphosphate
GPC,	glycerophosphocholine
GPE,	glycerophosphoethanolamine
GTP,	guanosine triphosphate
h,	hour
HBSS,	Hanks' balanced salt solution
Hepes,	N-2-hydroxyethylpiperazine-N'-2-ethanesulfonic
	acid
HES,	hypereosinophilic syndrome
IC ₅₀ ,	50% ineffective concentration or 50% inhibiting
	concentration
ICS,	intracellular calcium stores
Ig,	immunoglobulin
InsP,	phosphatidyl inositol
$Ins(4,5)P_2$,	phosphatidylinositol-4,5-bisphosphate
Ins(1,4,5)P3,	phosphatidylinositol-1,4,5-trisphosphate
K_d ,	dissociation constant
kDa,	kilodalton
LT,	leukotriene
-	
m M	meter
M,	molar
mAb,	monoclonal antibody

ΜΦΌ	major havia protain
MBP,	major basic protein
min,	minute milliliter
ml,	
mo,	month
mol,	mole
MPO,	myeloperoxidase
n,	number in study or group
N,	normal (concentration of ionizable groups)
ND,	not determined
·O2-	superoxide anion
OD,	optical density
OPD,	o-phenylenediamine
osM,	osmolar
osmol,	osmole
р,	probability
PAF,	platelet activating factor
PAF-RI,	high affinity PAF receptor
PAF-RIÍ,	low affinity PAF receptor
PAGE,	polyacrylamide gel electrophoresis
PBS,	phosphate-buffered saline
PG, Í	prostaglandin
PGI ₂ ,	prostacyclin
Pipes,	piperazine-N',N'-bus(2-ethane sulfonic acid)
PKC,	protein kinase C
PLA_2 ,	phospholipase A_2
PLC,	phospholipase C
PMA,	phorbol-12-myristate-13-acetate
PMN,	polymorphonuclear leukocytes
PTX,	pertussis toxin
R,	receptor
RIA,	radioimmunoassay
sec,	second
SD,	standard deviation
SDS,	sodium dodecyl sulfate
SE,	standard error
SEM,	standard error of mean
t _{1/2} ,	half-time
TCA,	trichloroacetic acid
TLC,	thin layer chromatography
Tris,	tris(hydroxymethyl)aminomethane
TX,	thromboxane
U,	unit
wk,	week
ZAP,	zymosan-activated plasma

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CHAPTER ONE

<u>1</u> INTRODUCTION

1.1 BACKGROUND

Inflammation may be defined as a non-specific protective reaction of tissues to injury, aimed at the maintenance of health and integrity of the individual and leading to the return to normal structure and function. However, excessive or dysregulated inflammation can destroy tissue, perpetuating many disease processes and leading to chronic inflammation and fibrosis. Typical examples include allergic inflammation, i.e asthma, or hypersensitivity pneumonitis, interstitial lung diseases and acute lung injury leading to adult respiratory distress syndrome. Successful therapeutic intervention in such diseases requires a complete understanding of the mechanisms involved. Thus, studies of fundamental mechanisms of inflammation are important endeavours and need to encompass the initiating process, the factors responsible for the attraction and accumulation of inflammatory cells, and the molecular events resulting within these cells. This thesis will focus on the eosinophil leukocyte which is now thought to represent a major effector cell not only in host defense against parasites but also in the pathogenesis of hypersensitivity reactions.

1.2 THE EOSINOPHIL LEUKOCYTE

The cosinophil granulocyte, although probably first observed by Wharton Jones in 1846 in unstained preparations of peripheral blood, was so named by Paul Ehrlich in 1879 because of the intense staining of its granules with the acidic dye eosin. Since then, the eosinophil has been the subject of intense investigation. Although its role in the host defence against parasitic infections has long been recognized, its significance in hypersensitivity disease is only now beginning to unfold.

1.2.1 Structure and morphology

The most distinguishing morphological features of the eosinophil are a bilobed nucleus and large eosinophilic granules which stain yellow-pink with eosin and other acidic aniline dyes (Miller et al., 1966). These large elliptical secondary or specific granules possess an electron-dense crystalloid core that is embedded in a less electron-dense matrix (Fig. 1.1). They appear after the myelocyte stage and may develop from large spherical primary lysosomal granules (Bainton & Farquhar, 1970). In addition, some of these primary granules are thought to develop into smaller homogeneously dense cytoplasmic bodies containing lysophosphatase (Dvorak et al., 1988). A third type of granule, the so called small granules, are less conspicuous. They form during the metamyelocyte stage, increase progressively in number with cellular maturation to become small and less electron-dense homogeneous cytoplasmic structures (Parmley & Spicer, 1974). All three granules are present in the mature eosinophil (Dvorak et al., 1988) and contain different constituents (Table 1.1). Like other leukocytes, eosinophils contain several other organelles such as the endoplasmic reticulum, ribosomes, Golgi-apparatus and mitochondria of which the latter three seem to become more prominent in activated cells (Zucker-Franklin, 1974).

1.2.2 Granular proteins

The eosinophil stores several preformed proteins in the cytoplasmic granules which can be categorised on the basis of their function into enzymes and nonenzymatic basic proteins (Table 1.1). The arginine-rich basic proteins include the major basic protein (MBP), eosinophil cationic protein (ECP) the eosinophil-derived neurotoxin (EDN, also termed eosinophil protein X or EPX) and are the major constituents of the secondary granule. MBP comprises over 95 percent of the core whereas ECP and EDN are confined solely to the matrix of secondary granules.

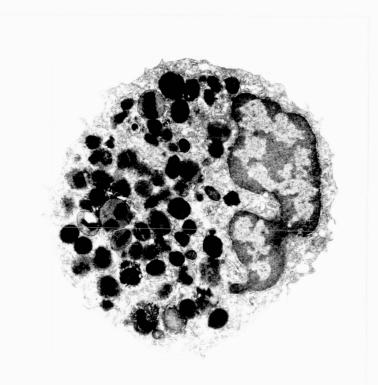


Figure 1.1: Electron micrograph of an eosinophil leukocyte. An eosinophil leukocyte obtained from the peritoneum of a guinea pig (original magnification x 5,000)

Primary Granules (Promyelocyte) Precursor proteins

Secondary Granules

β-glucuronidase Collagenase Acid glycerophosphatase Alkaline phosphatase Histaminase Eosinophil peroxidase Major basic protein Eosinophil cationic protein Eosinophil Protein X Eosinophil-derived neurotoxin

Small Granules

Arylsulfatase B Acid Phosphatase

<u>Table 1.1</u>: Constituents of the primary, secondary (specific), and small granules found in eosinophil leukocytes.

Functionally, the proteins are characterized as cytotoxic to an array of different targets (Gleich & Adolphson, 1986).

The secondary granules, which also contain a number of enzymes in their matrix resemble the neutrophil lysosomes in their composition. The principal differences between the two being that the eosinophil lacks lysozyme, and the type of peroxidase (EPO versus MPO), β -glucuronidase, and acid phosphatase also exceeds that of neutrophils two- to three-fold (Migler & DeChatelet, 1978; Weller & Goetzl, 1980; Gleich & Loegering, 1984). The eosinophil peroxidase(EPO) is a single chain protein of 75 kDa and exhibits microbiocidal and cytotoxic activities both in the presence or absence of a halide and H₂O₂ (Jong & Klebanoff, 1980; Jong *et al.*, 1981; Weiss *et al.*, 1986)

1.2.3 Membrane proteins

Eosinophil leukocytes share many antigens found on other circulating white blood cells, such as the class I HLA antigens and the common leukocyte antigen CD45 (Kroegel *et al.*, 1991c; Hartnell *et al.*, 1990) although a specific epitope has not yet been identified. However, eosinophils can be differentiated from other leukocytes because they lack certain antigenic determinants. It is of particular significance that eosinophils do not express the IgG receptor FcyIII (CD16), an observation which has been used to distinguish between eosinophil and neutrophil populations. In addition, unlike monocytes which express FcyRI and FcyRII and neutrophils which express FcyRII and FcyRIII, eosinophils bear solely the FcyRII receptor (CDw32) on their membrane surface (Tosi & Berger, 1988; Kroegel *et al.*, 1991c). Interestingly, eosinophils challenged with anti-IgG secreted ECP but failed to release significant amounts of EPO (Capron *et al.*, 1989) or PAF (Capron *et al.*, 1988a)

IgE receptors on human eosinophils have been demonstrated by the rosette technique (using IgE myeloma protein bound to red cells) as well as by radioligand studies using ¹²⁵I-labelled IgE (Capron *et al.*, 1981; Capron *et al.*, 1985;

Walsh *et al.*, 1989). This receptor appears to be similar to the IgE receptors on T and B lymphocytes, platelets and macrophages. The IgE receptor on eosinophils ($Fc_{e}RII$) is distinguished from the IgE receptors on mast cells and basophils($Fc_{e}RI$) by its approximately 1000-fold lower binding affinity. In contrast, polymeric IgE contained in immune complexes is bound to eosinophils with a similar affinity as monomeric IgE to the mast cell and basophil $Fc_{e}RI$ receptors. The number of $Fc_{e}RII$ receptors appear to be increased on hypodense and normodense (see Chapter 1.2.6) eosinophils from patients with eosinophilia when compared to eosinophils from normal subjects. Functionally, binding of IgE leads to the release of EPO (Capron *et al.*, 1989) and generation of PAF (Capron *et al.*, 1988a) but fails to secrete ECP.

The same group (Capron *et al.*, 1988b) reported that human and animal eosinophils bind monomeric or secretory IgA, although with a relatively low affinity. However, challenge of eosinophils with IgA and particularly the IgA-dimer causes degranulation with the release of EPO (Capron *et al.*, 1988b) and ECP (Abu-Ghazaleh *et al.*, 1989).

Normal blood eosinophils do not express IgM receptors (Ottesen *et al.*, 1977; DeSimone *et al.*, 1982b; Walsh & Kay, 1986) although IgM binding to eosinophils can be induced by culturing them in the presence of cytokines (DeSimone *et al.*, 1982b). The functional effects of IgM binding to eosinophils are as yet not known.

In addition to immunoglobulin receptors, eosinophils express the leukocyte adhesion glycoproteins LFA-1 (CD11a), CR3 (CD11b), and the common β -chain (CD18) (Hartnell *et al.*, 1990; Kroegel *et al.*, 1991c). These surface proteins belong to a family of three receptors also termed integrins (Bernhard & Self, 1986). They are heterodimers composed of two non-covalently linked polypeptide chains: a distinct α -chain and a common β -chain (Springer & Anderson, 1986). The function of the α -chain is to confer receptor specificity whereas the β -chain directs the receptor protein into the proper configuration at the cell membrane. These leukocyte integrins facilitate the intercellular adhesion of eosinophils to microvascular endothelium (Dustin

et al., 1986; Lamas *et al.*, 1988; Wegner *et al.*, 1990) which is essential for the recruitment and migration of the cell into inflamed tissue. They may also be involved in binding of other ligands such as opsonized targets (Ross *et al.*, 1985; Fisher *et al.*, 1986; Myones *et al.*, 1988; Huizing *et al.*, 1989; Schleiffenbaum *et al.*, 1989).

Receptors for the complement factors C1, C3a, C3b, C3d and C4b have also been identified on human eosinophils (Anwar & Kay, 1977; Tai & Spry, 1980). However, eosinophils have far fewer of these receptors than neutrophils. The proportion of complement bearing eosinophils ranges from 30% in normal individuals to 40% in patients with parasitic infestations (Ottesen *et al.*, 1977). The chemotactic peptide N-formyl-methionyl-leucyl-phenylalanine (fMLP) enhanced the number of C3b receptors (Kay *et al.*, 1979). In addition, ECF-A, histamine and its major catabolite, imidazole acetic acid, have been reported to increase the expression of C3b and C4 receptors on human eosinophils whereas C3d and IgG (Fcγ) receptors remained unaffected (Anwar & Kay, 1978).

As mentioned above, eosinophils express receptors for iC3b (CR3), a degradation product of C3b. Functionally CR3 appears to be similar to the receptor for C3b, causing binding of particles coated with iC3b to a phagocytic cell surface but failing to trigger ingestion in the absence of a second signal (Wright & Silverstein, 1982).

1.2.4 Eosinopoiesis

Recent evidence suggests that eosinopoiesis is closely related to the development of basophils (Ackerman *et al.*, 1982; Saito *et al.*, 1982; Ackerman *et al.*, 1983; Denburg *et al.*, 1985). The site of eosinophil production and development in mammals is the bone marrow (Hudson, 1968; Dresch *et al.*, 1977, Zucker-Franklin, 1985). There is evidence that the eosinophil descends from a totipotent hematopoietic stem cell (Abramson *et al.*, 1977; Fleishman *et al.*, 1984). Further differentiation results in a

progenitor cell committed to a single hematopoietic lineage (Dao *et al.*, 1977; Weller & Goetzl, 1980; Metcalf *et al.*, 1983). The progenitor cells have great proliferation potential and are sensitive to regulatory systems, leukopoietins, or colony-stimulating factors, which trigger differentiation to effector cells with various functions (Basten & Beeson, 1970; Metcalf *et al.*, 1986). Four different protein factors have been identified which promote and regulate the proliferation and differentiation of the eosinophil lineage: Interleukin (IL)-1, IL-3 (multi-colony stimulating factor, multi-CSF), IL-5 and the granulocyte-macrophage-colony stimulating factor (GM-CSF) (Silberstein *et al.*, 1989; Cosman, 1988; Clark & Kamen, 1987). IL-3 and GM-CSF support the growth of cells from relatively early pluripotent multilineage progenitors to mature cells whilst IL-5 supports the growth and proliferation of relatively late progenitors already committed to the eosinophil lineage.

1.2.5 Life cycle and kinetics

The mean eosinophil emergence time (time span between the end of the last premitotic S-phase in the proliferating pool and the egression of mature cells from the marrow) is between 3 to 5 days in humans (Parwesch *et al.*, 1976; Steinbach *et al.*, 1979). The eosinophil enters the circulation as a fully mature cell undergoing only minor biochemical changes. Eosinophils are thought to persist in the circulation with a mean half-life of between 6 and 18 hours (mean life between 12 and 26 hours) before entering the marginated pool (blood vessel wall) or infiltrating tissues. (Spry, 1971; Parwesch *et al.*, 1976; Steinbach *et al.*, 1979).

Only about 1% of the total eosinophils circulate in the blood. The vast majority of the cells accumulate in the parenchyma of certain organs and tissues preferentially below epithelial surfaces. Thus, outside of the bone marrow, most eosinophils are found in the skin, lungs, gastrointestinal tract, lower urinary tract and the uterus (Rytomaa, 1960). In disease, however, the number of eosinophils in both the peripheral blood and tissue can be dramatically increased. This may be due partly to a shortening of the eosinophil generation time (Spry, 1971) and partly to the return of tissue eosinophils to the circulation (Dale, 1976).

1.2.6 Heterogeneity

Eosinophils comprise a heterogeneous population of cells when evaluated for their density. Eosinophils sedimenting at densities > 1.082 g/ml are designated normodense and eosinophils with a density < 1.082 g/ml are referred to as hypodense. Normodense eosinophils represent approximately 90% of the cells found in normal subjects (Fukuda et al., 1985; Shult et al., 1988; Prin et al., 1984). In contrast, a significant proportion of peripheral blood eosinophils from patients with certain eosinophil-associated diseases such as allergic rhinitis (Frick et al., 1988), asthma (Fukuda et al., 1985; Shult et al., 1988; Kloprogge et al., 1989), allergic bronchopulmonary aspergillosis and helminthic parasite infestation (Prin et al., 1984) are found to be less dense (Weller, 1984; Fukuda et al., 1985; Kauffman et al., 1987; Kloprogge et al., 1989). The mean percentage of hypodense eosinophils for patients with asthma in three studies were 35% (Fukuda et al., 1985), 41% (Shult et al., 1988) and 65% (Kloprogge et al., 1989), respectively, whereas for patients with allergic rhinitis a figure of 30% hypodense eosinophils has been reported (Frick *et al.*, 1988). In addition, the proportion of hypodense cells in bronchoalveolar lavage fluid (BALF) from asthmatics is consistently higher than that of blood eosinophils obtained simultaneously (Kroegel et al., 1991c). In chronic eosinophilic pneumonia too the number of hypodense cells is higher in BALF than in blood (Kroegel & Costabel, 1991) and correlates with disease activity (Prin et al, 1986). Finally, the proportion of hypodense eosinophils in pleural fluids from patients with various lung diseases is dramatically increased (Winqvist et al., 1982; Prin et al., 1983). The density of eosinophils appears therefore to depend on (1) the total number of eosinophils, (2)disease and disease activity, and (3) location of the cells.

The significance of hypodense eosinophils in certain diseases is not yet understood and is still a matter of speculation. Functionally, a number of differences between normodense and hypodense eosinophils have been demonstrated, which include differences in membrane receptor expression, cytotoxicity to immunoglobulincoated targets, metabolic rate, and responsiveness upon stimulation with cell activators. For instance, the number of IgE receptors on low density eosinophils from patients suffering from hypereosinophilic syndrome (HES) is markedly increased (Parillo & Fauci, 1978; Capron et al., 1984) whereas IgG receptor expression undergoes only a modest increase (Wingvist et al., 1982). Low density eosinophils from HES patients are cytotoxic to IgE-coated schistosomula while normodense eosinophils are cytotoxic to IgG-coated schistosomula (Parillo & Fauci, 1978; Khalife et al., 1986). Secretion of eosinophil peroxidase by low density eosinophils from HES patients is caused by stimulation with antigen or anti-IgE while normodense eosinophils from HES patients respond to anti-IgG (Khalife et al., 1986). In addition, eosinophils from patients with parasitic diseases show a slightly reduced density and an increased cytotoxicity towards IgG-coated chicken erythrocytes (Bass et al., 1980; DeSimone et al., 1982a). Low density eosinophils obtained in vitro by incubation with GM-CSF are cytotoxic to IgGcoated schistosomula (Owen et al., 1987). Furthermore, light density eosinophils from patients with HES generate and release greater amounts of leukotriene C₄ in response to IgG- or complement-coated targets and the monocyte-derived eosinophil activating factor (EAF) than do normal density eosinophils (Kauffman et al., 1987; Fitzharris et al., 1986; Kajita et al., 1985). The amount of PAF released by light density blood eosinophils from HES patients upon stimulation with calcium ionophore A23187 (Jouvin-Marche et al., 1984) is approximately 20-fold higher when compared to the amount produced by normodense eosinophils (Lee et al., 1984). Low density eosinophils from patients with HES show an increased deoxyglucose uptake and oxygen consumption than normodense cells (Winqvist et al., 1982; Prin et al., 1983) indicating a higher metabolic activity in light density eosinophils. In contrast, these

cells produced a lower amount of reactive oxygen metabolites in response to phorbol myristate acetate (PMA), as assessed by NTB reduction and chemiluminescence (Prin *et al.*, 1984). Thus, in general, hypodense eosinophils appear to represent an activated eosinophil subtype.

1.2.7 Effector mechanisms

The eosinophil mediates its effector functions through different cellular mechanisms namely nonoxidative, oxidative, and humoral mechanisms.

Non-oxidative mechanisms. As mentioned previously, the three basic proteins as well as EPO have toxic properties independent of molecular oxygen species (Table 1.1). For instance, MBP (Butterworth *et al.*, 1979), ECP (McLaren *et al.*, 1981) and EPO in the presence of hydrogen superoxide and a halide (Jong *et al*, 1981) can all kill helminthic parasites *in vitro*. In addition, these proteins are toxic for tumour cells and/or mammalian cells (Gleich *et al.*, 1979), including human pulmonary parenchyma and interstitial matrix (Gonzales *et al.*, 1987a; Davis *et al.*, 1984), cultured human lung epithelial cells (Ayars *et al.*, 1985), and guinea pig respiratory epithelium (Filley *et al.*, 1982; Frigas *et al.*, 1986). Furthermore, it has been demonstrated that tissue damage produced by MBP in human bronchial epithelium consisting of desquamation and destruction of ciliated cells (Frigas *et al.*, 1981; Hastie *et al.*, 1987), mimics the pathological findings in asthma (see below). Finally, ECP and MBP stimulate histamine release from mast cells and basophils (O'Donnell *et al.*, 1983; Zheutlin *et al.*, 1984).

The mode of action of these basic proteins is not yet known. Structurally, they contain a cluster of basic amino acids, such as lysine and alanine on one terminal as well as a long aliphatic amino acid chain on the other molecule terminus. Their physicochemical properties resemble hymenoptera venom toxins such as melittin or mastoparan (Kroegel *et al.*, 1987; Kroegel *et al.*, 1981; Perianin & Snyderman, 1989), the ninth component of complement (Podack and Tschopp, 1982), perforin 1 from natural killer and cytotoxic T lymphocytes (Podack et al., 1985), bacterial streptolysin-O and staphylococcal α -toxin (Bhakdi & Tranum-Jensen, 1985). These proteins share an affinity for plasma membranes to which they bind in a dual fashion: First, the proteins approach the cell through the formation of electrostatic bonds between their positively charged residues and anionic (acidic) groups on the external membrane surface. This interaction may then be followed by insertion of the lipophilic molecule fragment into the membrane lipid bilayer. The driving force for the hydrophobic interaction would be the entropic advantage gained from dissolution of both the hydrophobic core of the phospholipid bilayer and the apolar surface of the amphiphilic protein (Kroegel, et al 1981; Kroegel, 1984; McDowell et al., 1985; Kroegel et al., 1987; Abu-Ghazaleh et al., 1991). This protein-membrane interaction leads to a number of consequences for the target cell including activation of phospholipase A₂ (Argiolas & Pisano, 1983; Kroegel et al, 1990a), formation of voltage-insensitive transmembrane ion channels (Podack et al., 1985; Young et al., 1986) followed by an enhanced membrane permeability to calcium (Pernian and Snyderman, 1989; Kroegel et al., 1990a), and, at high concentrations, total membrane disruption (Kroegel et al., 1981; Kroegel, 1984; Kroegel et al., 1987). A recent study has, indeed, demonstrated that the eosinophil basic proteins, like melittin, form nonselective ion pores in liposome membranes (Young et al., 1986).

Oxidative mechanisms. Eosinophils may also exert their effector function via two oxygen-dependent mechanisms (Weiss *et al.*, 1986; Petreccia *et al.*, 1987; Kanofsky *et al.*, 1988). One involves the generation of activated oxygen and toxic oxygen radicals $(O_2 \text{ and } O_2^{-})$, and the other the production of hypobromous acid (HOBr), hydrobromic acid (HBrO₃) or hydriodic acid (HIO₃). These two events are linked, as newly formed superoxide spontaneously dismutates to H_2O_2 . Both O_2^{-} and H_2O_2 alone may have toxic effects (Weiss *et al.*, 1986). In addition, H_2O_2 serves as a cofactor in the EPO-mediated oxidation of both iodide (I-) and bromide (Br) to their corresponding

hypohalous acids which, in turn, are able to halidate or oxidize a wide range of target molecules in cells and microorganisms.

Lipid mediator-mediated mechanisms. Eosinophils contribute to inflammation through the *de novo* synthesis and release of lipid mediators such as platelet activating factor (PAF) (Lee *et al.*, 1984; Burke *et al.*, 1990), leukotriene B₄ (LTB₄) and C₄ (LTC₄) (Ziltner *et al.*, 1983; Henderson *et al.*, 1984; Shaw *et al.*, 1984; Bruynzeel *et al.*, 1987b; Kauffman *et al.*, 1987; Owen *et al.*, 1988; Tamura *et al.*, 1988; Burke *et al.*, 1990), prostaglandin E₂ (PGE₂) (Hubscher, 1975; Giembycz *et al.*, 1990), PGF₁ and thromboxane A₂ (TXA₂) (Owen *et al.*, 1987, Morley *et al.*, 1979; Foegh *et al.*, 1986; Giembycz *et al.*, 1990a). Using combined capillary gas chromatography/mass spectrometry two more prostanoids, prostaglandin D₂ (PGD₂) and prostaglandin F_{2α} (PGF_{2α}) have been detected (Kroegel *et al.*, 1990b). Eosinophil-derived PAF, LTC₄ or TXA₂ may contribute to tissue inflammation and bronchoconstriction in late-phase asthmatic reactions where eosinophils are characteristically found (see below).

1.2.8 Priming

The presence of lymphocytes in asthmatic airways is well documented (Laitenen, 1985; Gonzales *et al.*, 1987b; Frew & Kay, 1988). T lymphocytes of the CD4⁺, T_h / inducer phenotype as well as macrophages and vascular endothelial cells secrete a variety of growth and differentiation factors called lymphokines or cytokines which include interleukin-1 (IL-1), IL-3, IL-5 and granulocyte/macrophage-colony-stimulating factor (GM-CSF). Human peripheral-blood-derived normodense eosinophils cultured for 7 days with IL-3 (Owen *et al.*, 1987) or GM-CSF (Silberstein *et al.*, 1986; Rothenberg *et al.*, 1988; Rothenberg *et al.*, 1989; Howell *et al.*, 1999) generate increased amounts of LTC₄ when challenged with calcimycin (the calcium ionophore A23187) and enhanced cytotoxicity toward schistosomula. Evaluation of the cell density revealed that exposure of eosinophils to the cytokines converted them to a hypodense phenotype. A similar effect on eosinophil releasability was observed with

IL-5 (Lopez *et al.*, 1988; Yamaguchi *et al.*, 1988). In addition, Fujisawa *et al.* (1990) demonstrated that preincubation of normal eosinophils with IL-3, IL-5 or GM-CSF also enhanced the sIgA- and IgG-induced release of EDN. IL-5 was the most potent enhancer of immunoglobulin-mediated degranulation and its effect appeared within 15 minutes. Furthermore, GM-CSF and IL-5 by themselves induced a small but significant release of EDN. In contrast, other cytokines, such as IL-1, IL-2, IL-4, IL-6, IFN- γ , and TNF, had no effect on eosinophil degranulation. Finally, there is evidence that lipid mediators, at subthreshold concentrations may also have a priming activity (Nagy *et al.*, 1982; see also Chapter 10.8, page 215). Taken together, these findings suggest that eosinophil effector functions may be modulated by cytokines as well as other inflammatory mediators. Since alveolar macrophages obtained from asthmatic subjects spontaneously produce GM-CSF (Howell et al., 1989; Howell & Kay, 1990) and it's level is increased in BALF after antigen challenge (paper in preparation), cytokines may play an important role in the amplification of the eosinophilic inflammation in asthmatic airways.

1.3 EOSINOPHILS IN DISEASE

Eosinophils have been implicated in a wide spectrum of human disease ranging from parasitic infestations, and allergic reactions to vasculitic and granulomatous diseases (Schatz *et al.*, 1981; Hunninghake *et al.*, 1981; Spry *et al.*, 1983a; Spry *et al.*, 1983b; Davis *et al.*, 1984; Spry 1989). The potential role of the eosinophil in helminthic infections, interstitial lung disorders, and bronchial asthma including both their beneficial or protective and detrimental role will be outlined below.

1.3.1 Parasitic infestations

The association between helminth infestation and peripheral blood eosinophilia dates back to the beginning of this century. Four main findings have emerged over the past two decades. First, anti-eosinophil serum reduces both the number of peripheral blood eosinophils and increases susceptibility to parasites (Gleich *et al.*, 1979). Secondly, eosinophils are directly involved in the killing of helminths (Butterworth *et al.*, 1977; Butterworth *et al.*, 1979). Third, eosinophil granule proteins and oxygen metabolites are cytotoxic for parasites (Gleich *et al.*, 1974; Grove *et al.*, 1977; Butterworth, 1984). Finally, eosinophils accumulate and degranulate around parasites *in vivo* (Hsu *et al.*, 1980; Kephart *et al.*, 1984). These data strongly support a role for the eosinophil in host defense against parasites.

The mechanism whereby eosinophils destroy parasites can be divided into recognition, attachment and killing phases. Recognition is facilitated by chemotactic factors produced by other participating inflammatory cells and by parasitederived factors. In addition, IgG antibodies (Gryzch *et al.*, 1987) and complement proteins (Anwar *et al.*, 1979) facilitate the attachment of the eosinophil to the parasite. Adhering eosinophils flatten and release granule proteins (Glaudert *et al.*, 1978) and oxygen radicals (Kazura *et al.*, 1981; Jong *et al.*, 1981) onto the surface of the parasite eventually leading to its destruction.

1.3.2 Interstitial lung disorders

Although eosinophils are rarely found in the normal human lower respiratory tract, accumulation of cosinophils in the parenchyma is found in the course of various inflammatory diseases (Reynolds *et al.*,1977; Weinberger *et al.*, 1978). Besides the well known eosinophil-associated histiocytosis-X (Bassat *et al.*, 1978), and chronic eosinophilic pneumonia (Carrington *et al.*, 1969) other diseases such as idiopathic pulmonary fibrosis, sarcoidosis, hypersensitivity pneumonitis, and chronic interstitial disease associated with the collagen-vascular disorders can, on occasion, also be characterized by an accumulation of significant numbers of eosinophils in alveolar structures (Hunninghake *et al.*, 1981; Schatz *et al.*, 1981).

Although the cause of eosinophil accumulation in some of these disorders is unknown, increasing evidence suggests that the eosinophil can function as

an effector cell capable of mediating direct interstitial tissue destruction. In general, two different mechanisms may be involved. Firstly, the eosinophil collagenase has been shown to specifically cleave human lung collagens type I and III (Davis *et al.*, 1984, Hibbs *et al.*, 1982). Secondly, eosinophils damage parenchyma cells through their granular basic proteins and the generation of reactive oxygen radicals. For instance, eosinophils are cytotoxic for lung fibroblasts, mesothelial cells, and epithelial cells (Gleich *et al.*, 1979; Davies *et al.*, 1981; Davies *et al.*, 1984; Ayars *et al.*, 1985; Agosti *et al.*, 1987; Yukawa *et al.*, 1990b). Eosinophil mediated cytotoxicity could be partially inhibited by anti-oxidants (Motojima *et al.*, 1989; Yukawa *et al.*, 1990b) suggesting a role for both oxidative and non-oxidative effector mechanisms.

1.3.3 Bronchial asthma

Asthma is increasingly being recognized as a chronic inflammatory condition characterized by peripheral blood, bronchial tissue and sputum eosinophilia (Lowell, 1967, Franklin, 1974; Horn *et al.*, 1975; Ellis, 1908; Huber and Koessler, 1922; Houston, 1953; Guputa *et al.*, 1976; Dunhill, 1960; Naylor, 1962). The prominence of the eosinophil in asthmatic airways has even led to the suggestion that asthma would be better classified as 'chronic desquamating eosinophil bronchitis' (Reed, 1986).

1.3.3.1 Histopathology

The most striking histopathological feature of asthmatic airways is disseminated inflammatory cell infiltrates. These are predominantly eosinophils which penetrate the entire thickness of the bronchial wall, the nearby parenchyma and overflow into the bronchial lumen (Ellis, 1908; Huber & Koessler; 1922, Houston, 1953; Dunhill, 1960; Naylor, 1962; Horn *et al.*, 1975; Guputa *et al.*, 1976; Aita *et al.*, 1983). Although eosinophilic mucosal infiltrations are a characteristic finding in status asthmaticus (Cardell, 1956; Houston *et al.*, 1953; Earle, 1953) eosinophils are also seen in patients with chronic bronchitis and bronchial inflammation (Glynn & Michaels, 1960; Salvato, 1968) indicating that bronchial eosinophilia is quantitative rather a qualitative abnormality. Another striking histological feature in asthma is the damaged and denuded epithelial cells (Laitinen et al., 1985) usually found in conjunction with eosinophil products (Filley et al., 1982). Desquamation of the epithelium can be extensive (Cardell, 1956; Houston et al., 1953) with the basal layer becoming hyperplastic as it regenerates. The basement membrane is thickened (Huber & Koessler, 1922; Callerame et al., 1971; Sobonya, 1984) with increased production of collagen and deposition of IgG, IgE, IgA, albumin and fibrinogen (Gerber et al., 1971; McCarter & Vazquez, 1966; Callerame et al., 1971). Eosinophils are associated with the areas of desquamation, bronchial plugging, and basement thickening in the late stage of asthma (Frigas and Gleich, 1986). The airway smooth muscle layer is usually increased by two- to three fold (Dunhill et al., 1969; Huber & Koessler, 1922; Heard & Hossain, 1973) which results from hyperplasia of muscle cells rather than hypertrophy (Heard & Hossain, 1973; Takizawa & Thurlbeck, 1971). Furthermore, the tracheobronchial mucous glands are enlarged together with an increase in the number of goblet cells (Dunhill et al., 1969; Glynn & Michaels, 1960; Huber & Koessler, 1922; Takizawa & Thurlbeck, 1971). Finally, tenacious, viscid, mucous plugs are present in asthmatic airways, extending from the trachea to the respiratory bronchioles (Dunhill, 1960).

1.3.3.2 Eosinophilia in asthma

In asthma the increase in circulating blood eosinophils is variable and their elevation is less pronounced when compared with other eosinophil-associated diseases. In fact, in some cases, eosinophils are not detected at all (Dahl & Venge, 1982; Bruynzeel *et al.*, 1987a). This may stem partly from the fact that asthmatics are usually under treatment with corticosteroids, a drug which effectively decreases the number of circulating eosinophils (Baigelman *et al.*, 1983; Anderson, 1969; Sabag *et* al., 1978). In addition, the appearance of eosinophils in peripheral blood may be temporal occurring only at the time of the late-asthmatic response (Kay *et al.*, 1988; Durham *et al.*, 1985; Booij-Noord *et al.*, 1972) due to their relatively short blood half-life of between 13 (Parwaresch *et al.*, 1976) and 18 hours (Steinbach *et al.*, 1979). On the other hand, a recent study has shown that while the total number of eosinophils in patients with asthma remained constant the percentage of hypodense cells increased significantly (Frick *et al.*, 1989a; Frick *et al.*, 1989b). In addition, an inverse correlation between blood eosinophil count and the degree of bronchial hyperresponsiveness (Durham *et al.*, 1985; Taylor and Luksa, 1987) and airway resistance (Horn *et al.*, 1975) has been reported. Measurement of eosinophil-derived protein levels in serum as an indicator of eosinophil activation, however, did not prove useful. Most of the studies have failed to find a significant or consistent elevation of these proteins, a fact which may be due to their rapid degradation by serum proteases (Venge *et al.*, 1977; Dahl *et al.*, 1978).

Large numbers of eosinophils are found in sputum of asthmatics, particularly in aspirin-induced asthma (Vierira & Prolla, 1979; Dor *et al.*, 1984; Frigas *et al.*, 1981; Motojima *et al.*, 1987). Compact clusters of columnar cells containing numerous eosinophils, eosinophil granules as well as Creola bodies may also be seen (Naylor, 1962). In addition, it has been demonstrated that the concentration of MBP in sputum is consistently raised and the detection of this protein is specific for asthma (Frigas *et al.*, 1981; Dor *et al.*, 1984). The amount of Creola bodies and EPO in sputa were also elevated in asthma although these proteins are not specific for this disease (Motojima *et al.*, 1987).

As stated above, eosinophils are seen in and around the wall of bronchi in patients with fatal asthma (Callerame *et al.*, 1971; Gough, 1961; Motojima *et al.*, 1987; Godard *et al.*, 1982). Moreover, marked bronchial eosinophilia is the most characteristic histopathological feature in status asthmaticus and is also noted soon after an asthmatic attack (Cardell, 1956; Houston *et al.*, 1953; Earle, 1960). In marked contrast, eosinophils are not found in biopsy specimens from asthmatic subjects in remission (Kirby *et al.*, 1987). Thus, bronchial eosinophilia may only represent a transient feature appearing to occur in association with the active ongoing pathogenetic processes in asthma.

Increased numbers of eosinophils are also found in bronchoalveolar fluid (BALF) from asthmatics (Diaz *et al.*, 1984; Metzger *et al.*, 1985; Diaz *et al.*, 1986; Godard *et al.*, 1987; Kirby *et al.*, 1987; Wardlaw *et al.*, 1988; Bousquet *et al.*, 1990). The proportion of eosinophils, however, is not excessively increased. Furthermore, in asymptomatic patients and in patients treated with steroids the number of eosinophils is often normal (Godard *et al.*, 1987). Comparison of different asthmatic types have demonstrated that the eosinophil count is higher in atopic than in non-atopic asthmatics, and even greater in patients with aspirin-sensitive asthma (Dahl *et al.*, 1978).

Eosinophils have been indirectly implicated in asthma by demonstrating that eosinophil-derived products are found in bronchial tissue and in the BALF (Filley *et al.*, 1982; Frigas & Gleich, 1986; DeMonchy, 1985; Bousquet *et al.*, 1990). Histological sections of asthmatic lungs showed deposits of MBP along the lining of bronchioles close to the areas of damaged epithelium and mucus plugs (Filley *et al.*, 1982; Bousquet *et al.*, 1990).

1.3.3.3 Bronchial damage and eosinophils

Several observations suggest that the eosinophil is the central effector cell mediating epithelium damage in asthma (Frigas & Gleich, 1986). As already mentioned, eosinophil-derived products are found in the blood, sputum, BALF and bronchial wall of asthmatics indicating eosinophil secretion in this disease. These products show toxic properties towards a range of mammalian cells. For instance, MBP alone causes damage to both guinea pig and human respiratory epithelium which mimics the pathology of asthma (Gleich, 1986). At low doses, MBP causes exfoliation of epithelial cells and impairment of ciliary beating. At higher concentrations, MBP detaches ciliated and brush cells and destroys individual cells exposing the basal cell layer. At an ultrastructural level, MPB disrupts the plasma membrane liberating the cellular contents (Gleich, 1986; Frigas *et al.*, 1980). Examination of asthmatic bronchial tissue sections by immunofluorescence technology shows deposition of MBP at the sites of epithelium damage (Gleich, 1986). ECP, another basic protein, also caused a dose-related damage to guinea pig tracheal epithelium as assessed by inverted microscopy. In addition, EPO at low concentrations either singly or in the presence of hydrogen peroxide and a halide caused ciliostasis, bleb formation, and exfoliation of epithelial cells (Motojima *et al.*, 1989). Finally, PAF-activated eosinophils also led to ciliostasis and disruption of respiratory epithelium *in vitro* (Read *et al.*, 1989; Yukawa *et al.*, 1990b). Taken together, these observations strongly suggest that the cosinophil represents an effector cell in asthma capable of damaging respiratory epithelium.

1.3.3.4 Eosinophils and bronchial hyperreactivity

A distinctive feature of asthma is the development of non-selective airway hyperresponsiveness to a wide variety of stimuli, such as histamine, cholinergic agonists, leukotrienes and physical stimuli. Although the underlying pathomechanism is not yet understood, there is evidence that bronchial hyperresponsiveness is associated with the development of the late response (Atkins *et al.*, 1978; Cartier *et al.*, 1982; Mapp *et al.*, 1985). The hypothesis that inflammation might be responsible for inducing bronchial hyperresponsiveness is further supported by the observation that stimuli which cause hyperresponsiveness also cause airway inflammation (Godard *et al.*, 1987; Chung, 1986; Schleuter, 1974). The involvement of inflammatory cells can also be deduced from the fact that corticosteroids which have potent anti-eosinophil effects can prevent the increase in bronchial hyperactivity during seasonal allergen exposure. Moreover, a correlation was found between the number of blood eosinophils and the FEV₁ in subjects with intrinsic asthma (Horn *et al.*, 1975), the late asthmatic response (Cookson *et al.*, 1989 and bronchial hyperresponsiveness expressed in methacholine PC_{20} (Durham & Kay, 1985). A recent report on the effect of immunotherapy on bronchial responsiveness in pollen-allergic patients with a history of rhinoconjunctivitis and wheezing, suggests there is a correlation between serum ECP concentration and bronchial hyperresponsiveness (Rak *et al.*, 1988). In untreated patients the level of ECP increased significantly during the pollen season but this did not occur in patients receiving immunotherapy. These studies indicate that an association between eosinophils and bronchial hyperreactivity might exist.

The mechanism by which eosinophils induce bronchial hyperresponsiveness is uncertain and still a matter for speculation. Eosinophil-derived products may cause epithelial cell damage which is a characteristic histopathological feature of asthma (Dunhill, 1960; Guputa, 1976). Loss of respiratory epithelium leads to an increase in mucosal permeability (Hulbert *et al.*, 1981) and alters the osmolarity of the mucosal surface (Hogg & Eggleston, 1984). This may expose afferent sensory nerve endings and promote the release of neuropeptides, such as substance P (Barnes, 1987). Desquamation and dysfunction of bronchial epithelial cells may also result in the loss of epithelium-derived relaxing factor(s) (Flavahan *et al.*, 1988) causing hyperresponsiveness of airway smooth muscle (Gleich *et al.*, 1988).

1.3.3.5 Platelet activating factor and asthma.

PAF represents a heterogenous family of structurally related ether-linked phospholipids that are formed as a result of the concerted action of phospholipase A₂ and acetyltransferase on membrane alkylacyl phospholipids (Patterson *et al.*,1984; Vargaftig & Braquet, 1987; Barnes *et al.*, 1988a). It is generated and released by several inflammatory cells which have been implicated in asthma, including macrophages (Barnes & Chung, 1987), neutrophils (Chilton *et al.*, 1982; Ingraham *et al.*, 1982), lymphocytes (Rola-Preszynski *et al.*, 1987) and eosinophils (Lee *et al.*, 1982; Lee *et al*, 1984). In fact, eosinophils are the richest cellular source of PAF and in particular hypodense eosinophils of asthmatic patients release large amounts of this important autocoid (Jouvin-Marche et al., 1984; Lee et al., 1984; Snyder et al., 1985; Ojima-Uchimaya et al., 1988; Cromwell et al., 1990).

Direct measurement of PAF in biological fluids such as plasma or BALF has proved difficult since PAF is rapidly hydrolyzed to lyso-PAF by a plasma acetylhydrolase (Blank et al., 1983) as well as taken up and metabolized by inflammatory cells (Malone et al., 1985; Chilton et al., 1983) and bronchiolar and alveolar epithelial cells (Haroldsen et al., 1987). However, PAF possesses many biological properties which are relevant to asthma. It induces bronchoconstriction (indirectly, since it has no direct effect on airway smooth muscle) (Schellenberg *et al.*, 1983; Mazzoni et al., 1985), leads to airway microvascular leakage (O'Donnell et al., 1987; Evans et al., 1987) and it causes sustained increase in bronchial reactivity in several animal species (guinea pig, rabbit, dog, cat, sheep, primates) (Christman et al., 1987; Chung et al., 1987; Arnoux et al., 1985; Barnes & Chung, 1987), including humans (Cuss et al., 1986; Rubin et al., 1987). It is this latter property which distinguishes PAF from other putative mediators of asthma (Barnes et al., 1988b) and this may relate to the interaction between PAF and eosinophils (see Discussion). In addition, systemically administered PAF-antagonists have been shown to block the asthmatic late response in passively sensitized sheep following antigen challenge (Stevenson et al., 1987) and rabbits (Coyle et al., 1987; Coyle et al., 1988). Furthermore, two PAF antagonists, BN 52021 and WEB 2086 suppressed the bronchial eosinophil infiltration, the appearance of eosinophils in the bronchoalveolar fluid, the development of epithelial lesions, and the development of bronchial hyperresponsiveness in guinea pigs after antigen given by injection or inhalation (Braquet et al., 1985; Lellouch-Tubiana et al., 1987; Lellouch-Tubiana et al., 1988; Coyle et al., 1988). Finally, PAF has been shown to induce hyperplasia of vascular smooth muscle, presumably as a consequence of release of platelet-derived growth factor (Handley *et al.*, 1983). Although the possible significance of PAF in asthma is still an open issue, these experimental observations suggest that PAF may play a pathogenetic role in the obstructive lung disease. In particular, its capacity to cause a sustained bronchial hyperresponsiveness, to cause hyperplasia of vascular smooth muscle as well as its potent eosinophil chemotactic activity elevates PAF above other autocoids as a mediator of asthma.

<u>1.4 AIMS</u>

Section 1.3 provides insight into the occurrence and the pathogenetic significance of eosinophils in human disease and particularly asthma. However, the factors and mechanisms involved in eosinophil accumulation are not yet understood. Furthermore, although signal transduction has been extensively studied in polymorphonuclear leukocytes, little information is available on the mechanisms of stimulus-response coupling in eosinophils underlying chemotactic migration, release of granular proteins or the *de novo* synthesis of lipid mediators. This is due, in part, to the difficulty in obtaining sufficiently large numbers of highly purified eosinophils necessary for these studies. One possible way of overcoming the problem is to use animal eosinophils which can be obtained in sufficiently high numbers and high purity. Therefore, this work focuses on the guinea pig peritoneal eosinophil as a model cell for the human eosinophil.

The general aims of this work are: (1) to establish a physiologic stimulus which activates eosinophils and could be used for further studies, and (2) to define the biochemical transmembrane signalling pathways operating in eosinophils. More specific aims are (3) to characterize possible binding sites for this ligand, (4) to examine the signalling mechanisms used by the stimulus, (5) and to relate these events to functional responses of the eosinophil.

Understanding the mechanisms of signal transduction may help to define the cell biology of the eosinophil. In addition, this information may yield further insight into how the eosinophil exerts its cytotoxic effector functions in human disease. More importantly, the knowledge of signal transduction mechanisms in eosinophils may provide valuable clues for new therapeutic approaches in the management of allergic and other hypereosinophilic diseases.

CHAPTER TWO

2. MATERIALS AND METHODS

2.1. REAGENTS

Polyvinyl-pyrrolidene-coated silica gel (Percoll) was purchased from Pharmacia Fine Chemicals AB, Uppsala, Sweden. Hanks balanced salt solution (HBSS) was bought from Flow Laboratories Ltd., Woodcock Hill, Rickmansworth, Herts, U.K. WEB 2086 and [3H]WEB 2086 (specific activity: 15 Ci/mmol) were kindly donated by Boehringer Ingelheim (W. Germany). [14,15-3H]Leukotriene C₄ (specific activity: 35 - 40 Ci/mmol) and [1,2-3H]Hexadecyl-2-acetyl-sn-glyceryl-3phosphorylcholine (specific activity: 50 - 70 Ci/mmol) was purchased from NEN DuPont, Wilmington, USA. [³H]Ins(1,4,5)P₃ (specific activity: 17.1 Ci/mmol) was obtained from New England Nuclear. [32P]-y-adenosine trisphosphate (specific activity: 3.9 - 2.5 Ci/mmol) was obtained from Amersham, U.K. Triton X-100 was purchased from BDH Ltd.(Poole, Dorset, U.K.). Fura-2 acetoxymethyl ester was obtained from Molecular Probes, (Eugene, OR). Platelet activating factor (C_{16} -PAF), leukotriene B₄, calcimycin (calcium ionophore, A23187), N-formyl-methionyl-leucylphenylalanine (FMLP), o-phenylene diamine dihydrochloride (OPD), phorbol myristate acetate (PMA), dimethyl sulfoxide (DMSO), piperazine-N,N'-bis-(2-ethanesulfonic acid), fetal calf serum (FCS), pertussis toxin, aprotinin, dipotassium 2-hydroxy-5 nitrophenol sulphate, sodium acetate, acetic acid, polymyxin B sulphate, DNAase, and Tris-HCL were from Sigma Chemicals Ltd.(Poole, Dorset, U.K.). All other reagents were of the highest commercial grade available. Recombinant C5a was generously provided by Dr. J. Westwick (Hunterian Institute, London, U.K.). Unlabelled 15(S), 9α , 11 β -trihydroxyprosta-5z, 13E-dien-1-oic acid (9α , 11 β -PGF₂) standard was purchased from Biomol Res.Lab.(Philadelphia, USA). The other unlabelled

prostaglandin and prostaglandin metabolites standards were obtained from Sigma Chemical Co. (St.Louis, USA). The 3,3,4,4-tetradeuterated analogs of PGE₂, PGF₂ and 6-keto-PGF_{1 α} employed as internal standards were purchased from Merck Isotopes (St.Louis, USA)

2.2 BUFFERS AND SOLUTIONS

Hepes buffer containing 10 mM Hepes, 145 mM NaCl, 5 mM KCl, 0.5 mM Na₂HPO₄ 1 mM MgCl₂, 6 mM glucose, and 0.1% BSA was prepared weekly and stored at 4°C. Tyrode's buffer consisted of 140 mM NaCl, 1 mM MgCl2, 5 mM KCl, 0.5 mM Na₂HPO₄, 5.5 mM glucose, and 0.25% BSA. PIPES medium contained 25 mM piperazine-N,N'-bis-(2-ethane sulfonic acid), 110 mM NaCl, 5 mM KCl, 40 mM NaOH, and 5.4 mM glucose. PAG contained 25 mM PIPES, 110 mM NaCl, 5 mM KCL, 0.003% human serum albumin 30 and 0.1% glucose. PAGCM consisted of PAG with 1 mM CaCl₂ and 1 mM MgCl₂. Buffers were adjusted to pH 7.4 with 1N HCl or 1N NaOH as appropriate. Sodium acetate-acetic acid (0.5 M) was prepared by mixing 0.5 M sodium acetate and 0.5 M acetic acid until a pH of 5.7 was reached. Hypotonic lysis buffer contained 20 mM Tris-HCl, 1 mM EGTA, and 2000 U/ml aprotinin and was adjusted to pH 7.5 with 1N HCL. The assay buffer for [3H]PAF binding experiments contained 140 KCL, 10 mM Tris, and 0.25% (w/v) BSA adjusted to pH 7.4 with HCl. The assay buffer for the phosphorylation of phosphatic acid consisted of 100 mM imidazole HCl, 100 mM NaCl, 25 mM MgCl₂, and 2mM EGTA, pH 6.6.

Pertussis toxin (Sigma, St.Louis, USA) was reconstituted with buffer at a concentration of 100 μ g/ml or 500 μ g/ml and used for treatment of intact eosinophils. For *in vitro* use with cell membranes pertussis toxin was preactivated in the presence of 20mM dithiothreitol and 2 mM ATP at 37°C for 60 min. The detergent solution for solubilization of lipids contained 7.5% (w/v) n-octyl-beta-glucopyranoside, 5 mM cardiolipin dissolved in 1 mM diethylenetriamine-penta-acetic acid (DETAPAC), pH 6.6.

The OPD substrate solution was made up as a 10 mM stock solution in water, stored at -80°C and diluted immediately before use. Diacylglycerol kinase prepared from E.coli was dissolved in 10 mM potassium phosphate buffer pH 7.0 supplemented with 20% (v/v) glycerol and 2 mM mercaptoethanol. Dried 1,2-diacyl glycerol standards were reconstituted with 500 µl CHCl₃ to give a solution at 10 nmol per 100 µl. PAF (1-0-hexadecyl-2-acetyl-sn-glycero-3-phosphocholine) was dissolved in 0.9% NaCl containing 2 mg/ml bovine serum albumin at a final concentration of 1 mM. Aliquots(100 µl) were stored at -80°C and thawed for each experiment. Different concentrations of PAF were made up in HBSS immediately before use. Leukotriene B₄ was dissolved in 0.9% NaCl containing 0.2% BSA and 0.01 M EGTA. LTC₄ standard was dissolved in methanol (50 µg/ml) and stored at -70°C. Aliquots were stored at -80°C. Calcimycin was dissolved and stored at 10 mM in DMSO, and was diluted to the required concentrations in prewarmed HBSS immediately before being added to an equal volume of cells. PMA was prepared as a stock solution of 10 mM in DMSO and stored at -20°C. Required dilutions were made daily in cold dejonized water. fMLP was stored as a stock solution of 10 mM and stored at -20°C. Dimethyl sulfoxide concentrations used did not affect either cell viability nor the enzyme assays.

2.3 PREPARATION OF EOSINOPHILS

2.3.1 Human eosinophils

Blood was obtained with informed consent from healthy donors and patients with hypereosinophilic syndrome. None of the donors was currently undergoing corticosteroid therapy. Buffy coat cells were obtained by sedimenting five volumes of blood with 1 volume of 6% dextran 110 (Fisons plc, Loughborough).in normal saline for 1 hour at 37°C. Cells were washed twice and resuspended in modified

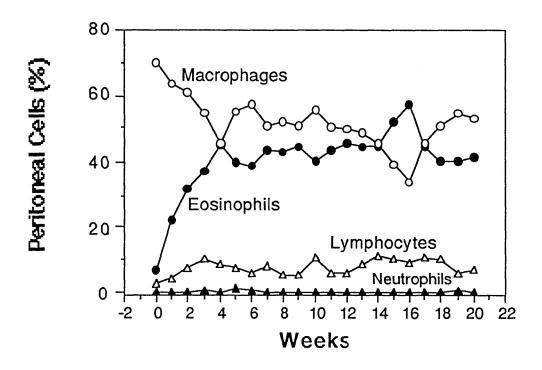


Figure 2.1: Effect of normal human serum on the cell populations in guinea pig peritoneum. Animals were treated with 1 ml of normal human serum per week and cells harvested by peritoneal lavage with 40-50 mls of 5% glucose. Total white cell and differential counts were performed using Kimura stain and a Neubauer counting chamber.

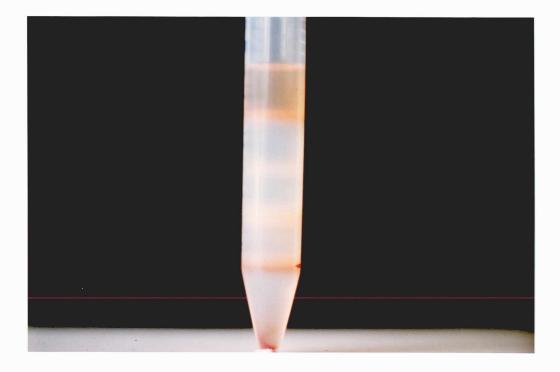
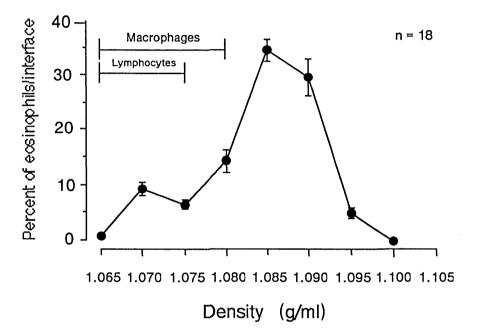


Figure 2.2: Purification of guinea pig eosinophils. Five step Percoll density gradient of guinea pig eosinophils with the top representing lower density cells (≥ 1.060 g/ml) and the bottom representing higher densities (≤ 1.105 g/ml). Eosinophils with a purity > 90% were usually found at the 1.085 -1.100 g/ml density interfaces.



<u>Figure 2.3:</u> Density distribution profile of guinea pig eosinophils. The density distribution of eosinophils obtained from human serum (1 ml.week⁻¹) treated guinea pigs by peritoneal lavage. Data shown represent the mean and SEM of 18 independent determinations.

HBSS buffer supplemented with 10% FCS. Eosinophils were purified by centrifugation over either metrizamide or Percoll density gradients. Percoll gradients were as described for the guinea pig cosinophil (see below, Chapter 2.3.2). Metrizamide gradients were prepared by the method of Vadas *et al.* (1979). Briefly, 2 ml of decreasing percentages of metrizamide (25,24,23,22 and 18% were layered into 16 ml polycarbonate centrifuge tubes and 5-10 x 10⁷ buffy coat cells in 2 ml of modified HBSS were overlayered. The tubes were centrifuged for 1,200 x g for 45 minutes at 20°C, after which the cells were collected from each interface, washed twice in modified HBSS, stained with Kimura stain and counted in a modified Neubauer hemacytometer. Eosinophils of greater than 80% purity and 95% viability which were collected from the interface between the 22 and 23% layers were used in subsequent experiments. There was no difference between eosinophils purified by metrizamide and Percoll density gradients.

2.3.2 Guinea pig eosinophils

Male outbred Hartley guinea pigs (750 -1000 g) were treated with weekly intraperitoneal injections of 1 ml human serum (Litt, 1960; Pincus 1978). An eosinophil-rich exudate (35-65% eosinophils) was obtained by weekly peritoneal lavage with 50 ml of 5% glucose (Figure 2.1). The exudate from 8 -10 animals was cooled to 4°C, pooled, washed three times in HBSS and the cell number counted. Eosinophils were then purified using a discontinuous gradient (1.100, 1.090, 1.085, 1.080 and 1.070g/ml) of iso-osmolar Percoll as previously described (Gartner, 1980; Fukuda *et al.*, 1985). In some experiments, additional densities (1.075 g/ml and 1.095 g/ml) were used. Density was determined by refractometry and readings extrapolated from a standard curve. Gradients were formed using a peristaltic pump (LKB 2120 Varioperpex II pump, LKB-Beckman Instruments, Bromma, Sweden) and consisted of 1.5 ml 1.100, 2 ml 1.090, 2 ml 1.085, 2 ml 1.080 and 2 ml 1.070 g/ml in 15 x 100 mm polypropylene tubes (Falcon Plastics, Los Angeles, CA). The cells, suspended in 2 ml Percoll 1.070 g/ml supplemented with 5% FCS and 1.84 ng DNAse, were layered on top of the gradients and centrifuged at 1600 x g for 20 min at 15 °C. The resulting 6 fractions (Figure 2.2) were collected and washed twice in HBSS before they were counted in a hemacytometer. $80.1 \pm 2.9\%$ (n=57) of the total eosinophil number were usually found infractions 1.081-1.085 (92.9 \pm 1.3%, mean purity \pm SEM), 1.086-1.090 (99.3 \pm 0.4%), and 1.091-1.100 (99.4 \pm 0.3%). The fractions were pooled to give a final mean purity of 97.8 \pm 0.5% and a mean viability of 99.2 \pm 0.2% (n=37) as assessed by trypan blue exclusion. Cells were then washed in HBSS, and resuspended either in ice-cold HBSS or in HEPES buffer as indicated.

The majority of $84.4 \pm 8.6\%$ eosinophils were normodense (n=18) with a density > 1.081 g/ml (Figure 2.3) although the mean density of the cells shifted slightly as a function of repeated injection of the same animals with human serum. However, only normodense eosinophils could be used for the experiments since lower density interfaces were contaminated by peritoneal macrophages and lymphocytes.

2.4 PREPARATION OF GUINEA PIG NEUTROPHILS AND MONONUCLEAR CELLS

Peritoneal guinea pig macrophages (purity up to 90%) and lymphocytes (purity up to 80%) were obtained from Percoll gradients and usually found in the 1.065 g/ml, 1.070 g/ml and 1.075 g/ml density interfaces, respectively. A neutrophilia in guinea pig was induced by intraperitoneal injection of 0.12% glycogen in 0.9% saline 14 to 16 hours before lavage (Yamashita *et al.*, 1985). Neutrophil-rich peritoneal cell suspensions (70 - 80%) were subjected to Ficoll Paque separation and neutrophils with a purity > 98% and an eosinophil count of < 3% were used in the experiments.

2.5 QUANTITATION OF CELLS

Total white cell and differential counts were quantitated with Kimura stain (Kimura *et al.*, 1973) in a Neubauer counting chamber. The viability of

eosinophils isolated by metrizamide gradients was evaluated by trypan blue dye exclusion.

2.6 PREPARATION OF MEMBRANES

Purified cosinophils (2-3 x 10⁸) were incubated in hypotonic lysis buffer (20 mM Tris-HCL, 1 mM EGTA, 2000 U/ml aprotinin, pH 7.5) for 30 min at 4°C and disrupted gently by sonication (MicrosonTM Ultrasonic Cell Disrupter, Farmingdale, N.Y., USA) with 2 x three 20-sec bursts in an ice / water bath. The disrupted cells were freed from remaining intact cells and nuclei by centrifugation at 16,000x g for 30 sec at 4°C (Matsumoto *et al.*, 1988). The supernatant was then centrifuged at 16.000 x g for 90 min at 4°C. The pellet was rinsed with incubation buffer, resuspended in the same buffer at a cell equivalent of approximately 1 x 10⁷/100 µl and was resonicated with three 20-sec bursts as described above. These fractions were used for the [³H]PAF binding assay and protein measurements.

2.7 PROTEIN ASSAYS

Protein concentrations were determined by the method of Bradford (1976) using a Bio-Rad Protein Assay Kit with human serum albumin as the standard. The protein content of the membrane and cytosolic fractions was 1-2 and 3-4 mg/ml, respectively.

2.8 TREATMENT WITH PERTUSSIS TOXIN

Purified eosinophils were resuspended in PAGCM and incubated at 37° C for 1 hour with either vehicle or 0.6 µg/ml to 5 µg/ml of pertussis toxin. The cells were washed three times, resuspended in PAGCM, and either stimulated with PAF, or processed for ADP-ribosylation (see 2.20, page 79).

2.9 ENZYME ASSAYS

2.9.1. Incubation procedure

Eosinophils (5 x 10⁶) were suspended in 500 μ 1 HBSS and incubated in triplicate with stimuli at 37°C for various periods in a shaking waterbath. The reaction was stopped by adding 500 μ 1 ice cold HBSS followed immediately by centrifugation at 400 x g_{max} for 2 min. The supernatant containing released eosinophil enzymes was removed. To assess the total amount of cellular enzymes, the control cell pellet was washed in 2 ml HBSS, resuspended in 1 ml HBSS, and then sonicated for 1 min at 4°C (Ultrasonicator, Jencons Scientific Ltd., Leighton Buzzard, Bedfordshire, U. K.). Samples were frozen at -20°C and stored for up to seven days without loss of enzyme activity.

2.9.2 Eosinophil Peroxidase

Eosinophil peroxidase (EPO) was measured colorimetrically using 0.1 mM o-phenylenediamine (OPD) in a 0.05 M Tris-buffer pH 7.0 containing 0.1% Triton X-100 and 1 mM hydrogen peroxide as a substrate (Strath *et al.*, 1985). One hundred and fifty microliters of the eosinophil supernatant was added to 300 μ 1 OPD substrate solution, incubated for 30 min at 37°C, and the reaction stopped by the addition of 200 μ 1 4 M sulfuric acid. Absorbance was then determined at 492 nm using a thermostatically controlled spectrophotometer (PU 8620, Pye Unicam, Cambridge, U.K.) set at 37°C. The resulting brown color was stable for at least 150 min.

In some experiments enzyme activity was confirmed by a modified luminol-enhanced chemiluminescence method (Carlson *et al.*, 1985) using luminol (10mg/liter), hydrogen peroxide (17.6 mM) and Tris-buffer (100 mM, pH 8.0). The chemiluminescence produced by EPO catalyzed reaction between hydrogen peroxide and luminol was determined in a luminescence photometer (LKB-Wallace 1251 Luminometer, LKB Instruments Ltd. South Croydon, U.K.) at room temperature. The results of both assays were expressed as Units/mg referring to a standard curve using horseradish peroxidase, Type I (hydrogen-peroxide oxireductase, EC 1.11.1.7). One unit of this enzyme will form 1.0 mg of purpuogallin from pyrogallol in 20 seconds at pH 6.0 at 20°C. To establish that the released peroxidase was truly of eosinophil origin, we tested total peroxidase activity from different cell populations according to the respective proportion of contaminating eosinophils. Guinea pig eosinophils (10⁶) contained an EPO activity of 563 μ U. In contrast, enzyme activity measured in the same number of macrophages, lymphocytes, and PMN was negligible. The results show that the assay using OPD as a substrate is specific for the eosinophil peroxidase, confirming previous reports (Strath *et al.*, 1985; Carlson *et al.*, 1985). The negative results observed with peroxidases of other cells can be explained by the different pH optimum and the low activity of myeloperoxidase on the hydrogen donor used.

In addition, we investigated the effect of the specific EPO inhibitor 3amino-1, 2, 4-triazole (AMT) in our test system (Kroegel *et al.*, 1989a). The enzyme activity of an EPO containing supernatant obtained by sonication of 2 x 10⁷ human eosinophils (18.9 mU) were assayed with different concentrations of AMT. AMT inhibits EPO activity in a dose-dependent manner. The IC₅₀ of the AMT effect was 6.3 \pm 0.9 mM. These results are in good agreement with the data previously reported (Strath *et al.*, 1985).

2.9.3 β-glucuronidase

 β -glucuronidase was measured using phenolphthalein glucuronic acid as substrate 100 µl of the supernatant were added to 900 µl of a substrate solution consisting of 1 mM phenolphthalein glucuronic acid, 1% Triton X-100 in 50 mM acetate buffer, pH 4.5. After 12 hours incubation at 37°C in an incubator the reaction was stopped by adding 500 µl of a 0.75 M Na₂CO₃ solution. The resulting lilac color was stable for at least 60 min. Absorbance versus water as reference was then measured at 540 nm. Values were expressed as units referring to a standard as units/ml/minute, where 1 unit equals an absorbance decrease of 0.001 at 25°C.

2.9.4 Arylsulfatase B

Arylsulfatase activity was assessed spectrophotometrically by the formation of 4-nitrocatechol from dipotassium 2-hydroxy-5nitrophenyl sulphate (Weller & Austen, 1983). 100 μ l of the enzyme containing supernatant was incubated at 37°C with 300 μ l of 25 mM dipotassium 2-hydroxy-5 nitrophenyl sulfate in 0.5 sodium acetate-acetic acid, pH 5.7. The reaction was terminated after 60 min by the addition of 200 μ l of 2N NaOH. The quantity of 4-nitrocatechol generated was determined by measuring the absorbance at 515 nm. The absorbance was plotted against a standard curve of a commercially available arylsulfate sulphohydrolase (E.C.3.1.6.1.) and the enzyme activity expressed as units. One unit hydrolyses 1.0 μ M of nitrophenyl sulfate per hour at 37°C.

2.9.5 Alkaline Phosphatase

The activity of alkaline phosphatase was determined using p-nitrophenyl phosphate as substrate (Sommer, 1954): 350 μ l alkaline buffered substrate solution containing 0.5 M glycine, 50 mM MgCl₂, 0.5 M NaOH and 1% p-nitrophenyl phosphate were incubated with 150 μ l supernatant for exactly 30 min at 37°C. The reaction was stopped by the addition of 100 μ l of 2 N NaOH and absorbance was then determined spectrophotometrically at 410 nm. The results were expressed as a percentage of total enzyme release.

2.9.6 Acid Phosphatase

The concentration of released acid phosphatase in the supernatant was determined by the amount of 4-nitrophenol per unit time liberated during enzymatic hydrolysis of 4-nitrophenyl-phosphatein acid solution (Sommer, 1954). 300 μ l of acid buffer/substrate solution containing 50 mM citrate buffer and 5.5 mM 4-nitrophenylphosphate, pH 4.8, was incubated with 150 μ l supernatant at 25°C for 30 min.

After 30 min, 400 μ l NaOH (100 mM) was added to stop the reaction and the increase in absorbance at 405 nm over the buffer control sample was measured. The yellowgreen color obtained was stable for at least 4 hours. Enzyme activity per min was calculated using the equation:

Acid phosphatase [U/min] =
$$\frac{\text{Absorbance x V}}{\text{T x E}_{c} \text{ x V}_{s}}$$

= Absorbance x 0.0084

where E_c the extinction coefficient of 4-nitrophenol (18.5 cm²/ μ M in alkaline

solution at 405 nm),

T the incubation time in minutes,

V the incubation volume (ml) and

 V_s represents the amount of supernatant in ml.

2.9.7 Lactate dehydrogenase

Lactate dehydrogenase (LDH) activity was determined by measuring the reduction of pyruvate to lactate at 25°C as described elsewhere (Wroblewski & LaDue, 1955). Briefly, 0.1 ml of each supernatant was added to 2.85 ml phosphate buffer (pH 7.5) containing 200 μ g of reduced nicotinamide adenine dinucleotide (NADH). The resultant solution was then thoroughly mixed, incubated at 25°C for 20 min and then dispensed into disposable cuvettes (1 cm light pathlength). The reaction was initiated by adding 100 μ l sodium pyruvate (22.7 mM) and the drop in absorbance at 340 nm monitored spectrophotometrically over 25 min at 25°C using distilled/de-ionized water as reference. LDH activity per minute was calculated from the linear part of the absorbance drop using the following equation:-

LDH activity (U/ml) =
$$\frac{\text{Absorbance x } C_t}{\text{T x } E_a \text{ x } \text{V}}$$

where C_t is the temperature correction factor (1.0 at 25°C),

 E_a is the absorbance equivalent to 1 U of LDH activity in a 3 ml volume with 1 cm lightpath at 25°C,

V represents the incubation volume(ml) in cuvette, and

T is the incubation time in minutes.

Values obtained were expressed as units/ml/minute, where 1 unit equals an absorbance decrease of 0.001 at 25°C.

2.10 SUPEROXIDE ANION PRODUCTION

Superoxide anion $(-O_2)$ production and release by resting and stimulated eosinophils was determined as the superoxide dismutase (SOD; 30 µg/ml) inhibitable reduction of ferricytochrome C (Johnston *et al.*, 1975). Each measurement was carried out in paired samples. Eosinophils (2 x 10⁶) were allowed to equilibrate at 37°C for 3 min in pre-warmed HBSS containing 80 µM cytochrome C. SOD was added in the reference cuvette prior to the addition of the stimulant to both cuvettes (1 cm lightpath) and quickly stirred. Then the cells were left unstirred at 37°C and the reduction of ferricytochrome C was determined by continuously monitoring the absorbance at a wavelength of 550 nm. The activity of O_2 generation was expressed either as total reduction after 10 min or the rate per minute of ferricytochrome C reduction obtained from the linear portion of the curve in a photospectrometer (PU 8620, Pye Unicam, Cambridge, U.K.). The amount of superoxide anion production was calculated using a molar absorption coefficient of 17.7 x 10³ and expressed as nmol ferricytochrome C reduction/3x10⁶ eosinophils.

2.11 RADIOIMMUNOASSAY FOR EOSINOPHIL CATIONIC PROTEIN

The release of eosinophil cationic protein into the supernatant was detected by radioimmunoassay, described in detail elsewhere (Venge *et al.*, 1977). Briefly, 100 µl of the supernatant was incubated for two hours with 0.5 ml Sephadex-

bound anti-eosinophil cationic protein (50 mg/ml) before addition of 100 μ l ¹²⁵Ieosinophil cationic protein (40,000 cpm). Incubation was continued for 20 hours at 22°C during rotation end over end. Finally, the samples were washed four times with 0.9% saline containing 0.2% CTAB (cetylmetylammoniumbromide) and the radioactivity of the pellet measured in a scintillation counter. The assays were performed by Dr.Per Venge (Uppsala, Sweden).

2.12 RADIOIMMUNOASSAYS FOR PROSTANOIDS

2.12.1 Thromboxane B₂

Eosinophils were resuspended in ice-cold HEPES-buffered PSS (10 mM K⁺-HEPES, 124 mM NaCl, 4 mM KCl, 640 µM NaH₂PO₄, 660 µM K₂HPO₄, 5.2 mM NaHCO₃, 1.6 mM CaCl₂, 1 mM MgCl₂, and 5.6 mM glucose, adjusted to pH 7.4 at room temperature with 2 N HCl) at a concentration of 2×10^7 cells ml⁻¹. Assays were performed at 37° C in a shaking water bath (120 strokes min⁻¹) in a total volume of 125 μ l and were initiated by addition of 25 μ l (5 x 10⁵ cells) of the eosinophil suspension to 87.5 µl pre-warmed HEPES buffer containing either vehicle, flurbiprofen or WEB 2086 at concentrations indicated in the text. PAF or calcimycin (12.5 µl) was added 5 min after the introduction of the eosinophils. Reactions were terminated by addition of 700 μ l ice-cold HEPES-buffer supplemented with 8 uM flurbiprofen, an irreversible inhibitor of the cyclo-oxygenase enzyme complex (Rome & Lands, 1975). After thorough mixing the eosinophil suspension was rapidly pelleted by centrifugation at $12000 \times g$ for 30 s in a Gilson microfuge and the resultant supernatant used as the source of elaborated prostanoids. The concentration of TXA₂ measured as its stable, non-enzymatic hydrolytic degradation product, TXB₂, was quantified by radioimmunoassay using a modified version of that described previously (Giembycz & Rodger, 1987). The conversion of TXA₂ to TXB₂ was assumed to follow 1:1 stoichiometry. Cross reactivity of all other prostanoids with the TXB₂

antiserum was equal to, or less than, 0.1% at $B/B_0 = 0.5$. The detection limit and sensitivity (IC₅₀) of the TXB₂ RIA were 5 fmol and 100 fmol, respectively (n=15).

2.12.2 Prostaglandin E

Determination of PGE followed in principle the procedure described in 2.12.1. The PGE₂ antiserum used in the experiments (Sigma) did not readily distinguish between PGE₁ and PGE₂. Data are, therefore, expressed as PGE-like immunoreactivity. Cross-reactivity of other prostanoids with the PGE₂ antiserum at $B/B_0 = 0.5$ was PGE₁ (41%), PGA₁ (4.1%), PGA₂ (3.3%), PGF_{1α} (1.3%), and PGF_{2α} (1.8%). The detection limit and sensitivity of the PGE RIA, using PGE₂ to generate the standard curve, were 50 fmol and 2000 fmol, respectively (n=9).

2.13 RADIOIMMUNOASSAY FOR LEUKOTRIENE C4

Eosinophils (10⁶) cells were stimulated at 37°C for 15 min in PAGCM (incubation volume 100 μ l) and reaction was stopped by adding 250 μ l ice-cold buffer followed immediate centrifugation (16,000 x gmax; 30sec). Supernatant was stored up to 1 week at -80°C prior to being assayed for LTC₄. The radioimmunoassay for LTC₄ was conducted as described above (2.12.1) using a rabbit anti-LTC₄ antiserum (Hayes *et al.*, 1983). Cross reactivity with LTD₄ and LTE₄ were 55% and 12%, respectively. The assay was performed in PBS buffer containing 0.1% (w/v)gelatin, pH 7.2. After addition of the antibody, samples and standards (7.8 pg/0.1 ml - 100 ng/0.1 ml) were incubated for 3 hours at 4°C. Separation of bound from free ligand was accomplished using dextran-coated charcoal. The detection limit of LTC₄ was 16 pg/0.1 ml.

2.14 GAS CHROMATOGRAPHY/MASS SPECTROMETRY

Gas chromatography/mass spectrometry (GC/MS) was used to determine the spectrum of prostanoids generated by eosinophils and offered the advantage of measuring several prostanoids simultaneously (Hubbard *et al.*, 1987).

2.14.1 Sample preparation

After incubation of the eosinophils for 5 min at 37°C, 10 volumes of icecold high-grade acetone were added to the samples followed by the addition of deuterated prostanoids (see below) to provide internal standards for identification of the lipids. Samples were then dried under a stream of nitrogen (approximately 20 min), and the residue was treated with 2% methoxamine-HCL dissolved in pyridine (acetylation grade) to prevent oxidation. Oximated samples that could not be analyzed within 48 hours were stored for periods up to 2 weeks at -20°C.

2.14.2 Derivatization

Samples were further processed by evaporation of excess pyridine under nitrogen, and the residue was subjected to sequential procedures for the synthesis of pentafluorobenzyl ester and trimethylsilyl ether derivatives (Hubbard *et al.*, 1986). Briefly, the oximated residue was treated with 25 μ l each of 20% (v/v) solutions of diisopropylethylamine and pentafluorobenzyl bromide (silylation grade, Pierce Chemical Co., Rockford, IL) at 40°C for 20 min prior to reaction of the dried residue with 25 μ l acetonitrile and 50 μ l o-bis(trimethylsilyl)-trifluoroacetamide (Pierce, Rochford, IL) at 40°C for 15 min. The derivatized samples were then dried, extracted twice with 0.5 ml of hexane, and transferred to a clean silanized glass vial. After evaporation of the extraction solvent under nitrogen, the extract was dissolved in 30 μ l of dodecane for injection into the capillary gas chromatography.

2.14.3 Sample extraction

Samples containing deuterated standards were mixed with 10 ml cold methanol in silanized 50 ml glass tubes and kept on ice for 60 min to facilitate precipitation of protein. After separation by centrifugation for 10 min at 1200 x g_{max} , supernatants were transferred to 50 ml silanized glass tubes and diluted with water to a

20% methanol solution. Samples were then loaded onto Sep-Pak C18 cartridges (Waters Associates, Milford, MA) previously conditioned with 10 ml methanol (JT Baker Chemical Co., Phillipsburg, NJ, HPLC grade) and 10 ml water (Baker, HPLC grade). Cartridges were washed with 10 ml of 20% methanol in water, eluted with 4 ml of 80% methanol in water into silanized glass vials and dried.

2.14.4 Standard curves

Standard curves of unlabelled prostaglandins were prepared by comparing the peaks to the deuterated analog employed as the internal standard. $PGF_{2\alpha}$ and 9α , $11\beta PGF_2$ were quantified on the basis of ${}^{2}H_{4}$ -PGF_{2 α} as the internal standard.

2.14.5 Analysis

Sample analysis was performed with a gas chromatograph (Finnigan Model 9611) interfaced with a Finnigan MAT 4610B EI/CI mass spectrometer supplied with a computerized data system (SUPERINCOS, San Jose, USA) programmed for simultaneous acquisition of ions at six different masses.

2.15 RADIOLIGAND BINDING ASSAYS

2.15.1 [³H]WEB 2086 binding to intact cosinophils.

For the binding experiments 5 x 10^6 to 1.5×10^7 cells were resuspended in a final volume of 1 ml HEPES buffer containing [³H]WEB 2086 at the indicated concentrations. Cells were incubated in a continuous shaking waterbath for 120 min. In competition experiments the final concentration of [³H]WEB 2086 was 20 nM. Other substances were added as indicated. Nonspecific binding was determined in the presence of unlabelled WEB 2086 (10µM) or PAF (1µM) and amounted to 20 -30% of total binding. Triplicate incubations were carried out at 25°C for 90 minutes. Bound and free radioligand were separated by rapid filtration through Whatman GF/C fibre filters presoaked in 1% BSA for 1 hour. Filters were then washed twice with 4 ml ice cold binding assay buffer and radioactivity was determined in a scintillation counter.

2.15.2 [³H]PAF₁₆ binding to eosinophil membranes

Incubations were performed for 90 min in duplicate at 22°C in 1.8 ml Eppendorf tubes containing 40 μ l of eosinophil membrane in incubation buffer (1-2 mg/ml; equivalent to 3 to 5 x 10^6 eosinophils). For saturation experiments increasing concentrations of [³H]PAF (NEN, Du Pont, Wilmington, DE, USA; specific activity: 40.0 - 60.0 Ci/mmol) ranging from 0.1 nM to 10 μ M were added together with 10 μ M cold PAF to determine nonspecific binding. At the end of the incubation time, the mixture was rapidly filtered through a premoistened GF/C filter (Whatman Ltd., Maidstone, England) to separate bound from free ligand. The filters were then washed twice with 5 ml of cold assay buffer, air dried and placed into plastic vials containing 7 ml of scintillation fluid (Ready-Solv MP, Beckman Instr., Fullerton, CA, USA) for radioactivity counting. As previously reported by Marquis et al. (1988) some of the radioligand is retained by the GF/C filters. Therefore, matched paired samples without membranes were run as blanks. Thus, the net total non-specific binding to the membranes were given by the differences between the radioactivity retained by the filters in the presence and the absence of membranes in the incubation buffer. Between 5 and 10% of the radioactivity was retained by the filters and this amount was not altered by the presence of membranes or an excess of cold PAF in the filtrate.

2.16 INOSITOL 1,4,5-TRISPHOSPHATE MASS ASSAY

Eosinophils (7x10⁶/assay) were incubated at 37°C in a shaking waterbath (120 strokes/min) for 5 min in 270 μ l HEPES-buffer in the presence or absence of 300 nM WEB 2086. Reactions were started by the addition of PAF, LTB₄, C5a, or fMLP in a volume of 30 μ l. Incubations were terminated after appropriate intervals with 300µl ice-cold 1 M trichloroacetic acid (TCA) and placed on ice for 20 min followed by centrifugation at 10 000 x g_{max} for 5 min. One hundred twenty five μ l of 10 mM EGTA and 500 μ l of freon:tri-n-octylamine (1:1, v/v) were added to 500 μ l of the supernatant from the TCA tissue extracts. The samples then were thoroughly mixed by repeated vortex-mixing and further centrifuged (10 000 x g_{max} for 1 min). Aliquots of the upper phase were removed, neutralised with 60 mM NaHCO₃ (100 µl) and taken for analysis. Inositol 1,4,5-trisphosphate concentration was measured using a recently described modified radioreceptor assay (Challiss et al., 1988; Challiss et al., 1990). In brief, 300 μ l sample or 300 μ l TCA-extracted HEPES buffer containing a known amount of D-Ins $(1,4,5)P_3$ (0.036 pmol) or DL-Ins $(1,4,5)P_3$ (0.3 nmol, to define non-specific binding) was added to 300 µl 100 mM Tris-HCl, 4 mM EDTA, pH 8.0, and 300 μ l water containing [³H]Ins(1,4,5)P₃ (approximately 7,000 dpm/assay). Three hundred microliter (0.2 - 0.4 mg protein) of an adrenal cortex binding protein preparation (Challiss et al., 1988) was added and samples were incubated on ice for 30 min, prior to separation of bound from free radioligand by rapid filtration through Whatman GF/B filters. Radioactivity was determined by liquid scintillation spectrometry at a counting efficiency of approximately 62%. Since the concentration of $Ins(1,4,5)P_3$ was found to be very low in eosinophils (see Results) data are expressed as pmol/assay tube (i.e. $Ins(1,4,5)P_{4}/7x10^{6}$ eosinophils) which provides an accurate index of the actual $Ins(1,4,5)P_3$ concentration measured.

2.17 DETERMINATION OF [Ca²⁺]_i

2.17.1 Mean [Ca²⁺]_i change.

Purified guinea pig eosinophils were incubated for 30 min at 37°C (107 cells/ml) in HBSS buffer containing 2.5 μ M of fura-2-AM. The cells were then washed three times in 10ml calcium-free, HEPES buffered Tyrode's solution and resuspended to a final concentration of 10⁶ cells/ml. Aliquots (2 ml) of the cell

suspension were dispensed into disposable cuvettes and the external calcium concentration ($[Ca^{2+}]$) adjusted to 1 mM with 1 M CaCl₂ Cuvettes were transferred to a thermostatically controlled Bowman spectrofluorimeter fitted with a stirring attachment for fluorescence reading at 37°C.

The intracellular calcium ion concentration ($[Ca^{2+}]_i$) was determined by the chelation method and formula described by Pollock *et al.* (1986). Maximal loading (F_{max}) was determined by lysing cells with 40 µM digitonin or 100 µM palmitoyl carnitine in the presence of 1 mM Ca²⁺. Background fluorescence (F_{min}) was determined by adjusting the pH of the lysed cells to 8.5 with 20 mM Tris base followed by the addition of 10 mM EGTA. Leakage of fura-2 from eosinophils was shown to be small as determined by the quench in fluorescence signal produced by the addition of 1 mM Ni²⁺. Cells were allowed to equilibrate at 37C for 2 min before agonists or vehicle were added. Where appropriate antagonists were added 1 min prior to the addition of the agonist. Fura-2 fluorescence was monitored continuously using monochromator settings of 339 nm(excitation) and 500 nm (emission).

The intracellular calcium concentration was calculated using the formula: $[Ca^{2+}]_i = K_d \frac{(F - F_{min})}{(F_{max} - F)}$

where K_d is the dissociation constant for Ca^{2+} binding to the indicator and F the fluoresence in arbitrary units.

For fura-2 the K_d is 224 nM (Grynkiewicz et al., 1985).

2.17.2 [Ca²⁺]_i changes in single cells

Purified eosinophils (1.5-2.5 x 10^6 per ml) were labelled with 1 μ M fura-2AM (Calbiochem) for 30 min at 37°C in the absence of Ca²⁺ and Mg²⁺. After repeated washing with HBSS buffer, the cells were resuspended in the same volume of PAGCM and loaded on to the microscope observation chamber. For each kinetic experiment, 15 μ l of suspended eosinophils (approximately 25,000 cells) were placed

in the center of a siliconized (SigmaCote) cover slip which made up the base of the chamber. After a settling period of 10 minutes, the cells were overlaid with 1 ml of 37°C PAGCM buffer and the chamber was placed on the microscope scanning stage. The temperature in the observation chamber was measured by a probe placed next to the settled cells and brought to a steady 37°C.

 $[Ca^{2+}]_i$ measurement were monitored under a phase contrast Zeiss Universal microscope (Thornwood, NY, USA) equipped with epifluorescence and a 200 Hz scanning stage as previously described in detail (MacGlashan, 1989). Fura-2 excitation was made with a Zeiss 400 nm dichromic mirror and 410 nm longpass filter in the epifluorescence assembly. The two excitation filters of 352 nm and 380 nm 1"bandpass (10 nm) interference, respectively, were controlled by a Macintosh computer equipped with appropriate software and hardware (MacGlashan, 1989). $[Ca^{2+}]_i$ was determined from the ratio of the fluorescent emission intensities. Calibration of the fura-2 signal was accomplished by examining the ratios before and after the cells were challenged with ionomycin. Four baseline images were spaced 30 sec apart prior to the edition of a stimulus, followed by 10 frames at 5 sec apart, 15 frames 10 sec apart, and 5 frames 30 sec apart.

Fura-2AM calibration was performed using fura-2-AM labelled cells in the presence of 2.5 μ g/ml ionomycin under Ca²⁺-free and Ca²⁺-containing conditions. The fluorescence intensity at 352 nm and 380 nm of excitation subtracted from the background intensity, were used to determine R_{max}, R_{min} and β , which could be used in the equation relating ratio parameters to free Ca²⁺ concentration as described by Grynkiewicz (1985).

2.18 QUANTITATION OF 1,2-DIACYLGLYCEROL

The measurement of 1,2-diacyl glycerol (1,2-DAG) is based on a radioenzymatic assay employing diacylglycerol kinase which quantitatively converts

DAG to phosphatidic acid using [³²P]-γ-ATP as phosphate donor (Kennnerly *et al.*, 1979; Preiss *et al.*, 1986).

2.18.1 Sample preparation

Treated cell samples were extracted by a modification of the method of Bligh and Dyer (1959). First, sufficient 1.0 M NaCl was added to the samples to bring the aqueous volume to 0.8 ml. The monophase was mixed and 1.0 ml of CHCl₃ as well as 1.0 ml of 1 M NaCl was added to break the phases. The chloroform-phase was separated by brief (2 min) centrifugation at 5.000 x g_{max} . Exposure to mild acids was avoided to minimize migration of acyl groups.

2.18.2 Phosphorylation of phosphatidic acid

A sample (100 µl) from the chloroform phase was dried overnight using a vacuum dryer. The dried lipids then were solubilized in 20 µl of a 7.5% octyl-beta-D-glucoside/5 mM cardiolipin solution (in 10 mM imidazole/HCl, 1 mM diethylenetriamine-pentaacetic acid, DETAPAC, pH 6.6). Samples were sonicated in a bath sonicator (50/60Hz) for 2 min, thoroughly vortexed and left for 15 min at room temperature. Then 50 µl of reaction buffer (100 mM imidazole HCl, 100 mM NaCl, 25 mM MgCl₂ 2 mM EGTA), 10 µl/sample of diacylglycerol kinase (prepared from E.coli, in 5 mM potassium phosphate buffer pH 7.0 containing 10% (v/v) glycerol and 1 mM mercaptoethanol), 2 µl freshly prepared 100 mM dithiothreitol, and water to a total volume of 90 µl was added. The reaction was started by the addition of 10 µl of 10 mM [γ -³²P]ATP (specific activity 4.9 - 2.5 Ci/mmol), mixed with 5 mM ATP to give 1 µCi per aliquot and prepared in 100 mM imidazole, 1 mM DETAPAC, pH 6.6. Samples were mixed and the reaction allowed to proceed for 30 min at 25°C. The reaction was stopped by the addition of 20 µl 1% (v/v) perchloric acid and 450 µl CHCl₃/CH₃OH (1:2, v/v) and extracted as described above (2.18.1). Samples were washed twice with 1 ml perchloric acid (1%, v/v) and 150 μ l of the CHCl₃ phase was removed and dried under N₂.

2.18.3 Thin-layer chromatography

The lipids were redissolved in 20 μ l CHCl₃/CH₃OH (95:5, v/v) and streaked onto 20x20 cm silica gel thin layer plates preactivated in acetone and air dried immediately before use. Plates were developed with CHCl₃/CH₃OH/CH₃COOH (65:15:5, v/v/v), air dried and subjected to autoradiography overnight. The radioactive spot corresponding to phosphatidic acid (R_f: 0.35) was scraped into a scintillation vial to which 10 ml of Aquasol-2 scintillation fluid was added and radioactivity counted in a scintillation counter. The amount of 1,2-DAG present in the samples was calculated from the amount of [³²P]-phosphatidic acid produced and corrected for the volume of the aliquots and the specific activity of ATP employed.

2.19 PROTEIN KINASE CASSAY

The cell pellet of PMA-stimulated eosinophils was resuspended in 200 μ l of 50 μ M digitonin in Tris-HCL (20 mM) buffer containing 2 mM EDTA, 0.5 mM EGTA, 2 mM phenyl-methylsulfonyl fluoride and 0.5mg/ml leupeptin (pH 7.5) and allowed to permeabilize for 10 min at 4°C as described (Pelech *et al.*, 1986). The tubes were then centrifuged (1 min, 12,000 x g) to separate the cytoplasm from the membrane fraction. The presence of EGTA and EDTA ensured that only the chelator stable form of the membrane-associated protein kinase C was determined. The membrane fraction was treated with 200 μ l Tris-HCl buffer to solubilize membrane proteins. Protein kinase C activity was measured in triplicate. The reaction mixture contained 20 mM Tris-HCl, 0.75 mM CaCl₂, 10 mM MgCl₂, 0.2 mg/ml histone, 0.5 mg/ml leupeptin and 0.1 mM ATP (5 x10⁶ cpm of [γ -3²P]ATP). Phosphatidylserine (24 μ g/ml) and diolien (1.6 μ g/ml) were added to some tubes to demonstrate phospholipid-dependent protein kinase activity. The reaction was halted by addition of

1 ml of trichloroacetic acid (25% v/v, 4°C). The precipitate was collected by filtration through a membrane filter (Whatman HA, 0.45 μ m), the filters were washed five times (2 ml/wash) with trichloroacetic acid (5% v/v, 4°C) and radioactivity retained by the filter was determined. Protein kinase C activity was calculated from the difference between the ³²P incorporated into histone in the presence and the absence of added phospholipids and was expressed as picomoles of ³²P incorporated/min/10⁶ eosinophils.

2.20 ADP-RIBOSYLATION

2.20.1 Ribosylation procedure

To determine whether the GTP-binding proteins were ADP-ribosylated by pertussis toxin (PTX)-treatment, eosinophils (approximately 10⁸ cells/ml) incubated with or without PTX (1 μ g/ml) were resuspended in hypotonic medium containing 20 mM Tris HCL, 1 mM EGTA, and 200U/ml aprotinin and were left for 30 min at 4°C. Cells were sonicated with 2 x three bursts for 20 sec each (MicrosonTM Ultrasonic Cell Disrupter, Farmingdale, NY, USA), homogenates were centrifuged at 16,000 x g for 60 min, and membrane containing pellets were resuspended in the same buffer. The GTP-binding protein (G_i) in the membrane fraction was then ADP-ribosylated by PTX (1 µg/ml) which had been preactivated with 20 mM dithiothreitol (DTT) and 2 mM ATP-Mg²⁺ at 37°C for 60 min. Thereafter, 20 μ l of the membrane fraction (approximately 120 μ g protein) was mixed with 5 μ l [α^{32} P]NAD (10 μ Ci) and 30 μ l ADP-ribosylation mixture (15 mM MgCl2, 6 mM ATP, 6 mM EDTA, 60 mM thymidine, 6 mM DTT, 18 mM potassium phosphoenol pyruvate, 60 µg/ml pyruvate kinase, and 60 µM NAD in potassium phosphate buffer, pH 7.6). After incubation for 60 min at 30°C, reaction was stopped by adding 20 µl of Laemmli stopping buffer (Laemmli, 1970) and samples were boiled for 5 min.

2.20.2 SDS gel electrophoresis

Samples (25 μ 1) and standards were assayed in duplicate on a 10% sodium dodecyl sulfate-polyacrylamide gel overlaid with a 3% stacking gel. Protein separation was carried out overnight at room temperature with 5 mA of constant current followed by 1 hr at 20mA. Gels were stained with 0.025% (w/v) Coomassie blue R-250 (in 40% methanol and 7% acidic acid), dried and autoradiographed for 6 h to 21 days depending on the radioactivity. Radioactive spots corresponding to a 41 kDa protein were transferred into scintillation vials, 8 ml scintillation fluid added and the radioactivity counted in a scintillation counter for 4 min.

2.21 LIPID EXTRACTION AND SEPARATION

Intact eosinophils (5x10⁶) or purified eosinophil membranes (5x10⁶ cell equivalents) were incubated at 37°C for various periods of time in the presence of labelled 1-0-alkyl-2-acetyl-GPC μ M/tube). Reactions were terminated by the addition of methanol/chloroform (2:1, v/v) and the lipids extracted by the method of Bligh and Dyer (Bligh and Dyer, 1959). Solvents were removed using a stream of nitrogen and the lipids resuspended in chloroform/methanol (1:1, v/v). The phosphoglyceride classes were separated on layers of Silica Gel G developed in chloroform/methanol/glacial acetic acid/water (50:25:8:4, v/v). The standard(1-0-alkyl-2-acetyl-GPC, 1-0-alkyl-2-acyl-GPC, 1-alkyl-2-hydroxy-GPC, phosphatidylinositol and phosphatidylethanolamine dissolved in chloroform/methanol (1:1, v/v) were visualized with I₂ vapor and the distribution of label in different products was determined by scanning the plate for radioactivity using a Bioscan System 200 Imaging Scanner (Bioscan, Washington, USA). The various products were then isolated and the radioactivity in the respective areas was determined by liquid scintillation spectroscopy.

2.22 DETERMINATION OF EC_{50} VALUES, K_i VALUES, DISSOCIATION CONSTANTS AND SCHILD ANALYSIS

To evaluate the effect of WEB 2086 on PAF-induced eosinophil degranulation, cells were incubated with the antagonist for 2 min before the start of the concentration-response curve. Negative log EC_{50} values from each concentration - response curve were derived by linear regression analysis of enzyme activity versus log concentration at concentrations immediately above and below the 50% response level. Differences in EC_{50} values in the presence and absence of WEB 2086 from paired experiments were analyzed by Student's paired t test with P < 0.05 regarded as significant. The apparent dissociation constant (K_B) of the receptor antagonist complex was calculated by the method of Furchott (1972) using the equation:-

 $K_B = [antagonist]/dose-ratio - 1.$

Dose ratio was calculated to the following equation:

DR= antilog [(-log molar EC_{50} for PAF in the absence of antagonist) -(-log molar EC_{50} for PAF in the presence of antagonist)].

Schild analysis was obtained according to Arunlakshana and Schild (1959). pA_2 values were obtained with the aid of a computer and graphics plotter. The inhibition constant (K_i) for the competition experiments was derived from the equation of Cheng & Prussof (1973):

 $K_i = IC_{50}/(1 + L/K_D)$

were the IC_{50} is the concentration of the antagonist which produces a 50% inhibition of the labeled ligand specific binding and L is the concentration of labelled ligand. The rate of specific binding was calculated according to:

% specific binding = 100 x specific binding in the presence of inhibitor. specific binding in the absence of inhibitor

2.23 STATISTICAL ANALYSIS

For each stimulus, experiments were performed at least three times in duplicate or triplicate using cell preparations from different donors on different days. Results were expressed as mean \pm SEM and were analyzed using Student's t-test for paired or unpaired variates, or Wilcoxon matched pairs sign-ranks test or Mann-Whitney U-test for paired and unpaired variates, respectively. Differences between more than two groups were assessed using Kruskal-Wallace ANOVA. Unless otherwise stated, significance was accepted when P < 0.05. All calculations were performed with the aid of a computer program (graph pad, USA, or NCSS, USA).

RESULTS

CHAPTER THREE

<u>3 SPECTRUM OF PAF-INDUCED EOSINOPHIL</u> <u>RESPONSES</u>

The first step towards understanding stimulus-response coupling is the characterization of the principal cell functions exhibited by stimulated eosinophils. Therefore, this chapter focuses on the effects of PAF and other stimuli on eosinophil functions, including degranulation, lipid mediator release and oxygen metabolism.

3.1 GRANULAR ENZYME RELEASE

3.1.1 Eosinophil Peroxidase

Purified eosinophils (4 x 10⁶kells/sample) obtained from the blood of patients suffering from HES were incubated with various concentrations of PAF at 37°C. After 10 min of incubation, the cells were centrifuged and the supernatant was assayed for enzyme activity of eosinophil peroxidase (EPO) and lactate dehydrogenase (LDH). As shown in Figure 3.1A, PAF induced EPO secretion in a dose-dependent manner with an EC₅₀ of 1.26 nM. The enzyme could be detected at concentrations of 1 nM PAF and reached a peak at 100 nM PAF. The maximum release of EPO by PAF (10⁻⁷ M) was 22.6 ± 3.5%. However, with concentrations of PAF > 100 nM less enzyme release was observed. Lyso-PAF, the inactive precursor and metabolite of PAF, was ineffective at concentrations up to 10 μ M (Figure 3.1A).

In order to evaluate the relative potency of PAF on human eosinophils we then compared its degranulating effect with that of calcium ionophore A23187 (calcimycin), opsonized zymosan, and PMA. Calcimycin caused a dose-dependent cytolytic degranulation (Figure 3.1B) as indicated by the release of cytoplasmic LDH. In contrast, PAF at concentrations from 0.1 nM to 100 nM was more potent and did not cause any LDH release. The EC₅₀ for calcimycin was 13.1 nM. PMA, a tumorpromoting agent which activates protein kinase C, also leads to EPO release at concentrations ranging from 10 pM - 100 nM (EC₅₀ of 0.39 nM) without LDH secretion into the supernatant (Figure 3.1C). Furthermore, incubation of human eosinophils with varying particle concentrations of opsonized zymosan for 30 min releases EPO in a dose-dependent manner with a maximal effect at a concentration of 6 to 20 particles per cell (Figure 3.1D). Here again, no significant release of LDH was observed. The maximal percentage of total EPO release induced by opsonized zymosan (14.1%), ionophore (14.7%), and PMA (12.9%) was less than that seen with 100 nM PAF.

In order to evaluate the response of guinea pig eosinophils, the capacity of several potential stimuli to release EPO in these cells was examined. First, purified peritoneal eosinophils ($5x10^6$) were incubated for 15 min at 37°C with previously established optimal concentration of fMLP (10 µM), C5a (10 nM), substance P (10µM), melittin (100 nM), PAF (100 nM), lyso-PAF (100 nM), leukotriene B₄ (LTB₄ 1 µM); PMA (100 nM), calcimycin (ionophore A23187; 1 µM), and opsonized zymosan (2 x 10⁷ particles) and the supernatant was assayed for EPO activity. As demonstrated in Figure 3.2, eosinophils respond when challenged with several physiological and non-physiological stimuli, including peptides, lipids and particulate stimuli. Among the agonists studied, LTB₄ and PAF appeared to be the most effective. Interestingly, human eosinophils purified from the blood of asthmatics and patients with hypereosinophilia responded maximally to PAF but exhibited only a weak response to LTB₄ (see below).

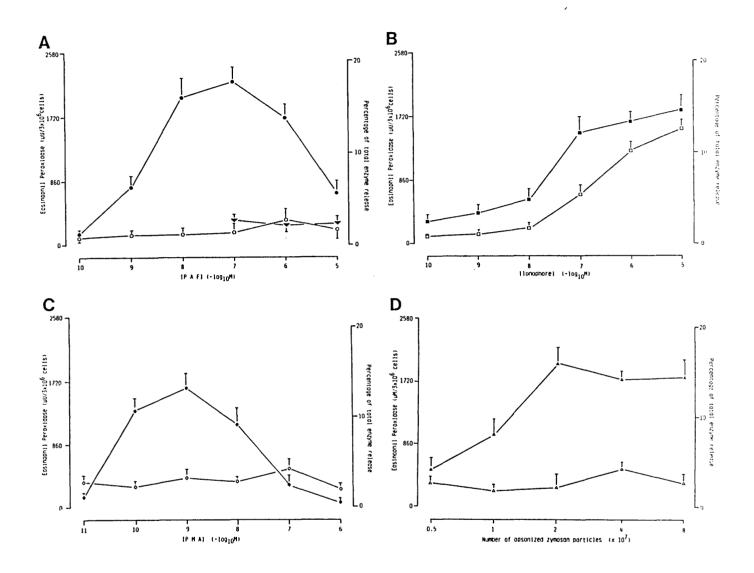


Figure 3.1: Release of eosinophil peroxidase (EPO) from purified human eosinophils. 3×10^6 purified human eosinophils were incubated with PAF (\bigcirc), lyso PAF (\bigtriangledown), calcimycin, (\blacksquare) phorbol myristate acetate, PMA (\diamondsuit) and opsonized zymosan (\bigstar) for 10 minutes. The supernatant was assayed for EPO (closed symbols) and LDH (open symbols). The data presented are the means ± SEM of triplicate assays from a single donor and similar results were obtained from 4 other donors. The total cellular EPO content was 4260 ± 534 mU/10⁶ eosinophils (n=7).

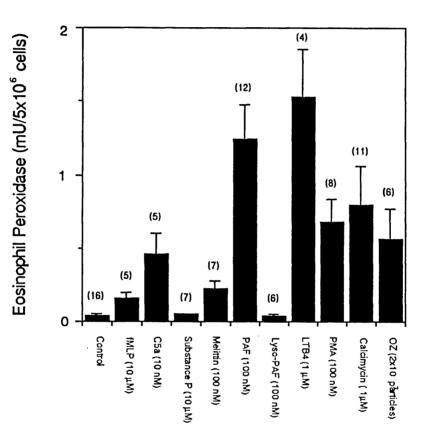


Figure 3.2: Agonist-induced EPO release from purified guinea pig eosinophils. Purified eosinophils were incubated with fMLP (10 μ M), C5a (10 nM), substance P (10 μ M), melittin (100 nM), PAF (100 nM), lyso-PAF (100nM), leukotriene B₄ (1 μ M), PMA (100 nM), calcimycin (calcium ionophore, A23187, 1 μ M) and opsonized zymosan (2x10⁷ particles) and the supernatant assayed for EPO as described in the section 2.9.2 of the Methods. Each histogram represents the mean \pm SEM of (n) observations indicated in the figure.

3.1.2 Eosinophil peroxidase and other granular enzymes

On the basis of these observations and because of its potential significance in asthma (Barnes et al. 1988a; Barnes et al. 1988b), PAF was chosen for further detailed studies. Eosinophils were stimulated with increasing concentrations of PAF under the conditions described above. Reaction was stopped by rapid centrifugation (12,000 x g_{max}, 30 sec) and the resulting supernatant was analyzed for enzyme activity of EPO, alkaline phosphatase, β -glucuronidase, arylsulfatase, acid phosphatase and lactate dehydrogenase. As shown in Figure 3.3, PAF induces eosinophil degranulation in a concentration-dependent fashion with a threshold stimulus concentration of 100 pM. The ability of PAF to degranulate eosinophils was maximal at 100 nM (n=9) and included both the enzymes stored in the specific granules (Fig. 3.3A) and the small granules (Fig. 3.3B). The corresponding EC_{50} values for the enzyme secretion varied between 2.3 to 5.6 nM (n = 6). The percentage of enzyme released after 10 minutes incubation with respect to total enzyme protein in the control cell pellet varied with each experiment between 9 and 25% (mean 15.7%, n = 13) for constituents stored in the specific granules and between 12 to 32% (mean 17.2%, n = 9) for enzymes released from the small granules. Concentrations of PAF higher than 100 nM were significantly less effective (p < 0.05; n=9). No release of cytoplasmic lactate dehydrogenase (LDH) was detected in the supernatant at concentrations up to 10⁻ ⁵ M PAF, suggesting a non-cytolytic release mechanism. Lyso-PAF did not promote enzyme exocytosis at any of the concentrations $(10 \text{ pM} - 10 \mu\text{M})$ examined.

To determine the time course of enzyme secretion from human eosinophils induced by PAF, cells were incubated with 100 nM PAF for 2, 5, 15, 30, 60, 120, and 180 min. Reference to Figure 3.4 illustrates that enzyme was being released into the bathing buffer in the absence of a stimulus. After the addition of PAF and other stimuli the amount of secreted EPO increased rapidly in a time-dependent manner with a $t_{1/2}$ between 4 and 8 min. The release process reached a plateau 30 to 45 min post-challenge.

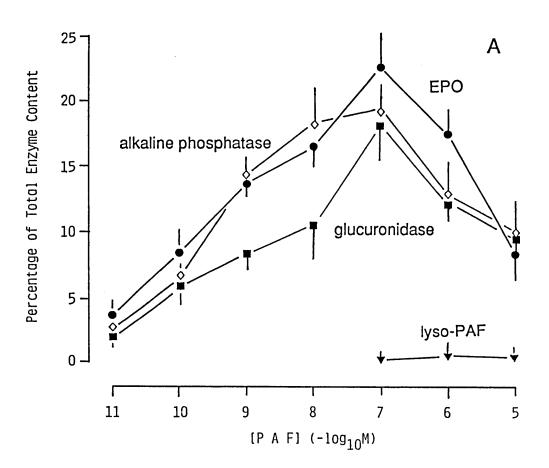


Figure 3.3A: PAF-induced enzyme secretion from guinea pig eosinophils. Eosinophils $(5x10^6)$ were incubated with PAF (10 pM - 10 μ M) and the reaction stopped by the addition of ice-cold buffer followed by rapid centrifugation. The enzymatic activities of EPO, β -glucuronidase, alkaline phosphatase are given in Panel A. The enzymes were assayed spectrophotometrically as described in section 2.9 of the Methods. The data are expressed as a percentage of total cellular enzyme content in the buffer control pellet and represent the mean \pm SEM of six separate experiments.

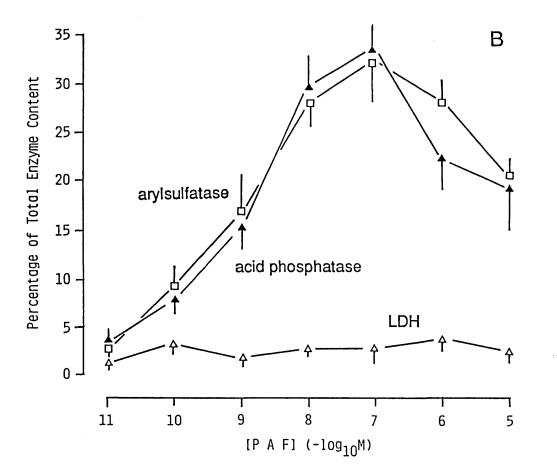


Figure 3.3B: PAF-induced enzyme secretion from guinea pig eosinophils. Eosinophils (5×10^6) were incubated with PAF ($10pM - 10\mu M$) and the reaction stopped by the addition of ice-cold buffer followed by rapid centrifugation. The enzymatic activities of EPO, β -glucuronidase, alkaline phosphatase are given in Panel A (see page 88) while acid phosphatase, arylsulfatase B and lactate dehydrogenase are shown in Panel B. The enzymes were assayed spectrophotometrically as described in section 2.9 of the Methods. The data are expressed as a percentage of total cellular enzyme content in the buffer control pellet and represent the mean \pm SEM of six separate experiments.

3.2 GRANULAR PROTEIN RELEASE

Concurrent with the enzyme release we measured the extrusion of the non-enzymatic matrix protein, Eosinophil Cationic Protein or ECP. Purified human eosinophils (4 x 10⁶) were stimulated for 2, 5, 10, 30, and 90 min with 100 nM PAF, the most effective concentration for PAF-induced eosinophil peroxidase (EPO) secretion (see above). As demonstrated in Fig. 3.5, human eosinophils from asthmatic subjects spontaneously released ECP into the bathing buffer. However, stimulation of cells with PAF (100 nM) caused an instantaneous increase in the release of ECP in a time-dependent fashion with a $t_{1/2} = 332$ sec, reaching a plateau after approximately 30 min. Again the effect of PAF was inhibited in the presence of 1 μ M WEB 2086 whereas lyso-PAF was ineffective. These results show that PAF causes the release of both granular enzymes and granular basic proteins from eosinophils.

3.3 PROSTANOID GENERATION

3.3.1 Spectrum of prostanoids generated by eosinophils

Combined capillary gas chromatography/mass spectrometry was used to examine the spectrum of prostanoids generated by resting and stimulated human blood eosinophils. A typical mass chromatogram obtained from eosinophils stimulated with PAF (1 μ M) is depicted in Fig. 3.6. The figure represents unfiltered data with no foreground or background subtraction. Of the six prostanoids analyzed only PGE₂, PGD₂, PGF_{2α} and TXB₂ could be detected. The stable metabolite of prostacyclin, 6keto-PGF_{1α}, as well was the 11-keto reductase product of PGD₂, 9α,11β-PGF₂, were not observed. External prostanoid standards (6-keto-PGF_{1α} and 9α,11β-PGF₂ added to the cells before incubation could be fully recovered, excluding an inherent methodological problem and suggesting that eosinophils do not metabolize either of these prostanoids during the 5 min incubation.

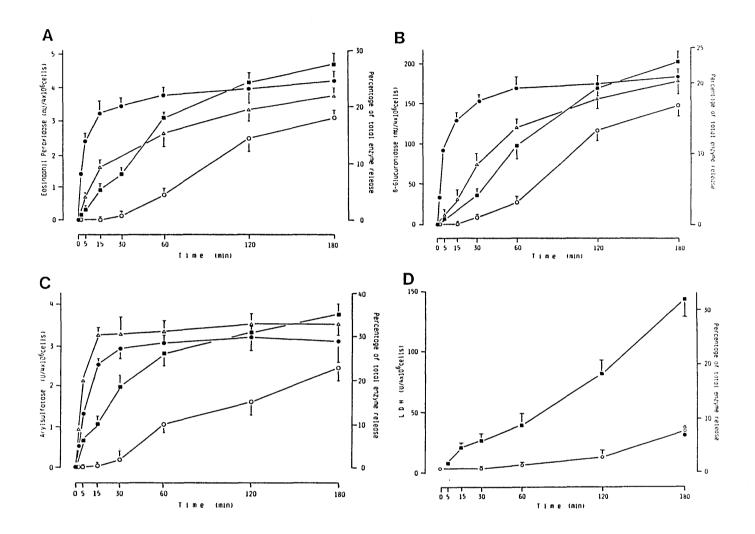


Figure 3.4: Kinetics of enzyme release from human eosinophils. Purified human eosinophils (4 x 10⁶) were challenged with 100 nM PAF (\bigcirc), 1 µM calcimycin (\blacksquare), 2x10⁷ particles of opsonized zymosan (\triangle) or vehicle (O) and the reaction allowed to proceed for the times indicated. EPO (Panel A), β -glucuronidase (Panel B), arylsulfatase B (Panel C), and LDH (Panel D) were determined in the supernatant as described earlier (Section 2.9 of the Methods). Data are represented as Units/4 x 10⁶ (left ordinate) and as percentage of total cellular enzyme content in the buffer control pellet (right ordinate). Each point represents the mean ± SEM of four separate preparations.

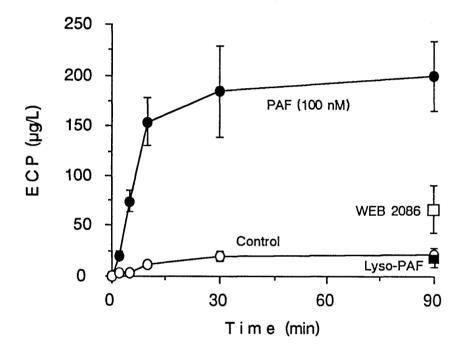


Figure 3.5: PAF-induced ECP release from human eosinophils. Purified human eosinophils (4 x 10⁶) were incubated in HBSS as described in the Methods. They were challenged with buffer (control), lyso-PAF (100 nM) or PAF (100 nM) in the presence or absence of 1 μ M WEB 2086 and the reaction allowed to proceed for the times indicated. The concentration of ECP was then determined by RIA. Data shown represent triplicate determinations of a representative experiment.

The quantitative profiles of the four prostanoids generated by resting human and guinea pig eosinophils are compared in Table 3.1A and 3.1B. TXB₂, the stable non enzymatic degradation product of TXA₂ was the principle prostanoid with an average of 8.4 \pm 2.2 pg (n=6) and 57.6 \pm 17 fg (n=9) being spontaneously generated by 10^6 human and guinea pig eosinophils, respectively (n=11). Minor amounts of $PGF_{2\alpha}$, PGE_2 , and PGD_2 were also spontaneously synthesized. Stimulation of both cell types with calcimycin induced a 10- to 25-fold increase in prostanoid synthesis within 5 min (TXB₂: 753 ± 62 pg; PGF_{2 α}: 46.1 ± 12 pg; PGD₂: 20.4 ± 3.3 pmol; PGE₂: 23.0 \pm 4.5 pmol). PAF also stimulated the biosynthesis of the four prostanoids with an increase between 2 and 11-fold over basal generation while fMLP and PMA were less effective and SP had no effect (data not shown). The magnitude of stimulated mediator generation in both human and guinea pig eosinophils differed for each of the prostanoids studied. The largest increase was observed with PGD₂ (7- to 25-fold) and the lowest with TXB₂ (2- to 12-fold). Quantitatively, human blood eosinophils synthesised approximately 50 to 100 x fold more prostanoids than guinea pig cells.

3.3.2 Dose-response curve of PAF-induced TXB₂ and PGE₂ release.

In order to further characterize the PAF induced effects on prostanoid release by eosinophils, both TXB₂ and PGE₁/E₂ were measured using a radioimmunoassay. Figure 3.7 shows the non-cumulative effect of PAF on the release of both prostanoids after incubation for 5 min at 37°C. PAF (1 pM to 1 μ M) stimulated the release of TXB₂ and PGE-like activity in a concentration dependent manner with EC₅₀ values (TXB₂: 35.7±10.9 nM, n=9; PGE₁/E₂ 19.3 ± 9.3 nM, n=9) that did not differ significantly (p>0.05; Mann-Whitney U-test) from one another. The maximal effective concentration of PAF was 1 μ M where the concentration of both prostanoids was increased approximately 4.5-fold over spontaneous release.

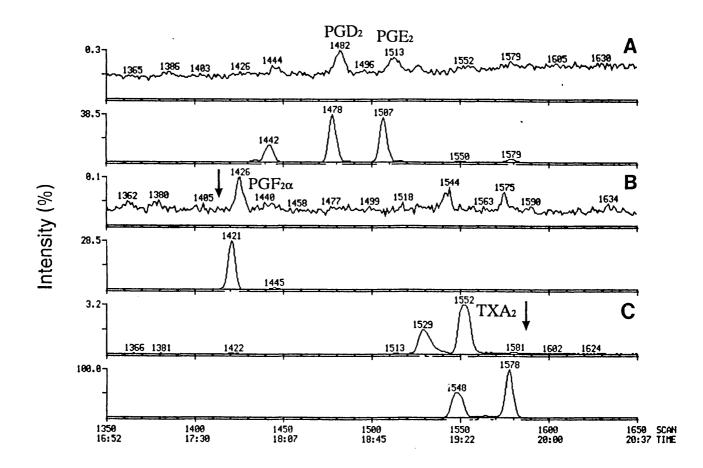


Figure 3.6: Capillary gas chromatography-negative ion mass spectrometry of prostanoids generated by human eosinophils. Fragment ions were monitored simultaneously at six different masses: m/z 524 (characteristic of PGD₂ and PGE₂); m/z 528 (derived from ²H₄PGE₂; panel A), m/z 569 (common ion generated from 9α , 11 β -PGF₂ and PGF_{2 α}; panel B), m/z 573 (fragment of ²H₄PGF_{2 α}; panel B), m/z 614 (fragment ion common to TXB₂ and 6-keto-PGF_{1 α}; panel C), and m/z 618 (fragment ion from ²H₄-6-keto-PGF_{1 α}; panel C) were monitored simultaneously. Signal intensity (ordinate) was normalized in each panel to that derived from the deuterated analogs employed as internal standards. Retention time in minutes and seconds are indicated along the abscissa. Arrows indicate the position at which 9α , 11 β -PGF₂(1411) and 6-keto-PGF_{1 α}(1586) would elute if they were present. The mass chromatograph is representative of the profiles obtained in 9 experiments. The sensitivity of the assay was 100 fg.

Prostanoids	TXB ₂	PGE₂	PGD ₂	PGF _{2α}
Control	8.4±2.2§	0.2±0.1	0.5±0.2	0.3±2.3
Calcimycin (1 µM)	50.7±9.3	1.7±0.7	1.7±0.7	0.7±0.3
PAF (1 µM)	27.9±2.6	1.4±0.6	1.0±0.5	0.6±0.2
PMA (100 nM)	13.4±3.7	1.1±0.7	1.3±0.8	0.8±0.4
LTB4 (1 µM)	10.1±3.4	0.9±0.6	0.7±0.5	0.6±0.2

A. Human Blood Eosinophils

§ data in pg/10⁶ eosinophils

B. Guinea Pig Eosinophils

Prostanoids	TXB ₂	PGE ₂	PGD2	PGF _{2α}
Control	57.6±17*	2.9±0.9	1.2±0.5	3.1±1
Calcimycin (1 µM)	753.5±97	23.0±4.5	20.4±3.3	46.1±12
PAF (1 µM)	120:7±40	8.1±3.4	9.6±4.0	4.8±1.9
fMLP (1 µM)	73.9±18	3.0±0.6	3.4±0.7	3.3±1.2
PMA (100 nM)	110.3±49	6.4±3.0	1.9±0.8	4.0±1.7
LTB4 (1 µM)	177.0±53	31.4±7.3	11.7±3.9	9.3±3.2

* data in fg/10⁶ eosinophils

<u>Table 3.1:</u> Prostanoid biosynthesis by human and guinea pig eosinophils. Prostanoid biosynthesis from human and guinea pig eosinophils are shown in panels A and B, respectively. The quantity in each sample is expressed in $pg/10^6$ human eosinophils and $fg/10^6$ guinea pig eosinophils. Data are expressed as mean ± SEM of 6 (A) and 9 (B) independent experiments, respectively. On a molar basis the assayable concentration of TXB_2 in the bathing buffer was approximately 30-fold higher than PGE_1/E_2 after stimulation with 1 µM PAF. In absolute units this corresponds to 10.4 ± 2.3 pmol.10⁶cells⁻¹.825 µl⁻¹ (or 12.6 µM) of TXB_2 compared to 334.2 ± 47.6 fmol.10⁶.825 µl⁻¹ (or 405 pM) for PGE₁/E₂. Lyso-PAF did not promote prostanoid release from eosinophils at any concentration (100 nM to 10 µM) examined (data not shown).

Pretreatment of the cosinophils with flurbiprofen (8 μ M for 5 min), an irreversible inhibitor of the cyclo-oxygenase enzyme complex *in vitro* (Rome & Lands, 1975), abolished both the basal and PAF-elicited prostanoid release (see Figure 3.10). This observation is, thus, consistent with the hypothesis that both TXB₂ and PGE-like immunoreactivity were derived from the *de novo* cyclo-oxygenation of arachidonic acid in eosinophils.

Similarly, eosinophils pretreated with the selective thromboxane synthetase inhibitor, dazmagrel (Parry *et al.*, 1982), at concentrations of 0.5 to 500 μ M for 5 min inhibited PAF-stimulated TXB₂ release in a concentration-dependent manner with an IC₅₀ of 2.2 ± 0.1 μ M (n=6). At 50 μ M dazmagrel, a dose which inhibited the amount of PAF-induced TXB₂ release below the limit of detection of the RIA, PGE-like immunoreactivity was augmented approximately five-fold from 607 ± 43.3 fmol. 10⁶ cells⁻¹ to 2.81 pmol.10⁶ cells⁻¹ (n=6). As demonstrated in Figure 3.8, this increase in PGE-like activity induced by dazmagrel was concentration-dependent with an EC₅₀ of 1.53 ± 0.13 μ M (n=6) and was identical to the IC₅₀ obtained for this drug for inhibiting TXB₂ release. Figure 3.8 indeed shows a clear inverse relationship between PAF (1 μ M)-stimulated increase in PGE-like immunoreactivity on the one hand, and the disappearance of TXB₂ on the other. This relationship was not, however, stoichiometric because only 20% of the TXB₂ release was accounted for by the increase in PGE₁/E₂ seen in dazmagrel (50 μ M)-pretreated cells.

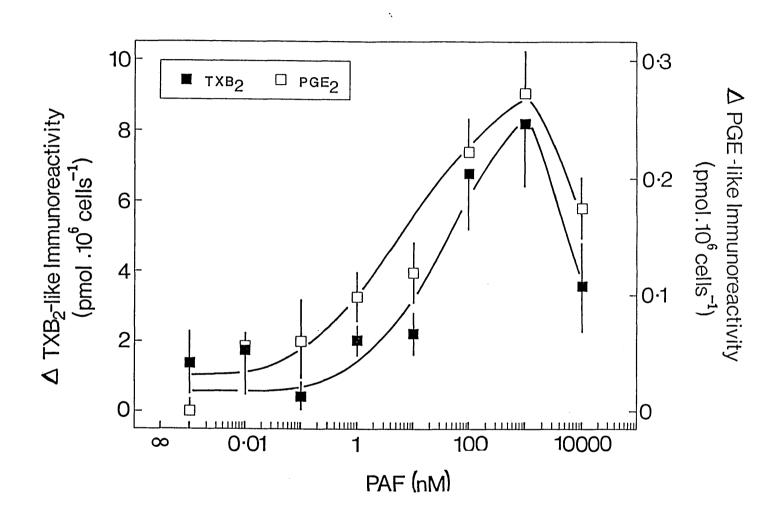


Figure 3.7: Effect of PAF on the generation of TXB_2 - and PGE-like immunoreactivity. Guinea pig eosinophils were equilibrated for 5 min in prewarmed, HEPESbuffered PBS followed by the addition of PAF (1pM to 10 μ M). Each incubation was allowed to proceed for an additional 10 min after which the reaction was quenched. Immunoreactive TXB₂ and PGE₁/E₂ were then determined by RIA (see 2.12). Each data point represents the mean ± SEM of nine observations obtained from three separate eosinophil preparations.

3.3.3 Time course

Since TXB₂ was the major cyclo-oxygenase synthesized by eosinophils this prostanoid was chosen as a marker to characterize the kinetics of eosinophil activation by PAF. As with enzyme secretion, significant amounts of TXB₂ were released in the absence of a stimulus (Fig. 3.9), indicating a basal rate of arachidonic acid utilization and metabolism. Addition of 1 µM PAF (Figure 3.9A) caused a rapid increase in the amount of TXB₂ released in a time-dependent fashion with a $t_{1/2}$ = 9.2 ± 0.8 sec (n=12). At 5 sec after the addition of PAF, the concentration of TXB_2 had increased to approximately 250% above that of the time-matched control samples. The release reaction reached a plateau 30 to 60 sec post-challenge at a time when the concentration of TXB₂ was 450% above unchallenged levels. Analysis of the kinetics (velocity of prostanoid release at time t sec post-PAF challenge) of PAF-promoted TXB₂ release from eosinophils showed that the release of TXB₂ occurred without a detectable lag period and was very rapid with a maximum rate of synthesis (19.4 ± 3.2) pmol.min⁻¹10⁶ cells; n=12) being achieved 5 sec after challenge with PAF. Thereafter, the velocity of TXB₂ biosynthesis and secretion decreased reaching basal rate within 40 sec (Figure 3.8B).

3.3.4 Comparison of the effect of PAF with other stimuli

The histograms depicted in Figure 3.10 compare the ability of PAF to promote TXB₂ from eosinophils with a range of other stimulants. On an equimolar basis (100 nM), PAF was approximately twice as potent at generating TXB₂ as the complement fragment, C5a, and three-times more potent than the tripeptide chemoattractant, FMLP. Increasing the concentration of FMLP 1000-fold to 100 μ M did result in an additional small increase in TXB₂-like immunoreactivity, amounting, however, to only of 42% of that generated by 100 nM PAF (data not shown).

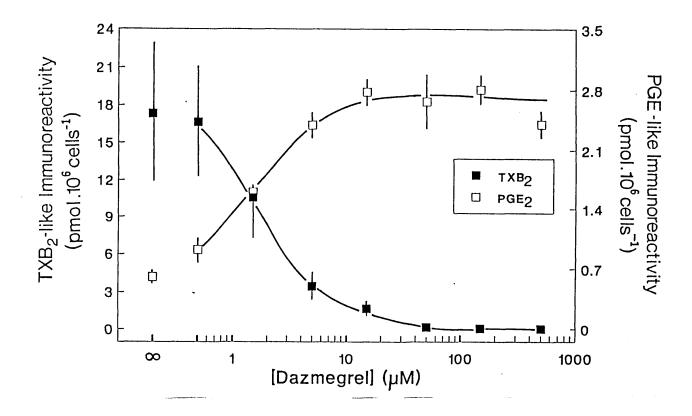


Figure 3.8: Effect of dazmegrel on PAF-induced TXB₂ and PGE₁/E₂. Eosinophils were incubated for 5 min in HEPES-buffered PBS containing either vehicle or dazmagrel (0.5, 1.5, 5, 15, 50, 100, and 500 μ M, respectively). Cells were then challenged with PAF (1 μ M) and the reaction allowed to proceed for an additional 10 min. The concentration of elaborated TXB₂ and PGE₁/E₂ was subsequently determined by RIA. Each data point represents the mean ± SEM of six observations obtained from three preparations.

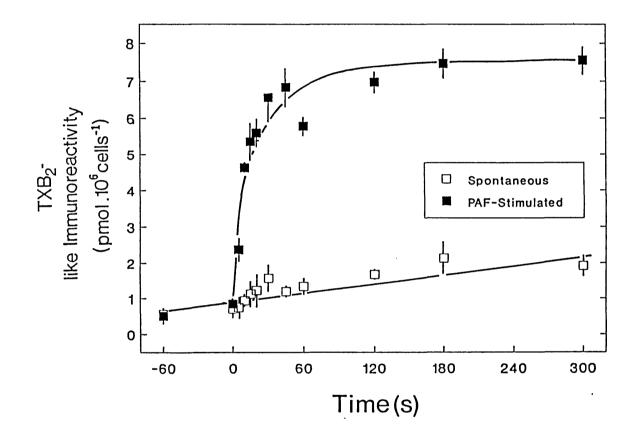


Figure 3.9: Time course and kinetics of PAF-stimulated TXB_2 release. Eosinophils were incubated as described in the legend to Figure 3.5. PAF or vehicle was added at 0 sec and the reaction allowed to proceed for the times indicated. The concentration of TXB_2 released was estimated by RIA. Graph (A) represents the profile of TXB_2 release with respect to time-matched, vehicle-treated eosinophils. In (B) the change in TXB_2 release (PAF-promoted vs spontaneous) is expressed as the rate during the first 60 sec of PAF-challenge. Data shown represent the mean \pm SEM of 12 observations obtained from four separate eosinophil preparations.

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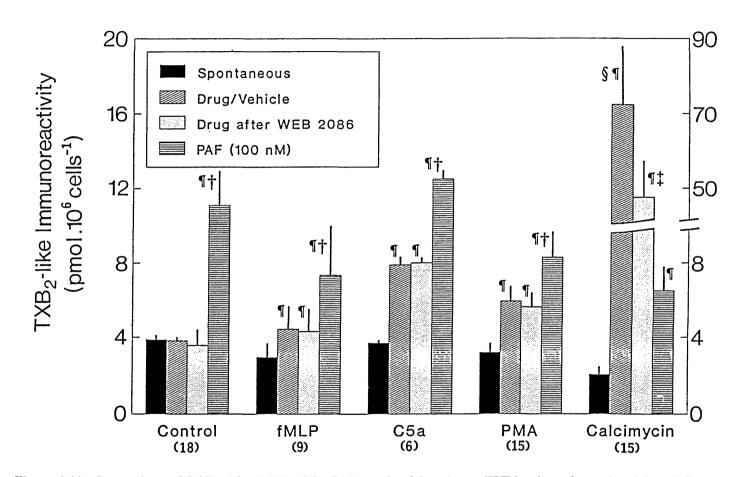


Figure 3.10: Comparison of PAF with FMLP, C5a, PMA and calcimycin on TXB2 release by eosinophils. Cells were incubated for 5 min in HEPES-buffered PSS (37°C) in the absence or presence of WEB 2086 (300 nM) and then challenged with PAF (100 nM), fMLP (100 nM), calcimycin (1 μ M) or vehicle. Each incubation was allowed to proceed for 10 min, quenched with ice-cold buffer, and immunoreactive TXB2 measured by RIA as described in Methods. Each histogram represents the mean ± SEM of n observations given in parentheses. P, p < 0.05, TXB2 release was significantly greater than spontaneous; p < 0.05, PAF-stimulated TXB2 release was significantly greater than that induced by vehicle; \$, p < 0.001, calcimycin-induced TXB2 secretion significantly greater than that induced by PAF; ++, p < 0.01 significant inhibition of calcimycin-induced TXB2 release by WEB 2086. Differences between data in each group were assessed by Kruskal-Wallace ANOVA.

Similarly, PMA induced TXB_2 release totalled 52% of that released by 100 nM PAF whereas the non-tumor-promoting phorbol, 4- α -phorbol, was inactive at 100 nM, 1 μ M, and 10 μ M (data not shown). Calcimycin, which was chosen as a reference agonist, was considerably more active than all stimuli examined, being approximately 10-fold more active than PAF (100 nM). In additional experiments, preincubation of the cells with WEB 2086 (300 nM for 5 min) abolished PAF-stimulated TXB₂ release and attenuated the release of TXB₂ induced by calcimycin (1 μ M) by 32%. WEB 2086 did not antagonize the stimulatory effect of fMLP (100 nM), C5a (100 nM) and PMA (100 nM) confirming the selectivity of WEB 2086 for the PAF receptor (Figure 3.10).

<u>3.4 RELEASE OF LEUKOTRIENE C4</u>

Guinea pig eosinophils (up to 5 x 106 cells.sample⁻¹) stimulated both with PAF (100 nM and 1 μ M) and calcimycin (1 μ M) and incubated for 15 min at 37°C failed to release any detectable amount of LTC₄ as assessed by RIA. This observation contrasts with the ability of human cells to generate this leukotriene and confirms previously published observations (Sun *et al.*, 1989a; Sun *et al.*, 1989b). In order to evaluate the effect of PAF and calcimycin on human eosinophils, we incubated blood cells obtained from asthmatics with vehicle, calcimycin (1 μ M), LTB₄(1 μ M), lyso-PAF (1 μ M), and PAF (1 μ M) in the absence and presence of 1 μ M WEB 2086 for 15 min at 37°C. The results are depicted in Figure 3.11. In contrast to guinea pig eosinophils, human eosinophils release LTC₄ when stimulated with PAF or calcimycin. Calcimycin was approximately 20-fold more effective in stimulating LTC₄ release (135 ± 37 pg versus 2.73 ± 0.5 ng/10⁶ eosinophils; n=3). LTB₄ and lyso-PAF did not cause any significant leukotriene synthesis. In the presence of WEB 2086 (1 μ M) only the PAF-induced LTC₄ synthesis was significantly inhibited whereas the other stimuli remained unaffected (Figure 3.11).

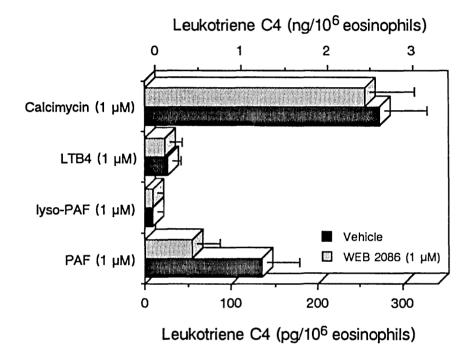


Figure 3.11: Effect of PAF, lyso-PAF, LTB₄ and calcimycin on leukotriene C₄ release by human eosinophils. Eosinophils were preincubated with vehicle or WEB 2086 (1 μ M) for 5 min at 37°C. The reaction was started by the addition of the stimuli and terminated by placing the tubes in an ice-cold water bath and subsequent centrifugation at 2500 x g for 2 min. The resultant supernatant was stored at -20° C for mediator concentration and measured by RIA. Each data point represents mean ± SEM of six independent experiments.

3.5 GENERATION OF SUPEROXIDE ANIONS

Human blood eosinophils (3x106/ml) purified from patients with HES were incubated at 37°C in a disposable cuvette and superoxide anion ($\cdot O_2^{-}$) generation was monitored continuously at 550 nm as a measure of ferricytochrome C reduction. As demonstrated in Figure 3.12, PAF induces a time- and concentration dependent generation of O_2 by human eosinophils. Superoxide production was rapid ($t_{1/2} = 109$ sec) with a maximum generation demonstrated at 3 x 10⁻⁵ M PAF and an EC₅₀ of 8.4 \pm 0.9 μ M. The phorbol ester PMA, however, proved to be more potent with an EC₅₀ of 147.4 \pm 33.7 pM. While, WEB 2086 had no influence on the PMA-elicited $\cdot O_2^-$ production, the PAF-stimulated response was inhibited in the presence of WEB 2086 in a dose-dependent fashion (Figure 3.13), indicating a specific receptor-mediated process. The corresponding IC₅₀ was calculated as 51.1 µM. Furthermore, lyso-PAF at concentrations up to 3 x 10⁻⁵ M did not induce O_2^- generation by eosinophils. Finally the stereoisomer of PAF, enantio-PAF (3-0-hexadecyl-2-acetyl-sn-glycero-1phosphocholine, C_{16}), was approximately 50% less effective than natural PAF. Ferricytochrome C reduction was 90 to 98% attenuated by 30 µg/ml superoxide dismutase (SOD) at each concentration of the stimuli.

The response of guinea pig eosinophils to PAF and PMA was comparable to that of human cells (Fig. 3.14). Other stimuli such as fMLP were less effective with respect to both maximal production of $\cdot O_2^-$ and the EC₅₀ (≈ 23 nM). Substance P or melittin did not cause any production of $\cdot O_2^-$ from guinea pig eosinophils.

3.6 EFFECTS OF DIVALENT CATIONS

Divalent cations such as Ca^{2+} and Mg^{2+} are thought to play an essential role as second messengers and cofactors for enzymatic reactions in many cells. Therefore the effect of these two cations on both prostanoid generation, EPO release, and $\cdot O_2^-$ production was examined. Purified eosinophils were washed three times in

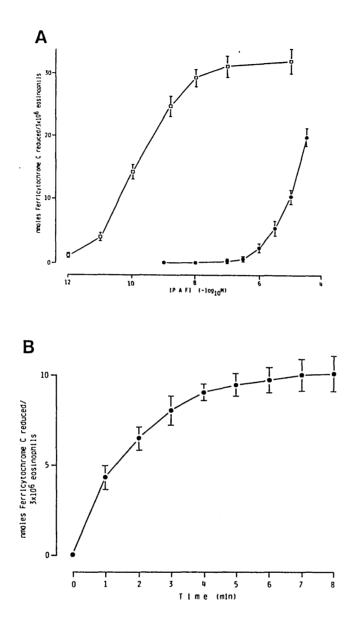


Figure 3.12: Superoxide production from human eosinophils by PAF and PMA. Panel A: Eosinophils $(3 \times 10^{6}/\text{ml})$ were incubated in the presence of different concentrations of PAF (•) and PMA (□) for 10 min at 37°C. Ferricytochrome C reduction was 80 to 98% attenuated at each PAF concentration by 30 µg/ml superoxide dismutase. Results represent mean ± SEM for triplicate determinations for 1 preparation of eosinophils and are representative of results from 3 independent experiments. Panel B: Time course of ferricytochrome C reduction measured continuously at 550 nm in a suspension of 3x 10⁶ cells/ml when eosinophils stimulated by 10⁻⁶ M PAF at 37°C in a 10 mm cuvette. Results are mean ± SEM for triplicate determinations.

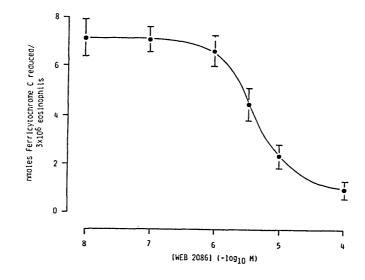


Figure 3.13: Inhibitory effect of WEB 2086 on PAF-induced superoxide generation by human eosinophils. 3×10^6 purified eosinophils were preincubated for 1 min with various concentrations of WEB 2086 before 30 μ M PAF was added. Details as described in the legend of Fig. 3.12.

Ca²⁺/Mg²⁺-free HBSS. Twenty min prior to the addition of PAF or vehicle either CaCl₂ or MgCl₂ was added to give a final external ion concentration of 1 mM. As shown in Table 3.2, the absence of Mg²⁺ only slightly reduced both the prostanoid generation and EPO release stimulated by 1 μ M PAF. In contrast, the absence of Ca²⁺ significantly diminished both cosinophil responses. Treatment of eosinophils with PAF (3 μ M) in the absence of both divalent cations, however, almost completely inhibited the O₂⁻ generation by the cells. Addition of 1 mM Ca²⁺ failed to increase O₂⁻ production induced by PAF whereas 1 mM Mg²⁺ fully restored the cellular response. Interestingly, the stimulatory effects of PMA (100 nM) on all three cell functions were independent of concentration and composition of the extracellular divalent cation concentration (data not shown).

In order to evaluate the effect of calcium ions on PAF-induced enzyme secretion, purified human cosinophils were washed three times in Ca²⁺-free HBSS buffer before stimulating the cells with PAF (10^{-7} M) for 2, 5, 15, 30, and 60 min. Under these conditions EPO release was reduced more than 50% at all time points (Figure 3.15). Furthermore, addition of EGTA (5 mM) almost completely inhibited PAF-induced degranulation of the cells. In contrast, PMA-induced degranulation was not inhibited either in the absence of Ca²⁺ or in the presence of EGTA (Figure 3.15). These results indicate, that enzyme release from human cosinophils induced by PAF is dependent on extracellular calcium whereas that induced by the protein kinase C activator PMA is not.

3.7 EFFECT OF FLURBIPROFEN

In order to examine potential positive or negative feedback mechanisms in eosinophils, the effect of the cyclo-oxygenase inhibitor, flurbiprofen, on eosinophil effector functions was investigated (see also Chapter 7.4). As shown above, stimulation of eosinophils with PAF in the presence of flurbiprofen (8 μ M) abolished both basal and stimulated TXB₂ formation (see Chapter 3.3). In contrast, flurbiprofen

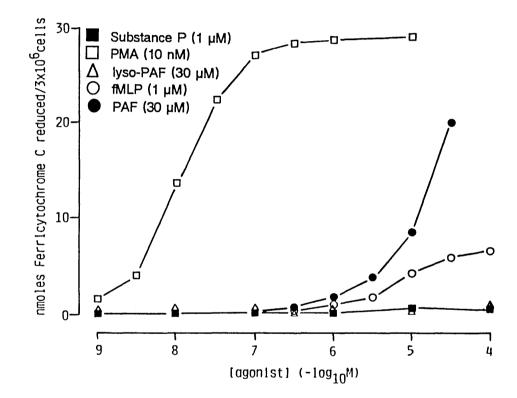


Figure 3.14: Superoxide anion generation from guinea pig eosinophils. Eosinophils (3 x 10⁶ cells.ml⁻¹.sample⁻¹) were incubated for 10 min at 37°C in the presence of increasing concentrations of PAF (\bigcirc), lyso-PAF (\triangle), PMA (\square), SP and melittin (\blacksquare), fMLP (O). Kinetics of PAF-induced O_2 production induced by increasing concentrations of PAF were measured continuously at a wavelength of 550 nm. Ferricytochrome C reduction was 80 to 100% attenuated at each concentration by 30 µg/ml superoxide dismutase. Results represent mean ± SEM of triplicate determinations for one preparation of eosinophils and are representative of results from three independent experiments.

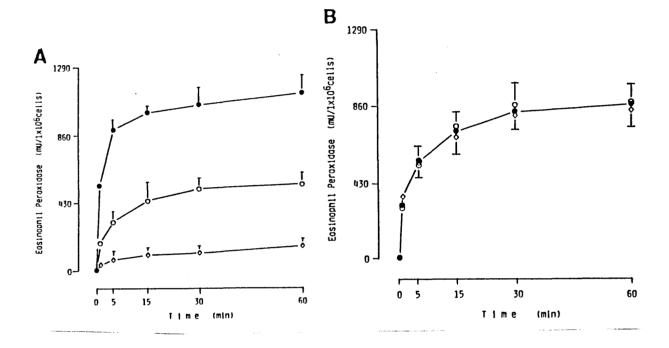


Figure 3.15: Effect of extracellular calcium on PAF- (Panel A) and PMA-induced (Panel B) EPO release by human eosinophils. Purified eosinophils (10^6) in calcium (1 mM) containing buffer (\oplus), as well as calcium-free buffer in the absence (O), and in the presence of 5 mM EGTA (\diamond) were incubated with 100 nM PAF at 37°C for the intervals indicated in the figure. The reaction was stopped as described in the legend to Figure 3.3B (page 89). Data are expressed as mean ± SEM of triplicate determinations from a representative experiment.

Buffer	∆ [Ca²+] _i (nM)	EPO (mM/4x10 ⁶ œlls)	•O ₂ - (nmol cytochrome reduced/10 ⁶ cells)	ΔTXB_2 (pg/10 ⁶ cells)
Ca ²⁺ /Mg ²⁺ -free	73 ± 12	1.2±0.4	0.05±0.01	3.7±1
1 mM Ca ²⁺ /Mg ²⁺	342 ± 22	7.2±0.9	4.9±0.4	65.0±23
1 mM Ca ²⁺	305 ± 29	5.2±0.8	0.07±0.04	59.6±19
1 mM Mg ²⁺	102 ± 18	2.8±0.5	4.3±0.5	8.3±2

<u>Table 3.2:</u> Effect of divalent cations on PAF and PMA-induced EPO release, superoxide anion generation, and prostanoid generation. Cells were stimulated in the presence and absence of 1 mM Ca²⁺ and/or Mg²⁺, and supernatant was assayed as described in Methods. Data represent mean \pm SEM of 4 independent experiments performed at least in duplicate.

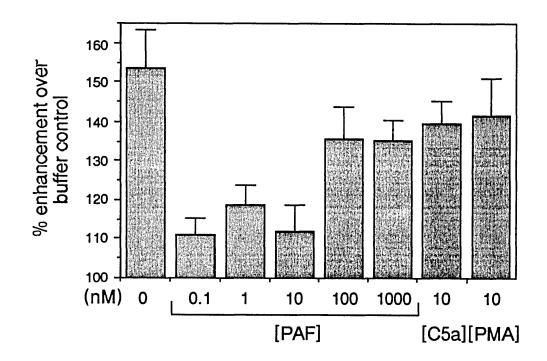


Figure 3.16A: Effect of PAF, C5a, and PMA on the enhancement of EPO release by fluribiprofen from guinea pig eosinophils. Cells (10^7ml^{-1}) were preincubated with either 8 μ M flurbiprofen or buffer 5 min before PAF (0.1 nM to 1 μ M), C5a (10 nM) or PMA (10 nM) was added and reaction was allowed to proceed for 10 min at 37°C. The supernatant was assayed for EPO activity as described in the Methods. Each histogram shows the magnitude of enhancement induced by flurbiprofen in paired experiments where EPO release by cells without fluribprofen is set as 100%. Data are expressed as mean ± SEM of four observations obtained from three separate experiments.

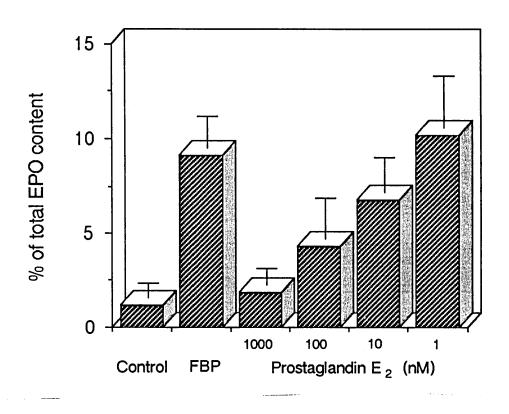


Figure 3.16B: Reversal of flurbiprofen (FBP)-induced EPO release by PGE_2 Eosinophils were preincubated with vehicle and PGE_2 (1 to 1000 nM) for five min prior to the addition of flurbiprofen (8 μ M). EPO activity in the supernatant was measured as described in Methods. Data are expressed as percentage of total cellular EPO content. Each histogram represents 6 measurements obtained from 4 independent experiments.

Functional Response	[PAF]	50	Maximal Inhibition	'n'
TXB ₂ Release	100 nM	23 nM	61%	6
EPO Release	100 nM	19 nM	46%	5
•O2 ⁻ Generation	3 uM	194 nM	63%	6
[Ca ²⁺] _i Increase	100 nM	324 nM	>83%	9

<u>Table 3.3:</u> Effect of PGE₂ on PAF-induced TXB₂ release, EPO secretion, O_2^- generation, and increase in intracellular Ca²⁺-concentration.

caused an enhancement of both the spontaneous and PAF-stimulated EPO release (Fig. 3.16A). However, the magnitude of the flurbiprofen-promoted enhancement was reduced when cells were exposed to PAF (n=3). Consistent with these data, stimulation with other agonists such as C5a (10 nM) also showed no synergy between flurbiprofen and the stimulant. Furthermore, stimulation of eosinophils with PMA (10 nM) also reduced the flurbiprofen-induced enhancement of EPO secretion (n=3; Figure 3.16A, right). In contrast, treatment of eosinophils with flurbiprofen did not modify the \cdot O₂⁻ generation induced by 1 µM PAF (7.0 ± 0.3 versus 7.4 ± 0.4 nmol cytochrome C reduced.min⁻¹.10⁶ cells⁻¹, n=4) and 1 µM PMA (25.5 ± 1.4 versus 25.7 ± 0.6 nmol cytochrome C reduced.min⁻¹.10⁶ cells⁻¹, n=4), respectively. However, the cell number in the incubation volume used for the measurement of \cdot O₂⁻ was approximately 3 times less than that used for the EPO assay.

3.8 EFFECT OF PROSTAGLANDIN E2

In a second set of experiments, the effects of PGE₂ on eosinophil functions was tested. Incubation of eosinophils with PGE₂ (1 nM to 1 μ M) reversed the flurbiprofen-induced enhancement of spontaneous EPO release in a concentrationdependent manner with an IC₅₀ of 51 nM (n=6) and an almost complete inhibition at 1 μ M (Figure 3.16B). In addition, PGE₂ alone (1 nM to 10 μ M) produced a concentration-dependent inhibition of EPO, TXB₂ and \cdot O₂⁻ release promoted by PAF (Table 9.3). PGE₂ was approximately 3 and 8 times, respectively more potent at antagonising the production of TXB₂ from eosinophils than at inhibiting either EPO release or \cdot O₂⁻ production. Taken together these results suggest that PAF-induced eosinophil activation is sensitive to inhibition by PGE₂. Given that inhibitors of Type IV cyclic nucleotide-dependent phosphodiesterase effectively attenuate eosinophil activation (Dent *et al.*, 1990) the action of PGE₂ may be related to its ability to stimulate adenylyl cyclase. In contrast to PGE_2 , TXA_2 had no direct or indirect effect on either spontaneous or stimulated eosinophil function. Cells challenged with the TXA_2 mimetic, U-46619, did not release superoxide anions at any concentration examined (1nM - 10 μ M). However, U-46619 did potently contract guinea pig isolated trachea confirming that the drug was, indeed, active on a preparation known to express thromboxane receptors (Jones *et al.*, 1982). Experiments designed to determine if elaborated TXA₂ could augment its own release, were unsuccessful due to significant cross-reactivity of U-46619 (>70% at 10 μ M) with the TXB₂ antiserum.

3.9 DISCUSSION

Increasing evidence suggests that the eosinophil leukocyte represents an effector cell capable of destroying not only parasites (Butterworth, 1977) but also contributing to the respiratory epithelium damage found in chronic asthma (Frigas & Gleich, 1986). Its cytotoxic effects have been demonstrated by numerous *in vitro* studies (for review see Spry, 1988). This eosinophil cytotoxicity might on the one hand have provided a phylogenetic advantage through its contribution to host defense mechanism against parasites. On the other hand, it seems that this advantage can, however, under certain circumstances turn into a disadvantage and provide the basis for a chronic asthmatic disorder.

As outlined in the Introduction, the eosinophil mediates this function through three different mechanisms which include the release of preformed toxic granular proteins as well as *de novo* generated reactive oxygen intermediates and bioactive lipid mediators. A number of different stimuli have been shown to induce at least one of these eosinophil functions, including soluble stimuli such as PMA, calcimycin, complement activation products or immune complexes, phagocytic stimuli such as zymosan-C3b, or large, non-phagocytosable stimuli such as sepharose-C3b or immune complex-coated agar layers (Ichikawa *et al.*, 1974; Ogawa *et al.*, 1981; Petreccia *et al.*, 1987; Owen *et al.*, 1988; Kroegel *et al.*, 1989a; Popper *et al.*, 1989). The data presented in this chapter indicate that PAF stimulates the degranulation, superoxide anion release as well as the generation of prostanoids by both human and guinea pig eosinophils in a calcium-dependent and non-cytotoxic manner. Effective concentrations ranged from 100 pM to 10 μ M PAF with a peak response seen at 100 nm and 1 μ M PAF. In contrast, lyso-PAF, its precursor and metabolite, was inactive. Finally, the action of PAF on eosinophils is rapid, with a t_{1/2} up to approximately 5 min for enzyme secretion and even 60 sec for prostanoid release.

The PAF-induced eosinophil effector functions were inhibited by WEB 2086, which had no effect on enzyme release induced by calcimycin, opsonized zymosan or PMA. These results indicate that WEB 2086 is a potent and specific antagonist for the PAF-induced degranulation of human eosinophils. We then went on to characterize the nature of this antagonism, shown in the next Chapter.

The stimulus specific nature of PAF-elicited degranulation of human eosinophils is further illustrated by the observation that pretreatment with PAF rendered the eosinophils unresponsive to subsequent exposure to this stimulus, though the cells remained fully responsive to opsonized zymosan or calcimycin. The attenuated capacity of eosinophils to release enzymes following a second addition of stimulus is probably due to desensitization which known to occur in neutrophils challenged with PAF and other stimuli (Smith *et al.*, 1983, Dent *et al.*, 1989a; Dent *et al.*, 1989b). In the neutrophils it has been reported that contact between cells and the chemotactic oligopeptide fMLP resulted in a reduced number of receptors for this ligand on the cell surface (Henson *et al.*, 1978). Consistent with this observation one might suggest that, following an initial exposure of eosinophils to PAF, the number of available membrane receptors is diminished, attenuating a subsequent response to the same stimulus. The decrease in receptor number may entail internalization and subsequent degradation of receptor-ligand complexes (see Chapter 4, page 119).

A characteristic feature observed for most of the responses of eosinophils to PAF, was a decrease in enzyme release above concentrations of 1 μ M PAF. This was seen for the release of granule enzymes as well as for prostanoid generation and release. The lack of LDH release by PAF indicates, but does not conclusively prove, that the decreased cell response was not due to a cytotoxic effect of high agonist concentrations. One potential explanation for this effect of PAF at higher concentrations is that simultaneous desensitization is occurring at the same rate as secretion and that this serves to limit granule extrusion. Henson has suggested that this mechanism may be responsible for the plateau in the secretory response in PAF-stimulated rabbit platelets (Henson *et al.*, 1978).

An interesting exception was the PAF-induced $\cdot O_2^{-}$ production in both human and guinea pig eosinophils. Although the effect was just as rapid as the other PAF-elicited eosinophil effector functions ($t_{1/2}=109$ sec), $\cdot O_2^{-}$ production failed to show a peak or plateau in response to PAF. In addition, $\cdot O_2^{-}$ occurred at considerably higher concentrations of PAF (>10 µM) with a maximal effective concentration of $3x10^{-5}$ M and an EC₅₀ of 8.4 µM. These differences were specific for PAF, since other stimuli failed to show two different concentration-response relationships. Furthermore, in contrast to other eosinophil functions, PAF-induced $\cdot O_2^{-}$ was not dependent on the presence of extracellular Ca²⁺ ions. WEB 2086 however, inhibited $\cdot O_2^{-}$ production by PAF, but not that induced by PMA, in a dose-dependent manner (IC₅₀ of 51.1 µM) again suggesting a receptor-mediated activation mechanism for the oxygen intermediate production.

The observation that two distinct forms of cellular response are elicited at different concentration ranges by the same stimulus strongly indicates two separate control mechanisms for cosinophil activation in response to PAF. One possible explanation is that two independent PAF-receptor subtypes exist on cosinophils. A second possibility may be that only one receptor type occurs on the cell surface but in two different affinity states. The existence of multiple PAF binding sites has also previously been put forward by others (Hwang & Lam, 1986; Hwang, 1988; Stewart & Dustin, 1988; Murphy *et al.*, 1990). Additional evidence for this dual activation mechanisms by PAF in eosinophils will be presented in the following chapters.

PAF appears to represent a major natural stimulus for eosinophils. In recent years, for instance, it has been shown that PAF potently elicits directional locomotion of human eosinophils (Wardlaw *et al.*, 1986), induces leukotriene C₄ synthesis (Bruynzeel *et al.*, 1987b), enhances the cytotoxicity of normal human blood eosinophils for C3b- and IgG-coated schistosomula (MacDonald *et al.*, 1986), eosinophil adhesion to serum-coated plastic and that human eosinophils adhere to cultured human umbilical endothelial cells (Kimani *et al.*, 1988). The results presented in this Chapter extend the spectrum of biological activities of PAF on eosinophils to include eosinophil degranulation, the biosynthesis of lipid mediators and the generation of superoxide anions. Moreover, PAF appears to be the most potent of the physiological stimulus for human eosinophils whereas LTB_4 is considerably less active. It should here be emphasized here, however, that the latter lipid is, interestingly, more effective than PAF at stimulating peritoneal guinea pig eosinophils.

3.10 SUMMARY

The results presented in this chapter display the wide range of cellular responses exhibited by cosinophils challenged with PAF and other stimulants. As evident from the data shown above, PAF is a principal stimulus for human cells, whereas LTB_4 is a major physiologic stimuli for guinea pig eosinophils. Both cell types respond with granular enzyme release, biosynthesis of various prostanoids and production of O_2^- . Guinea pig eosinophils generate little or no LTC_4 while human eosinophils release substantial amounts. Furthermore, 9α , 11β -PGF₂, a stable metabolite of PGD₂, was not detected in either human and guinea pig eosinophils indicating that eosinophils were not metabolizing PGD₂. Eosinophil effector functions appear to be under control of a negative feedback mechanism which involves PGE₂, possibly through a cAMP-dependent mechanism.

CHAPTER FOUR

4 CHARACTERIZATION OF PAF RECEPTORS

4.1 PAF RECEPTOR BINDING

In order to demonstrate whether PAF elicits its functional responses via a membrane receptor, binding studies were carried out using both intact cells and eosinophil membrane preparations.

4.1.1 Intact Eosinophils

4.1.1.1 Binding of [³H]PAF

Preliminary experiments with [³H]PAF as a radioligand on purified eosinophils showed inconsistent binding as well as a large total binding capacity of eosinophils, and a high level of non-specific labelling. These findings were consistent with observations on neutrophils and platelets (Valone *et al.*, 1982; Valone & Goetzl, 1983; O'Flaherty *et al.*, 1986), possibly reflecting the lipophilic nature of the ligand, which readily becomes metabolized and/or incorporated into the cell membrane (O'Flaherty *et al.*, 1986; O'Flaherty *et al.*, 1989) (see below).

4.1.1.2 Binding of [³H]WEB 2086

In order to overcome these difficulties a tritium-labelled (2-position of the chlorophenyl ring) PAF antagonist, [³H]WEB 2086, which is less lipophilic than PAF was employed (Casals-Stenzel *et al.*, 1987). Eosinophils (5 x 10⁶) in Hepes buffer were incubated with 10 nM of the radioligand (specific activity of 15 Ci/mmol) were incubated at 25°C for 2, 10, 20, 30, 60, and 90 min. The percentage binding of [³H]WEB 2086 was 7.9%, 16.3%, 25.5%, 30.2%, 32.5%, and 33.1%, respectively. The temperature-dependence of WEB 2086 binding to guinea pig eosinophils showed a

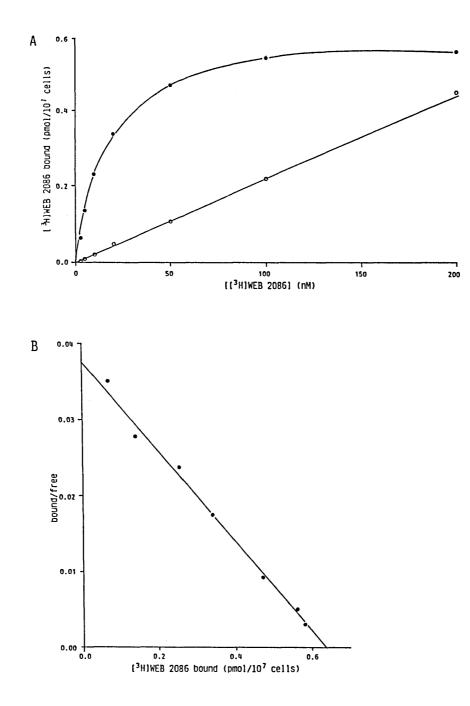


Figure 4.1: Binding of [³H]WEB 2086 to guinea pig eosinophils. Specific binding (\bigcirc) is obtained from the difference between total and non-specific binding (\bigcirc) determined in the presence of 1 µM PAF and measured at 25°C for 90 min (Panel A). Inset (Panel B): Scatchard analysis of specific [³H]WEB 2086 binding calculated from the same saturation curve. Each point represents the mean of triplicate determinations obtained from a single representative experiment.

maximum at 25°C. Thus, subsequent studies of the binding of [³H]WEB 2086 were carried out for 90 min at 25°C.

4.1.1.3 Equilibrium analysis of [³H]WEB 2086 binding.

In order to determine the affinity of WEB 2086 and the binding capacity (B_{max}) of eosinophils, cells were added to tubes containing increasing concentrations of [³H]WEB 2086 (1 - 200 nM) in the presence and absence of a saturating concentration of unlabelled PAF (1 μ M). A representative saturation isotherm is depicted in Fig. 4.1. Nonspecific binding increased linearly as a function of the radioligand concentration. In the absence of unlabelled PAF the isotherm conformed to a simple hyperbola. Scatchard analysis of the binding data revealed a linear function, indicating a homogeneous population of non-interacting binding sites (Fig. 4.1b, inset). The mean dissociation constant (K_D) of three independent eosinophil preparations was 16.1 ± 0.6 nM. The receptor density calculated from the maximal binding capacity, B_{max} (578 ± 38 fmol/ 10^7 eosinophils, n=3), and assuming a 1:1 stoichiometry was 34800 recognition sites per eosinophil. It should be noted that it was not possible to characterize the binding at higher concentrations of [3H]WEB 2086 as the amount of labelled antagonist available was limited. To assess the specificity of binding of [³H]WEB 2086 by eosinophils, the capacity of different non-labelled substances to displace the labelled antagonist was examined. Increasing quantities of C₁₆-PAF, WEB 2086 and a ginkgolide with PAF receptor antagonist activity, BN 52021, reduced the binding in a concentration-dependent manner with an inhibition constants of 13.4 nM (8.4-21.5), 0.23 nM (0.12-0.45), and 420 nM (283-630), respectively. In contrast, lyso-PAF up to a concentration of 10 μ M did not displace the binding of [³H]WEB 2086 (\approx 9%). Thus, of all the compounds studied, WEB 2086 appear to be the most potent antagonist. The binding parameters of $[^{3}H]WEB 2086$ for guinea pig eosinophils and human eosinophils are summarized in Table 4.1 (page 125).

4.1.2 Eosinophil Membranes.

In order to further characterize the proposed PAF binding sites, a radioligand binding assay was performed using [³H]PAF. Since intact eosinophils (see Chapter 4.3, page 124) and other cells rapidly metabolize and incorporate PAF (Valone *et al.*, 1982; Valone & Goetzl, 1983; O'Flaherty *et al.*, 1986), membrane preparations from purified eosinophils were used. Binding was assayed at 22°C over a concentration range of 1 nM to 20 μ M. Specific binding was > 78% of total binding at any concentration of [³H]PAF tested and was a saturable process. As is clearly evident from Fig. 4.2, the Scatchard plot obtained with [³H]PAF was curvilinear. LIGAND analysis of the binding data shown in the figure indicates the presence of two binding sites: a higher affinity site with an apparent K_d value of 0.33 ± 0.1 nM (n=3), and a lower affinity site with a K_d value of 11.5 nM ± 4.1 nM (n=3). Approximately 6% of the total binding sites detected (0.013 fmol/ng protein), were of the higher affinity (B_{max} 736 fmol/mg protein), and 94% were of the lower affinity (B_{max} 12.2 pmol/mg protein).

4.2 PHARMACOLOGIC CHARACTERIZATION

In order to further characterize the PAF receptor a number of pharmacological studies using WEB 2086 were carried out. Eosinophils (5 x 10⁶) preincubated with vehicle or WEB 2086 at 30 nM, 100 nM, and 300 nM and challenged with increasing concentrations of PAF (10 fM - 10 μ M) for 15 min and the secretion of EPO into the supernatant was measured. As shown in Figure 4.3, WEB 2086 gave rightward shifts in the PAF concentration-response curve. Schild regression of the data according to the equation 5 (for details see Chapter 2.22, page 80) produced a slope different from unity (Figure.4.3, inset). As shown in Figure 4.3, panel B, WEB 2086 at the same concentration also produced a shift to the right in the PAF-induced increase in intracellular free Ca²⁺ concentration (see also Chapter VII, page 149). Schild analysis of these data (panel B, inset) yielded a slope less than unity.

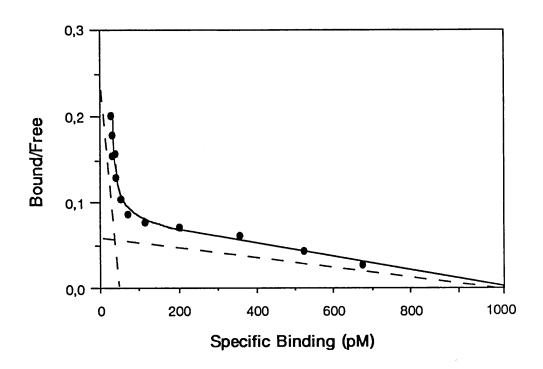


Figure 4.2: Scatchard plot for specific binding of [3 H]PAF to purified eosinophil membranes. Binding was determined at PAF concentrations between 1 nM and 20 μ M. Data were plotted as described by Scatchard (1949) and analyzed with a modified LIGAND computer program. The two components of the curvilinear plots were reconstructed with data from LIGAND analysis and are shown as dotted lines under the binding plots.

Analysis of the PAF-induced (100 nM - 100 μ M) O₂⁻ production by eosinophils (3 x 10⁶) preincubated with WEB (1 μ M, 3 μ M, and 10 μ M) also produced rightward shifts in the concentration-response curves (Figure 4.4). Again, the slope of the regression line was different from unity. Generally, the data suggest an inequilibrium between PAF, WEB 2086, and the putative receptor on eosinophils and allow only a rough estimate of the pA₂ values (Figures 3.4 and 4.4). The reason for the slope not being equal to unity may either indicate that (1) the antagonism is not competitive, (2) a drug-deposition mechanism or other nonequilibrium steady state obscures the competitive nature of the antagonism, (3) a heterogeneous receptor population subserving the same response, or (4) more than one drug property is expressed in the concentration used. Given a competitive antagonism, the slopes less than unity observed at lower agonist and antagonist concentrations may indicate that PAF is removed upon binding to eosinophils(see below), whereas at higher agonist concentrations the Schild-regression slope greater than unity may suggest a saturable removal mechanism.

4.3 PAF CATABOLISM

In order to establish the fate of the PAF used to challenge the guinea pig eosinophils, the kinetics of PAF catabolism in eosinophils were examined. Intact eosinophils (5 x 10⁶; 96% pure) were incubated at 37°C in the presence of [³H]PAF (specific activity: 60 mCi; final concentration 1 μ M) for 15, 30, 60 and 120 min. The reaction was terminated by the addition of methanol/chloroform (2:1, v/v), lipids were extracted by the method of Bligh and Dyer (1959) and separated by TLC. As shown in Fig. 4.5, exogenous PAF (peak 2) is rapidly metabolized by intact eosinophils in a time-dependent manner. The first catabolite to be detected, 15 min post-challenge, was lyso-PAF (peak 1) comprising 17.8% of the total amount of exogenous PAF. At this time only 5.2% had been converted into 1-alkyl-2-acetyl-GPC. The amount of 1-alkyl-2-acetyl-GPC increases at a constant rate to 12.0%, 21.7%, and 39.2% after 30 min,

Binding Parameter	<u>Guinea pig eosinophils</u>	<u>Human eosinophils</u>
Dissociation constant (K _D) Receptor number per cell Inhibition constant (K _I)	16.1 nM 35,000	18.5 nM 64,000
PAF	0.23 nM	0.5 nM
Lyso-PAF	>10,000 nM	>10,000 nM
WEB 2086	13.4 nM	17.6 nM
BN 52021	420 nM	320 nM

<u>Table 4.1:</u> Dissociation constants (K_D) and equilibrium constants (K_i) of $[^3H]WEB$ 2086 binding to intact guinea pig and human eosinophils. Data shown represent the mean of three independent experiments.

Receptor type	K _d	B _{max}	n
PAF-RI	0.33±0.1nM	736 fmol/mg	3
PAF-RII	11.5±4.1nM	12.2 pmol/mg	3

<u>Table 4.2:</u> Binding parameters of the high-(RI)- and the low-(RII)-affinity PAF receptor on cell membranes obtained from purified guinea pig peritoneal eosinophils. Data shown represent mean of three independent experiments.

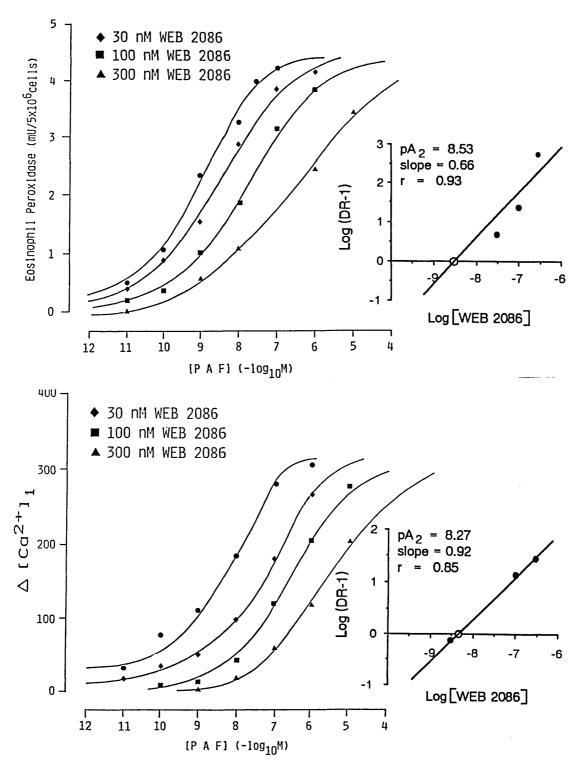


Figure 4.3: Effect of PAF antagonist WEB 2086 on PAF-induced responses. EPO secretion (Panel A) and rise in $[Ca^{2+}]_i$ (Panel B). Cells were preincubated with vehicle (\bigoplus), 30 nM WEB 2086 (\bigoplus), 100 nM WEB 2086 (\boxplus), and 300 nM WEB 2086 (\blacktriangle) prior to the addition of increasing concentrations of PAF. Mean values of three experiments are shown. Inset: Schild regression of the antagonism of WEB 2086 on eosinophils. Data are the mean of three determinations.

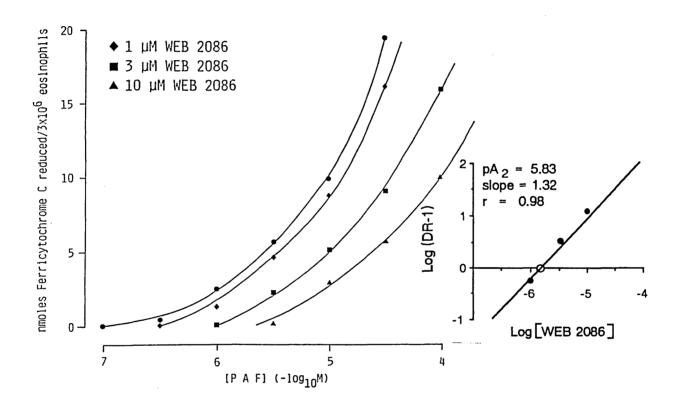


Figure 4.4: Effect of PAF antagonist WEB 2086 on PAF-induced superoxide anion production. Cells were preincubated with vehicle (\bigoplus), 1 µM WEB 2086 (\bigstar), 3 µM WEB 2086 (\blacksquare), and 10 µM WEB 2086 (\blacktriangle) before adding increasing concentrations of PAF. Data represent mean values of three experiments. Inset: Schild analysis calculated from the same data. Each data point represents the mean of three measurements.

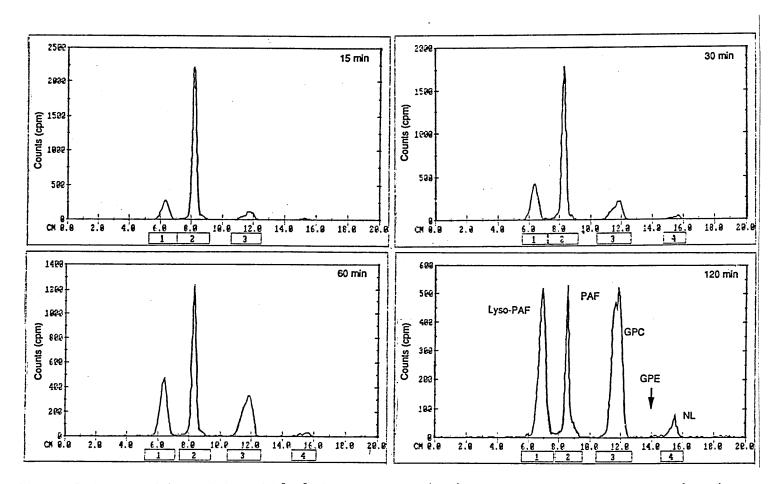


Figure 4.5: Kinetics of the catabolism of 1-[3H]-alkyl-2-acetyl-GPC (PAF) by intact eosinophils. Purified cells (5x106) were incubated at 37°C for 15, 30, 60 and 120 min in the presence of 1 μ M [3H]PAF (60 mCi). Lipids were extracted from the whole sample (cell + supernatant) and separated by TLC as described in the Methods section (2.21, page 80). Standards (lyso-PAF, PAF, GPC, and GPE) were identified by I2 vapors. Traces shown were obtained by scanning the radioactivity on the TLC plates (20 min) using a Bioscan system. The results are representative of three separate experiments.

60 min and 120 min, respectively, while during the same period the percentage of lyso-PAF remained constant at approximately 30%. After 30 minutes post-PAF-challenge a small proportion (3.9%) of neutral lipids could be detected which increased at a constant rate to 5.6% at 120 min. Over a period of 120 min the concentration of exogenous PAF decreased steadily from 100% to 20.8%. The concentration of lyso-PAF rose during the first 30 minutes and then remained almost constant. It is interesting to note that the total radioactivity recovered decreased with time indicating a further catabolism of the molecule into both lipophilic and water-soluble units.

In a separate experiment, PAF catabolism in purified cosinophil membranes was investigated. Incubation with $[^{3}H]PAF(1 \mu M)$ resulted in a small but consistent conversion of PAF into lyso-PAF and 1-alkyl-2-acetyl-GPC. However, the portion of metabolized PAF was less than in whole cells and did not exceed 20% of the added amount of exogenous PAF.

4.4 DISCUSSION

Receptors for PAF have been found in smooth muscle containing tissues, platelets, mononuclear cells and neutrophils from various species (Table 4.3). As has been demonstrated in the last Chapter, PAF can stimulate eosinophils at subnanomolar concentrations through a stereospecific and readily desensitizable mechanism. These findings suggest that PAF binds to specific receptors on eosinophils initiating a range of cellular effector functions. Confirmation of the presence of PAF receptors on both human and guinea pig eosinophils comes from direct studies with radiolabelled PAF or the PAF receptor antagonist WEB 2086 described in this Chapter. The receptors appear to be membrane associated and the receptor binding was rapid, reversible and saturable. Scatchard analysis of membrane-binding data is consistent with a two-receptor model. An estimated 94% of the receptors were of low ($K_d \approx 11.5$ nM) and 6% of high-($K_d \approx 0.3$ nM) affinity.

Cell type	K _d (nM	1) B _{max}	References
Intact cells Platelets Human	37 0.53	1400 ^a 242	Hwang et al., 1983 Kloprogge & Ackerman, 1984
	0.15 1.58 0.26 9.2 0.02	438 1,983 245 1600 240	Chesney et al., 1984 Inarrea et al., 1984 Tuffin et al., 1985b Tuffin et al., 1985b Ukena et al., 1988
Rabbit	0.9 0.5	19,386	Chesney et al., 1984
Neutrophils Human	0.5	400	Homma et al., 1987
	0.11 0.2 200	520,000 1,100 200,000	Valone & Goetzl, 1983 O'Flaherty et al., 1989 O'Flaherty et al., 1989
Mononuclear cells Human	S		
Cell Membranes Platelets Human	5.7	11,100	Ng & Wong, 1988
Dog	0.25	300 ^b	Hwang et al., 1983
Human Lung	0.23	911	Tarahoui et al., 1988
Human Lung	0.49	140	Hwang et al., 1985

a, binding sites per cell b, binding sites per fmol/mg

Table 4.3: Characteristics of PAF binding sites on different cells and tissues detected by [³H]PAF.

There is now an increasing body of evidence to support the concept of distinct PAF receptor subtypes. In 1986, two independent studies proposed the existence of two distinct PAF receptor subtypes in platelets and leukocytes (Lambrecht & Parnham, 1986; Hwang & Lam, 1986). Later, Hwang (1988) found that the relative potencies of PAF agonists and PAF antagonists on human platelets differ from those on neutrophils, and that the cellular responses to PAF in these cells could be differentiated by pertussis toxin, cholera toxin and the presence of monovalent cations Na⁺ and Li⁺. The expression of multiple receptor subtypes in the neutrophil has been further postulated based on the presence of pertussis toxin-sensitive and pertussis toxininsensitive PAF-dependent activity in this cell type (Naccache *et al.*, 1985). A recent binding study identified a high ($K_d \approx 0.2$ nM) and a low ($K_d \approx 200$ nM) affinity receptor on neutrophils (O'Flaherty et al., 1989). Even more recently, microinjection of size-fractionated mRNA from promyelocytic leukemia cell line HL60 into the Xenopus oocyte showed that PAF receptor activity was broadly distributed in several mRNA fractions ranging from 3.5 to 6 kb (Murphy et al., 1990). This finding suggests that leukocytes may encode for distinct multiple PAF receptor subtypes.

The fate of PAF bound to eosinophils has not so far not been studied. In other cells, several studies have reported that exogenous PAF is rapidly metabolized by the cell (O'Flaherty *et al.*, 1986; O'Flaherty *et al.*, 1989). According to the experimental evidence presented in this Chapter, the same also appears to be true for eosinophils. Maximal PAF metabolism appeared to take place mainly within intact eosinophils since the rate of PAF catabolism in purified membrane subfractions was only half of that observed with the whole cell. This indicates that eosinophils metabolize a significant amount of PAF in the cytosol. As in neutrophils (O'Flaherty *et al.*, 1986), PAF may be sequentially attacked by cytosolic and membrane-bound enzymes as it sits on the inner leaf of the plasma membrane. In any case, the rapid catabolism of this highly hydrophobic ether lipid emphasizes that binding studies using PAF as a ligand have to be conducted and interpreted with great care. In addition, the nature of the molecule may also explain the discrepancies in binding characteristics described in the literature (see Table 4.3).

4.5 SUMMARY

The conclusions drawn from the results presented in this chapter are five-fold. First, using both PAF and the PAF receptor antagonist WEB 2086, the data demonstrates for the first time, that eosinophils express PAF receptors on their cell surface. Of these ligands [³H]WEB 2086 has an approximately 10-fold lower affinity for the receptor than [³H]PAF. Secondly, the results confirm the initial proposal (see also Chapter III) that eosinophils may possess two distinct PAF binding sites. This indicates the presence of either a high and low affinity status of the same receptor or the expression of two distinct receptors, one with high affinity and the other with low affinity binding characteristics. During further discussions, the first receptor will be referred to as PAF-RI and the latter as PAF-RII. Thirdly, the data suggest that the site of WEB 2086 binding is, indeed, at the PAF receptor. Fourth, affinity of WEB 2086 for functional PAF receptors and actual [³H]WEB 2086 binding is similar. Finally, PAF is rapidly catabolised by intact eosinophils and to a lesser extent by membranes into lyso-PAF and 1-alkyl-2-acetyl-GPC.

CHAPTER FIVE

5. IDENTIFICATION AND SIGNIFICANCE OF A GTP-BINDING PROTEIN

In a number of cells agonist-activated receptors transduce their signal through a guanine nucleotide (GTP)-binding protein or G-protein (Nakamura & Ui, 1985; Smith et al., 1986; Gilman, 1987). In order to assess the possible role of G-proteins in PAF-induced receptor activation the effects of pertussis toxin (PTX) on several eosinophil cell functions were examined. PTX is known to ADP-ribosylate the α subunit of the inhibitory G-protein (G_i) and other related G-proteins, inhibiting their receptor-mediated activation (Katada & Ui, 1982; Bokoch *et al.*, 1983).

5.1 EFFECTS OF PERTUSSIS TOXIN

Eosinophils from both guinea pig and human were pretreated with vehicle or PTX ($0.5 \mu g/ml$) for 60 min at 37°C in a shaking waterbath and challenged with PAF ($1 \mu M$) as described earlier (see Chapter 3.1, page 83). Due to the restricted numbers of human cells available, it was not possible to repeat all of these experiments in human eosinophils. However, PTX inhibited the release of LTC₄ and TXB₂ in a comparable fashion. This suggests that similar G-protein dependent mechanisms may be operating in the human cells.

5.1.1 EPO and TXB₂ release.

Supernatants from PAF and PMA-stimulated eosinophils $(3 - 5 \times 10^6 \text{ cells. sample}^{-1})$ were analysed for EPO and TXB₂ activity as previously described. As shown in Fig. 5.1, PTX pretreatment inhibited both net EPO release (69.1 ± 5.6% inhibition, n=3) and TXB₂ synthesis (55.2 ± 7.6% inhibition, n=8). In contrast, PTX-

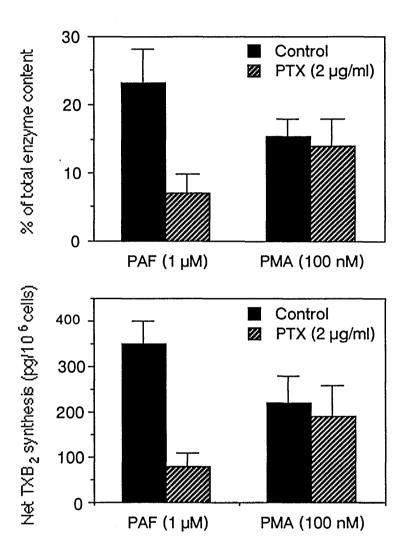


Figure 5.1: Effect of pertussis toxin on PAF and PMA-induced eosinophil peroxidase (panel A) and thromboxane B₂ release (panel B). Eosinophils were suspended in PAGCM buffer, incubated with vehicle or 0.5 μ g/ml pertussis toxin for 60 min at 37°C and stimulated with 1 μ M PAF and 100 nM PMA in a total volume of 500 and 100 μ l, respectively. The resultant supernatant was assayed for EPO and TXB₂ activity as described in Chapter 2. Data points shown represent mean ± SEM of 3 (EPO) or 8 (TXB2) experiments.

pretreatment had no significant effect on eosinophils stimulated with PMA. Finally, as demonstrated above, PAF at 30 μ M did not induce TXB₂ generation. The viability of the cells was not affected by PTX-treatment (97.3 vs 95.6%, n=7) as assessed by trypan blue exclusion.

5.1.2 Increase in $[Ca^{2+}]_i$

As an additional parameter, the effect of PTX on the rise in $[Ca^{2+}]_i$ was examined. Figure 5.2 shows the results obtained from eosinophils preincubated with different concentrations of PTX (0.6 µg/ml, 2 µg/ml, and 5 µg/ml) and stimulated with increasing concentrations of PAF (100 pM - 1 µM). As clearly evident, PTX treatment inhibited the rise in $[Ca^{2+}]_i$ in a dose-dependent fashion at all of the concentrations studied. At 1 pM PAF, only 0.6 µg/ml PTX was required to abolish the cellular response. In additional studies, the effect of PTX on LTB₄ and C5a-induced eosinophil activation was studied. PTX at concentrations between 0.6 µg/ml and 5 µg/ml also inhibited the rise in $[Ca^{2+}]_i$ in eosinophils challenged with 1 µM LTB₄ and 10 nM C5a. At the concentrations examined, the inhibitory effect of PTX on LTB₄ (1 µM) and C5a (10 nM) promoted increase in $[Ca^{2+}]_i$ appeared to be slightly more pronounced than that by PAF (1 µM). These data suggest that receptor activation of eosinophils by PAF may be linked to a PTX-sensitive G-protein.

5.1.3 Superoxide anion generation

Generation and release of $\cdot O_2^-$ was studied as described under Chapter 3.5 using eosinophils pretreated with vehicle or PTX at 0.5 µg/ml (Figure 5.3) or 2 µg/ml. In contrast to the results obtained in 5.1.2, PTX did not not significantly affect PAF-induced production of $\cdot O_2^-$ by eosinophils (p >0.05; Mann-Whitney U-test). These results suggest that, unlike PAF-induced EPO release and TXB₂ release $\cdot O_2^$ generation is independent of a PTX-sensitive G-protein. In addition, the effect of PMA

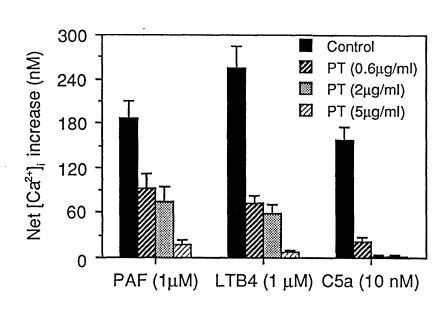


Figure 5.2: Effect of pertussis toxin on PAF-, LTB_4 - and C5a-induced rise in $[Ca^{2+}]_i$ in eosinophils. Eosinophils were pretreated with 0.6 µg/ml, 2 µg/ml and 5 µg/ml PT for 60 min as described in the legend to Figure 5.1. During the last 30 min of incubation fura-2AM was added to give a final concentration of 2.5 µM. $[Ca^{2+}]_i$ was measured spectrofluorometrically under constant mixing at 37°C using monochromatic excitation wave length and emission detector set to 339 nm and 500 nm, respectively (see 2.17.1, page 74). Values given are mean ± SEM for n = 3.

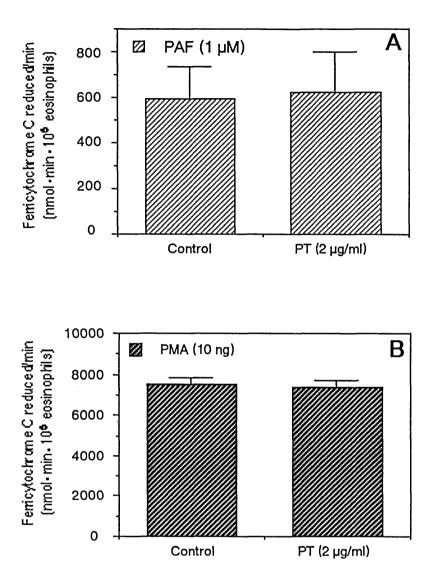


Figure 5.3: Effect of pertussis toxin on superoxide anion generation $(nmol/min/10^{6} \text{ cells})$ induced by PAF (Panel A) and PMA (Panel B). Eosinophils treated with vehicle or 0.5 µg/ml PTX were stimulated with PAF (30 µM) or PMA (100 nM) and $\cdot O_{2}^{-}$ generation was measured as the superoxide dismutase (30 µg/ml) inhibitable reduction of ferricytochrome C monitored spectrophotometrically at a wavelength of 550 nm. Values shown represent mean ± SEM from nine observations obtained from four separate experiments.

was not significantly altered by the PTX treatment suggesting that cell viability or other aspects of cell activation were not being affected by PTX.

5.2 CHARACTERIZATION OF A 41 KDa MEMBRANE PROTEIN

In order to verify that preincubation of eosinophils with PTX induced ADP-ribosylation of the α -subunit of a GTP binding regulatory protein in the cell membrane, preparations of membranes from untreated and PTX (2 µg/ml)-treated eosinophils were subjected to a second ADP-ribosylation in the presence of PTX (1 mg/ml) and [³²P]NAD for 60 min at 30°C. Membrane proteins were resolved by SDS-PAGE (3% stacking gel; 10% running gel) and subjected to autoradiography for 6h to 12 d at -80°C. The autoradiographs (Figure 5.4) indicate that both whole cell extracts of the human cells (lanes 1 and 2) and membrane preparations of guinea pig eosinophils (lanes 3 and 4) contained a substantial amount of a 41 kDa protein which was ADP-ribosylated in the presence of activated PTX (lanes 1 and 3). In contrast, pretreatment of the same cells or membranes with 2 µg/ml PTX for 60 min at 37°C, prevented the labelling of the 41 kDa protein with ³²P (lanes 2 and 4). These results further support the hypothesis that a GTP-binding protein may be involved in PAF-induced signal transduction in eosinophils.

5.3 DISCUSSION

Receptor proteins in the plasma membrane span the phospholipid bilayer and have outwardly facing domains responsible for agonist binding and inwardly facing domains that interact with other proteins or receptor subunits on the inner leaflet of the membrane bilayer. Conformational changes within the receptor protein initiated by binding of specific agonists are thought to be responsible for information transfer from the outer to the inner domain. In a number of cell systems a group of structurally and functionally related GTP-binding proteins are thought to be involved in receptor coupling (Smith *et al.*, 1986). Receptor-mediated effects on adenylate cyclase activity,

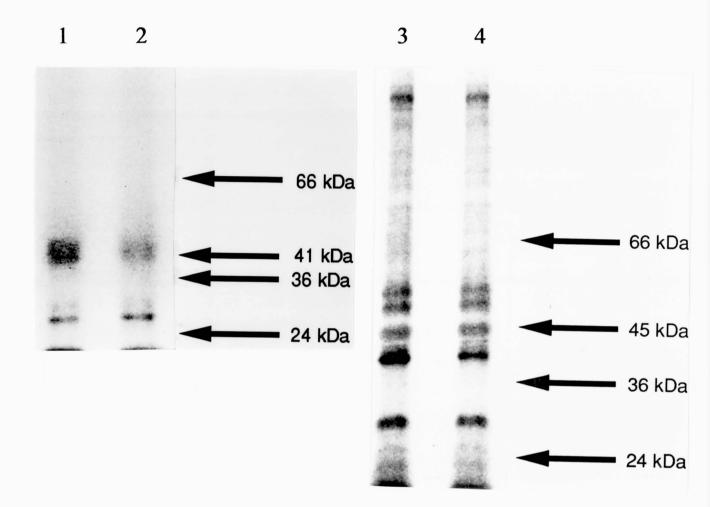


Figure 5.4: Autoradiograph of PTX-mediated ADP-ribosylation of a 41 kDa protein in whole cell extracts and membrane preparations from human and guinea pig eosinophils. Intact eosinophils (lanes 1 and 2) were incubated with 2 µg/ml PTX for 60 min at 37°C and either solubilized or the membranes isolated as described in the METHODS (see 2.6). Broken cells and membranes (approximately 120 ng protein) were incubated with 1 mg/ml preactivated PTX (20 mM dithiothreitol, 2 mM ATP; 60 min at 37°C) and ADP ribosylation was allowed to proceed for 60 min at 30°C in the presence of 10 µCi [³²P]NAD and an ADP-ribosylation mixture containing 15 mM MgCl2, 6 mM ATP, 6 mM EDTA, 60 mM thymidine, 6 mM DTT, 18 mM potassium phosphoenol pyruvate, 60 µg/ml pyruvate kinase, and 60 µM NAD in potassium phosphate buffer, pH 7.6. The reaction was stopped by adding 20 µl of Laemmli stopping buffer, samples were boiled for 5 min and proteins resolved by SDS-PAGE (3% stacking gel; 10% running gel) followed by autoradiography. The arrow indicates the 41 kDa membrane protein. Molecular weight standards (x 10^3) are shown on the left.

for instance, are mediated by two GTP-binding proteins: G_s -protein for stimulatory signals (β -adrenergic agonists) and G_i -protein for inhibitory signals (α_2 -adrenergic agonists).

GTP-binding proteins are heterotrimers consisting of α , β and γ chains. Most of the functional heterogeneity seems to reside in the α chains and at least twelve different α chains have been identified. In G_i the α subunit has a molecular weight of 41KDa while the α subunit of G_s has a molecular weight of either 45 or 52KDa. In resting cells, GTP-binding proteins are thought to be present in the membrane as inactive oligomeric complexes with GDP bound to the α subunit. Receptor activation causes replacement of the bound GDP by GTP followed by dissociation of the α subunit from the $\beta\gamma$ complex. The α subunit activates the intracellular effector enzyme. The activated α -GTP complex possesses inate GTPase activity, hydrolyzes the α bound GTP to GDP allowing the $\alpha\beta\gamma$ complex to reassociate. The α subunit is susceptible to irreversible ADP-ribosylation by either cholera toxin (G_s) or pertussis toxin (G_i) which prevents the modified α subunit from reassociating with the $\beta\gamma$ complex.

The data presented in this Chapter provide evidence for the first time that eosinophil possess a 41 kDa GTP-binding protein in their membranes. In the presence of PTX, this protein was specifically ADP-ribosylated, indicating that it represents either an inhibitory GTP-binding protein (G_i) or a closely related GTP-binding protein. Functionally, PTX inhibited EPO secretion and TXB₂ release in response to both PAF and LTB₄. In contrast, the toxin failed to modulate PMA - associated responses as well as the PAF-induced $\cdot O_2$ - production. This evidence suggests a role for a G_i -like protein in the transduction of signals triggered by PAF-RI but not in PAF-RII-mediated signalling. The result lends further support to the hypothesis of two different signal transduction mechanisms utilized by high and low affinity receptors for PAF in eosinophils.

5.4 SUMMARY

The results presented in this chapter show for the first time that eosinophils possess a pertussis toxin-sensitive 41 kDa GTP-binding protein in their membranes which most likely represents a G_i-like protein. Since pertussis toxin selectively inhibits cellular responses associated with the high-affinity receptor proximal to the $[Ca^{2+}]_i$ changes, the G-protein appears to transduce PAF-RI signals into the cell. In contrast, the PAF-RII-associated functions appear to be transduced by a GTPbinding protein-independent mechanism. These findings provide further evidence for the dual nature of PAF receptors proposed on eosinophils. Similar results have also been obtained in human eosinophils (Kroegel *et al.*, 1990c).

CHAPTER SIX

6. INOSITOL 1,4,5- TRISPHOSPHATE PRODUCTION

6.1 INCORPORATION OF [2- 3H]MYO-INOSITOL

In preliminary experiments designed to examine receptor- mediated phosphoinositide metabolism, guinea pig eosinophils were labelled under various conditions with [2-³H]*myo*-inositol prior to stimulation with PAF (Fig. 6.1). Preliminary experiments demonstrated that PAF specifically stimulated the incorporation of [³H]inositol into the chloroform: methanol- extracted phosphoinositide pool (i.e. largely Ptd Ins) in a concentration-, time- dependent, and WEB 2086- sensitive manner, neither [³H]InsPs or added [³H][¹⁴C]InsP- standards could be recovered from the chloroform/methanol or neutralized TCA extracts using Dowex AG I- X8 formate columns. In view of this, an alternative method to determine receptor- mediated PtdIns(4,5)P₂ hydrolysis was adopted which allowed the determination of Ins(1,4,5)P₃ mass using a recently described radioreceptor assay (Challis *et al.*, 1988; Challis *et al.*, 1990).

6.2 ACCUMULATION OF Ins(1,4,5)P₃ MASS IN EOSINOPHILS

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In order to evaluate whether eosinophil signal transduction pathways involve an accumulation of $Ins(1,4,5)P_3$ mass, purified eosinophils (7 x 10⁶) were incubated with different stimuli at their, previously determined, maximally effective concentrations and Ins (1,4,5) P₃ mass accumulation measured. As shown in Figure 6.2, fMLP(100 μ M), C5a (100 nM), leukotriene B₄ (1 μ M), and PAF (1 μ M) each promoted a significant accumulation of Ins(1,4,5)P₃ at 5 sec (0.40 ± 0.01; 0.56 ± 0.05; 1.23±0.06 pmol Ins(1,4,5)P₃/ 7x10⁶ eosinophils, respectively) over basal values of 0.28 ± 0.02 (n=6). In contrast, the phorbol diester, PMA (1 μ M) failed to increase the intracellular 142

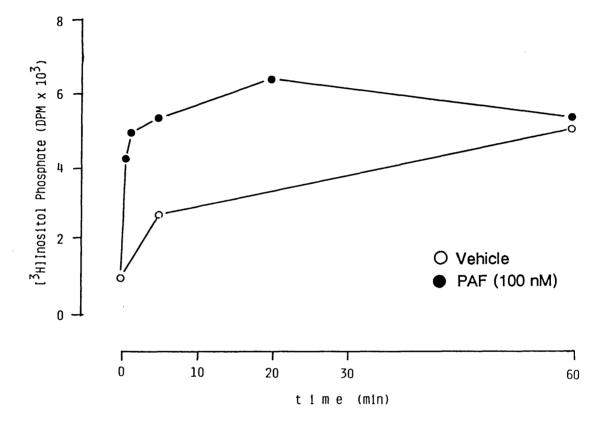


Figure 6.1: PAF- stimulated incorporation of [³H]inositol into eosinophil membranes. Purified eosinophils (10⁷) were incubated with 5 μ Ci [³H]*myo*- inositol (NEN) in 500 μ l HBSS buffer at 37°C in a shaking waterbath for the time periods indicated. The cells were then stimulated with PAF (100 nM) or buffer, reactions terminated by the addition of 1.6 ml chloroform/methanol (1:2, v/v), and membrane lipids extracted after the addition of chloroform and water (510 μ l each). After vortex mixing and centrifugation (1000xg for 20 min) 200 μ l of the lower chloroform phase was sampled, dried and counted for radioactivity. Data points given were obtained from one out of three experiment with similar results.

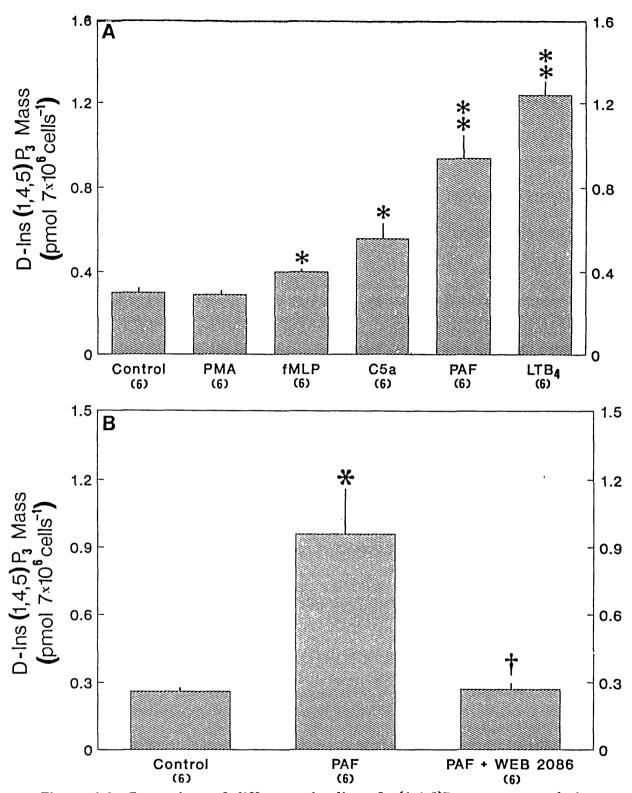


Figure 6.2: Comparison of different stimuli on $Ins(1,4,5)P_3$ mass accumulation (Panel A) and the effect of WEB 2086 on PAF-stimulated $Ins(1,4,5)P_3$ mass (Panel B). Eosinophils were incubated for 5 min in HEPES-buffered PBS (37°C) and challenged with phorbol myristate acetate (PMA, 1 μ M), formyl- methionyl- leucyl- phenylalanine (fMLP, 100 μ M), C5a (100 nM), platelet activating factor (PAF, 1 μ M), and leukotriene B₄ (LTB₄, 1 μ M) for 5 sec. Ins(1,4,5)P₃ mass was determined using a radioreceptor assay (see Methods). Each histogram represents the mean ± SEM of six observations obtained from three independent experiments. *, P < 0.05; ** P < 0.01, significantly greater than control; Kruskal- Wallace ANOVA. +, P < 0.01, significantly different from the effect of 1 μ M PAF alone.

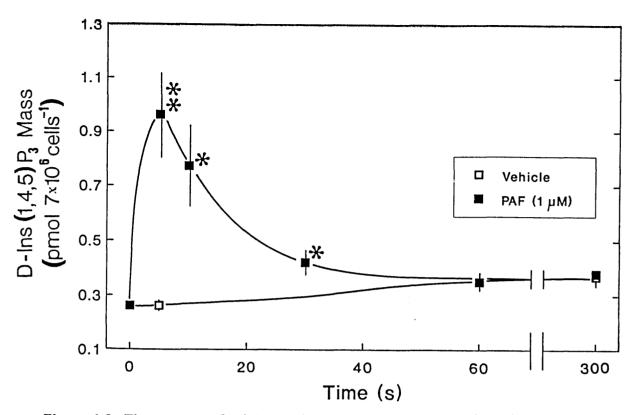


Figure 6.3: Time course of PAF-stimulated accumulation of Ins(1,4,5)P₃ mass.

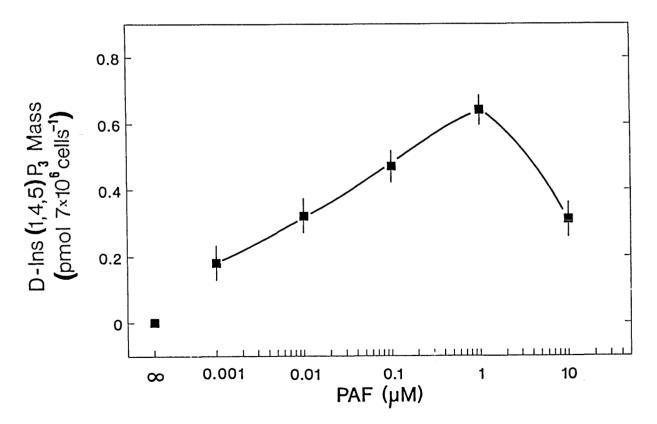


Figure 6.4: Concentration-response curve of PAF-stimulated accumulation of $Ins(1,4,5)P_3$ mass. Each data point represents mean ± SEM of eight observations obtained from four separate eosinophil preparations. *, P < 0.05; ** P < 0.01, significantly greater than control; Kruskal-Wallace ANOVA.

level of $Ins(1,4,5)P_3$. Preincubation of eosinophils (5 min) with the PAF receptor antagonist WEB 2086 at 10 μ M abolished the accumulation of $Ins(1,4,5)_3$ induced by PAF (Figure 6.2b, right column). WEB 2086, itself, had no effect on the basal concentration of $Ins(1,4,5)P_3$ at 5 min incubation (data not shown).

6.3 PAF- INDUCED Ins(1,4,5)P₃ ACCUMULATION

The effects of PAF on $Ins(1,4,5)P_3$ accumulation were consequently studied in more detail. Figure 6.3 shows the time- course of $Ins(1,4,5)P_3$ accumulation in eosinophils challenged with PAF. PAF (1 µM) induced a rapid accumulation of $Ins(1,4,5)P_3$ mass, with a 3.8- fold increase (0.96 ± 0.16 pmol/7x10⁶ cells; n=6) over basal values (0.26 ± 0.01 pmol/7x10⁶ cells; n=6) after 5 sec. The increase in $Ins(1,4,5)P_3$ concentration was transient returning to basal values by 60 sec. The $Ins(1,4,5)P_3$ concentration in control samples increased only slightly over 300 sec.

The formation of $Ins(1,4,5)P_3$ induced by PAF after 5 sec was concentration-dependent with a maximal effect seen with 1 µM PAF and a mean EC₅₀ value of 9.6 µM ± 1.2 (n=6; Figure 6.4). Higher concentrations (10 µM) of PAF were significantly less effective at stimulating $Ins(1,4,5)P_3$ accumulation (Figure 6.4). Lyso- PAF, the inactive precursor and metabolite of PAF, had no stimulatory effect on intracellular levels of $Ins(1,4,5)P_3$.

6.4 **DISCUSSION**

There has been much recent interest in the receptor- activated breakdown of *myo*-inositol-containing phospholipids during cell activation and on the possible role of some of the products generated as intracellular messengers (Berridge & Irvine, 1984; Majerus *et al.*, 1988; Hansen *et al.*, 1986; Irvine *et al.*, 1986). Phosphatidylinositol which can be found on the inner leaflet of the plasmalemma, can be successfully phosphorylated to yield Ins(4)P and $Ins(4,5)P_2$. It is proposed that occupation of a receptor activates a phospholipase C (PLC) that cleaves $Ins(4,5)P_2$ to yield diacylglycerol (see Chapter 8, page 167) and $Ins(1,4,5)P_3$ (Berridge, 1984; Nishizuka, 1984b). $Ins(1,4,5)P_3$ has been implicated as a second messenger in mobilizing intracellular Ca²⁺ (Berridge & Irvine, 1984) while diacylglycerol activates PKC (Nishizuka, 1984a). It is these two signals, $[Ca^{2+}]_i$ and PKC, which bring about the range of responses collectively known as cell activation.

In neutrophils, several studies have shown that agonists such as fMLP or LTB₄ trigger a PLC (Cockcroft *et al.*, 1984) that catalyses the hydrolysis of Ins(4,5)P₂ to give both diacylglycerol and Ins(1,4,5)P₃ (Cockcroft *et al.*, 1984; Cockcroft *et al.*, 1985; Smith *et al.*, 1985; Smith *et al.*, 1986). Indeed, it has even been possible to demonstrate that Ins(1,4,5)P₃ triggers calcium mobilization in permeabilized neutrophils (Prentki *et al.*, 1984). Furthermore the phosphorylation product of Ins(1,4,5)P₃, Ins(1,3,4,5)P₄ has been associated with the activation of receptoroperated calcium channels and an influx of extracellular Ca²⁺ (see Chapter 7, page 149). PTX was shown to inhibit this phosphoinositide remodelling, implying that a G_i-like protein is essential for the transduction process between receptor occupation and activation of PLC (Smith *et al.*, 1985).

In the present study, $Ins(1,4,5)P_3$ was used as a marker for the involvement of InsPs in eosinophil activation. The results showed, that agonists such as PAF together with LTB₄, fMLP and C5a induced a rapid and transient increase of this second messenger. In contrast, non-receptor mediated stimuli such as PMA did not raise the $Ins(1,4,5)P_3$ concentration above control levels. The dose-response curve of PAF elicited $Ins(1,4,5)P_3$ paralleled those of the PAF-induced degranulation and lipid mediator release. In contrast, $Ins(1,4,5)P_3$ synthesis revealed no correlation with the production of oxygen radicals again suggesting multiple independent activation mechanisms in eosinophils.

6.5 SUMMARY

The data presented in this chapter demonstrated for the first time that eosinophils challenged with PAF, or other receptor mediated stimuli responded with an accumulation of intracellular $Ins(1,4,5)P_3$. In contrast, the non-physiologic stimulus, PMA had no effect on the accumulation of intracellular $Ins(1,4,5)P_3$ mass. The amounts measured were comparable to the concentration of $Ins(1,4,5)P_3$ observed in other cells (Bradford & Rubin, 1986; Tarver *et al.*, 1987; Horstmann *et al.*, 1988; Shears, 1988). Given that $Ins(1,4,5)P_3$ is produced as an intermediate product of the InsPs cycle (Berridge & Irvine, 1984; Nishizuka, 1984) these data suggest that other metabolites of the inositol cycle may be also generated. As in other cell types, the major biological function of $Ins(1,4,5)P_3$ in eosinophils may be the liberation of other signalling messengers such as Ca^{2+} from the intracellular stores.

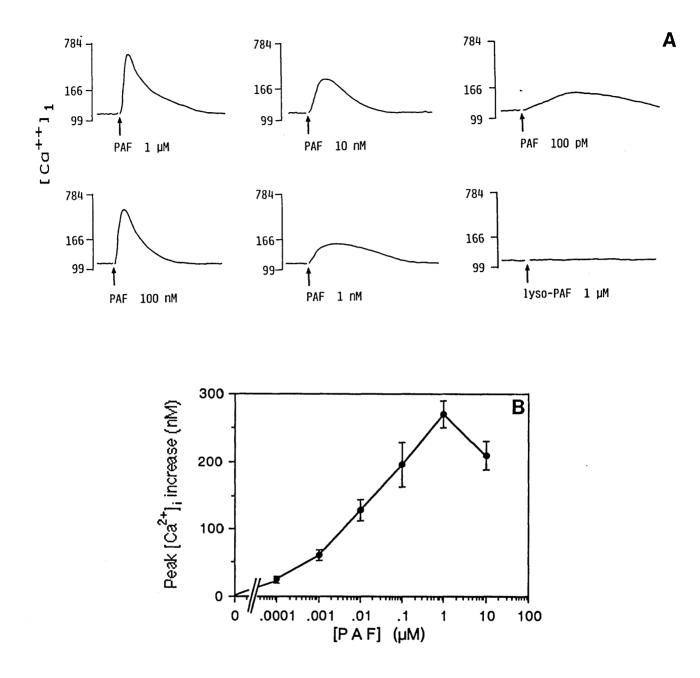
CHAPTER SEVEN

7. CHANGES IN INTRACELLULAR FREE CALCIUM ION CONCENTRATION

Changes in the intracellular free Ca^{2+} ion concentration ($[Ca^{2+}]_i$) have long been considered to play an important role in stimulus response coupling in various cells. In eosinophils, however, changes in $[Ca^{2+}]_i$ and their role in transmembrane signalling have never been investigated.

7.1 MEAN [Ca²⁺]; CHANGE

In order to relate the receptor-mediated accumulation of $Ins(1,4,5)P_3$ to changes in $[Ca^{2+}]_i$, guinea pig eosinophils were loaded with fura- 2 (2.5 μ M) and challenged with PAF (1 nM - 10 μ M). Figure 7.1 illustrates the rise in [Ca²⁺]; shown as traces of fluorescence output from a representative experiment. The effect of PAF on $[Ca^{2+}]_i$ was rapid and concentration- dependent. Peak $[Ca^{2+}]_i$ in response to 1 μ M PAF was approximately 600 nM above basal levels of 108 ± 9 nM (n=36). A maximal increase in $[Ca^{2+}]_i$ stimulated by PAF (1 μ M) was reached 15 to 20 sec (n=9) postchallenge followed by a gradual decline to basal values within 2 min. Lower concentrations of PAF increased the lag period before onset of the response as well as the time taken to reach peak $[Ca^{2+}]$ i levels. The corresponding EC_{50} was calculated to be 13.1 \pm 1.9 nM (n=8). Higher concentrations than 1 μ M PAF led to a reduced peak calcium response in eosinophils. Lyso- PAF at concentrations ranging from 1 nM to 10 μ M did not affect [Ca²⁺]_i. As demonstrated in Figure 7.2, LTB₄, C5a and fMLP also induced an elevation of $[Ca^{2+}]_i$ in guinea pig eosinophils. On a molar basis, PAF, LTB₄ and C5a were equipotent while for fMLP 100- fold higher concentrations were needed to elicit a response.



<u>Figure 7.1:</u> Concentration-response curve of PAF-induced elevation of $[Ca^{2+}]_i$. Purified eosinophils were labelled with fura-2 (2.5 μ M; 30 min) in Ca²⁺ free, HEPES-buffered Tyrode's solution and adjusted to a final concentration of 1.5 x 10⁶ cells/ml. Cells were challenged with PAF (1 nM - 1 μ M) or lyso-PAF (1 μ M) and changes in $[Ca^{2+}]_i$ were estimated fluorimetrically. In **panel A** the trace shown is a recording from a representative experiment using guinea pig eosinophils. The non-linear vertical scale is the result of transforming fluorescent output to eosinophil $[Ca^{2+}]_i$. **Panel B** depicts the concentration- dependency of the net peak increase in $[Ca^{2+}]_i$ induced by PAF (100 pM -10 μ M) in human blood eosinophils. Data were derived from nine independent eosinophil preparations and represent mean ± SEM.

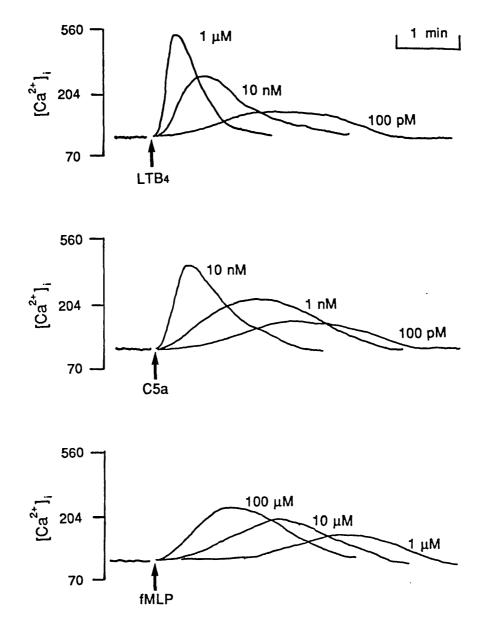


Figure 7.2: Kinetics of $[Ca^{2+}]_i$ induced by LTB₄, C5a, and fMLP. $[Ca^{2+}]_i$ was determined in stimulated fura-2-labelled guinea pig eosinophils as described in the legend to Figure 7.1 and Methods. The fluorimeter traces shown above were obtained from a representative experiment.

 In addition, PAF, LTB_4 and C5a showed a similar time-course, whereas the response to fMLP characteristically showed a protracted onset and was longer lasting. PMA did not cause any detectable change in $[Ca^{2+}]_i$ at any concentration (1 nM - 10 μ M) examined.

Preincubation of the eosinophils with WEB 2086 (300 nM) inhibited the PAF- induced rise in $[Ca^{2+}]_i$ but did not affect responses induced by LTB_4 , C5a or fMLP (Fig.7.3) indicating that the $[Ca^{2+}]_i$ changes induced by PAF were selective and receptor mediated. Increasing concentrations of WEB 2086 (10 nM to 1 μ M) attenuated the PAF (100 nM) -promoted rise in $[Ca^{2+}]_i$ in a concentration- dependent manner with a corresponding IC₅₀ of 59.5 nM (data not shown).

Initial exposure to PAF (100 nM) rendered the cells unresponsive to a second application of PAF (100 nM) indicating homologous desensitization (Fig. 7.4). In contrast, initial exposure to PAF did not affect the responses produced by subsequent application of LTB₄ or fMLP. However, when eosinophils were first exposed to fMLP (100 μ M) the response to both PAF and LTB₄ was inhibited, suggesting that fMLP causes a heterologous desensitization.

7.2 ROLE OF EXTRACELLULAR CALCIUM

In order to define the contribution of the extracellular Ca^{2+} ($[Ca^{2+}]_e$) to the increase in $[Ca^{2+}]_i$, eosinophils were stimulated with PAF in Ca²⁺- free buffer in the presence of 5 mM EGTA. As shown in Figure 7.5, PAF-stimulated eosinophils still displayed a rise in $[Ca^{2+}]_i$ although the magnitude of the response was less than that seen at 1 mM Ca²⁺. The mean inhibition for 100 pM - 1 μ M PAF was 85.6 ± 5.4% (p < 0.05). Replacement of 1 mM $[Ca^{2+}]_e$ with 1 mM Ni²⁺ produced an instantaneous slight quench of the signal indicating a small leakage of intracellular fura-2. The initial quench was followed by a marked prolongation of the lag time (time between addition of stimulus and the onset of a measurable increase in $[Ca^{2+}]_i$ and a significant decrease in the peak elevation of $[Ca^{2+}]_i$ upon stimulation with PAF.

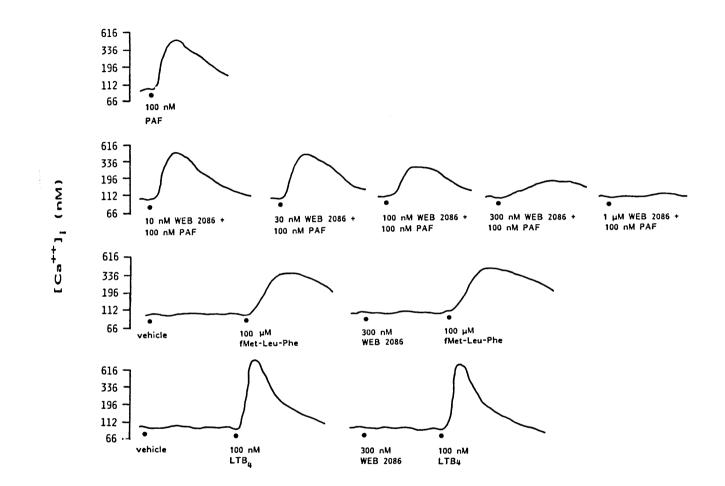


Figure 7.3: Effect of WEB 2086 on PAF-, fMLP, and LTB4 -induced increase in $[Ca^{2+}]_i$. Cells were treated as described in the legend to Figure 7.1. The fluorimeter traces shown above were obtained from a representative experiment.

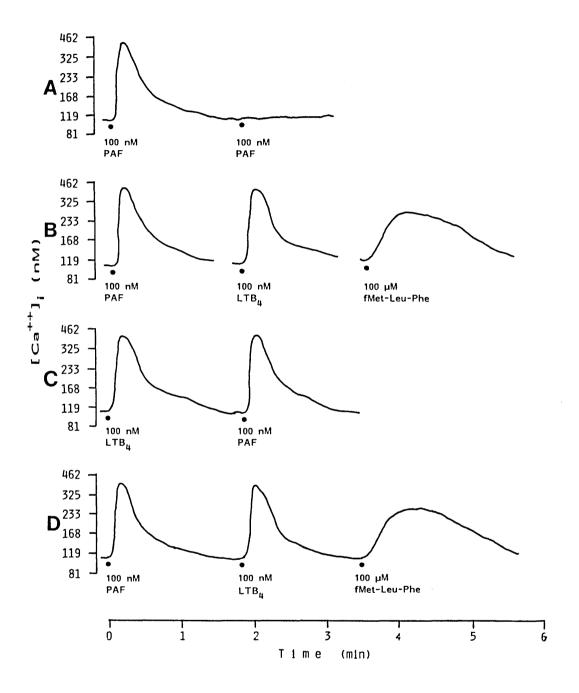


Figure 7.4: Comparison of repeated stimulation of the same eosinophil sample by PAF, LTB_4 , or fMLP (A, C, and D) with their effect on independent cell samples (B). Cells were treated as described in the legend to Figure 7.1. The fluorimeter traces shown above were obtained from a representative experiment.

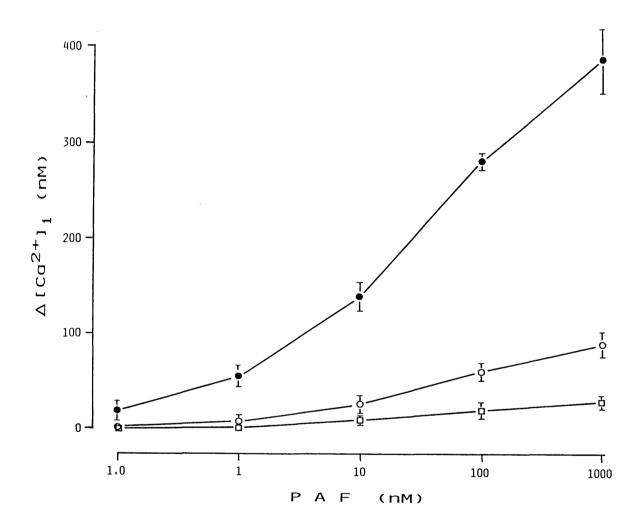
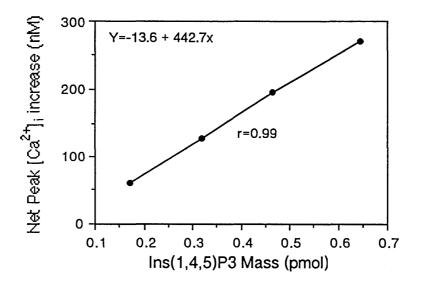


Figure 7.5: Dose- response curve of PAF-induced $[Ca^{2+}]_i$ changes in the presence of EGTA and Ni²⁺. Dose- response curve of PAF - induced $[Ca^{2+}]_i$ in the presence of 1 mM Ca²⁺ (\bullet), 5 mM EGTA (O), and 1 mM Ni²⁺ (\Box). $[Ca^{2+}]_i$ is the value obtained by subtracting basal preagonist value from the peak post-agonist value. Data are expressed as mean ± SEM of 9 determinations from three independent experiments.

Ni²⁺ ions, which are known to block calcium translocating pores (Hille, 1984), produced an almost complete inhibition (95.8 ± 2.1%; p > 0.05) of the PAF (100 pM-1 μ M)-induced elevation in [Ca²⁺]_i. These data suggest that the increase in [Ca²⁺]_i induced by PAF arose both from the release of Ca²⁺ from intracellular stores and an influx of exogenous Ca²⁺. Finally, preincubation of eosinophils for 10 min with the dihydropyridine antagonist nimodipine up to concentrations of 10 μ M did not affect the elevation of [Ca²⁺]_i by PAF, indicating that voltage- dependent Ca²⁺ channels are not involved. Exposure of eosinophils to 1 mM Mn²⁺ lead to a small, instantaneous sharp drop followed by a decline in fluorescence. As previously described for Ni²⁺, the slight drop in fluorescence upon addition of Mn²⁺ reflects the immediate quenching of leaked extracellular fura- 2 while the subsequent decline indicates a moderate influx of Mn²⁺ into the cells displacing Ca²⁺ from the intracellular fura- 2 and quenching the fluorescence signal. In contrast to observations in platelets (Hallam & Rink, 1985; Poll & Westwick, 1986), PAF did not stimulate Mn²⁺ entry in eosinophils (data not shown).

<u>7.3 CORRELATION BETWEEN $[Ca^{2+}]_i$ CHANGES AND $Ins(1,4,5)P_3$ ACCUMULATION.</u>

Over a PAF concentration range of 1-1000 nM there was a significant correlation (r=0.99, p < 0.01) between the average net peak increase in $[Ca^{2+}]_i$ and the peak accumulation of Ins(1,4,5)P₃ in eosinophils. A close correlation was also found between these values for fMLP (100 μ M), C5a (100 nM) and LTB₄ (1 μ M) (r = 0.89, p < 0.05) indicating that Ins(1,4,5)P₃ may, indeed, be involved in the release of Ca²⁺ from intracellular stores.



<u>Figure 7.6:</u> Correlation between $Ins(1,4,5)P_3$ mass and net peak $[Ca^{2+}]_i$ change after challenge of eosinophils with PAF. Eosinophils were challenged with PAF (1 nM - 1 μ M) and the changes in $Ins(1,4,5) P_3$ and $[Ca^{2+}]_i$ measured. Each dot represents the mean of six experiments obtained by re-plotting the first four data points given in Figure 6.4 against the PAFinduced net peak $[Ca^{2+}]_i$ increase in guinea pig eosinophils.

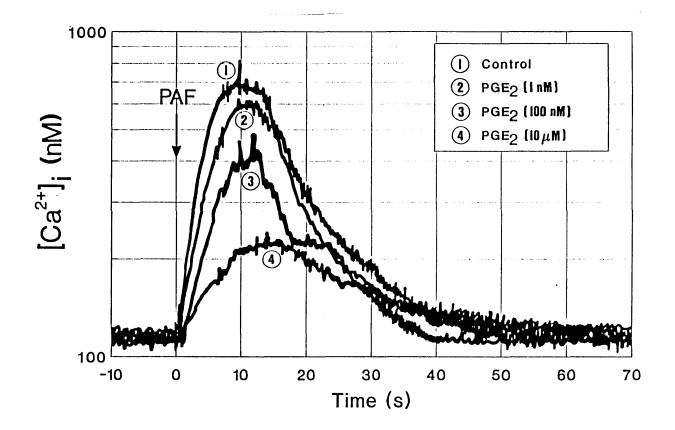


Figure 7.7: Effect of PGE₂ on PAF-induced rise in $[Ca^{2+}]_i$. Eosinophils were preincubated with PGE₂(1 nM to 10 μ M) for 5 min at room temperature prior to the addition of PAF (100 nM). The fluorimeter trace shown was obtained from a representative experiment.

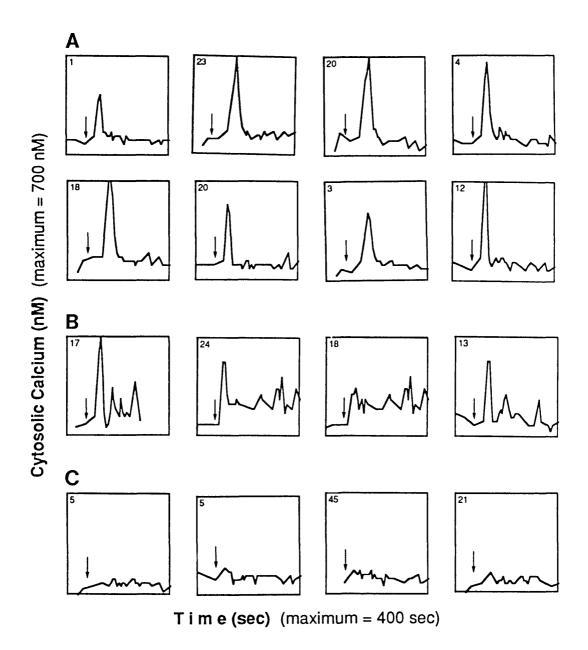


Figure 7.8: $[Ca^{2+}]_i$ changes in individual human blood eosinophils. The changes in $[Ca^{2+}]_i$ before and after the addition of 1 μ M PAF (arrows). The traces shown represent characteristic examples taken from 133 individual guinea pig eosinophils obtained from three separate cell preparations. Panel A: Non-oscillating eosinophils. Panel B: Oscillating eosinophils. Panel C: Non-responding eosinophils.

<u>7.4 EFFECT OF PROSTAGLANDIN E2</u>

Pretreatment of eosinophils with flurbiprofen affected neither the resting $[Ca^{2+}]_i$ (107.8 ± 8.7 nM Ca²⁺, n=31), the magnitude or the time course of PAFinduced Ca²⁺-mobilization at any concentration examined, nor the ability of PAF to induce this response (EC₅₀: 15.7 ± 3.5 nM, n=3). However, preincubation of the eosinophils with increasing concentrations of PGE₂ (1 nM to 10 µM) caused concentration-dependent inhibition of the PAF-induced rise in $[Ca^{2+}]_i$ with an IC_{50} = 324 nM (n=9) and a maximal inhibition (≈ 83%) being observed at 10 µM PGE₂ (Figure 7.7). The drug had no effect on the basal level of $[Ca^{2+}]_i$. TXB₂ failed to effect either basal or PAF-stimulated $[Ca^{2+}]_i$ levels. Together with the data described in Chapter 3.8 (see page 114), these results indicate that PGE₂ may regulate stimulusresponse coupling in eosinophils.

7.5 [Ca²⁺]; CHANGES IN SINGLE CELLS

In order to analyse the change in $[Ca^{2+}]_i$ induced by PAF (1 µM) in human eosinophils, 133 individual eosinophils were examined using digital video microscopy (MacGlashan, 1989). Representative $[Ca^{2+}]_i$ kinetics of 16 PAFstimulated eosinophils are depicted in Figure 7.8. The average peak $[Ca^{2+}]_i$ of all individual cells examined obtained from three separate experiments was 291 ± 28 nM. The peak response to 1 µM PAF observed in individual cells was unimodal and normally distributed, indicating the presence of one population of eosinophils. In contrast, however, analysis of the decay rate of single cells revealed that approximately 15% of the cells showed more than one $[Ca^{2+}]_i$ peak. In addition, approximately 8% of the cells showed no distinct rise in $[Ca^{2+}]_i$ after stimulation. Although the majority of eosinophils showed similar kinetics, some cells responded differently with repeated $[Ca^{2+}]_i$ spikes while others did not respond at all. The significance of these findings for cell activation in eosinophils is as yet not known and is currently under investigation. A possible explanation could be that eosinophils are composed of more than one population such as normodense and hypodense eosinophils, respectively.

7.6 DISCUSSION

In common with many other cell systems $Ins(1,4,5)P_3$ and Ca^{2+} appear to play a role as a second messenger in the activation sequence of the neutrophil (Westwick & Poll, 1988; Prentke *et al.*, 1984b). Changes in the level of $[Ca^{2+}]_i$ have been proposed to be key regulators of cell activation (O'Flaherty *et al.*, 1987; Goldman & Goetzl, 1984). A rapid increase in cytosolic calcium measured as changes in quin-2 or fura-2 fluorescence in response to various stimuli (Tsien *et al.*, 1982; Grynkiewicz *et al.*, 1985) has been demonstrated in neutrophils (DiVirgilio *et al.*, 1984; Pozzan *et al.*, 1983; Korchak *et al.*, 1984)... This Ca^{2+} originates primarily from cell- associated stores, since the response is only minimally affected by the removal of extracellular Ca^{2+} . Moreover, stimulus activation of neutrophils causes an immediate increase in $[Ca^{2+}]_i$ (lag < 1 sec) indicating that the rise in $[Ca^{2+}]_i$ is one of the earliest observable events in the activation sequence (Korchak *et al.*, 1984; Pozzan *et al.*, 1983).

The results in this Chapter demonstrate, that both human and guinea pig eosinophils, like neutrophils, underwent a rapid and transient increase in $[Ca^{2+}]_i$ in response to PAF and other stimuli such as LTB₄, fMLP or C5a. The magnitude and duration of the response was dependent on the agonist concentration used as well as on the presence of extracellular Ca²⁺. PAF induced an increase at concentrations between 100 pM and 10 μ M and the concentration-response curve correlated both with eosinophil cell functions and the rise in Ins(1,4,5)P₃ levels. These findings indicate that the rise in cytosolic free Ca²⁺ may represent an important intracellular signal to activate subsequent physiological cell responses.

In contrast, higher concentrations of PAF initiated the release of $\cdot O_2^-$ (see page 104) and yet failed to raise $[Ca^{2+}]_i$. This observation lends further support to the hypothesis that the two putative PAF receptors utilise distinct signal transduction

pathways. Interestingly a similar dissociation of $[Ca^{2+}]_i$ and $\cdot O_2^-$ has been observed in neutrophils challenged with the monoclonal antibody PMN7C3 (Apfeldorf *et al.*, 1985). This observation provides further evidence that an increase in $[Ca^{2+}]_i$ is not, in itself, a sufficient signal for superoxide anion production and is in agreement with analogous findings by others (Lew *et al.*, 1986). Evidently, some other, as yet unknown, factor(s) is (are) possibly required for a full cellular response (Korchak *et al.*, 1984).

When eosinophils were activated with the tumour promoter, phorbol myristate acetate, no increase in cytosolic Ca²⁺ was observed (see Chapter 7.1, page 149). Though, as demonstrated in Chapter 3, degranulation, lipid mediator release as well as superoxide anion generation were activated by PMA (see Figures 3.1, 3.10, and 3.12). These observations are comparable to studies examining the effect of PMA on neutrophils (Korchak *et al.*, 1984; Sha'afi *et al.*, 1983). It has been suggested that PMA bypasses the Ca²⁺ dependent segment of the activation cascade by directly activating protein kinase C (see Chapter 9, page 169).

7.7 SUMMARY

The data demonstrate that receptor-activated eosinophils responded with a stimulus- dependent rapid and transient increase in $[Ca^{2+}]_i$. The response to PAF was specifically inhibited by WEB 2086 and exposure of the cells to PAF induced a homologous desensitization. The rise in $[Ca^{2+}]_i$ constitutes both an influx of extracellular Ca²⁺ via receptor-operated channels and a release of Ca²⁺ from intracellular stores. Single cell analysis of human eosinophils revealed that the response to PAF was heterogeneous, ranging from non-responding eosinophils to cells with a $[Ca^{2+}]_i$ increase more than twice the mean. However, the significance of this finding is not clear. Although, in guinea pig eosinophils, LTB₄ may be slightly more effective than PAF in secreting granular enzymes, prostanoids as well as producing a stronger $Ins(1,4,5)P_3$ signal, the time course of the elevation in $[Ca^{2+}]_i$ induced by either of the stimuli did not differ significantly.

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CHAPTER EIGHT

8 CHANGES IN INTRACELLULAR 1,2-DIACYL GLYCEROL CONCENTRATIONS

8.1 sn-1,2-DIACYLGLYCEROL LEVELS IN EOSINOPHILS

Pre-warmed (37°C; 5 min) purified eosinophils (7x10⁶ cells per sample) were incubated for 10 sec with vehicle or PAF (1 μ M) in a final volume of 500 μ l. The reaction was stopped by the addition of 1 ml chloroform:methanol (1:2, v/v) and the lipids extracted and separated. The 1,2-DAG concentration was assayed as described in the Methods (Chapter 2.18, page 76). Resting eosinophils resuspended in Ca²⁺- containing (1mM) HEPES- buffer were found to have 2.3 ± 0.3 pmol of 1,2-DAG per 10⁶ cells (n=4). Stimulation with PAF lead to a 2-fold increase in the 1,2-DAG level (4.5 ± 0.3 pmol/10⁶ cells) (Figure 8.1). In Ca²⁺-depleted eosinophils incubated in the absence of extracellular Ca²⁺, basal levels of 1,2-DAG were considerably lower (0.3± 0.1 pmol/10⁶ cells). However, exposure of the cells to PAF (1 μ M) caused an almost 4- fold rise in 1,2-DAG concentration to 1.2 ± 0.7 pmol/10⁶ eosinophils, indicating that 1,2-DAG is generated by a Ca²⁺- independent mechanism.

In order to examine the specificity of the PAF- induced increase in 1,2-DAG, eosinophils were preincubated with WEB 2086 (1 μ M) for 5 min prior to the addition of PAF (1 μ M). As shown in Fiure 8.1, WEB 2086 inhibited the PAFinduced 1,2-DAG synthesis by 20% and 33% respectively, indicating a specific PAF receptor mediated effect. WEB 2086 alone did not cause any detectable change of resting 1,2-DAG levels.

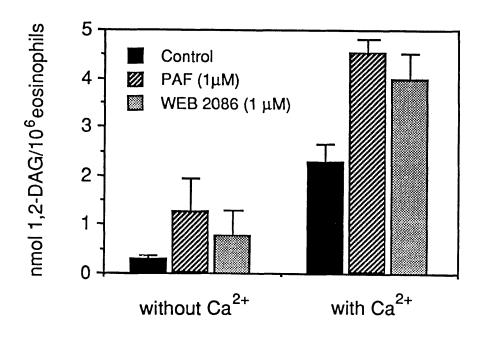


Figure 8.1: Resting and stimulated 1,2-diacylglycerol levels in eosinophils in the presence and absence of Ca²⁺. Eosinophils (10⁶ prewarmed at 37°C in the absence or presence of WEB 2086 were incubated for 10 sec with vehicle or PAF (1 μ M). The amount of 1,2-DAG was measured by the quantitative conversion of 1,2-DAG to phosphatidic acid in the presence of diacyl glycerol kinase (see Methods, Section 2.18, page 76). Data represent mean ± SEM of duplicate values of two experiments.

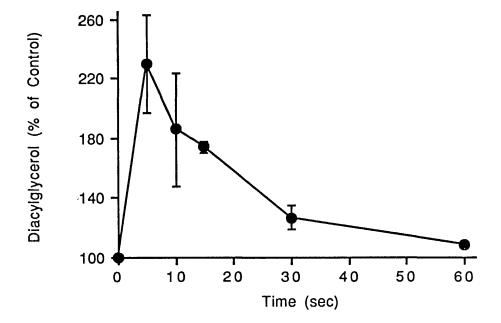


Figure 8.2: Kinetics of PAF- stimulated accumulation of 1,2-diacyl glycerol in eosinophils. Cells $(7x10^6)$ were stimulated with 1 μ M PAF for the time indicated before extraction, separation and quantification of lipids as described in Methods. Data shown are normalized to the resting 1,2-DAG values.

8.2 TIME COURSE OF 1,2-DAG-SYNTHESIS

Eosinophils were incubated with PAF (1 μ M) as described above (8.1) and reaction stopped after 5, 10, 15, 30, and 60 sec. Addition of PAF induced a rapid and transient increase of intracellular 1,2-DAG concentration (Fig. 8.2). The amount of 1,2-DAG was already elevated 230 ± 33% over basal values at 5 sec, the earliest time point studied. By 60 sec the stimulated 1,2-DAG level reached a plateau while resting levels increased linearly as a function of time (data not shown). No stimulated 1,2-DAG increase was found after 60 sec.

8.3 DISCUSSION

The potential role of inositol phosphates in eosinophil activation has been discussed in Chapter 6. The results presented in this Chapter point out that 1,2-DAG may also be generated during PAF activation of eosinophils providing yet another mechanism by which lipid remodelling could play an essential role in signal transduction of the cell. 1,2-DAG is generated by the cleavage of phosphatidylcholine (Irving & Exton, 1987), InsP, and Ins(3,4)P₂ by PLC (Berridge & Irvine, 1984). The finding that 1,2-DAG can be further phosphorylated to generate phosphatidic acid explains why stimulation of the eosinophils led to an increase in phosphatidic acid. Stimulation of neutrophils with fMLP or concanavalin A triggers a marked rapid increase in the levels of phosphatidic acid (Serhan *et al.*, 1983; Korchak *et al.*, 1988) similar to that observed in eosinophils. This rapid elevation of phosphatidic acid preceded the relatively slow elevation of $[Ca^{2+}]_i$ noted in concanavalin A activated neutrophils. Furthermore, O_2^- generation did not commence until both 1,2-DAG and $[Ca^{2+}]_i$ were of optimal levels suggesting a synergism between Ca^{2+} and PKC activation (Rider & Niedel, 1987).

1,2-DAG levels are also sensitive to Ca²⁺, since depletion of calcium, for instance with EGTA, was shown to decrease the fMLP elicited increase in 1,2-DAG. However, as shown in Figure 8.1, the opposite appears to be true in guinea pig eosinophils: The absence of Ca^{2+} reduced the concentration of both basal and stimulated 1,2-DAG. In any case, the results obtained in neutrophils and eosinophils suggest that the interrelation between Ca^{2+} and 1,2-DAG may provide a sensitive intracellular control mechanism for the regulation of the subsequent activation sequence.

8.4 SUMMARY

Eosinophils responded to stimulation with PAF not only with an accumulation of $Ins(1,4,5)P_3$ but also with an increase in the concentration of 1,2-DAG. Induction of both signalling systems are known to be initiated by the action of a membrane- associated phospholipase C, providing indirect evidence for a role of this enzyme in eosinophils. Both 1,2-DAG and $Ins(1,4,5)P_3$ may be directly and indirectly involved in the activation of the cellular protein kinase C.

CHAPTER NINE

9 THE ROLE OF PROTEIN KINASE C

Since its description in 1977 (Inoue *et al.*, 1977), it has become apparent that protein kinase C (PKC) plays an integral role in the activation processes of various different cell types (Nishizuka, 1986). However, to date no information has been available about the existence or possible role of PKC in eosinophils. In addition to measuring the cellular PKC activity directly, several substances have become available during recent years which allow a pharmacological evaluation of the functional significance of this enzyme in signal transduction.

9.1 EFFECTS OF PROTEIN KINASE C ACTIVATORS

It has been shown that the structural analogue of 1,2-diacylglycerol, phorbol myristate acetate (PMA), directly activates PKC by binding to the enzyme, thereby bypassing the proximal activation cascade (Nishizuka, 1984a; Nishizuka, 1986; Tauber, 1987). As shown in Chapter 3, incubation of eosinophils with PMA across a range of concentrations (0.1 pM to 1 μ M) leads to secretion of EPO (Figure 3.1), TXB₂ release (Figure 3.7) and O₂⁻ (Figure 3.8). Given its mode of action on cells, these data indicate that (1) eosinophils, truly, possess protein kinase C activity, and (2) that selective activation of this enzyme is itself a sufficient trigger to induce functional responses in eosinophils. PMA, however, affected neither the [Ca²⁺]_i nor the intracellular Ins(1,4,5)P₃ level (see Chapters 6.2 and 7.1).

For further characterization of the effect of PKC on eosinophil functions, eosinophils were preincubated with PMA at increasing concentrations (1 nM to 10 μ M), washed three times, and stimulated with PAF. As shown in Fig. 9.1A, pretreatment of eosinophils with PMA attenuated the secretion of EPO in a concentration-dependent fashion with an IC₅₀ value of 1.8 nM.

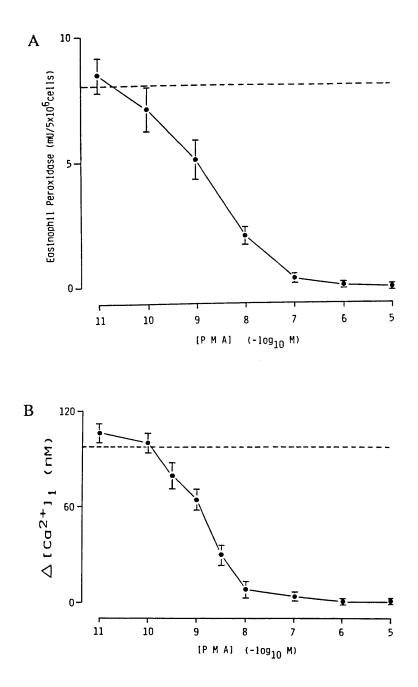
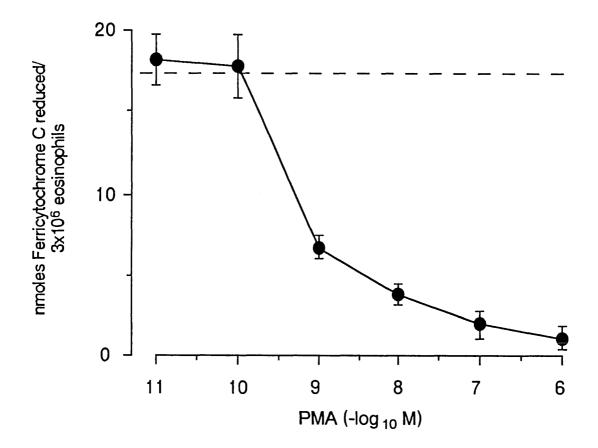


Figure 9.1: Effect of PMA preincubation on PAF-induced EPO release (A) and $[Ca^{2+}]_i$ (B). Eosinophils were incubated with PMA (10 pM to 10 μ M) for 10 min (37°C), washed three times, resuspended, and the response to 100 nM PAF measured. The broken line indicates the value for the PAF-stimulated control preincubated with buffer instead of PMA. Data points shown represent the mean ± SEM of six observations obtained from three eosinophil preparations.



<u>Figure 9.2:</u> Effect of PMA on PAF-induced superoxide anion production. Eosinophils preincubated with PMA (1 pM - 1 μ M) were stimulated with 30 μ M PAF and the generation of O_2^- was monitored continuously as described in Methods (Chapter 2.10).

Similar results were obtained when the effect of PMA on the PAF-promoted increase in $[Ca^{2+}]_i$ was studied. As demonstrated in Chapter 7 (see page 149), challenge of eosinophils with PAF resulted in a concentration-dependent mobilization of $[Ca^{2+}]_i$. When these cells were pretreated with PMA at concentrations ranging from 10 pM to 5 μ M, the PAF-induced effect was inhibited in a concentration-dependent manner (Figure 9.1B). The IC₅₀ value was calculated as 2.1 nM. Both eosinophil responses were abolished at concentrations of PMA > 1 μ M. This inhibition occurred rapidly and was completed within 1 min, the first time point measured (data not shown). In addition, the inhibition was heterologous, in that PMA also attenuated activation of eosinophils by LTB₄ and C5a. In contrast to the effects of PMA, 4- α -phorbol 12,13-didecanoate, which does not activate protein kinase C, failed to inhibit PAF induced EPO secretion or $[Ca^{2+}]_i$ increase promoted by PAF.

Using a similar experimental design the effect of PMA on PAFpromoted $\cdot O_2^-$ was investigated (Figure 9.2). Cells (3x10⁶) were exposed to PMA (1 pM to 1 μ M) for 10 min prior to the addition of PAF (30 μ M). As for $[Ca^{2+}]_i$ and EPO release induced by PAF, $\cdot O_2^-$ production elicited by PAF was also inhibited by prior treatment with PMA. This effect was concentration-dependent with a corresponding IC₅₀ value of 10.3 nM (n=5).

9.2 EFFECTS OF PKC INHIBITORS

Although several drugs with a potential PKC inhibitory action have been described in recent years, the specificity of most is questionable. For the following studies, staurosporine, a microbial alkaloid (Tamaoki *et al.*, 1986), was chosen because it abolished the PKC-catalyzed phosphorylation of a human platelet derived 47 kDa substrate protein, whereas the other agents were either inactive or gave only partial inhibition (Watson *et al.*, 1988). Staurosporine (SPN) by itself at concentrations ranging from 30 nM to 300 nM had no effect on basal or PAF-induced increase in $[Ca^{2+}]_i$.

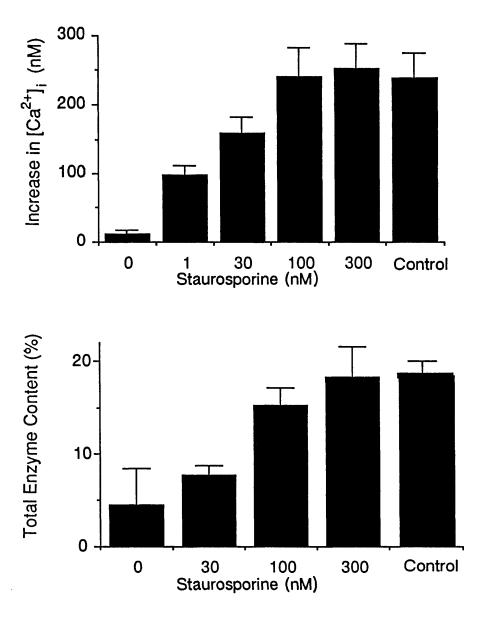


Figure 9.3: Effect of staurosporine on the PMA-induced inhibition of PAFpromoted rise in $[Ca^{2+}]_i$ (A) and EPO secretion (B). Purified eosinophils were preincubated twice (with buffer or staurosporine at 1, 30, 100, and 300 nM for 20 min followed by 10 nM PMA for 10 min), washed and stimulated with PAF (100 nM). Enzyme secretion is given as percentage of total cellular enzyme content. Histograms represent mean \pm SEM from seven observations obtained from three independent experiments.

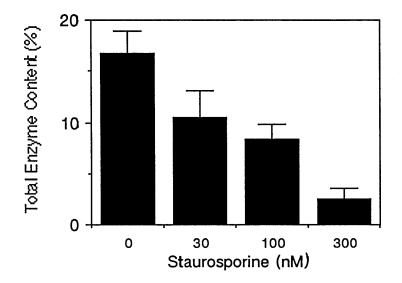


Figure 9.4: Effect of staurosporine on PAF-promoted EPO release. Purified eosinophils were preincubated with staurosporine at 30, 100, and 300 nM for 20 min, washed and stimulated with PAF (100 nM). Enzyme secretion is given as percentage of total cellular enzyme content. Data points shown represent six observations obtained from two independent experiments.

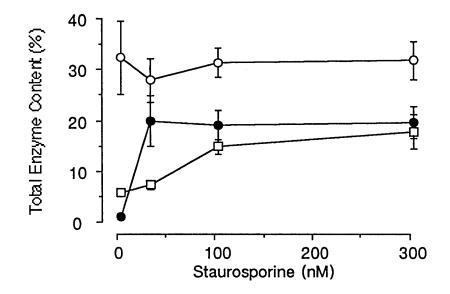


Figure 9.5: Effect of staurosporine treatment on PAF, calcimycin, and PMA pretreated eosinophils. As described in the legend to Figure 9.3, eosinophils were incubated with buffer and staurosporine (30 to 300 nM) for 20 min. Cells were then washed three times, and exposed to either PAF (100 nM; \bullet), PMA (10 nM; \Box), or calcimycin (1 μ M; O), washed again, and rechallenged with PAF (100 nM). Data were obtained in triplicate from two experiments.

However, as shown in Figure 9.3, prior treatment of the cells with staurosporine resulted in a reversal of PMA-induced inhibition of $[Ca^{2+}]_i$ increase (Figure 9.3A) and EPO release (Figure 9.3B), suggesting that inhibition of the PAF responses is mediated via PKC activation. This reversal of the inhibitory effects of PMA by staurosporine was concentration-dependent, with EC_{50} value of 9.7 nM and 53 nM, respectively. When eosinophils were treated with staurosporine at concentrations greater than 2.5 μ M, the rise in $[Ca^{2+}]_i$ following the addition of PAF was reduced (data not shown). This may be due to the cytotoxic effect of this drug, or in addition to the inhibition of PKC there may be other mechanisms operating in addition to the inhibition of PKC at higher concentrations of staurosporine (Tamaoki *et al.*, 1986).

In contrast to its effect on basal $[Ca^{2+}]_i$ levels, the EPO release induced by PAF was inhibited by staurosporine alone (10-300 nM) in a concentrationdependent manner (Figure 9.4) and with an IC₅₀ of 66 nM (n=6). Furthermore, staurosporine was able to reverse the PMA-induced inhibition of EPO secretion promoted by PAF. In addition, PAF causes homologous desensitization, i.e. preincubation with PAF (100 nM) abolished the response to a subsequent challenge with PAF. However, as demonstrated in Figure 9.5, incubation with staurosporine prior to the first exposure to PAF reversed this PAF-induced homologous desensitization (see also Chapter 7.1, page 152). In contrast, when the eosinophils were preincubated with staurosporine, treated with calcimycin (1 μ M), followed by stimulation with PAF, staurosporine had no effect on the responses (Figure 9.5).

The presence of staurosporine (100 nM) did not alter the PMA-induced $\cdot O_2^-$ production (Table 9.1). Though staurosporine (100 nM) slightly enhanced the effect of PAF (30 μ M), this enhancement was not statistically significant (p > 0.05, n=7).

		PAF (30 μM)
Control	$1.21 \pm 0.01^{*}$	0.55 ± 0.07
Staurosporine (100 nM)	1.32 ± 0.06	0.67 ± 0.07

* nmoles Ferricytochrome C reduced • 3x10⁶ eosinophils¹ • min⁻¹

<u>**Table 9.1:**</u> Effect of staurosporine on PAF and PMA-induced superoxide anion production in eosinophils. Data shown represent mean \pm SEM of 6 determinations.

9.3 EFFECT OF PMA ON [3H]WEB 2086 BINDING

Protein kinase C has been shown to exert negative feedback on signal transduction systems (Berridge, 1986) and several different mechanisms have been proposed including a decrease in the number of receptors expressed at the cell membrane. In order to see if PMA affected PAF receptor expression eosinophils were pre-incubated with PMA (100 nM to 1 nM) for 5 min at 37°C and washed three times in HBSS and the specific binding of [³H]WEB 2086 determined. The results summarized in Figure 9.6 clearly show that PMA significantly reduced specific binding of [³H]WEB 2086 to eosinophils. These data suggest, that PMA interferes with PAF-response-coupling on the receptor level by reducing receptor expression in eosinophils.

9.4 MEASUREMENT OF EOSINOPHIL PROTEIN KINASE C

In order to understand more about the molecular mechanism of PMAinduced PKC activation in eosinophils we studied the distribution of PKC in eosinophils. In unstimulated cells the majority of PKC activity was found in the cytosol (Table 9.2). In contrast, after stimulation with PMA (1 μ M) for 10 min, most of the PKC activity was found in the particulate (membrane) fraction. However, no change in PKC activity could be observed when PAF was used as a stimulant.

9.5 DISCUSSION

Protein kinase C (PKC) is widely distributed in various cell types (Kuo *et al.*, 1980) and has been purified from brain and other tissues (Kikkawa *et al.*, 1982). The enzyme consists of a single polypeptide chain of molecular weight 77-80 kDa and comprises of two functional domains. Cleavage of the molecule by a thiol protease yields a hydrophobic domain that interacts with Ca^{2+} and phospholipids, and is responsible for the binding of the enzyme to membranes. The other more hydrophilic

	Histone H1 kinase activity (pmol/min/10 ⁶ cells)		
	particulate fraction	soluble fraction	
Untreated	not detected	4.65 ± 0.71	
PMA-treated	0.69 ± 0.21	3.29 ± 0.09	

Table 9.2: Effect of PMA on the distribution of PKC activity in eosinophils. The results shown represent 6 determination obtained from three independent experiments.

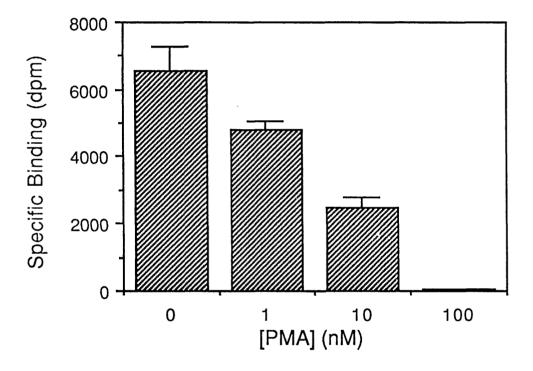


Figure 9.6: Effect of PMA on specific binding of $[^{3}H]WEB$ 2086 to eosinophils. Cells were incubated with PMA (1 nM to 100 nM) for 5 minutes ate 37°C. Specific binding was calculated from the difference in cell-associated radioactivity between cells incubated in the presence of 1 μ M unlabelled PAF and cells incubated in its absence. Cells were incubated with 100 nM $[^{3}H]$ WEB 2086 at 37°C for 60 minutes. Data represent mean ± SEM obtained from three independent experiments.

fragment carries the catalytic site and is active in the absence of Ca^{2+} , phosphatidylserine and 1,2-DAG. In resting neutrophils, PKC activity to histones is mainly confined in the cytosol whereas stimulation with PMA enhances particulate associated PKC activity (Christiansen *et al.*, 1988). The results shown in this Chapter extend this observation to include a similar translocation of the PKC activity from the cytosol to membrane in eosinophils.

A number of phorbol ester-dependent isomers of the PKC, termed PKC- α to PKC- ε (Kikkawa *et al.*, 1987, Nishizuka, 1988) have been characterized and a differential increase in all enzyme levels is associated with cell differentiation (Makowske *et al.*, 1988) and stimulation (Sekiguchi *et al.*, 1987). In addition to these PKC isotypes, other cellular kinase activities have been described (Ryves *et al.*, 1989). The existence of multiple forms of the enzyme suggests that PKC may possess different substrate specificities (Sekuguchi *et al.*, 1987; Nishizuka, 1988) and that this may contribute to a more complex diversity in cellular signalling pathways.

Protein kinase C phosphorylates proteins on serine residues and classically requires Ca²⁺ and an acidic phospholipid such as phosphatidyl serine for this activity. In the presence of 1,2-DAG, the requirement for Ca²⁺ is reduced and the absolute level of kinase activity is enhanced above the activity observed in the presence of Ca²⁺ alone (Nishizuka, 1984a). 1,2-DAG is normally absent from membranes but agonist-elicited activation of PLC can yield elevated levels of 1,2-DAG. Translocation of PKC from cytosol to membranes is thought to be crucial for activation of the enzyme presumably through a direct association of 1,2-DAG and PKC. Moreover, Ca²⁺ controls PKC binding to membranes, and in the presence of 1,2-DAG controls both activity and binding (Bell *et al.*, 1986). These potential interactions between Ca²⁺, 1,2-DAG and PKC may provide a network of positive and negative feedback regulatory mechanisms which may control both the magnitude and duration of the cellular response to activation by exogenous stimuli.

Tumour promoting phorbol esters insert into the cell membrane, substituting for 1,2-DAG and triggering translocation and activation of PKC. As demonstrated above, this mechanism has been proved to represent a sufficient trigger for activation of eosinophils. The presence of PMA activated the generation of $\cdot O_2^-$, release of granule contents as well as lipid mediator synthesis. Although a synergism between Ca²⁺ and PKC has been postulated, the response of eosinophils to phorbol esters were not affected by the absence of extracellular Ca²⁺.

In addition to playing a role in the activation of cellular responses, PKC can also act as a negative modulator to responses elicited by Ca²⁺-mobilizing receptors. Concordant with this role in cell signalling, experiments demonstrated in Chapter 7 have shown that PMA inhibit several PAF-induced eosinophil functions. Furthermore, the PKC inhibitor staurosporine, prevents this inhibitory effect of PMA. These results are in agreement with findings in neutrophils (Naccache *et al.*, 1985) and other cell systems (Watson *et al.*, 1985; Vegesna *et al.*, 1988; Winkler *et al.*, 1988) and underscore the central role of these kinases in the activation sequence.

However, interpreting the results from those experiments requires caution. The reason(s) being that phorbol esters are just as potent as non-physiological PKC activators and studies with cell-permeant DAGs, such as dioctanylglycerol, suggest that actions of 1,2-DAG and phorbol esters are not equivalent. For example DAG is rapidly broken down in the cell whereas phorbol esters are not (Nishizuka, 1986). Similarly, though a wide range of 'PKC inhibitors' have been described in recent years, most of them show only poor selectivity for the enzyme. Even staurosporine competes with ATP for the catalytic site of the enzyme suggesting an effect on cyclic-nucleotide-dependent kinases (Tamaoki *et al.*, 1986; Dawson *et al.*, 1987). Thus, in order to further define the regulatory function of PKC in cell activation, competitive agonists will have to be developed. Since staurosporine has such a high affinity for the catalytic sites of protein kinases ($K_i = 0.3 \text{ nM}$), this molecule may be a suitable starting point for developing a specific inhibitor.

9.6 SUMMARY

The results presented in this chapter allow for the following conclusions. First, eosinophils possess PKC activity which is found mainly in the cytosol. Stimulation of eosinophils with PMA led to a redistribution and translocation of the PKC activity to the membrane. Second, although no direct change in enzyme activity was detected following PAF-challenge, the involvement of PKC in PAFinduced signalling is clearly evident from experiments using the PKC activator PMA and the PKC inhibitor staurosporine. These experiments indicate that PKC is involved not only in the PAF-promoted EPO release and change of $[Ca^{2+}]_i$ levels but also in the PAF-RII mediated generation of $O2^-$. However, staurosporine inhibits the PAF-RImediated release of EPO but has no effect on the low affinity receptor induced $O2^$ production, further confirming the diversity of PAF transduction pathways in eosinophils. Finally, activation of PKC may be a crucial element in signal transduction, providing a negative feedback signal which serves to terminate cell activation. One other possible contributory mechanism may be that PKC reduces receptor expression on eosinophils.

CHAPTER TEN

10. DISCUSSION

The eosinophil leukocyte represents an important effector cell in the defense against infections by parasites, through the release of various inflammatory mediators, toxic proteins and oxygen radical scavengers. In order to effectively accomplish these functions the eosinophil is integrated into the complex immunological network, that consists of regulatory cells and humoral messengers. Like other leukocytes, the eosinophil possesses a highly regulated and differential sensory transduction system that selectively detects specific humoral signals which, in turn, activate a variety of cellular effector responses including chemotaxis, secretion, adherence, generation of lipid mediators and production of superoxide anion, enabling the eosinophil to destroy parasites. However, when antigen recognition and regulation of these functions is faulty the result can be disastrous for the host, propagating chronic inflammation with recurrent tissue damage followed under certain circumstances by fibrosis. For instance, it has been suggested that a biochemical lesion may differentiate leukocytes from asthmatic subjects with those from normals and that this difference may underlie the development of asthma (Garland, 1989). This suggests that an understanding of the molecular mechanisms regulating cellular effector functions may contribute a clearer definition of the role of the eosinophil in disease and could be valuable in designing new strategies for the treatment of eosinophil-associated disorders.

10.1 EOSINOPHIL ACTIVATING FACTORS

The number of substances with potential eosinophil activating properties is still comparatively small. Among them, calcimycin, or the Ca²⁺-ionophore A23187,

a polyether antibiotic produced by Streptomyces chartreusensis, and the tumor promoting agent, PMA, represent valuable tools for evaluating the potential role of either Ca^{2+} or PKC and their interaction in eosinophil activation (see below). However, since these agents are non-physiologic and cytotoxic at certain concentrations (Henderson et al., 1983, Fukuda et al., 1985; Baskar & Pinkus, 1988) they have no pathophysiological significance in vivo. Other factors such as the mast cell-derived acidic tetrapeptides, Val-Gly-Ser-Glu and Ala-Gly-Ser-Glu (eosinophil chemotactic factor of anaphylaxis or ECF-A), which have occupied the work of several laboratories over many years and which were considered to be selective eosinophil chemoattractants (Goetzl & Austen, 1977), are now not only known to be ineffective in vivo (Bryant & Kay, 1977) but show negligible activity in vitro when compared to other stimuli (Wardlaw et al., 1986; Kroegel et al., 1981). In contrast, complement proteins such as C3a and C5a (assessed using opsonized parasites, zymosan or sepharose) have been implicated as eosinophil activators that facilitate chemotaxis (i.e. C5a) and binding of eosinophils to large surfaces thereby inducing secretion of granular contents (Ichikawa, et al., 1974; Ogawa et al., 1981; Yazdanbakhsh et al., 1985; Henderson et al., 1988; Spry, 1988).

Although the potential role of immunoglobulins in eosinophil activation is not yet fully established some immunoglobulin subtypes appear to have eosinophil activating properties. Using rosetting techniques, IgG receptors on eosinophils had been demonstrated as early as 1969 (Henson, 1969). More recent work has confirmed that mature eosinophils bear the $Fc_{\gamma}RII$ receptor (Fleit *et al.*, 1984; Hartnell *et al.*, 1990) which is known to bind to multivalent ligands (Anderson & Looney, 1986). Thus, the eosinophil tends to bind to large surfaces coated with antibody, such as parasites. IgG receptor activation causes the generation of LTC_4 , respiratory burst and secretion of granular contents (Thorne *et al.*, 1982; Baskar & Pincus, 1988). In addition to $Fc_{\gamma}RII$ sites, $Fc_{\epsilon}RII$ receptors have been found on eosinophils (Capron *et al.*, 1984; Capron *et al.*, 1985) and activation of this receptor appears to promote the release of EPO, MBP and ECP (Capron *et al.*, 1989; Capron *et al.*, 1988a). However, using the monoclonal anti-Fc_eRII antibody CDw32, several groups failed to confirm these data. Finally, although a receptor for it has not yet been identified, monomeric IgA and in particular secretory IgA have recently been shown to be potent eosinophil degranulating agents (Abu-Ghazaleh *et al.*, 1989).

Formyl-methionine-containing peptides such as fMLP are chemotactic for a number of cell types are similar to chemotactic factors produced by bacteria. Eosinophils appear to express specific fMLP receptors and respond to the tripeptide with chemotaxis, superoxide anion generation, and prostanoid production (Yazdanbakhsh *et al.*, 1987; Kroegel *et al.*, 1990a) although its effect appears to be small compared to other stimuli (see Chapters 3, 6, and 8).

In addition to the potential eosinophil activating factors mentioned above, there is increasing evidence that three mononuclear cell-derived cytokines, GM-CSF, IL-3, and IL-5, may play an important role in upregulating eosinophil effector functions induced by other stimuli (Silberstein *et al.*, 1986; Owen *et al.*, 1987; Silberstein *et al.*, 1989). However, cytokines themselves either fail to stimulate eosinophil activation or have only a minimal effect (Fujisawa *et al.*, 1990).

The short review of known eosinophil activating factors given above illustrates that many of the potential stimuli have either no direct stimulatory effect (cytokines), are non-physiologic agents (calcimycin, PMA) or are likely to be implicated in the host defense functions of eosinophils against parasites and bacteria (complement proteins, IgG, IgE, fMLP). Among them only IgE and to a lesser extent the complement factors may have some bearing on eosinophil activation in allergic inflammation.

During the past decade, however, increasing evidence that the catabolism of membrane phospholipids yields several bioactive products that participate in inflammation, has accumulated. Of these factors, PAF represents one of the most potent bioactive mediators known, exhibiting a variety of different effects in the inflammatory tissue reaction underlying asthma (Barnes et al., 1988a, Barnes et al., 1988b). Indeed, several studies have demonstrated that PAF mimics many of the pathophysiological changes which occur during the asthmatic late response including bronchoconstriction (Denjean et al., 1983, Vargaftig et al., 1980; Vargaftig et al., 1981), microvascular leakage (O'Donnell & Barrett, 1987; Evans et al., 1987) and airway hyper-responsiveness in animals (Patterson et al., 1984) and humans (Cuss et al., 1986). In addition, PAF has been shown to be the most potent chemotactic stimulus for eosinophils (Wardlaw et al., 1986; Sigal et al., 1987), inducing eosinophil adherence (Lamas et al., 1988; Kimani et al., 1988) as well as eosinophil cytotoxicity against parasites (MacDonald et al., 1986). The results presented here confirm the potent stimulatory action of PAF on eosinophils and extend its effects to include eosinophil degranulation, superoxide anion release, generation and release of TXA₂, PGE₂, PGD₂ and PGF_{2 α}. Thus, PAF, although not selective for eosinophils, appears to be a physiologic stimulus capable of promoting not only eosinophil diapedesis and migration but also various eosinophil effector functions implicated in allergic inflammation and tissue damage. The interaction of PAF and eosinophils in asthma may, therefore, have important implications for the pathophysiology of allergic disorders.

10.2 PAF-MEDIATED EOSINOPHIL EFFECTOR FUNCTIONS

As outlined above, eosinophils challenged with PAF respond with a wide range of different responses. PAF at a concentration ranging from 1 pM to 10 μ M stimulates the release of TXB₂ and other prostanoids, granular enzymes, LTC₄ synthesis, adherence and chemotaxis (Table 10.1). In addition, all of these functional responses of eosinophils, with the exception of \cdot O₂⁻ generation, are maximal at PAF concentrations ranging between 100 nM and 1 μ M (Table 10.1), indicating a common activation mechanism for these effector functions.

Cellular Responses	Eosinophil			
	Human Concentration Range Maximal		Guinea Pig Concentration Range Maximal	
Adherence	100 pM -10 μM	1 μM	n.d.	
Chemotaxis	1 nM - 10 μM	1 μM	10 nM - 1 μM	1 µM
Cytotoxicity	1 nM - 10 μM	1 μM*	10 nM - 100 nM	100 nM*
Degranulation [#]	100 pM - 10 μM	100 nM	10 nM - 10 μM	100 nM
Leuktriene C ₄	100 nM - 10 μM	1 µM	n.g.	
Thromboxane A ₂	1 nM - 10 uM	1 µM	1 nM - 10 μM	1 µM
Prostaglandin E_2	10 nM - 10 μM	1 μM	10 nM - 10 μM	10 µM
Superoxide anion	1 μM - 30 μM	30 µM	1 μΜ - 30 μΜ	30 µM

n.d. not done

n.g. not generated

* Complement-coated parasites

** Guinea pig bronchial epithelium

eosinophil peroxidase

Table 10.1: PAF-induced responses by human and guinea pig eosinophils.

In contrast, however, production of $\cdot O_2^-$ occurred at concentrations (1 μ M to 100 μ M) of PAF that did not release appreciable amounts of TXB₂ or EPO. In addition, the maximal effective concentration of PAF (30 μ M) was 30 to 100-fold higher than the respective concentrations for TXB₂ and EPO with an EC₅₀ of 8.4 μ M. Like the other responses of the cosinophils the generation of $\cdot O_2^-$ was rapid with a t_{1/2} = 110 sec, reaching completion in less than 7 min. In spite of the obvious differences, both TXB₂ and EPO release as well as the production of $\cdot O_2^-$ were selectively antagonized by WEB 2086 (IC₅₀ = 47.3 μ M).

<u>10.3 MOLECULAR MECHANISMS OF PAF-INDUCED EOSINOPHIL</u> <u>ACTIVATION</u>

10.3.1 PAF-receptor interactions

The first event in the cell activation cascade is the interaction of PAF with its specific receptors on the cell surface. As estimated from the near instantaneous accumulation of 1,2-DAG, $Ins(1,4,5)P_3$ and mediator release, the process appears to be very rapid, commencing within the first second post PAF challenge.

PAF binds to two classes of sites on eosinophils: a high affinity receptor with a average dissociation constant K_d of 0.3 nM and a low affinity receptor with an average, K_d of 11.5 nM. Of the total population of receptors detected on the eosinophil, approximately 6% per cell were of high affinity and an estimated 94% per cell were of a the low affinity subset. When [³H]WEB 2086 was used as a radioligand, an average K_d of 16.1 ± 0.6 nM for the high affinity receptor was determined, indicating a 50-fold lower affinity for the receptor antagonist. Binding of [³H]PAF and [³H]WEB 2086 to the receptor was found to be selective, saturable and reversible by addition of excess unlabelled agonist or WEB 2086 confirming that the site occupied by WEB 2086 is indeed the receptor for PAF. The K_d found for PAF binding to eosinophils is comparable to the respective binding constants in human eosinophils, neutrophils and platelets (Dent *et al.*, 1988; Dent *et al.*, 1989a; O'Flaherty *et al.*, 1986; Tuffin *et al.*, 1985). A good correlation was found between the affinity of the binding sites derived from Scatchard analysis of equilibrium binding, and the K_i values, derived from the concentration of unlabelled antagonist required to displace 50% of [³H]WEB 2086. In addition, the binding parameters correlated with both K_B and EC₅₀ values obtained from several PAF-induced functional responses. Thus, binding of PAF to the putative receptors occurs within the same concentration range that induces eosinophil effector functions.

The fate of the PAF-receptor-complex on eosinophils is not known. However, as observed in other cells (Homma *et al.*, 1987; Valone *et al.*, 1982; O'Flaherty *et al.*, 1986), the PAF-receptor-complex on eosinophils is probably incorporated into the cells. PAF may then dissociate from the receptor molecule and undergo further metabolism. PAF is first catabolized by an acetyl hydrolase into alkyl lyso-PAF, which appears to represent a transient intermediate (Fig. 4.5, peak 1). Alkyl lyso-PAF is further degraded into alkylacyl-glycerophosphocholine (GPC) and neutral fatty acids, with exogenous PAF being converted at a steady rate of 0.3 to 0.5% per minute at 37°C. It is only after 120 min that small amounts of alkyl acyl-glycero phosphoethanolamine appear, suggesting a resynthesis of other phospholipid classes using moieties of the metabolized PAF molecule. This rapid uptake and metabolism of PAF may account for the high non-specific binding observed when intact eosinophils were used. The finding that the metabolism of the mediator in the membranes totalled approximately half of that observed in whole cells, suggests that PAF catabolism takes place in both the membrane and the cytosol.

Endocytosis of receptor-ligand complexes is a common phenomenon, which has been extensively studied in the case of the fMLP receptor on neutrophils (Sullivan & Zigmond, 1980; Niedel *et al.*, 1979) and the IgE receptor on rat basophilic leukemia cells (Furuichi *et al.*, 1986; Rivera *et al.*, 1986). The biological significance of PAF-receptor internalization and degradation will be discussed further in Chapter 10.5.3 (page 207).

10.3.2 The role of GTP-binding proteins

Activation of a guanine nucleotide binding (G) protein is considered an essential step in coupling a large class of receptors to intracellular effector enzymes or ion channels. The G proteins that have been characterized to date comprise a family of heterotrimers containing a structurally distinct α -subunit and very similar or identical β -and γ -subunits. They serve as regulatory elements interposed between receptors and intracellular effectors (see Chapter 5.3). The three membrane-bound components are inactive when associated with a GDP molecule. A conformational change in the cell-surface receptor triggers the exchange of GTP for the bound GDP on the α subunit and results in dissociation of the α subunit from the β and γ subunits leading, in turn, to activation of an intracellular effector enzyme such as adenylate cyclase or PLC (see below).

Evidence for the existence of a G-protein in eosinophils was first derived by the successful ADP-ribosylation of a 41 kDa eosinophil membrane protein by PTX (Fig.5.4). The major substrate for this PTX catalyzed ADP-ribosylation is G_i , a guanine nucleotide regulatory protein involved in receptor mediated inhibition of adenylyl cyclase (Smith *et al.*, 1986). In addition, preincubation of eosinophils with PTX suppresses the rise in $[Ca^{2+}]_i$ induced by PAF, LTB₄ and C5a (Fig. 5.2, page 136). Furthermore, PTX also inhibits the PAF promoted release of EPO and TXB₂ while the activation of eosinophils by PMA (Fig. 5.1, page 134) or melittin (Kroegel *et al.*, 1990a) was not affected. Taken together, these observations indicate the existence of a G_i -like GTP-binding protein that is coupled to the PAF-RI receptor and suggest that in eosinophils this protein plays a crucial role in PAF signalling. In addition to PAF, the data show that the proposed LTB₄- and C5a-receptors on eosinophils are probably also linked to a similar GTP-binding protein. In contrast to the PAF-RI mediated cellular responses, PTX had no effect on the PAF-induced generation of $\cdot O_2^-$ (Fig. 5.3, page 137). This finding is intriguing since in the first instance it supports the hypothesis that two selective PAF receptors are found on eosinophils and, secondly, it indicates that the two receptors may be differentially coupled. This raises the possibility that the PAF-signal may utilize at least two distinct transduction pathways within the same cell. It should be noted here, that neutrophils also appear to express two distinct PAF receptor subsets which differ in their sensitivity towards PTX (Naccache *et al.*, 1985; Naccache *et al.*, 1986; O'Flaherty *et al.*, 1986). The possible implications and mechanisms of these findings are discussed further in section 10.6 (page 209).

10.3.3 Putative role of phospholipase C

It is generally accepted that the GTP-binding proteins can directly activate membrane bound phospholipase C (Cockcroft & Gomperts, 1985; Dechmyn *et al.*, 1986). This ubiquitous enzyme hydrolyses mono-and polyphosphoinositides (i.e. $Ins(4,5)P_2$) yielding both 1,2-DAG and $Ins(1,4,5)P_3$ thereby linking the receptor-G-protein complex to intracellular second messenger systems. Although the activation of PLC in eosinophils was not measured directly, the PAF-promoted accumulation of 1,2-DAG and $Ins(1,4,5)P_3$ (see 10.3.5 and 10.3.6, pages 165 and 166) provides indirect evidence that this enzyme is involved during PAF-response coupling in eosinophils.

10.3.4 Production of 1,2-Diacylglycerol

As demonstrated here for the first time, eosinophils stimulated with PAF respond with a rapid and transient, two- to four-fold increase in the concentration of 1,2-DAG over basal levels (Figures 8.1 and 8.2). Recently, it has been reported that activation of the CR3 receptor on human eosinophils also leads to an increase in 1,2-DAG (Koenderman *et al.*, 1990). However, in other inflammatory cells such as neutrophils, a rise in 1,2-DAG concentration has proved difficult to demonstrate.

There are several alternate explanations for these difficulties including the fact that the agonist-induced generation of 1,2-DAG may occur only in a small compartment of the cell, i.e. in the plasma membrane, with little effect on total cellular 1,2-DAG. The subcellular localization of newly formed 1,2-DAG is, however, important, since it allows protein kinase C to be selectively translocated onto, or near to, the plasma membrane. 1,2-DAG together with Ca^{2+} serves as a cofactor in the activation of PKC (Nishizuka, 1984a; Nishizuka, 1986; Rider & Niedel, 1987). In addition, further catabolism of 1,2-DAG either by diglyceride lipase or DAG kinase produces arachidonic acid and phosphatidic acid, respectively, which may also contribute to the Ca^{2+} mobilization and lipid mediator formation as well as activation of PKC (Sekiguchi *et al.*, 1987).

10.3.5 Phosphotidylinositol Metabolism

The data presented in chapter 6 show that eosinophils stimulated with PAF or other stimuli respond with the formation of one of these inositol phosphate metabolites, namely $Ins(1,4,5)P_3$. $Ins(1,4,5)P_3$ is capable of releasing Ca^{2+} from vesicular intracellular stores (Streb *et al.*, 1983; Prentki *et al.*, 1984). Accumulation of $Ins(1,4,5)P_3$ was rapid and transient, displaying a peak response within 5 sec and returning to basal values by 60 sec. In addition, the effect of PAF was concentration-dependent, non-cytotoxic and inhibited by WEB 2086, indicating that $Ins(1,4,5)P_3$ production by PAF was specific and receptor-mediated. Moreover, accumulation of $Ins(1,4,5)P_3$ was also observed with LTB_4 , C5a, and fMLP whereas the protein kinase C (PKC) activator PMA, had no effect on $Ins(1,4,5)P_3$ measured in eosinophils, allowed the calculation of the absolute concentration of $Ins(1,4,5)P_3$ per 10⁶ cells within the cytosolic compartment under resting and stimulated conditions. Assuming an average eosinophil radius of 13 µm and that approximately 50% of the eosinophil volume is cytosol (Beeson & Bass, 1977) our data indicate that PAF increases $Ins(1,4,5)P_3$ from

approximately 0.16 μ M at resting conditions to 0.6 μ M 5 seconds after the addition of PAF (1 μ M). These values are comparable to the cellular Ins(1,4,5)P₃ concentrations in platelets (basal 0.2 μ M, 1 μ M upon maximal stimulation with thrombin after 10 sec) (Tarver et al., 1987), in HL60 cells (0.4 µM basal to 1.6 µM within 35 sec of fMLP stimulation) (Shears., 1989), and neutrophils (basal 0.1 μ M to 1 μ M upon maximal stimulation) (Bradford & Rubin, 1986) but lower than values reported for AR42J pancreatoma cells where basal and substance P-stimulated $Ins(1,4,5)P_3$ concentrations were 2 μ M and 35 μ M, respectively (Horstmann *et al.*, 1988). The authors of this latter work, however, recognized that the putative $Ins(1,4,5)P_3$ may have been compartmentalized, or contaminated with an unknown inositol phosphate. The transient nature of $Ins(1,4,5)P_3$ accumulation in guinea pig eosinophils following PAF stimulation suggests that this inositol phosphate is rapidly metabolized to either $Ins(1,4)P_2$ or $Ins(1,3,4,5)P_4$ (Majerus *et al.*, 1988). The mechanism regulating $Ins(1,4,5)P_3$ metabolism in eosinophils, however, is not yet understood. Given the kinetics of the increase in both $Ins(1,4,5)P_3$ and $[Ca^{2+}]_i$ as well as the effect of $Ins(1,4,5)P_3$ on the release of Ca²⁺ from intracellular stores, the increase in $[Ca^{2+}]_i$ may itself provide a negative feedback signal to limit the accumulation of $Ins(1,4,5)P_3$. For instance in both R1N m5F cells (Wollheim & Biden, 1986) and human leukaemic HL-60 cells (Lew et al., 1986b) it has been demonstrated that Ca²⁺ activates the $Ins(1,4,5)P_3$ 3-kinase responsible for the conversion of $Ins(1,4,5)P_3$ to $Ins(1,3,4,5)P_4$ (Majerus et al., 1988; Hansen et al., 1986; Irvine et al., 1986).

10.3.6 Calcium and PAF signalling in eosinophils

Calcium serves as a ubiquitous cofactor for various intracellular processes that are involved in sustaining cellular homeostasis as well as in secretory events following cell activation. The average basal $[Ca^{2+}]_i$ level in guinea pig eosinophils is 109 nM (n=33) and 96 nM in human blood eosinophils (n=3). However, PAF stimulation leads to transient 2-to 10-fold increase in $[Ca^{2+}]_i$ in eosinophils. The response is heterogenous, with some individual cells failing to respond, yet other eosinophils displayed a $[Ca^{2+}]_i$ increase of more than twice the mean. Furthermore, some eosinophils appear to respond with repeated $[Ca^{2+}]_i$ oscillations of smaller magnitude after the initial peak.

On average the rise in $[Ca^{2+}]_i$ occurred after a lag time of approximately 3 to 5 seconds, reaching a peak after 15 to 20 seconds before returning to baseline levels in the following two minutes. In contrast, the time course of the PAF-elicited granular enzyme release showed a rapid onset within the first 5 min before reaching a plateau after 15 to 30 min. These data suggest that the rise in $[Ca^{2+}]_i$ represents an early event in eosinophil cell activation and precedes the eosinophil enzyme secretion. Thus our findings indicate that in eosinophils calcium may also play a role as a second messenger linking PAF receptor activation to the subsequent cellular response.

A $[Ca^{2+}]_i$ increase was also observed when cosinophils were challenged with LTB₄, fMLP, and C5a but not with PMA or substance P. The same cells were rechallenged with PAF, LTB₄ and fMLP two minutes later which resulted in a full response to each stimulus. This suggests that either each stimulus only used a minor part of the total $[Ca^{2+}]_i$ or that intracellular Ca^{2+} pools were rapidly restored. Alternatively, the repeated rise of $[Ca^{2+}]_i$ could be facilitated through a receptoroperated Ca^{2+} influx from the extracellular medium (see below).

It has long been appreciated that optimal degranulation of neutrophils or other cells is dependent upon the presence of extracellular calcium ions (Douglas, 1974; Williams, 1980). In addition, extracellular calcium as a source for the rise of the intracellular calcium level has been described in mouse macrophages (Hallam *et al.*, 1984), platelets (Conrad & Rink, 1986), and U937 cells (Ward & Westwick, 1988). The present results indicate that the same is true for PAF-stimulated eosinophils. Although calcium ions appear to be released from internal stores, a considerable amount of the Ca²⁺ necessary for the PAF-elicited increase in $[Ca²⁺]_i$ in eosinophils came from an influx of exogenous Ca²⁺. Electrically excitable cells such as muscle cells which possess voltage-sensitive calcium-channels are inhibited by calcium antagonists including verapamil, diltiazem and the dihydropyridines. However, such channels appear not to be not present in cosinophils since PAF-induced elevation of $[Ca^{2+}]_i$ was insensitive by the dihydropyridine calcium entry blocker, nimodepine. Similar results have been obtained in neutrophils using nifedepin (Korchak, 1984). Thus, in non-excitable cells such as eosinophils and neutrophils, it appears likely that Ca^{2+} entry in PAF-stimulated eosinophils involves receptor-operated channels.

10.3.7 The role of protein kinase C.

Protein kinase C (PKC) comprises a number of isoenzymes (Nishizuka, 1988) and other cytosolic kinase subtypes (Ryves et al., 1989) and plays a crucial role in cell surface signal transduction for a variety of biologically active substances (Nishizuka, 1984a; Nishizuka 1984b). It is activated directly either by diacyl-glycerol, a deacylated phosphatidylcholine, or by the tumour promoting agents such as PMA (or 12-0-tetradecanoyl phorbol-13 acetate) (Niedel et al., 1983). Both agents intercalate into cellular membranes, bind with cytosolic PKC, causing this Ca^{2+} and phospholipid-dependent enzyme to adhere to the membrane and leading to phosphorylation of related effector proteins (Nishizuka, 1986; Nishihira et al., 1985, Wolfson et al., 1985). In contrast, other more physiological stimuli such as PAF do not directly interact with PKC but rather bind with their respective cell surface receptors inducing the production of diacylglycerol, elevation of free cytosolic Ca²⁺, and the synthesis of other second messengers that modulate kinase activity (Nishizuka, 1986; O'Flaherty, 1987). In human neutrophils, for instance, leukotriene C_4 and PAF have been shown to mobilize PKC at concentrations that correlate closely with their respective affinities for cellular LTB₄ or PAF receptors (O'Flaherty, 1987).

The first indication of possible PKC involvement in cosinophil activation came from the observation that PMA alone induced the release of granular enzymes (Figures 3.1 and 3.2), generation of TXB₂ (Figure 3.10) and $\cdot 0_2$ -production

(Figure 3.14). The data shown in Chapter 9 extend these observations and demonstrate that PMA also inhibits PAF-induced eosinophil degranulation as well as Ca^{2+} mobilization (Figures 9.1 and 9.2, pages 170 to 171). Comparable results were obtained when eosinophils were stimulated with leukotriene B₄ or the complement protein C5a. This indicates that PKC represents an integral component of the activation cascade, utilized by PAF and other receptor agonists. In contrast, the calcimycin induced enzyme release was not effected by PMA pretreatment. In addition, preincubation with staurosporine, a relatively potent though not specific PKC inhibitor, reversed the PMA-induced inhibition in a concentration-dependent fashion with an EC_{50} of 9.7 nM. All together, these results provide indirect evidence that PAF-response coupling in eosinophils involves the activation of a PKC.

To further understand the mechanism of PKC activation we studied the effects of PMA on the intracellular distribution of the enzyme in eosinophils. In unstimulated eosinophils all the PKC activity appeared to be cytosolic. PMA at concentrations which induced granule protein secretion and respiratory burst, caused a translocation of PKC from the cytosol to the particulate fraction in eosinophils with approximately 15% of total enzyme activity becoming membrane-associated (Table 9.1, page 177). Translocation of PKC upon stimulation with phorbol esters has also been reported in other cell systems (Nishizuka, 1984a; Nishizuka 1984b; Nishizuka; 1986; Winkler 1988), indicating that translocation of the activated cytosolic enzyme to the particulate fraction may be a general biochemical mechanism of action for phorbol ester activation of PKC. These results suggest that the effect of PMA on PAF-mediated eosinophil responsiveness may be due to its ability to irreversibly activate PKC, leaving the enzyme unresponsive to a second stimulation. Unlike diacylglycerols, which undergo further metabolism in the cell, phorbol esters produce a sustained activation of PKC. Although, very prolonged treatment of cells with phorbol esters can result in loss of PKC activity (Huang et al., 1989) it is evident that an acute, maximal stimulation of PKC by phorbol esters does not necessarily mimic the effects induced by

PAF-activation of the enzyme through 1,2-DAG formation. Agonists that induce a weak activation of PLC, and therefore, cause only a small increase of the diacylglycerol are also likely to cause only a minimal activation of PKC with a relative transient increased phosphorylation of a few target proteins. Alternatively, agonist-induced cell stimulation may cause activation of a receptor-specific kinase, as observed for the insulin receptor (Czech *et al.*, 1988). This might explain (1) why no significant activation of PKC was detected when eosinophils were treated with PAF, and (2) that eosinophils challenged consecutively with different stimulants showed a full responsiveness to each agonist. In contrast, maximal activation of the PKC by phorbol esters may result in prolonged phosphorylation of a large number of target proteins, such as receptor proteins or the PLC, with subsequent distortion of various biological responses.

Overall, these results demonstrate that in eosinophils PKC plays an integral role in signal transduction pathways utilized by PAF. Functionally the enzyme appears to be involved in both positive and negative feedback mechanisms. The finding that staurosporine reverses the PMA-induced inhibition of PAF-elicited EPO release and increase, as well as enhances the PAF induced EPO secretion, suggests that staurosporine may, in fact, inhibit the negative feedback functions of PKC rather than its permissive properties.

Recent work has demonstrated the existence of at least seven distinct mammalian protein kinase C enzymes, suggesting that PKC may comprise a functional diversity in cellular signalling pathways. Different isotypes may possess different substrate specificities and play discrete roles in the activation sequence. Studies in brain support this hypothesis where differential responses to activating agents have been shown to occur (Sekiguchi *et al.*, 1987). It may also be that the activation of PAF-RI or PAF-RII receptors also specifically activates certain isoenzymes resulting in distinct patterns of cellular responses (see Chapter 9.5, page 181).

10.4 RELATIONSHIP BETWEEN THE FORMATION OF SECOND MESSENGERS AND CELL RESPONSES

Within seconds of exposure to PAF, eosinophils begin to respond in a variety of ways. First the intracellular levels of $Ins(1,4,5)P_3$ and 1,2-DAG are elevated, both following a remarkably similar time course (Figures 6.3 and 8.2). The generation of these two intracellular signals is followed by a rise in [Ca²⁺]_i, which reaches a peak after approximately 15 sec (1 μ M PAF). As demonstrated in Chapter 7, the PAF-stimulated increase in $[Ca^{2+}]_i$ in guinea pig eosinophils results from both the release of intracellular Ca²⁺ stores and an influx of extracellular Ca²⁺. Furthermore, this transient elevation in [Ca²⁺]_i appears to represent an integral step in signal-response coupling in these cells. The mechanisms responsible for the PAF-induced Ca²⁺ release from intracellular pools, however, remain speculative. Peak accumulation of Ins(1,4,5)P₃ stimulated by 1 μ M PAF preceded the peak increase in [Ca²⁺]_i by approximately 10 to 15 sec confirming that the increase in [Ca²⁺]_i might be secondary to the formation of $Ins(1,4,5)P_3$. In addition, there was a significant correlation (r=0.98; p < 0.01) between the mean peak $Ins(1,4,5)P_3$ concentration and the average net peak [Ca²⁺]_i change in eosinophils stimulated with different concentrations of PAF. A significant correlation was also found when these parameters were plotted for other agonists (r=0.87; p < 0.05). These results are consistent with findings reported in neutrophils (Krause et al., 1985; Spat et al., 1986) and other biological systems (Berridge & Irvine, 1984) and support the hypothesis that $Ins(1,4,5)P_3$ regulates PAFinduced $[Ca^{2+}]_i$ increase in eosinophils.

The release of prostanoids such as TXB_2 generated by eosinophils is remarkably rapid with a $t_{1/2} = 9.2$ sec. While maximal levels of TXB_2 are attained between 30 and 60 sec, its rate of production is maximal within the first 5 sec. In other words, maximal TXB_2 synthesis precedes the peak $[Ca^{2+}]_i$ by 10 seconds. This suggests that liberation and activation of arachidonic metabolism through PLA₂ and cyclo-oxygenase occurs at submaximal Ca^{2+} concentrations. Alternatively, direct activation of PLC by the receptor/G-protein complex may cause a near-instantaneous liberation of arachidonic acid. The inositol lipids contain a high proportion of arachidonic acid in the 2-position of the glycerol moiety, and free arachidonic acid can be produced by further metabolism of 1,2-DAG through sequential degradation of diglyceride and monoglyceride lipases, providing an additional early source for the synthesis of TXB₂. In addition to being metabolized into prostanoids and leukotrienes, this early increase in free arachidonic acid may itself cause a direct release of Ca²⁺ from intracellular stores, independent of the production of Ins(1,4,5)P₃ and further may directly activate PKC (Nishizuka 1988).

While it is possible to hypothesize a cascade of distinct biochemical steps in eosinophils that lead to an increase in $[Ca^{2+}]_i$ and PKC activation, subsequent events of the cell response are less well defined. They appear to include the polymerization of actin filaments, solubilization of core material, active transport of this material from the cytoplasm to the membrane, and other so far unknown processes, eventually leading to the secretion of granular constituents. Enzyme release from guinea pig eosinophils challenged with PAF occurred within 2 min post-challenge and secretion was essentially complete by 15 min post-challenge. Analysis of the kinetic data yielded an average half-maximal release at 134 sec after stimulation. The apparent slower release process for granular proteins as opposed to the rapid release of lipid mediators may be attributable to the more complex cellular degranulation apparatus. Given the rapid generation of second messenger signals described above, these results point to the fact that both $Ins(1,4,5)P_3$ formation and increase in $[Ca^{2+}]_i$ occur prior to enzyme release, suggesting a role for both intracellular signals in mediating eosinophil enzyme secretion.

As discussed in more detail in Chapter 10.7, guinea pig eosinophils were more responsive to LTB_4 than to PAF. This difference was also observed for the formation of $Ins(1,4,5)P_3$. Interestingly, however, the time course of the elevation in $[Ca^{2+}]_i$ induced by LTB_4 did not differ significantly from that induced by PAF. In addition, the kinetics and magnitude of the rise in $[Ca^{2+}]_i$ elicited by C5a, the eosinophil chemotactic complement component, were found to be similar to those induced by PAF and LTB₄, although C5a was less effective in promoting enzyme release and Ins(1,4,5)P₃ accumulation. These results indicate that the magnitude of PtdIns(4,5)P₂ hydrolysis as judged by Ins(1,4,5)P₃ accumulation does not necessarily determine the magnitude of subsequent events in the transduction process. One possible explanation may be that LTB₄ generates an overabundance of Ins(1,4,5)P₃ which rapidly saturates Ins(1,4,5)P₃ binding sites in the eosinophil microsomes that are responsible for Ca²⁺ release while PAF and C5a do not. It has been reported, that the peak increase in [Ca²⁺]_i elevation depends on the rate of Ins(1,4,5)P₃ production in the first few seconds, rather than the eventual magnitude of its accumulation (Thomas *et al.*, 1984). Similar conclusions have been drawn from experiments using pancreatic acinar cells (Merrit *et al.*, 1986), which responded with a much greater accumulation of Ins(1,4,5)P₃ to caerulin than to carbachol, even though these two agents were equipotent in increasing cytosolic free Ca²⁺.

Once the concentration of $Ins(1,4,5)P_3$ and the $[Ca^{2+}]_i$ have peaked, within 30 seconds post-challenge, the levels steadily return to basal values. Around this time, the rate of prostanoid release also declines. In addition, approximately 2 min post-challenge the generation and release of $\cdot O_2^-$ has attained its maximal level and subsequently declines. Degranulation is nearly complete 15 minutes post-challenge with only minor amounts of granular constituents being secreted at later time points. These data support the observation that stimulation of eosinophils by PAF is a selflimited process which produces both excitatory and inhibitory signals (see below). While the kinetics of most of these responses are concentration-dependent, with lower concentrations usually causing a slower eosinophil response, the order of subsequent cellular events remain unchanged.

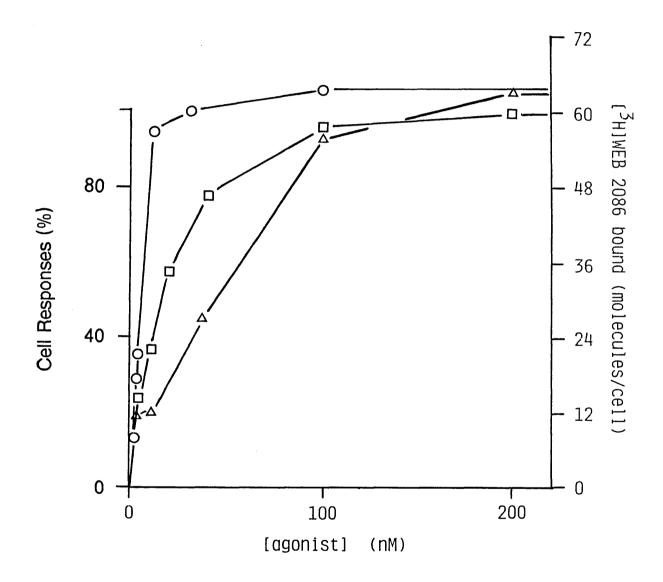


Figure 10.1: Relationship between [³H]WEB 2086 binding to purified guinea pig eosinophils and cell responses. Correlation of [³H]WEB 2086 binding to purified guinea pig eosinophils (O) with PAF-induced EPO secretion (\Box) and TXB₂ release (Δ). Data points shown in the Figure were adapted from results presented in Chapters 3 and 4.

The kinetic data summarized above suggest that binding of PAF causes a near instantaneous cellular response and that this response clearly occurs before a PAF-binding equilibrium is established. The number of receptors necessary to induce eosinophil activation, however, is not known. This direct link between occupation of PAF receptors and cellular response becomes evident when PAF binding is correlated to the release of EPO and TXB_2 (Figure 10.1). Within the limits of precision of the spectrophotometric radio-immunological measurements, it is obvious that the doseresponse and PAF binding curves are superimposable suggesting that the occupation of PAF receptors is closely linked to degranulation of eosinophils. Interestingly, this correlation can be extended to other functional responses such as prostanoid release.

10.5 TERMINATION OF EOSINOPHIL ACTIVATION

In many biological systems, the initiation of cellular activation cascades by a specific ligand also activates inhibitory feedback pathways. Data presented here strongly indicate, that PAF serves not only as a potent eosinophil stimulant but also provides a signal for the reduction in cellular responsiveness. Accordingly, at least three different inhibitory signals in eosinophils are set in action by PAF:

- (1) receptor desensitization,
- (2) increase in cyclic adenosine monophosphate (cAMP), and
- (3) internalization of PAF-receptor complexes.

10.5.1 Receptor Desensitization

10.5.1.1 Homologous desensitization

The stimulus specific nature of PAF-induced eosinophil activation is illustrated by the observation that pretreatment with PAF renders the eosinophils unresponsive to subsequent exposure to this stimulus, although the cells remained fully responsive to other stimuli. For instance, after initial exposure to PAF, eosinophils were unable to respond with a further elevation of the cytoplasmic Ca²⁺ level whereas leukotriene B₄, C5a or fMLP produced a full response. The attenuated capacity of eosinophils to release enzymes or increase $[Ca^{2+}]_i$ following a second application of the same stimulus reflects homologous desensitization. Stimulus desensitization has previously been demonstrated in neutrophils with PAF and other stimuli (Henson *et al.*, 1978; Smith *et al.*, 1983; Chesney *et al.*, 1984) but had not previously been reported in eosinophils.

The inhibition of PAF-induced responses such as degranulation (Figure 3.2), prostanoid generation (Figure 3.9), accumulation of $Ins(1,4,5)P_3$ (Figure 6.3) and the increase in $[Ca^{2+}]_i$ (Figure 7.5) at agonist concentrations > 1 μ M may also be attributable to cell desensitization. The lack of LDH release by PAF even at concentrations between 1 μ M and 30 μ M indicates that the decreased cell response was not due to a cytotoxic effect of high agonist concentrations. One possible explanation for this effect of PAF at higher concentrations is that simultaneous desensitization is occurring at the same rate as $Ins(1,4,5)P_3$ accumulation, $[Ca^{2+}]_i$ mobilization or secretion and that the former serves to limit the latter. This mechanism has been postulated by Henson (1976) to be responsible for the plateau in the secretory response in PAF-stimulated rabbit platelets. Simultaneous desensitization for other agents occurring at high stimulus concentrations has also been suggested for platelets (Hallam et al., 1984), neutrophils (Niedel et al., 1979; Sullivan & Zigmond, 1980) and smooth muscle cells (Findlay et al., 1981). Interestingly, for O_2^- release no simultaneous desensitization was observed and the precipitous fall in the ability of eosinophils to produce $\cdot O_2^-$ at concentrations of PAF above 30 μ M was clearly associated with a cytotoxic effect of the stimulus.

Desensitization or supersensitivity are well known pharmacological phenomena. The biochemical basis of this desensitization process, however, is not yet understood. High agonist concentrations or prolonged exposure to the physiological agonists concentrations may result in a rapid loss of surface receptors due to internalization or endocytosis of stimulus-receptor complexes from the cell surface (Su et al., 1980; Chuang & Costa, 1979; MacGlashan et al., 1983; Sullivan & Zigmond, 1980; see below). Alternatively, there could be either a rapid structural modification of the receptor itself or a modulation of the activity of other target enzymes and regulatory proteins, i.e. through a phosphorylation catalyzed by a specific protein kinase C (Cohen, 1985). Indeed, homologous desensitization of β -adrenergic receptors and rhodopsin are due to a kinase that is specific for the agonist occupied receptor (Benovic et al., 1986; Shichi & Somers, 1978). Furthermore, the observation that by 5 sec, 10 μ M PAF caused a substantially lower accumulation of Ins(1,4,5)P₃ than 1 μ M suggests that in eosinophils desensitization is due to alterations in some very early receptor-coupling event. This is in line with previous findings in the β -adrenoceptoradenylyl cyclase system which shows that receptor specific desensitization is caused by an rapid reversible uncoupling of the receptor from the cyclase within the first few seconds (Su *et al.*, 1980).

10.5.1.2 Heterologous Desensitization

The data presented here also show that both PAF-RI and PAF-RII receptors are subject to heterologous desensitization. Short-term treatment of the cells with active phorbol esters resulted in a concentration-dependent attenuation of Ca²⁺- mobilization, EPO release and O_2^- production, promoted not only by PAF (Figures 9.1 and 9.2) but also by other stimuli such as LTB₄, C5a, and fMLP. These results suggest a possible role for PKC in the desensitization phase of receptor-mediated eosinophil activation. This conclusion is further supported by the finding that staurosporine reverses the inhibitory effect of PMA and enhances PAF-induced functional responses such as EPO release.

Although the exact mechanisms responsible for general desensitization through PKC-mediated signalling have so far not been elucidated, there are three possible explanations that should be discussed. The first mechanism involves the phosphorylation of the receptor itself with subsequent inhibition of agonist binding and possibly uncoupling of the receptor from its G-protein. This process occurs for the β adrenergic receptors (Nishizuka, 1986). Secondly, PKC may phosphorylate the α -subunit of the G-protein, thus rendering it inactive, as has been demonstrated in platelet membranes (Katada *et al.*, 1985). The third conceivable mechanism involving desensitization by PKC may occur later in the signal transduction cascade at a site distal to receptor-coupled stimulation of PLC, namely at Ins(1,4,5)P₃ phosphatase. In platelets and brain tissue it has been demonstrated that PKC activation causes an increase in 5-phosphomonoesterase activity (Connolly *et al.*, 1985; Molina y Vedia & Lapetina, 1986). Consequently, phosphorylation of 5-phosphomonoesterase by PKC may have the effect of selectively diminishing the increase in [Ca²⁺]_i, by accelerating the removal of Ins(1,4,5)P₃.

Some of the above mechanisms may also be effective in homologous receptor desensitization. Unlike diacylglycerols which undergo further metabolism in the cell, phorbol esters such as PMA produce a sustained activation of PKC. In addition, receptor activation may involve only a small portion of the total cellular PKC while phorbol esters may non-selectively activate all the available enzyme, hence rendering various, if not all, signal input mechanisms unresponsive to stimulation. Finally, PMA leads to down-regulation of PKC making it susceptible to proteolysis while receptor-mediated PKC activation is essentially reversible (Nishizuka, 1986; Nishizuka, 1988).

10.5.2 Increase in cyclic AMP

In the neutrophil fMLP elicits a rapid elevation of cyclic AMP (cAMP), peaking at 15 seconds after addition of the ligand (Korchak *et al.*, 1984). The β adrenergic agonist isoproterenol, and prostaglandin E have also been shown to increase cAMP levels in eosinophils in response via their stimulatory action on adenylyl cyclase (Dent *et al.*, 1990; Yukawa *et al.*, 1990a). Though these agonists elevate cAMP in the eosinophil they do not lead to degranulation or generation of $\cdot O_2^-$. However, preincubation of the cells with PGE_2 , inhibited PAF-induced degranulation, elevation of $[Ca^{2+}]_i$, and O_2^- in a concentration-dependent fashion. This suggests that instead of serving as a triggering mechanism, an elevation in cAMP levels apparently serves as an inhibitory feedback mechanism. One possible mechanism, which has been demonstrated in neutrophils, is the inhibition of the activation pathway at the level of phospholipase C, possibly via activation of the cyclic AMP-dependent protein kinase. Agents that increase cAMP were shown to inhibit remodelling of InsPs, arachidonate release and the subsequent calcium mobilization (Kato *et al.*, 1986; Della Bianca *et al.*, 1986; Takenaka & Ishitoya, 1985).

Further evidence to support this hypothesis comes from the experiments with the cyclo-oxygenase inhibitor flurbiprofen, which markedly enhanced the PAFelicited responses. Thus, PAF-induced release of PGE₂ may act as an autocoid, binding to PGE₂ receptors on the eosinophil itself and raising cAMP levels secondary to PAF receptor activation. The mode of action of cAMP in eosinophils is not known. Nevertheless, in other cell systems, the rise in cAMP inhibits arachidonic acid release and remodelling of InsPs (Takenaka & Ishitoya, 1985; Della Bianca *et al.*, 1986), thereby reducing the amount of substrate available for $Ins(1,4,5)P_3$ and 1,2-DAG formation. In neutrophils, cyclic AMP apparently also inhibits cellular PKC activity (Di Virgilio *et al.*, 1987).

10.5.3 Internalization of PAF-receptor complexes

In many receptor systems (King & Cuatrecasas, 1981; Sibley *et al.*, 1987; Donabedian & Gallin, 1981) homologous desensitization is a consequence of decreased receptor expression. In neutrophils it has been shown that contact between cells and the chemotactic oligopeptide fMLP resulted in a reduced number of receptors for this ligand on the cell surface (Sullivan & Zigmond, 1980). Moreover, in rat basophilic leukemia cells, internalization of the IgE receptor occurred rapidly with a $t_{1/2}$ of 3 to 5 min, was Ca²⁺-independent, and both receptor and ligand were degraded.

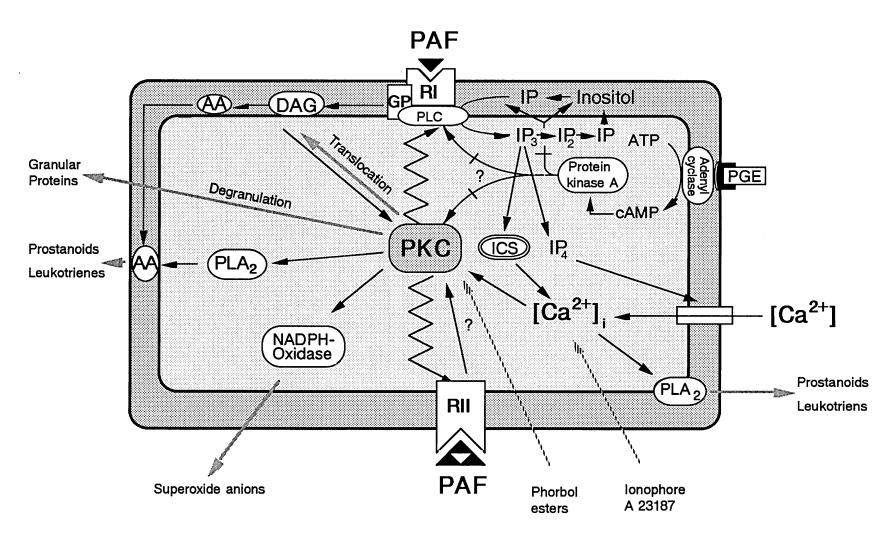


Figure 10.2: Schematic representation of the possible activation pathways in eosinophils stimulated with PAF. Key: AA, arachidonic acid; DAG, diacylglycerol; GP, G-protein; ICS, intracellular Ca2+ stores; IPx, inositol phosphates; PKC, protein kinase C; PLA2 phospholipase A2; PLC, phospholipase C; RI, high-affinity receptor; RII, low-affinity receptor.

Since both PAF and PMA, but not LTB₄, reduce the specific binding of [³H]WEB 2086 to eosinophils (Figure 9.6), it is likely that receptor internalization and degradation can also be found in eosinophils. On the other hand, the observation that a reversible equilibrium of PAF binding occurs on eosinophils, denotes that not all receptors are internalized. Similar conclusions have also been drawn from IgE-binding experiments using rat basophilic leukemia cells (Isersky *et al.*, 1983; Furuichi *et al.*, 1986; Rivera *et al.*, 1986) and human basophils (Warner & MacGlashan, 1989). The observation that eosinophil responsiveness returns between one and two hours post-challenge, suggests that internalized receptors may be re-utilized.

10.6 THE DUAL NATURE OF THE PAF RECEPTOR

The possible activation mechanisms for eosinophils known to date are summarized in Figure 10.2. As is evident from the data presented throughout the dissertation, the eosinophil appears to express two receptor classes for PAF which differ in a number of aspects. Occupancy of the high-affinity receptor at 1 nM to 1 μ M PAF evokes chemotaxis (Wardlaw *et al.*,1986), degranulation, and lipid mediator release whereas occupancy of the low-affinity PAF-RII receptor at 1 μ M to 30 μ M PAF elicits the release of superoxide anions. In addition, occupancy of PAF-RI leads to an increase in [Ca²⁺]_i and Ins(1,4,5)P₃, while no correlation could be found between the second messengers and \cdot O₂⁻. Furthermore, both \cdot O₂⁻ changes and the accumulation of Ins(1,4,5)P₃ mass decreased progressively at PAF concentrations greater than 1 μ M and altogether ceased at concentrations greater than 10 μ M PAF. In contrast, however, the most effective concentration for the PAF-induced \cdot O₂⁻ was 30 μ M, 30 to 300-fold greater than the PAF-RI-associated effector functions.

PAF-RI and PAF-RII also differed in their sensitivity towards PTX. While PAF-RI-coupled eosinophil functions were inhibited by PTX, PAF-RIImediated $\cdot O_2^-$ release was not. This finding suggests that the two PAF receptors are coupled to distinct transduction mechanisms. While PAF-RI appears to utilize a G_i-like protein-coupled PLC, leading to production of intracellular second messengers, the PAF-RII receptor appears to bypass most of these intracellular events. This is confirmed by the finding that production of $\cdot O_2^-$ occurs in the absence of extracellular Ca²⁺ (although not in Ca²⁺-depleted cells) while PAF-RI-transduced functions essentially required Ca²⁺ (Figure 7.5). More than that, $\cdot O_2^-$ production was strongly dependent on the presence of extracellular Mg²⁺, a fact which may, however, simply reflect its role as a cofactor for the NADPH oxidase (Heyneman & Vercauteren, 1984).

The fact that the phorbol esters are potent $\cdot O_2^-$ producers and that pretreatment of eosinophils with PMA inhibits the PAF-induced O_2^- production implicates PKC in the signal transduction pathway utilized by PAF-RII. The molecular mechanisms coupling the receptor to PKC, however, are not known. It is possible to hypothesize that the receptor binds directly to a membrane bound PKC which then phosphorylates and activates the NADPH oxidase. Alternatively, other, so far unknown, signalling steps may link the PAF-RII receptor to the PKC. Another explanation could be that the PAF-RII is coupled to a different subspecies of PKC. This hypothesis is supported by the observation that PAF-RI receptor mediated EPO release is inhibited by staurosporine (Figure 9.4), whereas the PAF-RII transduced generation of O_2^- is slightly enhanced (Table 9.1). It is intriguing that rabbit and human neutrophils also appear to express two subsets of PAF receptors that are distinguishable by their sensitivity to PTX (Naccache et al., 1985; Naccache et al., 1986; O'Flaherty et al., 1986; Lad et al., 1987). The Gi-coupled receptor induces InsPs turnover, release of Ca²⁺ from intracellular stores, causes transient cell depolarization, an increase in cytoskeletal actin, secretion of granular enzymes, neutrophil aggregation and chemotaxis (Naccache et al., 1985; Naccache et al., 1986; Lad et al., 1985; Lad et al., 1987). However, in contrast to the PAF-RII site in eosinophils, the PTX-insensitive receptor appears to be associated with an apparent preexisting Ca²⁺ channel.

It is not clear whether the two PAF receptors identified on eosinophils represent distinct binding sites or whether they reflect two different affinity states of the same receptor. Recent experiments using immunoblotting on purified eosinophil membranes have failed to distinguish between the two binding sites (paper in preparation). However, β -adrenergic receptors are also capable of existing in two discrete states having either a high or low affinity for agonists (Kent *et al.*, 1980). Subsequent biochemical studies have shown that these two forms of the receptor corresponded to discrete molecular entities (Limbird *et al.*, 1980). Agonist binding forms a high affinity intermediate complex, consisting of receptor and a GTP binding protein. Binding of GTP then dissociates the complex to the low affinity form of the receptor (De Lean *et al.*, 1980; Stadel *et al.*, 1980). In contrast, however, to the two proposed PAF receptors on eosinophils, in this example only the high-affinity intermediate-complex is coupled to functional events.

A similar model has been proposed for fMLP peptide receptors. Binding of these peptides to human neutrophil membrane preparations best fits two classes of binding sites (Makin *et al.*, 1982; Koo *et al.*, 1982; Snyderman *et al.*, 1984). The K_d values for the sites are approximately 0.5 and 24 nM, respectively, with the high affinity state representing approximately 25% to 50% of the total number of receptors (Koo *et al.*, 1983). The high- and low-affinity binding sites were detectable in preparations of neutrophil membranes but only a single low-affinity site was found on intact neutrophils, suggesting that in whole cells, the sites might be rapidly interconverted, allowing detection of only a single class with the use of steady-state binding techniques (Koo *et al.*, 1983). Based on this observation, it was suggested that the fMLP receptors might be coupled to a GTP-binding protein and that binding of GTP causes a reversible conversion of high-affinity to low-affinity binding sites (Snyderman *et al.*, 1984; Koo *et al.*, 1983). The absence of detectable high-affinity receptors on intact cells using equilibrium binding is presumably due to the high levels of intracellular GTP or GDP (Snyderman *et al.*, 1984). This proposal was confirmed

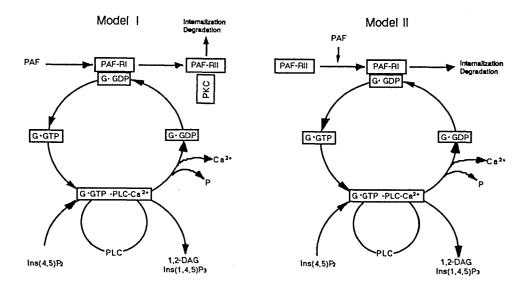


Figure 10.3: Hypothetical models of interconversion of the high-affinity (PAF-**RI**) and low-affinity receptor (PAF-RII). Key: G, G-protein, GDP, guanosine diphosphate; GTP, guanosine triphosphate; PLC, phospholipase C; P, inorganic phosphate.

by the discovery of two different GTP-dependent dissociation rates in whole neutrophils (Sklar *et al.*, 1987) and the modification of fMLP binding by guanine nucleotides (Preiss *et al.*, 1986). In other receptor systems, multiple binding sites have been shown to be due to aggregation, phosphorylation, or association with a GTPbinding protein.

It may, therefore, be possible that PAF binding to the high-affinity PAF-RI site in cosinophils results initially in a PAF-RI-G·GTP-PLC-Ca²⁺-complex inducing the hydrolysis of Ins(4,5)P₂ to Ins(1,4,5)P₃ and 1,2-DAG. By analogy to other G-proteins, binding of GTP to the G-protein may uncouple the receptor, leaving behind a low-affinity site which could, if PAF concentrations reach sufficiently high levels, then activate a different pool of PKC. The low-affinity PTX-insensitive form of the receptor could also represent an intermediate form that is associated with rapid receptor internalization, since an increasing rate of [³H]PAF incorporation was observed at high (> 10 μ M) PAF concentrations (Fig. 10.3, model I). It can be hypothesized that when formation of this receptor state exceeds the internalization rates, this form of the receptor transmits signals for \cdot O₂⁻ production. Furthermore, after the possible PAF-RI-induced translocation of PKC in the vicinity of the membrane the enzyme may be readily available for a direct interaction with the PAF-RII receptor. This hypothesis is supported by the finding that a precipitous decline of PAF-RI-related eosinophil functions correlates to an increase in PAF-RII transduced O₂⁻ production.

Alternatively, PAF binding sites may occur originally as G_i proteinindependent, low-affinity receptors. Exposure of eosinophils to PAF at low concentrations could then cause conformational changes leading to association with an adjacent G-protein, converting the receptor to the high affinity site and inducing the cellular functions. Once superoptimal PAF concentrations are reached the receptor Gprotein coupling is inhibited and low affinity binding prevails which, when receptor occupancy exceeds a critical threshold, transduces the signal for $\cdot O_2^-$ generation (Fig. 10.3, model II).

The biological significance for the occurrence of two PAF binding sites is not clear. As suggested above, one of the two forms may simply reflect intermediate states in the receptor life cycle. This, for instance, has been proposed for the IL-2 receptor where only the high-affinity sites undergo receptor-mediated endocytosis (Weissman et al., 1986). Moreover, the growth-promoting effects of IL-2 appear to be solely mediated by the interaction of ligand with high affinity IL-2 receptors whereas, to date, no biological function can be attributed to the low-affinity sites. However, in other receptor systems such as the LTB_4 or fMLP receptors on neutrophils, activation of the different receptor subtypes result in distinct functional responses (Goldman et al., 1984). The division of eosinophil PAF receptors into two functionally distinct sites may, in fact, reflect an ingenious teleogical control mechanism for eosinophil effector functions. Hence, it can be hypothesized that the high-affinity receptor accounts for the chemotactic attraction, degranulation and mediator release taking place over longer distances, i.e. during migration of the cells into inflamed tissue. In contrast, the shortlived oxygen metabolites which can impose their toxic effects only locally require higher PAF concentrations for the production. Such concentrations of PAF could only be achieved at the site of inflammation, in close proximity to the antigen and surrounding antigen-processing mononuclear cells.

10.7 EOSINOPHIL ACTIVATION THROUGH PAF AS AN AUTOCOID

Not only is PAF a potent eosinophil activating factor, but eosinophils are also the major source of this mediator (Lee *et al.*, 1984). As with other cells, this observation suggests that cells capable of producing a certain lipid mediator also respond to it (see below). A major role of the lipids, therefore, may be to attract more effector cells to an inflammatory site through an amplification loop. In addition, PAF may function as an autocoid, modulating the eosinophil response induced by other agonists such as C5a or fMLP. Such a function has been attributed to the mode of action of interleukin 2 in T helper cells. Evidence to support this hypothesis in eosinophils can be drawn from results presented in Chapter 3 where WEB 2086 partially inhibited TXB₂ release from eosinophils stimulated with calcimycin. Hence, the release of PAF by eosinophils upon stimulation may result in an autocrine response amplification loop. In addition, the fMLP-induced heterologous desensitization of the PAF-mediated increase in $[Ca^{2+}]_i$ (Fig. 7.4) may be caused, in part, by the release of PAF by fMLP thereby reducing the cellular response to a subsequent exogenous challenge with PAF. However, PAF synthesized in eosinophils tends to remain cellassociated (Lee *et al.*, 1984) an the possible role of PAF as an autocoid in eosinophil activation awaits further investigation.

10.8 PAF AS A PRIMING AGENT IN EOSINOPHIL ACTIVATION

An important and biologically relevant synergism exists between PAF and other inflammatory autocoids, including certain lipoxygenase and cyclo-oxygenase products of arachidonate metabolism. By design and implication in most *in vitro* experiments, a single mediator concept of inflammatory cell activation has emerged. However, during inflammatory tissue responses *in vivo*, several classes of inflammatory mediators are simultaneously produced and may collectively initiate either additive or synergistic effects. Indeed, for both platelets (Ostermann *et al.*, 1983) and neutrophils (Vercellotti *et al.*, 1988) it has been shown that subthreshold concentrations of PAF augment the cellular responses to suboptimal concentrations of other agonists. A couple of studies have now demonstrated a similar priming effect of PAF in eosinophils (Tamura *et al.*, 1987; Tamura *et al.*, 1989; Koenderman *et al.*, 1990). For instance, preincubation of human blood eosinophils with PAF for 30 min significantly enhanced the calcimycin-induced LTC₄ production (Tamura *et al.*, 1987). Interestingly, LTB₄ failed to enhance the eosinophil mediator production (Tamura *et* agonists such as C5a or fMLP. Such a function has been attributed to the mode of action of interleukin 2 in T helper cells. Evidence to support this hypothesis in eosinophils can be drawn from results presented in Chapter 3 where WEB 2086 partially inhibited TXB_2 release from eosinophils stimulated with calcimycin. Hence, the release of PAF by eosinophils upon stimulation may result in an autocrine response amplification loop. In addition, the fMLP-induced heterologous desensitization of the PAF-mediated increase in $[Ca^{2+}]_i$ (Fig. 7.4) may be caused, in part, by the release of PAF by fMLP thereby reducing the cellular response to a subsequent exogenous challenge with PAF. However, PAF synthesized in eosinophils tends to remain cell-associated (Lee *et al.*, 1984) an the possible role of PAF as an autocoid in eosinophil activation awaits further investigation.

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Although the mechanism by which PAF is able to prime cosinophils remains to be established, one or more of the biochemical pathways outlined earlier in the Chapter may be involved. In a recent study examining the effects of PAF on serumtreated zymosan-induced respiratory burst, Koenderman and coworkers (1990) demonstrated that the priming effect of PAF is accompanied by 1,2-DAG accumulation and the activation of PKC.

In conclusion, the data indicate that PAF may not only serve as a direct activator of a secretory response but also be effective as a priming agent in eosinophils, an observation which has direct relevance to the treatment of pulmonary inflammation in asthma.

10.9 SPECIES DIFFERENCES IN EOSINOPHIL ACTIVATION

In the present study, the guinea pig cosinophil was chosen as a model cell to study eosinophil signal transduction. The main reason for this was its accessibility and the ease with which it can be isolated at the high purity necessary for biochemical investigations. However, there is evidence that guinea pig eosinophils differ from human eosinophils in certain aspects of their biological behaviour. For this reason the experiments were repeated with human eosinophils where feasible. The only major difference was the differential responsiveness of both eosinophil types to PAF and LTB₄. This extends previous studies showing that in human eosinophils PAF is 10- to 20-fold more potent at inducing chemotaxis than is LTB₄ *in vitro* (Wardlaw *et al.*, 1986). However, in guinea pig eosinophils, PAF is only one third as effective as LTB₄ (Aoki *et al.*, 1987). Furthermore, intradermal injection of PAF into healthy and atopic volunteers induces a cellular infiltrate consisting predominantly of eosinophils (Archer *et al.*, 1985; Henocq *et al.*, 1986; Henocq *et al.*, 1988) whereas leukotriene B₄ failed to induce a significant eosinophil accumulation as assessed by an

al., 1989). Similarly, PAF enhanced the respiratory burst of blood eosinophils induced by serum-treated zymosan (Koenderman *et al.*, 1990).

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improved skin window chamber technique (Bisgaard *et al.*, 1986). In the guinea pig, however, inhalation of either PAF or LTB₄ induced a marked increase in eosinophils in the lung (Aoki *et al.*, 1987; Silbaugh *et al.*, 1987; Coyle *et al.*, 1988). Interestingly, in spite of these differences in responsiveness, comparison of the $[Ca^{2+}]_i$ rise induced by PAF and LTB₄ in both guinea pig and human eosinophils, failed to show any significant differences (see also section 10.3.5).

PAF is a potent stimulus for prostanoid release in human eosinophils whereas LTB_4 is much less potent. In contrast, guinea pig eosinophils are 2-to 3-fold more sensitive to LTB_4 than PAF. Another point to note is that guinea pig and human eosinophils also differ in their ability to synthesise lipid mediators from arachidonic acid. While human eosinophils are known to synthesize LTC_4 (Aizawa *et al.*, 1987; Bruynzeel *et al.*, 1987b; Mahauthaman *et al.*, 1988), guinea pig eosinophils do not produce sulfidopeptide leukotrienes due to the absence of a specific LTA_4 glutathione S-transferase (Sun *et al.*, 1989b; Hirata *et al.*, 1990).

On the other hand, eosinophils from human and guinea pig sources share a variety of characteristics. Both cells express C3 receptors on their membrane surface (Henson, 1969; Tai & Spry, 1976). Likewise, both express PAF-receptors on their surface membrane, to which WEB 2086 binds with equal affinity (16.3 versus 18.2 nM). Finally, accumulation of eosinophils in both humans and guinea pig tissue follows a similar pattern. As demonstrated in human skin, PAF, antigen and anti-IgE challenge all produced a marked increase in numbers of eosinophils (Eidinger *et al.*, 1962; Henocq & Vargaftig, 1986; Henocq & Vargaftig, 1988; Henocq & Rihoux, 1990). Similarly, eosinophils are the predominant cell type in airways of guinea pigs challenged with PAF or antigen (Lelloch-Tubinan *et al.*, 1985; Coyle *et al.*, 1987; Lelloch-Tubina, *et al.*, 1988; Coyle *et al.*, 1988; Fugner, 1989).

<u>10.10 IMPLICATIONS FOR THE PATHOGENESIS OF</u> <u>EOSINOPHILIC DISEASE</u>

10.10.1 Eosinophil effector functions

Increasing evidence suggests that the eosinophil may play an important role as an inflammatory effector cell in the pathogenesis of asthma and other eosinophilassociated diseases (Gleich, 1986; Frigas & Gleich, 1986). Eosinophil effector functions are mainly mediated through the generation of oxygen radicals by the NADPH oxidase system (Weiss *et al.*, 1986; Kanofsky *et al.*, 1988) and through the release of granule contents, particularly the basic proteins which include eosinophil peroxidase, major basic protein and eosinophil cationic protein (Gleich & Adolfson, 1986). These proteins differ from other constituents by their strong positive charge and their high affinity to cellular membranes (Samoszuk *et al.*, 1988; Kroegel *et al.*, 1987). Membrane binding of these proteins results in both cell malfunction and cell disruption. The major basic protein or MBP, for instance, damages various mammalian cells, exfoliates bronchial epithelium cells and impairs the epithelial ciliary beating (Frigas *et al.*, 1980; Gleich, 1986). Recently, Flavahan and coworkers (1988) were able to show that MBP also induces bronchial muscle hyperactivity possibly by inhibiting the release of epithelium-derived relaxing factor (EpDRF).

Furthermore, eosinophil peroxidase, in the presence of hydrogen peroxide and a halide besides having a toxic effect on mast cells, pneumocytes and endothelial cells also stimulates both mast cells and basophils to release histamine (Gleich & Adolphson, 1986; Henderson et al., 1980; Samosuk et al., 1988). Aside from the the granular proteins, eosinophils also produce large amounts of leukotriene C_4 , TXA₂ and PAF all of which may further contribute to the inflammatory tissue reaction as well as to bronchoconstriction (Aizawa *et al.*, 1987; Lee *et al.*, 1984; Kauffman *et al.*, 1987). Taken together, these observations provide evidence that eosinophils, indeed, possess the toxic potential of a potent effector cell.

I. Allergy	
Allergic r	linitis
Asthma	
Atopic de	rmatitis
Acute urti	caria
Food alle	rgy
Drug read	tions
II. Infectious	disease
1. Tissue	-invasive helminths
Filaria	sis
Schist	osomiasis
	gyloides
Trichi	
	ariasis
Ascari	
	ococcosis/Cysticercosis
	nfections
	coccidioidomycosis
	le tuberculosis
	ratch disease
	ydial pneumonia of infancy
	aneous disease
	emphigoid
	estagionis
	t granulomatous dermatitis
Scabies	
IV. Other pul	monary diseases
	pulmonary eosinophilic infiltrates (Löffler)
	osinophilic pneumonia
	nsitivity pneumonitis
	ronchopulm
	y aspergillosis
	osinophilia
	pulmonary fibrosis
	e tissue diseases
	rauss syndrome
	oid arthritis
Eosinoph	ilic fasciitis
	s syndrome
	c and myeloproliferative diseases
	ours (mucin secreting, epithelial cell origin, serosa or bone metastases)
	nas, especially T cell type and Hodgkin's disease
	acute lymphoblastic leukemias
	al with myeloma (heavy chain disease)
	sinophilic syndrome
	leficiency diseases
	IgA deficiency
	d immunodeficiency
	syndrome
	Aldrich syndrome
	E syndrome
	sus host reactions

Table 10.2: List of eosinophil-associated diseases (after Spry, 1988).

The results presented in this dissertation suggest that PAF may represent one of the most important natural stimuli for eosinophils. PAF has a variety of different effects on eosinophils which may help to explain some of the pathologic findings in asthmatic lungs and possibly in other eosinophil-associated diseases (Table 10.2). For example, PAF at physiologic concentrations elicits directional locomotion of human eosinophils in vitro in a time- and dose-dependent manner (Wardlaw et al., 1986) and it induces chemotactic locomotion of eosinophils in animals (Lelloch-Tubiana et al., 1985; Aoki et al, 1987) and humans in vivo (Henocq & Vargaftig, 1986). In addition, PAF stimulates eosinophil adhesion to human endothelial cells (Lamas et al., 1988; Kimani et al., 1988). Moreover, PAF-stimulated eosinophils have been shown to damage and exfoliate bronchial epithelium in guinea pig (Yukawa et al., 1990b). PAF has further been shown to enhance the ability of normal human blood eosinophils to kill C3b- and IgG-coated schistosomula (MacDonald et al., 1986). PAF also stimulates leukotriene C₄ synthesis (Bruynzeel et al., 1986; Bruynzeel et al., 1987b), superoxide anion generation as well as granular protein secretion. Finally, PAF leads to the generation and release of a variety of prostanoids from eosinophils.

10.10.2 Eosinophils, PAF and asthma

If the interaction between PAF and eosinophils does indeed play a role in the pathogenesis of asthma, the question that then arises is whether PAF is produced during asthma. PAF constitutes a heterogeneous family of structurally related etherlinked phospholipids that are formed as a result of the concerted action of phospholipase A₂ and acetyltransferase on membrane alkylacyl phospholipids (Barnes *et al.*, 1988a, Lee & Snyder, 1985; Patterson *et al.*, 1984). It is generated and released by several inflammatory cells which have been implicated in asthma, including macrophages (Barnes *et al.*, 1988b), neutrophils (Chilton *et al.*, 1982; Ingraham *et al.*, 1982; Shaw *et al.*, 1984) lymphocytes (Rola-Pleszynski *et al.*, 1987) and eosinophils (Lee *et al.*, 1982; Lee *et al.*, 1984). Direct measurement of PAF in biological fluids such as plasma or BALF has proved difficult since PAF is rapidly hydrolysed to lyso-PAF by plasma acetylhydrolase as well as degraded and metabolized by inflammatory cells (Chilton et al., 1983) and bronchiolar and alveolar epithelial cells (Haroldsen et al., 1987). However, PAF possesses many biological properties which are relevant to asthma. For example, it causes bronchoconstriction (indirectly, since it has no direct effect on airway smooth muscle) (Mazzoni et al., 1985), is the most potent cause of airway microvascular leakage to date (O'Donnell et al., 1987; Evans et al., 1987) and it causes a sustained increase in bronchial reactivity in several animal species (guinea pig, rabbit, dog, cat, sheep, primates) (Christman et al., 1987; Chung et al., 1987; Arnoux et al., 1985; Barnes & Chung, 1987), including humans (Cuss et al., 1986; Rubin et al., 1987; Kaye & Smith, 1990). It is this latter property which distinguishes PAF from other putative mediators of asthma (Barnes et al., 1988b) and this may probably relate to the interaction between PAF and eosinophils. Systemically administered PAFantagonists have been demonstrated to block the asthmatic late response after antigen challenge of passively sensitized sheep (Stevenson et al., 1987) and rabbits (Coyle et al., 1987; Coyle et al., 1988). Furthermore, BN 52021 as well as WEB 2086 suppressed the bronchial eosinophil infiltration, the appearance of eosinophils in the BALF, the development of epithelial lesions, and the development of bronchial hyperresponsiveness in guinea pigs after antigen administration by injection or inhalation (Braquet et al., 1985; Lellouch-Tubiana et al., 1988; Coyle et al., 1988).

Taken together these observations suggest an interaction between PAF and eosinophils in the asthmatic airways may indeed represent a genuine pathogenetic principle in asthma: Under appropriate conditions (e.g. antigen stimulation), PAF might be generated by neutrophils, alveolar macrophages, mast cells, endothelial cells, or platelets (Braquet *et al.*, 1987) leading to adherence to vascular endothelium, diapedesis and eosinophil chemotaxis towards the bronchial lumen. An increasing PAF gradient within the tissue may trigger the eosinophils to degranulate, synthesize arachidonic metabolites or produce oxygen radicals. The basic proteins, in turn, either impair epithelial cell function or lead to damage and loss of the epithelial cell layer. Impairment of epithelial cell function may be accompanied by loss of epithelial-derived relaxing factor which is believed to be involved in the development of bronchial hyperresponsiveness (Flavahan *et al.*, 1988). Damaged and denuded epithelium may expose unmyelinated C-fibers of afferent nerves, which are then susceptible to inflammatory mediators such as bradykinin. This leads to the release of sensory neuropeptides from collaterals, thus contributing to microvascular leakage, mucus secretion and bronchoconstriction. Bronchial oedema, mucous plugging and bronchoconstriction will eventually cause the symptoms of an acute asthma attack.

Although the biological function of eosinophils have been most intensively investigated in asthma, a number of other pulmonary diseases are also associated with eosinophil tissue infiltration. Davis and coworkers (1984) have demonstrated that eosinophils are cytotoxic *in vitro* for lung fibroblasts, mesothelial, and epithelial cells. Furthermore, stimulated eosinophils caused detachment and lysis of rat type II pneumocytes and cultured A549 cells, a human cell line with morphologic and synthetic characteristics of type II pneumocytes (Ayars et al., 1985; Agosti et al., 1987). Once again, the basic granular proteins appear to be involved in mediating these effects. For instance, it has been demonstrated that MBP detaches and lyses A549 cells (Ayars et al., 1985). Furthermore, eosinophil granules contain a collagenase capable of degrading the type I and type III collagen components of the extracellular matrix, common in human lung parenchyma. These data indicate that eosinophils, in addition to their effects on bronchial epithelium, are able to damage interstitial tissue and thus, playing a pathogenetic role in eosinophil pneumonias. However, whether or not PAF is actually involved in eosinophil activation in these hypereosinophilic diseases remains to be elucidated.

10.11 IMPLICATIONS FOR FUTURE THERAPY OF EOSINOPHIL-ASSOCIATED DISEASE

The potential role of PAF in the activation of eosinophils in asthma offers new possibilities for clinical management of the disease. The results presented herein suggest that a promising strategy would be to interrupt the PAF-elicited cell activation of eosinophils. In principal, this could be achieved via two independent pharmacological approaches:

(1) Preventing PAF from binding to its respective receptors, or

(2) Inhibition of PAF-activated intracellular biochemical pathways.

(1). The first option, the use of specific PAF receptor antagonists such as WEB 2086 may be a valuable new pharmacological tool for preventing eosinophil activation *in vitro*. Studies in passively and actively sensitized animals have already demonstrated that PAF-antagonists can reduce both eosinophil infiltration and inflammation induced by specific antigen (Lelloch-Tubina, *et al.*, 1988; Coyle *et al.*, 1987). PAF-antagonists have also been shown to inhibit IgE-dependent bronchoconstriction in selected animal species (Touvay *et al.*, 1985). Thus, PAF antagonists too may prove beneficial for the therapeutic management of eosinophil-associated hypersensitivity diseases in human such as bronchial asthma.

In man, however, there is relatively little information on the effect of PAF antagonists available to date. A recent study demonstrated that the PAF ginkolide BN 52063 significantly inhibited antigen-induced late phase cutaneous response in atopic subjects without altering the early reaction (Roberts et al., 1989) suggesting that the drug may inhibit cellular infiltration into the skin . A preliminary report (Muino, 1990), relating to the follow-up of 17 selected asthmatics treated with a standardized mixure of PAF receptor antagonists BN 52020 to BN52024 (Braquet et al., 1985) at a dose of 2.5mg/kg

twice a day for more than a year, indicates that treatment of asthmatics with PAF antagonists may, actually, have beneficial effects. The study demonstrated by a clinical score that PAF antagonists of the ginkgolide-type inhibited bronchoconstriction, decreased hospitalization, reduced the use of corticosteroids and improved FEV_1 values. In addition, other parameters such as sputum and peripheral blood eosinophilia decreased dramatically to 9% and 42%, respectively, of the values before treatment. Serum IgE levels also decreased after approximately nine month of therapy. These changes are comparable to the effects of prednisone. Clinical trials currently under way to investigate the effects of PAF antagonist WEB 2086 in humans will provide further evidence of the effectiveness of such a therapeutic approach.

(2) Modulation of key biochemical events in eosinophil cell activation, is another proposal under consideration. Glucocorticoids, the most effective drugs for asthma available to date, show a profound inhibitory effect on eosinophil activation. Steroids reduce the number of peripheral blood eosinophils (Baigelman et al., 1983, Anderson, 1969; Sabag et al., 1979) presumably by decreasing the number of cells released from the bone marrow (Slavick *et al.*, 1985) and preventing eosinophil tissue infiltration most probably by affecting eosinophil chemotaxis (Hudson, 1968) and adherence to endothelium (Altman et al., 1981). Steroids also inhibit the generation of superoxide anions by eosinophils when administered to normal subjects (Nelson, 1978). Moreover, steroids have been shown to inhibit eosinophil activation in vitro. Studies have demonstrated that corticosteroids prevented the expression of Fc receptors (Oliver, 1982), the formation of lyso-PAF, leukotrienes, 15-HETE (Parente & Flower, 1985), and the release of EPO and superoxide anions (Yukawa et al., 1989). However, corticosteroids induce a number of severe side effects which limit the use of this drug. Therefore,

future improvements in asthma therapy could be achieved with drugs capable of selectively "switching off" the cell activation of eosinophils, for instance by restricting the PAF-stimulated Ca²⁺-influx and interrupting the intracellular Ca²⁺-signal.

Although two calcium channel blocking agents, diltiazem and allopamil, have been shown to selectively inhibit platelet aggregation (Tuffin & Wade, 1985) their effect on eosinophils remains to be elucidated. In addition, a novel class of compounds with both calcium channel-blocking properties and PAF-antagonistic activity have recently been described (Hwang *et al.*, 1987). L-652-469 is the most potent of this class of dual antagonists but its effect on eosinophils is not yet known.

Another therapeutic approach could be to use compounds that selectively inhibit the cytosolic PKC or the InsPs cycle. However, the major practical problem with these compounds will most likely be their lack of specificity for eosinophils. The natural occurrence of two separate PAF receptors which are, moreover, differentially coupled to the cellular signal transduction apparatus may provide an advantage for the development of selective anti-eosinophil compounds.

10.12 FUTURE DIRECTIONS

The work presented in this thesis delineates cellular mechanism underlying transmembrane signalling in eosinophils. The data demonstrated that eosinophils can be activated through a G-protein- and Ca²⁺-dependent signalling pathway. In addition, the data indicate that a G-protein-independend pathway may also operate suggesting that eosinophil activation can occur via multiple mechanisms. Indeed, recent findings have demonstrated that stimulation of neutrophils by PAF and other stimuli results in a activation of a phospholipase D (PLD) (Kanaho *et al.*, 1991). Thus, direct production of 1,2-DAG, via the actions of PLC, may be supplemented by PLD-dependent conversion of phosphatidylcholine to phosphatidic acid and its subsequent hydrolysis to 1,2-DAG. The production of 1,2-DAG via this indirect pathway typically occurs over long periods (Kennerly, 1990) and it has been suggested that the 1,2-DAG derived from this alternative pathway may have a distinct role in regulating cell responsiveness.

Furthermore, studies carried out in the neutrophil, have indicated that PAF leads to the activation of tyrosine kinase and the increased phosphorylation of tyrosine residues (Gomez-Cambronero *et al.*, 1991). Again kinetics of this response are quite distinct from the rapid responses of the PLC pathway and it is not clear which aspect of cellular response this pathway may regulate. However, it is now clear that the leukocyte common antigen, CD45, represents a protein tyrosine phosphatase (PTPase) (Koretzky *et al.*, 1991; Tonks *et al.*, 1988) making CD45 a prototype for membrane receptor-linked PTPases that may participate directly in yet another novel signal transduction mechanism involving the dephosphorylation of target proteins. Thus, one of the major tasks of the next few years will be the integration of these diverse signal transduction pathways and an understanding of their respective roles in eosinophil activation.

Investigations into signal transduction have traditionally focused on the role of a single second messenger or pathway, resulting from the actions of a single agonist and limits of such an oversimplified view are rapidly becoming apparent. The diversity of cellular signal transduction mechanisms is further illustrated by the description and characterisation of various subtypes of G-proteins (Neer & Clapham, 1988; Bourne *et al.*, 1991; Kaziro *et al.*, 1991; Strathmann & Simon, 1991), PLC (Rhee et al., 1989; Rhee et al., 1991) and PKC (Nishizuka, 1986) in mammalian cells. These key proteins may all be differentially activated depending on the type of agonist or the number of stimuli acting simultaneously on the cell.

In considering the situation *in vivo*, it should be emphasized that a cell is likely to be exposed to several stimuli concomitantly or sequentially with possible reciprocal amplification or inhibition loops regulating its activation state and determining its functional responses. As biochemical, immunological and molecular techniques progress, these and similar considerations will increasingly dominated signal transduction research and will lead to the emergence of a more complete and integrated picture of cellular activation mechanisms.

The diversity of cell activation mechanisms both with respect to the diversity of potential agonists and the intracellular mechanisms must be considered when trying to relate *in vitro* observations to the complexity of *in vivo* phenomena. In this context, understanding of the effects and mode of actions of cytokines on eosinophils is still in its early infancy. The difficulties in estimating the pathophysiological role of cytokines is mainly due to the fact that:

a) novel cytokines are constantly being discovered,

b) a single cytokine has multiple effects on a range of various cell types, and

c) there is redundancy as many cytokines have identical effects.

Since cytokines not only modulate the function of mature eosinophils in inflammatory responses but are also involved in directing the development and differentiation of the cells, future research in this field may help to identify the factor(s) responsible for hypereosinophilia and eosinophil accumulation in tissue.

Understanding of the cell biology of the eosinophil will also have to include further characterization of surface antigens including adhesion molecules and other functionally important membrane antigens. The past year has seen the detection of an increasing number of eosinophil membrane epitopes and these findings have already begun to shift our understanding of eosinophil function in immunological responses. It appears that adhesion molecules such as LFA-1 (CD11a/CD18), CR3 (CD11b/CD18) (Hartnell *et al.*, 1990; Kroegel *et al.*, 1991c; see also page 36), and the very late activation antigen-4a (VLA-4 α) (Bochner *et al.*, 1991; Walsh *et al.*, 1991) may play a

crucial role in eosinophil-endothelial cell interaction, margination and migration into tissues. Further studies in this field will not only help to unveil the principles of motility in general but also lead to a better understanding of intracellular mechanisms underlying surface receptor expression. In addition to the expression of adhesion molecules, eosinophils from patients with HES show CD4 antigens (Lucey *et al.*, 1989a) and class II proteins of the major histocompatibility complex on their membrane (Lucey *et al.*, 1989b), suggesting a potential role as antigen-presenting cells, possibly pertinent to antigens that appear at mucosal surfaces. With the use of CD4 as a receptor, eosinophils may also respond to lymphocyte-derived lymphocyte chemotactic factor (Rand *et al.*, 1991).

While the work on this thesis was completed, Honda and coworkers (1991) reported the cloning and expression of a complementary DNA for a PAF receptor from guinea pig lung. Examination of the amino acid sequence suggests that the PAF receptor will be coupled to a G-protein which ma then link the receptor to a PLC. This exciting new work opens up new avenues of research. Factors which regulate gene expression of the receptor in eosinophils and other cells may now be investigated, and the distribution of the receptor studied by *in situ* hybridization. The availability of the cloned receptor cDNA may also lead to a better understanding of the coupling of PAF receptors and may help characterize the proposed receptor subtypes.

CHAPTER ELEVEN

11. SUMMARY

Eosinophils may play a crucial role in the pathogenesis of asthma through the release of their toxic granular proteins and bioactive lipid mediators. However, little is known about the signal transduction mechanisms underlying eosinophil activation. The aim of this work was to study the intracellular molecular events following receptor occupation and their relationship to the cellular responses of the eosinophil. In the initial studies platelet activating factor (PAF) was found to be a potent stimulus for eosinophil leukocytes inducing chemotaxis, granular enzyme secretion (eosinophil peroxidase, arylsulfatase B, β -glucuronidase), generation and release of prostanoids (thromboxane TXB₂, and prostaglandins PGE₂, PGD₂, $PGF_{2\alpha}$), and the production of oxygen radicals (measured as superoxide anion release O_2). PAF binds to two distinct classes of sites: a high affinity receptor (PAF-RI) with a dissociation constant K_D of approximately 0.3 nM (using [³H]PAF as a radioligand) and 16 nM (using the PAF antagonist [3H]WEB 2086) and a second receptor (PAF-RII) with an approximately 50- to 500-fold lower affinity. Occupation of the high affinity PAF-RI receptor correlated with several functional responses including degranulation and prostanoid release. In contrast, occupancy of the PAF-RII receptor solely correlated with the generation of O_2 radicals.

The PAF receptors utilized different signal transduction pathways with distinct intracellular second messengers and enzymes. The RI receptor was found to interact with a pertussis toxin-sensitive guanine nucleotide binding protein. Treatment of eosinophils with pertussis toxin catalyzed the ADP-ribosylation of a 41 kDa membrane protein indicating the existence of a G_i -like protein in eosinophils. This protein couples the receptor to a phosphatidylinositol phosphodiesterase, or

phospholipase C, which in turn, hydrolyses polyphosphoinositides to give inositol trisphosphate (Ins(1,4,5)P₃) and 1,2-diacylglycerol (1,2-DAG). The rapid accumulation of Ins(1,4,5)P₃ peaked only 5 seconds after PAF binding and preceded the maximal increase in intracellular Ca²⁺ concentration ($[Ca^{2+}]_i$) by approximately 15 sec. Although Ins(1,4,5)P₃ may mediate the release of Ca²⁺ into the cytoplasm the increase in $[Ca^{2+}]_i$ also constituted an influx of Ca²⁺ from the extracellular medium. In parallel with the accumulation of Ins(1,4,5)P₃, a rise in intracellular 1,2-DAG could be measured. Both Ca²⁺ and 1,2-DAG may be involved in the activation of the protein kinase C (PKC). Activation of PKC by phorbol myristate acetate (PMA) caused translocation of the cytosolic enzyme to the eosinophil membrane and resulted in the inhibition of the rise of $[Ca^{2+}]_i$, prostanoid generation as well as degranulation, demonstrating the significance of PKC in eosinophil activation.

In contrast to the intracellular events induced by the PAF-RI receptor, transmembrane signaling through the low affinity receptor was pertussis toxininsensitive. In addition, production of O_2^- occurred without an elevation of $[Ca^{2+}]_i$, intracellular Ins(1,4,5)P₃ and 1,2-DAG, indicating a transduction pathway different from the PAF-RI receptor. However, as with PAF-RI, transmembrane signaling by the PAF-RII receptor was also inhibited after PKC preactivation, suggesting a role for this enzyme in the signal transduction pathways of both PAF receptor types.

In conclusion, the data presented demonstrate that PAF may be an important stimulus for the recruitment and activation of eosinophils. It is proposed that PAF activates eosinophils through both a high and a low affinity receptor which utilize at least two distinct signal transduction pathways operative in eosinophils and which lead to different functional responses. These findings may have pathogenetic and therapeutic implications in inflammatory disease.

CHAPTER TWELVE

<u>12. REFERENCES</u>

Abramson S, Miller RG, Phillips RA. The identification in adult bone marrow of pluripotent and restricted stem cells of the myeloid and lymphoid systems. J. Exp. Med. 145, 1567-1573 (1977).

Abu-Ghazaleh RI, Fujisawa T, Mestecky J, Kyle RA, Gleich GJ. IgA-induced eosinophil degranulation.

J. Immunol. 142, 2393-2340 (1989).

Abu-Ghazaleh RI, Wagner JM, Ilich PJK, Gleich GJ, Prendergast FG. Interaction of the eosinophil major basic protein (MBP) with lipid bilayers. J. Allergy Clin. Immunol. 87, 345 (1991)

Ackerman SJ, Weil GJ, Gleich GJ. Formation of Charcot-Leyden crystals by human basophils.

J. Exp. Med. 155, 1597-1609 (1982).

Ackerman SJ, Kephart GM, Habermann TM. Localization of eosinophil granular major basic protein in human basophils. J. Exp. Med. 158, 946-953 (1983).

Agnosti JM, Altman LC, Ayars GH, Loegering DA, Gleich GJ, Klebanoff SJ. The injurious effects of eosinophil peroxidase, hydrogen peroxide and halides on pneumocytes *in vitro*.

J. Allergy Clin. Immunol. 79, 496-504 (1987)

Aita, S, Ikeda, C, Narimatsu, H, Noguchi, Yokokawa, T, Nakajima, H, Ide, H, Sugisaki, T, Takahashi, T. Endoscopic and histologic studies on the bronchi in patients with bronchial asthma by fiber optic bronchoscopic challenge with house dust allergens.

Jap. J. Allergy 32, 274-281 (1983).

Aizawa T, Tamura G, Ohtsu H, Takishima T. Eosinophil and neutrophil production of leukotriene C_4 and B_4 : comparison of cells from asthmatic subjects and healthy donors. Ann. Allergy 64:287-292 (1990).

Altman LC, Hill JS, Hairfeild WM, Mullarkey MF. Effects of corticosteroids on eosinophil chemotaxis and adherence. J. Clin. Invest. 67, 28-36 (1981)

Anderson AL, Looney RJ. Human leukocyte Fc receptors. Immunol. Today 7, 264-267 (1986).

Anderson, V. Autoradiographic studies of eosinophil kinetics: effect of cortisol. Cell Tissue Kinetics 2, 139-146 (1969).

Anwar ARE, Kay AB. Membrane receptors for IgG and complement (C4, C3b, and C3d) on human eosinophils and neutrophils and their relation to eosinophilia. J. Immunol. 119, 976-985 (1977).

Anwar ARE, Kay AB. Enhancement of human eosinophil complement receptors by pharmacological mediators.

J. Immunol.121, 1245-1250 (1978).

Anwar ARE, Smithers SR, Kay AB. Killing of schistosomula of Schistosoma mansoni coated with antibody and/or complement by human leukocytes in vitro: requirement for complement in preferential killing by eosinophils. J. Immunol. 122, 628-637 (1979).

Aoki K, Boubekeur L, Burrows L, Morley J, Sanjar S. Recruitment of eosinophils by platelet activating factor (PAF) in the guinea pig lung.J. Physiol 394, 130P (1987).

Apfeldorf WJ, Melnick DA, Meshulam T, Rasmussen H, Malech HL. A transient rise in intracellular free calcium is not sufficient stimulus for respiratory burst activation in human polymorphonuclear leukocytes.

Biochem. Biophys Res. Commun. 132, 672-680, 1985.

Archer GT, Hirsch JG. Motion picture studies on degranulation of horse eosinophils during phagocytosis.

J. Exp. Med. 118, 287-293 (1963).

Argiolas A, Pisano JJ. Facilitation of phospholipase A₂ activity by mastoparans, a new class of mast cell degranulating peptides from wasp venom.
J. Biol. Chem. 258, 13697-13702 (1983).

Arnoux B, Denjean A, Page CP, Morley J, Benveniste J. Pulmonary effects of platelet activating factor in primate are inhibited by ketotifen. Am. Rev. Resp. Dis. 131, 2 (1985)

Arunalakshana, O., and H.O.Schild. Some quantitative uses of drug antagonists. Br. J. Pharmacol 14, 48-58 (1959).

Atkins, PC, Norman, ME, Zweiman, B. Antigen-induced neutrophil chemotactic activity in man.

J. Allergy Clin. Immunol. 62, 149-155 (1978).

Ayars, GH, Altman, LC, Gleich, GJ, Loegering, DA, Baker, CB. Eosinophil- and eosinophil granule mediated pneumocyte injury. Am. Rev. Respir. Dis. 76, 595-604 (1985).

Baigelman W, Chodosh S, Pizzuto D, Cupples LA. Sputum and blood eosinophilia during corticosteroid treatment of acute exacerbations of asthma. Am. J. Med. 75, 929-936 (1983).

Bainton, DF, Farquhar, MG. Segregation and packing of granule enzymes in eosinophil leukocytes.

J. Cell. Biol. 45, 54-73 (1970).

Barnes, PJ. Neuropeptides in the lung: localization, function and pathophysiological implications.

J. Allergy Clin. Immunol. 79, 285-295 (1987).

Barnes, PJ, and Chung, KF. PAF closely mimics the pathology of asthma. Trends in Pharm. Sci. 8, 285-287 (1987). Barnes, PJ, Chung, KF, Page, CP. Inflammatory mediators and asthma. Pharmacol. Rev. 40, 49-84 (1988a).

Barnes, PJ, Chung, KF, Page, CP. Platelet activating factor as a mediator of allergic disease.

J. Allergy Clin. Immunol. 81, 919-934 (1988b).

Baskar P, Pincus SH. Oxidative requirement for degranulation of human peripheral eosinophils. Infect. Immun. 56, 1907-1911 (1988).

Bass DA, Grover WH, Lewis JC, Szedjda P, DeChatelet LR, McCall CE. Comparison of human eosinophils from normals and patients with eosinophilia. J. Clin. Invest. 66, 1265-1273 (1980).

Basset F, Corrin B, Spencer H, Lacronique J, Roth C, Soler P, Battesti J, Goerges R, Chretien J. Pulmonary histiocytosis X. Am.Rev.Respir.Dis. 118, 811-820 (1978).

Basten A, Beeson PB. Mechanism of eosinophilia,. II. Role of the lymphocyte. J. Exp. Med. 131, 1288-1296 (1970).

Beeson PB, Bass DA. The eosinophil. In: Major Problems in Internal Medicine, Vol 14, W. B. Saunders Co., Philidelphia, pp 17-21. (1977)

Bell RM, Hannun Y, Loomis C. Mixed micelle assay of protein kinase C. Methods Enzymol. 124, 353-359 (1986).

Benovic JC, Strasser RH, Caron MG, Lefkowitz RJ. Beta-adrenergic receptor kinase: identification of a novel protein kinase that phosphorylates the agonist-occupied form of the receptor.

Proc.Natl. Acad. Sci. USA 83, 2797-2801 (1986).

Berridge MJ. Rapid accumulation of inositol trisphosphate reveals that agonist hydrolyse polyphosphoinositides instead of phosphatidylinositol. Biochem. J. 212, 849-858. (1984a) Berridge MJ. Inositol trisphosphate and diacylglycerol as second messengers. Biochem. J. 220, 345-360 (1984b)

Berridge MJ, Irvine RF. Inositol triphosphate, a novel second messenger in cellular signal transduction.

Nature 312, 315-321 (1984).

Bhakdi S, Tranum-Jensen J. Membrane damage by channel forming proteins: staphyloccocal alpha-toxin, streptolysin-O and the C5b-9 complement complex.... Biochem. Soc. Symp. 50, 221-233 (1985)

Bisgaard H, Helquist S, Boudet L, Venge P, Dahl R, Sondergaard J. Chemotactic activity of LTB_4 in man. Allergy 41, 365-372 (1986).

Blank ML, Hall MN, Cress EA, Snyder F. Inactivation of 1-alkyl-2-acetyl-sn-glycero-3-phosphocholine by a plasma acetylhydrolase: higher activities in hypertensive rats. Biochem. Biophys. Res. Commun. 113, 666-671 (1983).

Bligh EJ, Dyer WJ. A rapid method of total lipid extraction and purification. Can. J. Biochem. Physiol. 37, 911-917 (1959).

Bochner BS, Luscinskas FW, Gimbrone MA, Newman W, Sterbinsky SA, Derse-Anthony CP, Klunk D, Schleimer RP. Adhesion of human basophils, eosinophils, and neutrophils to interleukin 1-activated human vascular endothelial cells: contributions of endothelial cell adhesion molecules.

J.Exp.Med. 173, 1553-1556 (1991).

Bokoch GM, Katada T, Northup JK, Hewlett EL, Gilman AG. Identification of the predominant substrate for ADP-ribosylation by islet activating protein. J. Biol. Chem. 258, 2072-2075 (1983).

Booij,-Noord H, DeVries, K, Sluiter JH, Orie NGM. Late bronchial obstructive reaction to experimental inhalation of house dust extract. Clin. Allergy 2, 43-61 (1972). Bourne HR, Sanders DA, McCormick F. The GTPase superfamily: conserved structure and molecular mechanisms. Nature 349, 117-127 (1991).

Bousquet J, Chanez P, Lacoste JY, Barneon G, Ghavanian N, Enander I, Venge P, Ahlstedt S, Simony-Lafontaine J, Godard P, Michel FB. Eosinophilic Inflammation in Asthma.

N. Eng. J. Med. 323, 1033-1039 (1990).

Bradford PG, Rubin RP. Quantitative changes in inositol 1,4,5 trisphosphate in chemoattractant stimulated neutrophils. J. Biol. Chem. 261, 15644-15647 (1986)

Braquet P, Etienne A, Touvay C, Bourgain R, Lefort J, Vargaftig BB. Involvement of platelet activating factor in respiratory anaphylaxis, demonstrated by PAF-acether inhibitor BN 52021.

Lancet I, 1501 (1985).

Braquet P, Shen TY, Touqui L, Vergraftig BB. Perspectives in platelet-activating factor research.

Pharmacol. Rev. 39:127-181.(1987)

Bruynzeel, PLB, Koenderman, L, Kok, PTM, Hameling, ML, and Verhagen, J. Platelet activating factor induced leukotriene C_4 formation and luminol-dependent chemiluminescence by human eosinophils.

Pharmacol. Res. Commun. 18, 61-69 (1986).

Bruynzeel PL, Hameling ML, Prins K, Remmert G, Meyling FH. Blood lymphocyte subpopulations in extrinsic and intrinsic asthmatics. Ann. Allergy 58:179-182 (1987a)

Bruynzeel PLB, Kok PTM., Hameling ML, Kijne AM, Verhagen J. Platelet-activating factor induces leukotriene C_4 synthesis by purified human eosinophils. Prostaglandins 34, 205-214 (1987b). Bryant DH, Kay AB. Cutaneous eosinophil accumulation in atopic and non-atopic individuals: the effect of an ECF-A tetrapeptide and histamine. Clin. Allergy 7, 211-217 (1977).

Burke LA, Crea AEG, Wilkinson JRW, Arm JP, Spur BW, Lee TH. Comparison of the generation of platelet-activating factor and leukotriene C_4 in human cosinophils stimulated by unopsonized zymosan and by calcium ionophore A23187: The effect of nedocromil sodium.

J. Allergy Clin. Immunol. 85, 26-35 (1990).

Butterworth AE. The eosinophil and its role in immunity to helminth infection. Curr. Top. Microbiol. Immunol. 77, 127-168 (1977).

Butterworth AE, Wasso, DL, Gleich, GJ, Loegering, DA, David, JR. Damage to schistosomula of Schistosoma mansoni induced directly by eosinophil major basic protein.

J. Immunol. 122, 221-228 (1979).

Butterworth AE. Cell-mediated damage to helminths. Adv. Parasitol. 23, 143-235 (1984).

Callerame ML, Condemi JJ, Ishizaka K, Johansson GO, Vaughan JH. Immunoglobulins in bronchial tissue from patients with asthma, with special reference to immunoglobulin E.

J. Allergy 47, 187-197 (1971a).

Callerame ML, Condemi, JJ, Bohred MG. Immunological reaction of bronchial tissues in asthma

N. Engl. J. Med. 284, 459-461 (1971b)

1.*

Cantin A, Fells G, Nichols WK, Crystal, RG. Sensitivity of the lung to oxidants: cells of the lower respiratory tract are relatively deficient in scavengers of H_2O_2 . Am. Rev. Respir. Dis.127, 163 (1983). Capron M, Capron A, Dessaint JP, Torpier G, Johansson GO, Vaughan JH. Fc receptors for IgE on human and rat eosinophils J. Immunol. 126, 2087-2092 (1981)

Capron M, Spiegelberg HC, Prin L, Benrich H, Butterworth AE, Pierce RJ, Quaissi MA, Capron A. Role of IgE receptor in effector function of human eosinophils. J. Immunol. 132, 462-468 (1984).

Capron M, Kusnierz JP, Prin L, Spiegelberg HL, Ovlaque G, Gosset P, Tonnel AB, Capron A. Cytophilic IgE on human blood and tissue eosinophils: detection by flow microfluorometry.

J. Immunol. 134, 3013-3018 (1985).

Capron M, Benveniste J, Braquet P, Capron A. Role of PAF-acether in IgE-dependent activation of eosinophils.

In: Braquet P (ed),'New Trends in Lipid Mediator research'. Karger, Basel, vol.2, 10-17 (1988a)

Capron M, Tomassini M, Van der Vost E, Kusnierz JP, Papin JP, Capron A. Existence et fonction d'un recepteur pour l'IgA sur les eosinophiles humains. CR Acad. Sci. 307, 397-402 (1988b).

Capron M, Tomassini M, Torpier G, Kusnierz JP, MacDonald S, Capron A. Selectivity of mediators released by eosinophils. Int. Arch. Allergy Clin. Immunol. 88, 54-58 (1989).

Cardell, BS. Pathologic findings in death from asthma. Int. Arch. Allergy. 9, 189-199 (1956)

Carlson MGC, Peterson CGB, Venge P. Human eosinophil peroxidase purification and characterization.

J. Immunol. 134, 1875-1879 (1985).

Carrington C, Addington W, Goff A, Madoff A, Schwaber J, Gaenser, E. Chronic eosinophilic pneumonia.

N. Engl. J. Med. 280, 787-798 (1969).

Cartier A, Thomson NC, Frith PA, Roberts R, Hargreave FE. Allergen-induced increase in bronchial responsiveness to histamine: relationship to the late asthmatic response and change in airway caliber.

J. Allergy Clin. Immmunol. 70, 170-177 (1982).

Casal-Stenzel J, Muacevic G, Weber KH. Pharmacological actions of WEB 2086, a new specific antagonist of platelet activating factor. J. Pharmacol. Exp. Ther. 241, 974-981 (1987)

Challiss RAJ, Batty IH, Nahorski SR. Mass measurements of inositol (1,4,5) trisphosphate in rat cerebral cortex slices using a radioreceptor assay: Effects of neurotransmitters and depolarization.

Biochem. Biophys. Res. Commun. 157, 684-691 (1988).

Challiss RAJ, Chilvers ER, Willocks AL, Nahorski SR. Heterogeneity of [³H]inositol 1,4,5-trisphosphate binding sites in adrenal-cortical membranes: characterization and validation of a radioreceptor assay. Biochem. J. 265, 421-427 (1990).

Cheng YC, Prussof WH. Relationship between the inhibition constant (K_i) and the concentration of inhibitor which causes 50% percent inhibition (IC_{50}) of an enzymatic reaction.

Biochem. Pharmacol. 22, 3099-3108 (1973).

Chesney CM, Pifer DD, Huch KM. Desensitization of human platelets by platelet activating factor (PAF). Fed. Proc. 43, 977 (1984).

Chilton FH, O'Flaherty JT, Walsh CE, Thomas MJ, Wykle RL, DeChatelet LR, Waite BW. Platelet activating factor. Stimulation of the lipoxygenase pathway in polymorphonuclear leukocytes by 1-0-alkyl-2-0-acetyl-sn-glycero-3-phosphocholine. J. Biol. Chem. 257, 5402-5407 (1982)

Chilton FH, O'Flaherty JT, Ellis JM, Swendson CL, Wykle RL. Metabolic fate of platelet activating factor in neutrophils.

J. Biol. Chem. 285, 6357-6361 (1983).

Christiansen NO, Larsen, CS, Juhl H, Esman V. Membrane-associated protein kinases in phorbol ester activated human polymorphonuclear leukocytes. Biochim. Biophys. Acta. 884, 54-59 (1986)

Christiansen NO, Larsen CS, Juhl H, Esman V. Membrane associated protein kinase C activity in superoxide producing human polymorphonuclear leukocytes. J. Leukocyte Biol. 44, 33-40 (1988).

Christman BW, Portes DK, King GA, Lefferts PL, Snapper JR. Synthetic platelet activating factor alters pulmonary haemodynamics, lung mechanics and lung fluid/solute exchange in awake sheep: Role of platelets and granulocytes and effects of synthetic platelet activating factor on airway reactivity. Am. Rev. Respir. Dis. 133, A174 (1987).

Chuang DM, Costa E. Evidence for internalization of the recognition site of betaadrenergic receptors during receptor subsensitivity induced by (-)-isoproterenol. Proc. Natl. Acad. Sci. USA 76, 3024-3028 (1979)

Chung, KF. Role of inflammation in the hyperreactivity of the airways in asthma. Thorax 41, 657-662 (1986).

Chung KF, Aizawa H, Leikauf G, Ueki IF, Evans, TW, Nadel JA. Airway hyperresponsiveness induced by platelet activating factor: role of thromboxane generation.

J. Pharmacol. Exp. Ther. 236, 580-584 (1987).

Clark SC, Kamen R. The human hematopoietic colony-stimulating factors. Science 236, 1229-1237 (1987).

Cockcroft S, Baldwin JM, Allan D. The Ca²⁺ activated polyphosphoinositide phosphodiesterase of human and rabbit neutrophil membranes. Biochem. J. 221, 477-482 (1984).

Cockcroft S, Gomperts BD. Role of guanine nucleotide binding protein in the activation of phosphoinositide phosphodiesterase. Nature 314, 534-536 (1985). Cockcroft S, Barrowman MM, Gomperts BD. Breakdown and synthesis of polyphosphoinositides in fMet-Leu-Phe stimulated neutrophils. FEBS Lett. 181, 258-263 (1985)

Cohen P. The role of protein phosphorylation in the hormonal control of enzyme activity.

Eur. J. Biochem. 151, 439-448(1985).

Connolly TM, Bross TE, Majerus PW. Isolation of a phosphomonoesterase from human platelets that specifically hydrolyzes the 5-phosphate of inositol (1,4,5) tris phosphate.

J. Biol. Chem. 260, 7868-7874 (1985).

Conrad GW, Rink TJ. Platelet activating factor raises intracellular calcium ion concentration in macrophages.

J. Cell Biol. 103, 439-450 (1986).

Cookson, WOCM, Craddock CF, Benson MK, Durham SR. Falls in peripheral eosinophil counts parallel the late asthmatic response. Am. Rev. Respir. Dis. 139, 458-462 (1989).

Cosman D. Colony stimulating factors *in vivo* and *in vitro*. Immunol. Today 9, 97-98, 1988

Coyle AG, Sjoerdsma K, Page C, Metzger WJ. Modification of the late asthmatic response and bronchial hypersensitivity by BN 52021, a platelet activating factor antagonist.

Clin. Res. 35, 254A (1987).

Coyle AG, Urwin SC, Page CP. The effect of the selective PAF antagonist BN 52021 on PAF- and antigen-induced tracheal hyperreactivity and eosinophil accumulation. Eur. J. Pharmacol 148, 51-58 (1988).

Crofton JW, Livingstone JL, Aswarld NC, Roberts ATV. Pulmonary eosinophilia. Thorax 7:1-35 (1952). Cromwell O, Wardlaw AJ, Champion A, Moqbel R, Osel D, Kay AB. IgG-dependent generation of platelet activating factor by normal and low density human eosinophils. J. Immunol. 145, 3862-3868 (1990).

Cuss FM, Dixon CMS, Barnes PJ. Effects of inhaled platelet activating factor on pulmonary function and bronchial responsiveness in man. Lancet 2, 189-192 (1986).

Czech MP, Klarlund JK, Yagaloff KA, Bradford AP, Lewis RE. Insulin receptor signaling.

J. Biol. Chem. 263, 11017-11020 (1988)

Dahl R, Venge P, Olsson I. Variations of blood eosinophils and eosinophil cationic protein in serum in patients with bronchial asthma:studies during inhalation challenge test.

Allergy 33, 211-213 (1978).

Dahl R, Venge P. Role of the eosinophil in bronchial asthma. Eur. J. Respir. Dis. 122, 23-28 (1982).

Dahl R., Venge P., Fredens K. Eosinophils. In: Asthma: Basic mechanisms and Clinical Management., Barnes PJ, Rodger I and Thomson, NC (eds.), Academic Press, London, pp. 115-129. (1988)

Dale DC, Hubert RT, Fauci A. Eosinophil kinetics in the hypereosinophilic syndrome. J. Lab. Clin. Med. 87, 487-495 (1976).

Dao C, Metcalf D, Bilski-Pasquier G. Eosinophil and neutrophil colony-forming cells in culture.

Blood 50, 833-839 (1977).

Davies WB, Gadek JE, Fells GA, Crystal RG. Role of eosinophils in connective tissue destruction.

J. Allergy Clin. Immunol. 71, 33 (1981)

Davies WB, Fells GA, Sun XH, Gadek JE, Venet A, Crystal RG. Eosinophilmediated injury injury to lung parenchymal cells and interstitial matrix. J. Clin. Invest. 74, 269-275 (1984).

Dawson J, Thompson, NT, Bonser, RW, Hodson, HF, Garland LG. Decrease of cellular ATP by dihexanoyl glycerol may limit responses to protein kinase C activation. FEBS Lett. 214, 171-175, 1987.

Dechmyn HY, Tu SM, Majerus PW. Guanine nucleotides stimulate soluble phosphoinositide-specific phospholipase C in the absence of membranes. J. Biol. Chem. 261, 16553-16558 (1986).

De Lean A, Stadel JM, Lefkowitz RJ. A tertiary complex model explains the agonistspecific binding properties of the adenyl cyclase-coupled beta-adrenergic receptor. J. Biol. Chem. 255, 7108-7117 (1980)

DeMonchy JGR, Kauffman HF, Venge P, Koeter GH, Janson HM, Sluiter HJ, de Vries K. Bronchoalveolar eosinophilia during allergen-induced late asthmatic reactions.

Am. Rev. Respir. Dis. 131, 373-376 (1985).

Denburg JA, Telizyn S, Messner H. Heterogeneity of human peripheral blood eosinophil-type colonies: evidence for a common basophil-eosinophil progenitor. Blood 66, 312-319 (1985).

Denjean A, Arnoux B, Masse R, Lockhart A, Benveniste J. Acute effects of intratracheal administration of PAF in baboons. J.Appl. Physiol. 55, 799-804 (1983)

Dent G, Ukena D, Sybrecht GW, Barnes PJ. Characterization of platelet activating factor (PAF) receptors in human neutrophils and eosinophils using the new competitive PAF antagonist, WEB 2086.

Am. Rev. Respir. Dis. 13, A236 (1988).

Dent G, Ukena D, Chanez P, Sybrecht GW, Barnes PJ. Characterization of PAF receptors on human neutrophils using the specific antagonist, WEB 2086: correlation between receptor binding and function. FEBS Lett. 244, 365-368 (1989a).

Dent G, Ukena D, Barnes PJ. PAF receptors.

In: PAF and human disease. Barnes, PJ., Page, CP, Henson, PM, eds., Oxford: Blackwell, 58-116. (1989b)

Dent G, Rabe K, Giembycz MA, Barnes PJ. Inhibition of eosinophil respiratory burst activity by type IV-, but not type III-selective cAMP phosphodiesterase inhibitors. Am. Rev. Respir. Dis. 141, A878 (1990).

DeSimone C, Donelli G, Meli D, Rosati F, Sorice F. Human eosinophils and parasitic diseases. II.Characterization of two cell fractions isolated at different densities. Clin. Exp. Immunol. 48, 249-255 (1982a).

DeSimone C, Donelli G, Meli D, Molinari A, Rosati F, Sorice F. Human peripheral eosinophils with receptors for IgM: Demonstration and ultrastructural morphology. Immunobiology 162, 116-127 (1982b).

Dessein AJ, Lee TH, Elsas P, Ravalese J, Silberstein D, David Jr, Austen KF, Lewis RA. Enhancement by monokines of leukotriene generation by human eosinophils and neutrophils stimulated with calcium ionophore A23187. J. Immunol. 136, 3829-3837 (1986)

Diaz P, Galleguillos FR, Gonzales MC, Pantin CF, Kay AB. Bronchoalveolar lavage in asthma: the effect of disodium cromoglycate (cromolyn) on leukocyte counts, immunoglobulins, and complement.

J. Allergy Clin. Immunol. 74, 41-48 (1984).

Diaz P, Gonsalez C, Galleguillos F, Ancic P, Kay AB. Eosinophils and macrophages in bronchial mucus and bronchoalveolar lavage during allergen-induced late-phase reactions (abstract)

J. Allergy Clin. Immunol 77, 244 (1986).

DiVirgilio F, Lew PD, Pozzan T. Protein kinase C activation of physiological processes in human neutrophils occurs at vanishingly small Ca²⁺ levels. Nature, 310, 691-3, 1984.

DiVirgilio F, Lew DP, Anderson T, Treves S, Pozzan T. Role of plasma membrane potential in granulocyte activation. J. Biol. Chem. 262, 4574-4579 (1987).

Donabedian H, Gallin JI. Deactivation of human neutrophil chemotaxis by chemoattractants: Effects on receptors for the chemotactic factor f-Met-Leu-Phe. J. Immunol. 127, 839-844 (1981)

Dor PJ, Ackerman SJ, Gleich GJ. Charcot-Leyden crystal protein and eosinophil granule major basic protein in sputum of patients with respiratory disease. Am. Rev. Respir. Dis. 130, 1072-1077 (1984).

Douglas WW. Involvement of calcium in exocytosis and exocytosis-vesiculation sequence.

Biochem. Soc. Symp. 39, 1-28 (1974)

Dresch C, Johnson GR, Metcalf D. Eosinophil colony formation in semisolid cultures of bone marrow cells. Blood 49, 835-844 (1977)

Blood 49, 835-844 (1977).

Dunhill MS. The pathology of asthma with special reference to changes in bronchial mucosa.

J. Clin. Pathol. 13, 27-33 (1960).

Dunhill MS, Massarella GR, Anderson JA. A comparison of the quantitative anatomy in normal subjects, in status asthmaticus, in chronic bronchitis and in emphysema Thorax 24, 411-418 (1985)

Durham SR, Kay AB. Eosinophils, bronchial hyperreactivity and late-phase asthmatic reactions.

Clin. Allergy 15, 411-418 (1985).

Durham SR, Cookson WOCM, Craddock CF, Benson MK. Falls in eosinophil parallel the late asthmatic response and are associated with an increase in airway responsiveness.

J. Allergy Clin. Immunol. 81, 249-255 (1988).

Dustin ML, Rothlein R, Bhan AK, Dinarello CA, Springer TA. Induction by IL-1 and interferon-gamma: tissue distribution, biochemistry, and function of a natural adherence molecule (ICAM-1). J. Immunol. 137, 245-253 (1986).

Dvorak AM, Letourneau L, Login, GR, Weller PF, Ackerman SJ. Ultrastructural localization of the Charcot-Leyden crystal protein (lysophospholipase) to a distinct crystalloid free granule population in mature eosinophils. Blood. 72, 150-158, 1988.

Earle BV. Fatal bronchial asthma; series of 15 cases with review of literature. Thorax 8, 195-206 (1960).

Ehrlich P. Beitrage zur Kenntnis der granulierenden Bindegewebs-zellen und der eosinophilen Leukozyten. Arch. Anat. Physiol. (Physiol. Abt.) 166-177 (1879).

Eidinger D, Raff M, Rose B. Tissue eosinophilia in hypersensitivity reactions as revealed by the human skin window. Nature 196, 683-684 (1962).

Ellis, AG. The pathology of bronchial asthma. Am. J. Med. Sci. 136, 407-429 (1908).

Evans TW, Chung KF, Rogers DF, Barnes PJ. Effect of platelet activating factor on airway vascular permeability: possible mechanisms. J. Appl. Physiol. 63, 479-489 (1987).

Filley WV, Holley FE, Kephart GM, Gleich GJ. Identification by immunofluorescence of eosinophil granule major basic protein in lung tissues of patients with bronchial asthma.

Lancet 2, 11-16 (1982).

Findlay, SR, Lichtenstein, LM, Hanahan, DJ, Pinckard RN. Contraction of guinea pig ileal smooth muscle by acetyl glycerol ether phosphorylcholine. Am. J. Physiol. 241, 130-133 (1981).

Fisher E, Capron M, Prin L, Kusnierz JP, Kazatchkine MD. Human eosinophils express CR1 and CR3 complement receptors for cleavage fragments of C3. Cell. Immunol. 97, 297-306 (1986).

Fitzharris P, Moqbel R, Thorne KJ, Richardson BA, Hartnell A, Cromwell O, Butterworth EA, Kay AB. The effects of eosinophil activating factor on IgGdependent sulphidopeptide leukotriene generation by human eosinophils. Clin. Exp. Immunol. 66, 673-680 (1986).

Flavahan NA, Slifman NR, Gleich GJ, Vanhoutte PM. Human eosinophil major basic protein causes hyperreactivity of respiratory smooth muscle: Role of the epithelium. Am. Rev. Respir. Dis. 138, 685-688 (1988).

Fleit HB, Wright SD, Durie CJ, Valinsky JE, Ubkless JC. Ontogeny of Fc receptors and complement receptor (CR3) during human myeloid differentiation. J. Clin. Invest. 73, 516-525 (1984).

Foegh, ML, Maddox, YT, Ramwell, PW. Human peritoneal eosinophils and formation of arachidonate cyclooxygenase products. Scand .J. Immunol. 23, 599-603 (1986).

Franklin, W. Treatment of severe asthma. N. Engl. J. Med. 290, 1469-1472 (1974).

Frew AJ, Kay AB. The relationship between infiltrating CD4 lymphocytes, activated eosinophils, and the magnitude of allergen-induced late phase cutaneous reaction in man.

J. Immunol. 141, 4158-1464 (1988)

Frick WE, Sedgwick JB, Busse WW. Hypodense eosinophils in allergic rhinitis. J. Allergy Clin. Immunol. 82, 119-125 (1988)

Frick WE, Sedgwick JB, Busse WW. The appearance of hypodense eosinophils (HE) in late-phase asthma.

J. Allergy Clin. Immunol. 81, 208A (1989a).

Frick WE, Sedgwick JB, Busse WW. The appearance of hypodense eosinophils in antigen-dependent late phase asthma.

Am. Rev. Respir. Dis 139, 1401-1406 (1989b).

Frigas E, Loegering DA, Gleich GJ. Cytotoxic effects of the guinea pig eosinophil major basic protein on tracheal epithelium. Lab. Invest. 42, 35-41 (1980).

Frigas E, Loegering DA, Solley GO, Farrow GM, Gleich GJ. Elevated levels of the eosinophil granular major basic protein in the sputum of patients with bronchial asthma.

Mayo Clin. Proc. 56, 345-353 (1981).

Frigas E, Gleich GJ. The eosinophil and the pathophysiology of asthma. J. Allergy Clin. Immunol. 77, 527-537 (1986).

Fugner A. Formation of oedema and accumulation of eosinophils in the guinea pig lung. Inhibition by inhaled beta-stimulants. Int. Arch Allergy Appl Immunol 88, 225-227 (1989).

Fujisawa T, Abu-Ghazaleh R, Kita H, Sanderson CJ, Gleich GJ. Regulatory effect of cytokines on eosinophil degranulation.J. Immunol. 144, 642-646 (1990).

Fukuda T, Dunnette SL, Reed CE, Ackerman SJ, Peters MS, Gleich GJ. Increased numbers of hypodense eosinophils in the blood of patients with bronchial asthma. J. Allergy Clin. Immunol. 132, 981-985 (1985).

Furchgott RF. The classification of adrenoceptors: An evaluation from the standpoint of receptor theory.

In:Catecholamines (Eds.Blasko H and Muscholl E.) Springer-Verlag, New York. pp.283-335, (1972)

Furuichi K, Rivera J, Bionocore LM, Isersky C. Recycling of receptor-bound IgE by rat basophilic leukemia cells.

J. Immunol. 136, 1015-1022 (1986).

Garland L G. Is there a biochemical lesion in intrinsic asthma? Agents Actions. Suppl. 28, 135-45 (1989)

Gartner I. Separation of human eosinophils in density gradients of polyvinylpyrrolidone-coated silica gel (Percoll). Immunology 40, 133-136 (1980).

Gerber MA, Paronetto F, Kochwa, S. Immunohistochemical localization of IgE in asthmatic lungs.

Am.J. Path. 62, 339-345 (1971).

Giembycz MA, Rodger IW. Does thromboxane mediate the indirect contractile action of leukotriene D_4 in guinea pig isolated lung parenchyma under equilibrium conditions? Can. J. Physiol. Pharmacol. 65, 1467-1473 (1987).

Giembycz MA, Kroegel C, Barnes PJ. Stimulation of the cyclooxygenase pathway in eosinophils by platelet activating factor. Release of thromboxane A_2 and prostaglandin E and their effects on eosinophil function. J. Immunol. 144, 3489-3497 (1990a).

Gilman AG. G proteins: Transducers of receptor generated signals. Ann. Rev. Biochem. 56, 615-649 (1987)

Glaudert AM, Butterworth AE, Sturrock RF, Houba V. The mechanism of antibodydependent, eosinophil-mediated damage to schistosomula of Schistosoma mansoni in vitro: a study by phase contrast and electron microscopy. J. Cell Sci 34, 173-192 (1978).

Glaudert AM, Oliver RC, Thorne KJI. The interaction of human eosinophils and neutrophils with non-phagocytosable surfaces: a model for studying cell-mediated immunity in schistosomiasis.

Parasitology 80, 525-533 (1980).

Gleich GJ, Loegering DA, Kueppers F, Bajaj SP, Mann KG. Physicochemical and biological properties of the major basic protein from guinea pig eosinophil granules. J. Exp. Med. 140, 313-331 (1974).

Gleich GJ, Olson GM, Herlich H. The effect of antiserum to eosinophils and susceptibility and acquired immunity of the guinea pig to *Trichostronglyus* colubriformis.

Immunology 37, 873-880 (1979a).

Gleich GJ, Frigas E, Loegering DA, Wassom DL, Steinmuller D. Cytotoxic properties of the eosinophil major basic protein. J. Immunol. 123, 2925-2927 (1979b).

Gleich GJ, Loegering DA. Immunobiology of eosinophils. Ann. Rev. Immunol. 2, 429-459 (1984).

Gleich GJ, Adolphson, CR. The eosinophil leukocyte: Structure and function. Adv. Immunol. 39, 177-253 (1986).

Gleich GJ. The role of the eosinophil leukocyte in bronchial asthma. Bull. Eur. Physiopathol. Respir. 22, 62-69 (1986).

Gleich GJ, Flavahan NA, Fujisawa T, Vanhoutte PM. The eosinophil as a mediator of damage to respiratory epithelium: A model for bronchial hyperreactivity. J. Allergy Clin. Immunol. 81, 776-781 (1988).

Glynn AA, Michaels, L. Bronchial biopsy in chronic bronchitis and asthma. Thorax 15, 142-153 (1960).

Godard P, Chaintreuil J, Damon M, Coupe M, Flandre O, Crastes De Paulet A, Michel FB. Functional assessment of alveolar macrophages: Comparison of cells from asthmatics and normal subjects.

J. Allergy Clin. Immunol. 70, 88-93 (1982).

Godard P, Bousquet J, Lebel B, Michel FB. Bronchoalveolar lavage in the asthmatic. Bull. Eur. Physiopathol. Respir. 87, 73-83 (1987). Goetzl, EJ, Austen, KF. Eosinophil chemotactic factor of anaphylaxis (ECF-A): cellular origin, structure and function. Monogr. Allergy 12, 189-197 (1977).

Goldman DW, Goetzl EJ. Selective transduction of human polymorphonuclear leukocyte functions by subsets of receptors for leukotriene B₄. J. Allergy Clin. Immunol. 74, 373-377 (1984).

Gomez-Cambronero J, Molski TF, Becker EL Sha'afi RI. The diacylglycerol inhibitor R59022 potentiates superoxide production but not secretion induced by fMet-Leu-Phe: Effects of leupeptin and the protein kinase C inhibitor H-7. Biochem. Biophys. Res. Commun. 148, 38-46 (1987)

Gomez-Combronero J, Wang E, Johnson G, Huang CK, Sha`afi RI. Platelet activating factor induces tyrosine phosphorylation in human neutrophils. J.Biol.Chem. 226, 6240-6245 (1991).

Gonzales EB, Swedo JL, Rajaraman S, Daniels JC, Grant JA. Ultrastructural and immuno-histochemical evidence for release of eosinophilic granules in vivo: cytotoxic potential in chronic eosinophilic pneumonia.

J. Allergy Clin. Immunol. 79, 755-762 (1987a).

Gonzales MC, Diaz P, Galleguilos FR, Ancic P, Cromwell O, Kay AB. Allergeninduced recruitment of bronchoalveolar helper (OKT_4)T-cells in asthma. Am. Rev. Respir. Dis. 135, 600-604 (1987b).

Gough J. Post-mortem differences in asthma and chronic bronchitis. Acta Allergol. 16, 391-399 (1961)

Grove DI, Mahmoud AAF, Warren K. Eosinophils and resistance to *Trichinella* spiralis.

J. Exp. Med. 145, 755-759 (1977).

Grzych JM, Dissous C, Capron M, Torres S, Lambert PH, Capron A. Schistosoma mansoni shares a protective carbohydrate epitope with keyhole limpet hemocyanin. J. Exp. Med. 165, 865-878 (1987).

Grynkiewicz G, Poenie M, Tsien RY. A new generation of Ca²⁺ indicators with greatly improved fluorescence properties. J. Biol. Chem. 260, 340-350 (1985).

Guputa S, Ross GD, Good RA, Siegal FP. Surface markers of human eosinophils. Blood 48, 755-763 (1976).

Hallam TJ, Sanchez A, Rink TJ. Stimulus-response coupling in human platelets. Changes evoked by platelet activating factor in cytoplasmic free calcium monitored with fluorescent calcium indicator quin-2. Biochem. J. 218, 819-827 (1984).

Hallam TJ, Rink TJ. Agonist stimulated divalent cation channels in the plasma membrane of human platelets. FEBS Lett. 186, 157-179 (1985).

Handley DA, Lee ML, Saunders RN. Extravasation and aortic ultrastructural changes accompanying acute and subacute intraperitoneal administration of PAF. INSERM Symp. 23, 243-250 (1983).

Hansen CA, Mah S, Williamson JR. Formation and metabolism of inositol 1,3,4,5tetrakisphosphate in liver. J. Biol. Chem. 261, 8100-8103 (1986).

Haroldsen PE, Voelkel NF, Henson PM, Murphy RC. Metabolism of platelet activating factor in isolated perfused rat lung. J. Clin. Invest. 79, 1860-1867 (1987).

Hastie AT, Loegering DA, Gleich GJ, Kueppers F. The effect of purified human eosinophil major basic protein on mammalian ciliary cells. Am. Rev. Respir. Dis. 135, 848-853 (1987).

Hartnell A, Moqbel R, Walsh GM, Bradley B, Kay AB. Fcy and CD11/CD18 receptor expression on normal density and low density human eosinophils. Immunol. 69, 264-270 (1990). Hayes EC, Lombardo DL, Girard Y. Measuring leukotrienes of slow reacting substance of anaphylaxis: development of a specific radioimmunoassay.J. Immunol. 131, 429-434 (1983).

Heard BE, Hossain S. Hyperplasia of bronchial muscle in asthma. J. Pathol. 110, 319-327 (1973).

Henderson WR, Chi EY, Klebanoff SJ. Eosinophil peroxidase-induced mast cell secretion.

J. Exp. Med. 152, 265-279 (1980).

Henderson WR, Chi EY, Jorg A, Klebanoff SJ. Horse eosinophil degranulation induced by the ionophore A23187. Ultrastructure and role of phospholipase A_2 . Am. J. Pathol. 111, 341-349 (1983).

Henderson WR, Harley JB, Fauci AS. Arachidonic acid metabolism in normal and hypereosinophilic syndrome human eosinophils: generation of leukotriene B_4 , C_4 , D_4 and 15-lipoxygenase products. Immunology 51, 679-686 (1984).

Henderson WR, Harley JB, Fauci AS, Chi EY. Hypereosinophilic syndrome human eosinophil degranulation induced by soluble and particulate stimuli. Br. J. Heamatol. 69, 13-21 (1988).

Henocq E, Vergaftig BB. Accumulation of eosinophils in response to intracutaneous PAF-acether and allergens in man. Lancet 1, 1378-1379 (1986).

Henocq E, Vargaftig BB. Skin eosinophilia in atopic patients. J. Allergy Clin. Immunol. 81, 691-695 (1988).

Henocq E, Rihoux JP. Does reversed type anaphylaxis in healthy subjects mimic a real allergic reaction.

Clin. Exp. Allergy 20, 265-272 (1990).

Henson PM. The adherence of leukocytes and platelets induced by fixed IgG or complement. Immunology 16, 107-121 (1969)

Henson PM. Activation and desensitization of platelets by platelet activating factor (PAF) derived from IgE-sensitized basophils. I.Characterization of the secretory process.

J. Exp. Med. 143, 937-943 (1976).

Henson PM, Zanolari B, Schwartzman NA, Hong SR. Intracellular control of human neutrophil secretion. I. C5a-induced stimulus-specific desensitization and the effects of cytochalasin B.

J. Immunol. 121, 851-855 (1978).

Heyneman RA, Vercauteren RE. Activation of a NADPH oxidase from horse polymorphonuclear leukocytes in a cell free system. J. Leukocyte Biol. 36, 751-759 (1984)

Hibbs MS, Mainardi CL, Kang AH. Type-specific collagen degradation by eosinophils.

Biochem.J. 207, 621-624 (1982).

Hille B. Mechanisms of block.

In: Ionic channels of Excitable Membranes, pp.273-279, Sinauer Associates Inc., Massachusetts, 1984.

Hirata K, Maghni K, Borgeat P, Sirois P. Guinea pig alveolar eosinophils and macrophages produce leukotriene B_4 but no peptido-leukotriene. J. Immunol. 144, 1880-1885 (1990).

Hogg JC, Eggleston PA. Is asthma an epithelial disease. Am.Rev. Respir.Dis. 129, 207-208 (1984).

Homma H, Tokumura A, Hanahan DJ. Binding and internalization of platelet activating factor 1-0-alkyl-2-0-acetyl-sn-glycero-3-phosphocholine in washed rabbit platelets.

J. Biol. Chem. 262, 10582-10587 (1987).

Honda Z, Nakamura M, Miki I, Minami M, Watanabe T, Seyama Y, Okado H, Toh H, Ito K, Miyamoto T, Shimizu T. Cloning by functional expression of platelet-activating factor receptor from guinea pig lung. Nature 349, 342-346 (1991).

Horn BR, Robin ED, Theodore J, von Kessel A. Total eosinophil counts in the management of bronchial asthma. N. Engl. J. Med. 292, 1152-1155 (1975).

Horstmann DA, Takemura H, Putney JW. Formation and metabolism of [³H]inositol phosphates in AR42J pancreatoma cells. Substance P-induced Ca²⁺ mobilization in the apparent absence of inositol 1,4,5-trisphosphate 3-kinase activity. J. Biol. Chem. 263, 15297-15303 (1988).

Houston JC. A clinical and pathological study of fatal cases of status asthmaticus. Thorax 8, 207-214 (1953).

Howell CJ, Pujol JL, Crea AEG, Davidson R, Gearing AJH, Godard PH, Lee TH. Identification of of alveolar macrophage-derived activity in bronchial asthma that enhances leukotriene C_4 generation by human eosinophils stimulated by ionophore A23187 as granulocyte-macrophage colony stimulating factor. Am. Rev. Resp. Dis. 140, 1340-1347 (1989)

Howell CJ, Lee Th. Interactions between monocytes, macrophages and eosinophils. In: "Eosinophils, Allergy and Asthma" Kay AB (ed) Blackwell Scientific Publications, Oxford, London pp 45-49 (1990)

Hsu SY, Hsu HF, Mitros FA, Helms CM, Solomon RI. Eosinophils as effector cells in the destruction of Schistosoma mansoni eggs in granulomas. Ann. Trop. Med. Parasitol. 74, 179-183 (1980).

Huang FL, Yoshida Y, Cunha-Melo JR, Beaven MA, Huang KP. Differential downregulation of protein kinase C isoenzymes. J.Biol. Chem. 264, 4238-4243 (1989). Hubbard WC, Litterst CL, Liu MC, Bleeker ER, Mimnaugh EG, Eggleston JC, McLemore TL, Boyd MR. Profiling of prostaglandin biosynthesis in biopsy fragments of human lung carcinomas and normal human lung by capillary gas chromatographynegative ion chemical ionization mass spectrometry. Prostaglandins 32, 886-906 (1986).

Hubbard WC, Litterst CL, Liu MC, Bleeker ER, Mimnaugh EG, Eggleston JC, McLemore TL, Boyd MR. Detection and quantitation of eicosanoids by combined gas chromatography-mass spectrometry.

In 'Prostaglandin and lipid metabolism in radiation injury', Walden TL, Hughes HN (Eds), Plenum Publishing Corporation, pp.365-377 (1987)

Huber HL, Koessler KK. The pathology of bronchial asthma. Arch. Int. Med. 30, 689-760 (1922).

Hubscher T. Role of eosinophils in allergic reaction. II. Release of prostaglandins from human eosinophilic leukocytes.J. Immunol. 114, 1389-1393 (1975).

Hudson G. Quantitative study of eosinophil granulocytes. Semin. Hematol. 5, 166-172 (1968).

Huizinga TWJ, Van Kemenade F, Koenderman L, Dolman KM, von dem Borne AEGK, Tetteroo PAT, Roos D. The 40kDa Fcy receptor (FcyRII) on human neutrophils is essential for the IgG-induced respiratory burst and IgG-induced phagocytosis.

J. Immunol. 142, 2365-2371 (1989).

Hulbert WC, Walker DC, Jackson A, Hogg JC. Airway permeability to horseradish peroxidase in guinea pig: the repair phase after injury by cigarette smoke. Am. Rev. Respir. Dis. 123, 320-326 (1981).

Hunninghake GW, Kawanami O, Ferrans VJ, Young RC, Jr., Roberts, WC, Crystal RG. Characterization of the inflammatory and immune effector cells in the lung parenchyma of patients with interstitial lung disease. Am. Rev. Respir. Dis. 123, 407-12 (1981). Hwang SB, Lee CSC, Cheah MJ, Shen TY. Specific receptor sites for 1-0-alkyl-2-0acetyl-sn-glycero-3-phosphocholine (platelet activating factor) on rabbit platelet and guinea pig smooth muscle membranes. Biochemistry 22, 4756-4763 (1983).

Hwang SB, Lam MH, Shen TY. Specific binding sites for platelet activating factor in human lung tissues.

Biochem. Biophys. Res. Commun. 128, 972-979 (1985).

Hwang SB, Lam MH. Species differences in the specific receptors of platelet activating factor.

Biochem. Pharmacol. 35, 4511-4518 (1986).

Hwang SB, Chang ML, Garcia QQ, Huang L, King VF, Kaczorowski GJ, Winquist RJ. L-652,469 - a dual antagonist of platelet activating factor and dihydropyridines from tusilago furfara.

Eur. J. Pharmacol. 141, 269-281 (1987).

Hwang SB. Identification of a second putative receptor of platelet-activating factor from human polymorphonuclear leukocytes. J. Biol. Chem. 263, 3225-3233 (1988).

5. Diol. Chem. 205, 5225-5255 (1700).

Ichikawa T, Wicher K, Arbesman CE. *In vitro* and *in vivo* studies on uptake of antigen-antibody complexes by eosinophils. Int. Arch. Allergy and Immunol. 46, 230-248 (1974).

Inarrea P, Gomez-Cambronero J, Nieto M, Crespo MS. Characteristics of the binding of platelet activating factor to platelets of different animal species. Eur. J. Pharmocol. 105, 309-315 (1984).

Ingraham LM, Coates DT, Allen JM, Higgens CP, Baehner RL, Boxer LA. Metabolic, membrane, and functional responses of human polymorphonuclear leukocytes to platelet activating factor. Blood 59, 1259-1266 (1982). Inoue MA, Kishimoto A, Takei Y, Nishizuka Y. Studies on a cyclic nucleotide independent protein kinase and its proenzyme in mammalian tissue. J. Biol. Chem. 252, 7610-7616 (1977).

Irvine RF, Letcher AJ, Heslop JP, Berridge MJ. The inositol tris/tetrakisphosphate pathway-Demonstration of $Ins(1,4,5)P_3$ 3-kinase activity in animal tissue. Nature 320, 631-634 (1986).

Irving HR, Exton JH. Phosphatidylcholine breakdown in rat liver plasma membranes.Roles of guanine nucleotides and P-purinergic agonists.J. Biol. Chem. 262, 3440-3443, 1987.

Isersky C, Rivera J, Segal DM, Triche T. The fate of IgE bound to rat basophilic leukemia cells. II. Endocytosis of the IgE oligomers and the effect on receptor turnover.

J. Immunol. 131, 388-396 (1983)

Jones RL, Peespati V, Wilson NH. Antagonism of the thromboxane sensitive contractile system of the rabbit aorta, dog saphenous vein and guinea pig trachea. Br. J. Pharmacol. 76, 423-438 (1982)

Johnston RB, Keele BB, Misra HP, Lehmeyer JE, Webb LS, Baehner RL, Rajagopalan KV. The role of superoxide ion generation in phagocyte bactericidal activity. Studies with normal and chronic granulomatous disease leukocytes. J. Clin. Invest. 55, 1357-1372 (1975).

Jong EC, Klebanof SJ. Eosinophil-mediated mammalian tumor cell cytotoxicity: the role of the peroxidase system. J. Immunol. 124, 1949-1953 (1980).

Jong EC, Mahmoud AA, Klebanoff SJ. Peroxidase-mediated toxicity to schistosomula of Schistosoma mansoni. J. Immunol. 126, 468-471 (1981).

Jouvin-Marche E, Grych JM, Boullet C, Capron M, Benveniste J. Formation of PAFacether by human eosinophils. Fed. Proc. 43, 1924 (1984). Kajita T, Yui Y, Mita H, Taniguchi N, Saito H, Mishima T, Shida T. Release of leukotriene C_4 from human eosinophils and its relation to the cell density. Int. Arch. Allergy Appl. Immunol. 78, 406-410 (1985).

Kanaho Y, Kanaho H, Saitoh K, Nozawa Y. Phospholipase D activation by platelet activating factor, leukotriene B_4 , and formyl-methionyl-leucyl-phenylalanine in rabbit neutrophils.

J. Immunol. 146, 3536-3541 (1991).

Kanofsky JR, Hoogland H, Wever R, Weiss SJ. Singlet oxygen production by human eosinophils.

J. Biol. Chem. 263, 9692-9696 (1988).

Katada T, Ui M. ADP-ribosylation of the specific membrane protein of C6 cells by islet-activating protein associated with modification of adenylate cyclase activity. J. Biol. Chem 257, 7210-7216 (1982).

Katada T, Gilman AG, Watanabe Y, Bauer S, Jacobs KH. Protein kinase C phosphorylates the inhibitory guanine nucleotide binding regulatory component and apparently suppresses its function in hormonal inhibition of adenylate cyclase. Eur. J. Biochem 151, 431-437 (1985).

Kato H, Ishitoya J, Takenawa T. Inhibition of inositol phospholipid metabolism and calcium mobilization by cyclic AMP increasing agents and phorbol esters in neutrophils.

Biochem. Biophys Res. Commun. 139, 1272-1278 (1986)

Kauffman HF, van der Belt B, de Monchy JG, Boelens H, Koeter GH, de Vries K. Leukotriene C_4 production by normal density and low-density eosinophils of atopic individuals and other patients with eosinophilia.

J. Allergy Clin. Immunol. 79, 611-619 (1987).

Kay AB, Glass EJ, Salter DM. Leucoattractants enhance complement receptors on human phagocytic cells.

Clin. Exp. Immunol. 38, 294-299 (1979)

Kay AB, Durham SR, Dunnette SL, Loegering D, Gleich GJ. Eosinophils and eosinophil-derived proteins in allergic asthma. J. Allergy Clin. Immunol. 81, 206 (1988).

Kaye MJ, Smith LJ. Effects of inhaled leukotriene D4 and platelet activating factor on airway reactivity in normal subjects. Am. Rev. Resp. Dis. 141, 993-997 (1990)

Kaziro Y, Itoh H, Kozasa T, Nakafuku M, Satoh T. Structure and function of signal transducing GTP-binding proteins. Ann.Rev.Biochem. 60, 349-400 (1991).

Kazura JW, Fanning MM, Blumer JL, Mahmoud AA. Role of cell-generated hydrogen peroxide in granulocyte-mediated killing of schistosomula of Schistosoma mansoni in vitro.

J. Clin. Invest. 67, 93-192 (1981).

Kennerly DA, Sullivan TJ, Sylvester P, Parker CW. Diacylglycerol metabolism in mast cells: a potential role in membrane fusion and arachidonic release. J. Exp. Med 22, 1039-1044 (1979).

Kennerly DA. Phosphatidylcholine is a quantitatively more important source of increased 1,2-diacylglycerol than is phosphatidylinositol in mast cells. J.Immunol. 144, 3912-3919 (1990).

Kent RS, DeLean A, Lefkowitz RJ. Quantitative analysis of beta-adrenergic receptor interactions: resolution of high and low-affinity states of the receptor by computer modeling of ligand binding data.

Mol. Pharmacol. 17, 14-23 (1980).

Kephart GM, Gleich HJ, Connor DH, Gibson DW, Ackerman SJ. Deposition of eosinophil granule major basic protein onto microfilariae of Onchocerca volvulus in the skin of patients treated with diethylcarbamazine.

Lab. Invest. 50, 51-61 (1984).

Khalife J, Capron M, Cesbron JY, Tai PC, Taelman H, Prin L, Capron, A. Role of specific IgE antibodies in peroxidase (EPO) release from human eosinophils. J. Immunol. 137, 1659-1664 (1986).

Kikkawa U, Takei Y, Minakuchi R, Inohara S, Nishizuka Y. Calcium activated phospholipid dependent protein kinase from rat brain subcellular distribution, purification and properties. J. Biol. Chem. 257, 13341-13348 (1982)

Kikkawa U, Ogita K, Ono Y, Asaoka Y, Shearman MS, Fujii T, Ase K, Sekeiguchi K, Igarashi K, Nishizuka Y. The common structure and activities of four subspecies of rat brain protein kinase C family FEBS Lett. 223, 212-216 (1987)

Kimani G, Tonnesen MG, Henson PM. Stimulation of eosinophil adherence to human vascular endothelial cells *in vitro* by platelet activating factor. J. Immunol. 140, 3161-3166 (1988).

Kimura I, Moritani Y, Tanazaki Y. Basophils in bronchial asthma with reference to reagin-type allergy. Clin. Allergy 3, 195-202 (1973).

King AC, Cuatrecasas P. Peptide hormone induced receptor mobility aggregation and internalization.

N. Engl. J. Med. 305, 77-80 (1981)

Kirby, JG, Hargreave, FE, Gleich, GJ, O'Bryne, PM. Bronchoalveolar cell profiles of asthmatic and nonasthmatic subjects. Amer. Rev. Respir. Dis. 136, 379-383 (1987).

Amer. Rev. Respir. Dis. 150, 575-565 (1907).

Kloprogge E, Akkerman JWN. Binding kinetics of PAF-acether (1-0-alkyl-2-acetylsn-glycero-phosphatidylcholine) to intact human platelets. Biochem. J. 223, 901-909 (1984). Kloprogge E, DeLeeuw AJ, DeMonchy JGR, Kauffman HF. Hypodense eosinophilic granulocytes in normal individuals and patients with asthma: Generation of hypodense cell populations *in vitro*.

J. Allergy Clin. Immunol. 83, 393-400 (1989)

Koenderman L, Tool ATJ, Roos D, Verhoeven AJ. Priming of the respiratory burst in human eosinophils is accompanied by changes in signal transduction. J. Immunol. 145, 3883-3888 (1990)

Koo C, Lefkowitz RJ, Snyderman LA. The oligopeptide chemotactic factor receptor on human polymorphonuclear leukocyte membranes exists in two affinity states. Biochem. Biophys. Res. Commun. 106, 442-449 (1982).

Koo C, Lefkowitz RJ, Snyderman LA. Guanine nucleotide modulate the binding affinity of the oligopeptide chemoattractant receptor on human polymorphonuclear leukocytes.

J. Clin. Invest. 72, 748-753 (1983).

Korchak HM, Vienne K, Rutherford LE, Wilkenfeld C, Finkelstein MC, Weissman G. Stimulus response coupling in human neutrophils: II. Temporal analysis of changes in cytosolic calcium and calcium efflux.

J. Biol. Chem. 259, 4076-4082 (1984)

Korchak HM, Vasshall LB, Haines KA, Wilkenfeld C, Lundquist KF, Weissmann G. Activation of neutrophil by calcium-mobilizing ligands II. Correlation of calcium, diacylglycerol and phosphatidic acid generation with superoxide release. J. Biol. Chem. 263, 11099-11105 (1988).

Koretzky GA, Picus J, Schulz T, Weiss A. Tyrosine phosphatase is required for T-cell antigen receptor and CD2-mediated activation of a protein tyrosine kinase and interleukin 2 production.

Proc. Natl. Acad. Sci. USA 88, 2037-2041 (1891).

Krause KH, Schlegel W, Wollheim CB, Andersson T, Waldvogel FA, Lew, PD. Chemotactic peptide activation of human neutrophils and HL-60 cells. J. Clin. Invest. 76, 1348-1354 (1985). Kroegel C, Konig W, Mollay C, Kreil G. Generation of the eosinophil chemotactic factor (ECF) from various cell types by melittin. Molec. Immunol. 18, 227-236 (1981).

Kroegel C. On the significance of membrane phospholipids in cell activation. The generation of an eosinophil chemotactic factor by melittin, its relation to leukotriene B_4 , and the immunopharmacological modulation of its release. MD thesis, University of Mainz, Germany, 1984.

Kroegel C, Costabel U, Matthys H. Mechanism of membrane damage mediated by eosinophil major basic protein. Lancet I, 1380-1381 (1987).

Kroegel C, Yukawa T, Dent G, Chanez P, Chung KF, Barnes PJ. Platelet activating factor induces eosinophil peroxidase release from purified human eosinophils. Immunology 64, 559-562 (1988).

Kroegel C, Yukawa T, Dent G, Venge P, Chung KF, Barnes PJ. Stimulation of degranulation from human eosinophils by platelet activating factor. J. Immunol. 142, 3518-3526 (1989a).

Kroegel C, Yukawa T, Westwick J, Barnes PJ. Evidence for two platelet activating factor receptors on eosinophils: dissociation between PAF-induced intracellular calcium mobilization, degranulation and superoxide anion generation in eosinophils. Biochem. Biophys. Res. Commun. 162, 511-521 (1989b).

Kroegel C, Giembycz MA, Barnes PJ. Characterization of eosinophil cell activation by peptides. Differential effects of substance P, melittin, and fMet-Leu-Phe. J. Immunol. 145, 2581-2587 (1990a)

Kroegel C, Hubbard WH, Lichtenstein LM. Spectrum of prostanoid generation by human blood eosinophils stimulated with platelet activating factor and calcymicin. Eur. J. Respir. Dis. 3, 347 (1990b).

Kroegel C, Warner J, Hubbard WC, Lichtenstein, LM. Platelet activating factor (PAF) stimulates eosinophils through both pertussis toxin sensitive and pertussis toxin-insensitive transduction pathways. FASEB J. 4, 1942 (1990c).

Kroegel C, Dewar, A, Yukawa T, Chung KF, Barnes PJ. Ultrastructural characterisation of platelet activating factor-stimulated human eosinophils from subjects with asthma.

Lab. Invest. 1991a, in press.

Kroegel C, Costabel U. Morphology and density features of eosinophil leukocytes in eosinophilic pneumonia. A case report. Kli. Wschr., 1991b, in press.

Kroegel C, Liu MC, Lichtenstein LM, Bochner BS. Antigen-induced eosinophil activation and recruitment in the lower airways. J. Allergy Clin. Immunol. 1991c, in press.

Kuo JF, Anderson RGG, Wise BC, Macherowa L, Salominsson I, Brackett NL, Katoh N, Shoji M, Wrenn RW. Calcium dependent protein kinase: Widespread occurrence in various tissues and phyla of animal kingdom and comparison of the effects of phospholipid, calmodulin and trifluoroperazine. Proc. Nat'l Acad. Sci. USA. 77, 7039-7043 (1980)

Lad PM, Olson CV, Grewall IS. Platelet activating factor mediated effects on human neutrophil function are inhibited by pertussis toxin. Biochem. Biophys. Res. Commun. 129, 632-638 (1985).

Lad PM, Olson CV, Grewall IS, Scott SJ, Learn DB, Smiley PA, Lafrance-Flolich M. Molecular mechanisms in the action of platelet activating factor and other mediators of inflammation.

In: New Horizons in Platelet Activating Factor Research, Winslow CM, Lee JL (eds), John Wiley & Sons, New York, pp.103-122 (1987).

Laemmli UK. Cleavage of structural proteins during the assembly of the head of bacteriophage T4. Nature 227,680-681 (1970) Laitinen LA, Heino M, Laitinen A, Kava T, Haahtela T. 1985. Damage of the airway epithelium and bronchial reactivity in patients with asthma. Am. Rev. Respir. Dis. 131, 599-606 (1985).

Lamas AM, Mulroney CM, Schleimer RP. Studies on the adhesive interaction between purified human eosinophils and cultured vascular endothelial cells. J. Immunol. 140, 1500-1505 (1988).

Lambrecht G, Parnham MJ. Kadsurenone distinguishes between different platelet activating factor receptor subtypes on macrophages and polymorphonuclear leukocytes. Br. J. Pharmacol. 87, 287-291, 1986.

Leary AG, Ogawa M. Identification of pure and mixed basophil colonies in culture of human peripheral blood and marrow cells. Blood 64, 78-86 (1984).

Lee T-C, Malone B, Wasserman SI, Fitzgerald V, Snyder F. Activities that metabolize platelet activating factor (1-alkyl-2acetyl-sn-glycero-3-phosphocholine) in neutrophils and eosinophils from humans and the effect of a calcium ionophore. Biophys. Biochem. Res. Commun. 105, 1303-1310 (1982).

Lee T-C, Lenihan DJ, Malone B, Roddy LL, Wasserman SI. Increased biosynthesis of platelet activating factor in activated human eosinophils. J. Biol. Chem. 259, 5526-5530 (1984).

Lee T-C, Snyder F. Function and metabolism regulation of platelet activating factor and related lipids.

In: 'Phospholipids and Cellular Regulation, Kuo JF(ed) CRC Press, Boca Raton Florida. Vol. 2, pp 1-39 (1985)

Lellouch-Tubiana A, Lefort J, Pirotzky E, Vargaftig BB, Pfister A. Ultrastructural evidence for extravascular platelet recruitment in the lung upon intravenous injection of platelet activating factor (PAF-acether) to guinea pigs. Br. J. Exp. Pathol. 66, 345-355 (1985). Lellouch-Tubiana A, Lefort J, Pfister A, Vargaftig BB. Interactions between granulocytes and platelets with the guinea pig lung in passive-anaphylactic shock. Correlations with PAF-acether-induced lesions. Int. Arch. Allergy Appl. Immunol. 83, 198-205 (1987).

Lellouch-Tubiana A, Lefort J, Simon MT, Pfister A, Vargaftig BB. Eosinophil recruitment into guinea pig lungs after PAF-acether and allergen administration. Modulation by prostacyclin, platelet depletion, and selective antagonists. Am. Rev. Respir. Dis. 137, 948-954 (1988).

Lew PD, Monod A, Waldvogel, FA, Dewald, B, Baggiolini M, Pozzan T. Quantitative analysis of the cytosolic free calcium dependency of exocytosis from three compartments in intact human neutrophils.

J. Cell. Biol. 102, 21997-22004 (1986a)

Lew PD, Monod A, Krause KH, Waldvogel FA Biden TJ, Schlegel W. The role of cytosolic calcium in the generation of inositol 1,4,4-trisphosphate and inositol 1,3,4-trisphosphate in HL-60 cells: Differential effects of chemotactic peptide receptor stimulation at distinct Ca^{2+} levels.

J. Biol. Chem. 261, 13121-13127 (1986b)

Liebow AA, Carrington CB. The eosinophilic pneumonias. Medicine (Baltimore) 48, 251-285 (1969)

Limbird, LE, Gill DM, Lefkowitz RJ. Agonist-promoted coupling of the betaadrenergic receptor with the guanine nucleotide regulatory protein of the adenylate cyclase system.

Proc. Natl. Acad. Sci. USA 77, 775-779 (1980).

Litt M. Studies in experimental eosinophilia: I. Repeated quantitation of peritoneal eosinophilia in guinea pigs by a method of peritoneal lavage. Blood 16, 1318-1323 (1960).

Lopez AF, Sanderson CF, Gamble JR, Campbell HD, Young IG, Vadas MA. Recombinant human interleukin-5 is a selective activator of human eosinophil function. J. Exp. Med. 1988, 219-227 (1988). Lowell, F.C. Clinical aspects of eosinophilia in atopic disease. JAMA 202, 875-878 (1967).

Lucey DR, Dorsky DI, Nicholson-Weller A, Weller PF. Human eosinophils express CD4 protein and bind human immunodeficiency virus 1 gp120. J. Exp. Med. 169, 327-332 (18989a).

Lucey DR, Nicholson-Weller A, Weller PF. Mature human cosinophils have the capacity to express HLA-DR. Proc. Natl. Acad. Sci. USA 86, 1348-1351 (1989b).

MacDonald AJ, Moqbel R, Wardlaw AJ, Kay AB. Platelet-activating factor (PAFacether) enhances eosinophil cytotoxicity *in vitro*. J. Allergy Clin.Immunol. 77, 227 (1986).

MacGlashan DW, Mogowski M, Lichtenstein LM. Studies of antigen binding on human basophils. II. Continued expression of antigen-specific IgE during antigeninduced desensitization.

J. Immunol. 130, 2337-2342 (1983).

MacGlashan D. Single cell analysis of Ca²⁺ changes in human lung mast cells: Graded vs. all-or-nothing elevations after IgE-mediated stimulation. J. Cell Biol. 109, 123-134 (1989).

Mahauthaman R, Howell CJ, Spur BW, Youlten LJ, Clar TJ, Lessof MH, Lee TH. The generation of leukotriene C_4 in human eosinophils stimulated by unopsonized zymosan and glucan particles.

J. Allergy Clin. Immunol. 81, 696-705 (1988)

Majerus PW, Connolly TM, Bansar VS, Inhorn RC, Ross TS, Lips DL. Inositol phosphates: Synthesis and degradation. J. Biol. Chem. 263, 3051-3054 (1988).

Makin WM, Huang CK, Becker EL. The formyl peptide chemotactic receptor on rabbit peritoneal neutrophils.

J. Immunol. 129, 1608-1611 (1982).

Makowske M, Ballester R, Cayre Y, Rosen OM. Immunochemical evidence that three protein kinase isozymes increase in abundance during the HL-60 differentiation induced by dimethyl sulphoxide and retinoic acid. J. Biol. Chem. 263, 3402-3410, 1988.

Malone B, Lee T-C, Snyder F. Inactivation of platelet activating factor (PAF) by rabbit platelets: Lyso-PAF as a key intermediate with phosphatidylcholine as the source of arachidonic acid in its conversion to a acylated product. J. Biol. Chem. 260, 1531-1534 (1985)

Mapp CE, Polato R, Maestrelli P, Hendrick DJ, Fabbri M. Time course of the increase in airway responsiveness associated with late asthmatic reactions to toluene diisocyanate in sensitized subjects.

J. Allergy Clin. Immunol. 75, 568-572 (1985).

Marquis O, Robaut C, Cavero I. [³H]52770 RP, a platelet activating factor receptor antagonist, and tritiated platelet activating factor label a common specific binding site in human polymorphonuclear leukocytes.

J. Pharmacol. Exp. Ther. 244, 709-715 (1988).

Matsumoto T, Tao W, Sha'afi RI. Demonstration of calcium-dependent phospholipase A_2 activity in membrane preparation of rabbit neutrophils. Absence of activation by fMet-Leu-Phe, phorbol 12-myristate 13-acetate and A-kinase. Biochem. J. 250, 343-348 (1988).

Mazzoni L, Morley J, Page CP, Sanjar S. Induction of airway hyperreactivity by platelet activating factor in guinea pig. J. Physiol. 365P, P107 (1985).

McCarter, JH, Vazquez JJ. The bronchial basement membrane in asthma. Arch.Pathol 82, 328-336 (1966).

McDowell L, Sanyal G, Prendergast FG. Probable role of amphiphilicity in the binding of mastoparan to calmodulin. Biochem. 24, 2979-2984 (1985). McLaren DJ, McKean JR, Olsson JR, Venge P, Kay AB. Morphological studies on the killing of schistosomula of Schistosoma mansoni by human eosinophil and neutrophil cationic proteins *in vitro*. Parasite Immunol. 3, 359-373 (1981).

Merrit JE, Taylor CW, Rubin RP, Putney JW. Isomers of inositol trisphosphate in exocrine pancreas.

Biochem. J. 238, 825-829 (1986).

Metcalf D, Culter RL, Nicola NA. Selective stimulation by mouse spleen cell conditioned medium of human eosinophil colony formation. Blood 61, 999-1008 (1983).

Metcalf D. The molecular biology and function of granulocyte-macrophage colony stimulating factors.

Blood 67, 257-267 (1986).

Metzger WJ, Nugent K, Richerson HB, Moseley P, Lakin R, Zavala D, Hunninghake GW. Methods for bronchoalveolar lavage in asthmatic patients following bronchoprovocation and local antigen challenge. Chest 87, 16S-19S (1985).

Metzger WJ, Nugent K, Richerson HB, Moseley P, Lakin R, Zavala D, Hunninghake GW. Methods for bronchoalveolar lavage in asthmatic patients following bronchoprovocation and local antigen challenge.

Chest 87, 16S-19S (1985)

Migler B, DeChatelet LR. Human eosinophilic peroxidase: biochemical characterization.

Biochem. Med. 19, 16-26 (1978).

Miller F, DeHarven E, Palade DE. The structure of eosinophil leukocyte granules in rodents and in man.

J. Cell Biol. 31, 349-362 (1966).

Molina y Vedia LM, Lapetina EG. Phorbol 12,13 dibutyrate and 1-oleyl-diacylglycerol stimulate inositol trisphosphate dephosphorylation in human platelets. J. Biol. Chem. 261, 10493-10495 (1986).

Morley J, Bray MA, Jones RW, Nugteren DH, van Dorp D. Prostaglandin and thromboxane production by human and guinea pig macrophages and leukocytes. Prostaglandins 17, 729-746 (1979).

Motojima S, Dunnette SL, Frigas E, Gleich GJ. Creola bodies and eosinophil granule proteins in sputum.

J. Allergy Clin . Immunol. 79, 128 (1987).

Motojima S, Frigas E, Loegering DA, Gleich GJ. Toxicity of eosinophil cationic proteins for guinea pig tracheal epithelium *in vitro*. Am.Rev.Respir.Dis. 139, 801-805 (1989).

Muino JC. Asthma and a specific inhibitor of platelet activating factor. ACI News 2/3, 75-77 (1990).

Murphy PM, Gallin EK, Tiffany HL. Characterization of human phagocytic cell receptors and platelet activating factor expressed in Xenopus oocyte. J. Immunol. 145, 2227-2234 (1990).

Myones BL, Diazell JG, Hogg N, Ross GD. Neutrophil and monocyte cell surface p190,95 has iC3b-receptor (CR4) activity resembling CR3. J. Clin. Invest. 82, 640-647 (1988).

Naccache PH, Molski MM, Volpi M, Becher EL, Sha'afi RI. Unique inhibitory profile of platelet activating factor induced calcium mobilization, phosphoinositide turnover and granular enzyme secretion in rabbit neutrophils towards pertussis toxin and phorbol ester.

Biochem. Biophys. Res. Commun. 130, 677-684 (1985).

Naccache PH, Molski MM, Volpi M, Shefcyk J, Molski TFP, Becher EL, Sha'afi RI. Biochemical events associated with the stimulation of rabbit neutrophils by platelet activating factor.

J. Leukocyte Biol. 40, 533-548 (1986).

Nagy L, Lee TH, Goetzl EJ, Pickett WC, Kay AB. Complement receptor enhancement and chemotaxis of human neutrophils and eosinophils by leukotrienes and other lipoxygenase products.

Clin. Exp. Immunol. 47, 541-547 (1982).

Nakamura T, Ui M. Simultaneous inhibition of inositol phospholipid breakdown, arachidonic acid release and histamine secretion in mast cells by islet-activating protein, pertussis toxin. A possible involvement of toxin-specific substrate in Ca²⁺-mobilizing receptor-mediated biosignaling system.

J. Biol. Chem. 260, 3584-3593 (1985).

Naylor, B. The shedding of the mucosa of the bronchial tree in asthma. Thorax 17, 69-72 (1962).

Neer EJ, Clapham DE. Roles of G protein subunits in transmembrane signalling. Nature 333, 129-134 (1988).

Nelson DH, Ruhman-Wennhold R. Inhibition of leukocyte superoxide anion production by cortisol administration to normal subject. J. Clin. Endocrin. Metab. 46, 702-715(1975)

Ng DS, Wong K. Specific binding of platelet activating factor (PAF) by human peripheral blood mononuclear leukocytes. Biochem. Biophys. Res. Commun. 142, 754-760 (1987).

Niedel J, Kahane I, Cuatrecasas P. Receptor mediated internalization of fluorescent chemotactic peptide by human neutrophils. Science 205, 1412-1414 (1979).

Niedel JE, Kuhn L, Vandenbark GR. Phorbol diester receptor copurifies with protein kinase C.

Proc. Nat'l. Acad. Sci. USA 80, 36-40 (1983).

Nishihara J, O'Flaherty JT. Phorbol myristate acetate receptors in human polymorphonuclear neutrophils.

J. Immunol. 135, 3439-3444 (1985).

Nishizuka Y. The role of protein kinase C in cell surface signal transduction and tumor promotion. Nature 308, 693-698 (1984a).

Nishizuka Y. Turnover of inositol phospholipids and signal transduction. Science 225, 1365-1370 (1984b).

Nishizuka Y. Studies and perspectives of protein kinase C. Science 233, 305-312 (1986)

Nishizuka Y. The molecular heterogeneity of protein kinase C and its implications for cellular recognition. Nature 334, 661-665 (1988).

O'Donnell MC, Ackerman SJ, Gleich GJ, Thomas LL. Activation of basophil and mast cell histamine release by eosinophil granule major basic protein. J. Exp. Med. 157, 1981-1991 (1983).

O'Donnell SR, Barrett CJK. Microvascular leakage to platelet activating factor in guinea pig trachea and bronchi. Eur. J. Pharmacol. 138, 385-396 (1987).

O'Flaherty JT, Wykle RL, Miller CH, Lewis JC, Waite M, Bass A, McCall CE, De Chatelet LR. 1-0-Alkyl-sn-glyceryl-3-phosphorylcholines: a novel class of neutrophil stimulation.

Am. J. Pathol. 103, 70-79 (1981).

O'Flaherty JT, Surles JR, Redman J, Jacobson D, Piantadosi C, Wykle RL. Binding and metabolism of platelet activating factor by human neutrophils. J. Clin. Invest. 78, 381-388 (1986).

O'Flaherty JT. Phospholipid metabolism and stimulus-response coupling. Biochem. Pharmacol. 36, 407-412 (1987).

O'Flaherty JT, Charbot MC, Redman J, Jacobson D,C, Wykle RL. Receptor independent metabolism of platelet activating factor by myelogenous cells. FEBS Lett. 250, 341-344 (1989) Ogawa H, Kunkel SL, Fantone JC, Ward PA. Digestion of the fifth component of complement by eosinophil lysosomal enzymes: production of eosinophil specific chemotactic activity.

Virchows Arch. (Cell Pathol.) 38, 149-157 (1981).

Ogawa M, Porter PN, Nakahata T. Renewal and commitment to differentiation of hemopoietic stem cells (an interpretive review). Blood 61, 823-832 (1983).

Ojima-Uchiyama A, Masuzawa Y, Sugiura T, Waku K, Saito H, Yui Y, Tomioka H. Phospholipid analysis of human eosinophils: High levels of alkylacylglycerophosphocholine (PAF-precursor). Lipids 23, 815-817 (1988).

Oliver RC, Glaudert AM, Thorne KJI. Mechanisms of Fc-mediated interaction of eosinophils with immobilized immune complexes. I.Effects of inhibitors and activators of eosinophil function.

J. Cell Sci. 56, 337-356 (1982).

Ostermann G, Till U, Thielmann K. Studies on the stimulation of human blood platelets with semi-synthetic platelet activating factor. Thromb. Res. 30, 127-136 (1983)

Ottesen EA, Stanley AM, Gelfand JA. Immunoglobulin and complement receptors on human eosinophils and their role in cellular adherence to schistosomules. Am. J. Trop. Med. Hyg. 26, 134-139 (1977).

Owen WF, Rothenberg ME, Silberstein DS, Gasson JC, Stevens L, Austen KF, Soberman RJ. Regulation of human eosinophil viability, density, and function by granulocyte/macrophage colony-stimulating factor in the presence of 3T3 fibroblasts. J. Exp. Med. 166, 129-141 (1987).

Owen WF, Soberman RJ, Yoshimoto T, Sheffer AL, Lewis RA, Austen KF. Synthesis and release of leukotriene C_4 by human eosinophils. J. Immunol. 138, 532-538 (1988). Parente L, Flower, RJ. Hydrocortisone and 'macrocortin' inhibit zymosan induced release of lyso-PAF from rat peritoneal leukocytes. Life Sci. 36, 1225-1231 (1985)

Parmley RT, Spicer SS. Cytochemical and ultrastructural identification of a small type granule in human late eosinophils. Lab. Invest. 30, 557-567 (1974)

Parry MJ, Randell MJ, Hawkswood E, Cross PE, Dickinson RP. Enhanced production of prostacyclin in blood after treatment with selective thromboxane synthetase inhibitor UK-38,485.

Br. J. Pharmacol 77, 547P (1982).

Parillo JE, Fauci AS. Human eosinophils. Purification and cytotoxic capability of eosinophils from patients with the hypereosinophilic syndrome. Blood 51, 457-463 (1978).

Parwaresh MR, Walle AJ, Arndt D. The peripheral kinetics of human radiolabelled eosinophils.

Virchows Arch. (Cell Pathol.) 21, 57-66 (1976).

Patterson R, Bernstein PR, Harris KE. Airway responses to sequential challenges with platelet-activating factor and leukotriene D_4 in rhesus monkeys. J. Lab. Clin. Med. 104, 340-345 (1984).

Pelech SL, Meier KE, Krebs EG. Rapid microassay for protein kinase C translocation in Swiss 3T3 cells.

Biochemistry 25, 8348-8353 (1986).

Perianin A, Snyderman R. Mastoparan, a wasp venom peptide, identifies two discrete mechanisms for elevating cytosolic calcium and inositol trisphosphates in human polymorphonuclear leukocytes.

J. Immunol. 143, 1669-1675 (1989).

Petreccia DC, Nausseef WM, Clark RA. Respiratory burst of human normal eosinophils.

J. Leukocyt. Biol. 41, 283-288 (1987).

Pincus SH. Production of eosinophil-rich guinea pig peritoneal exudates. Blood 52, 127-134 (1978)

Podack, ER, Tschopp, J. Membrane attack by complement. Mol. Immunol. 21, 589-603 (1984).

Podack ER, Young JDE, Cohn ZA. Isolation and biochemical and functional characterization of perform 1 from cytolytic T-cell granules. Proc. Natl. Acad. Sci. USA 82, 8629-8633 (1985).

Poll C, Westwick J. Phorbol esters modulate thrombin-operated calcium mobilization and dense granule release in human platelets. Biochem. Biophys. Acta 886, 434-440 (1986).

Pollock WK, Rink TJ, Irvine RF. Liberation of [³H]arachidonic acid and changes in cytosolic free calcium in fura-2 loaded human platelets stimulated by ionomycin and collagen.

Biochem. J. 235, 869-877 (1986).

Popper H, Knipping G, Czarnetzki BM, Steiner R, Helleis, Auer H. Activation and release of enzymes and major basic protein from guinea pig eosinophil granulocytes induced by different inflammatory stimuli and other substances. Inflammation 13, 147-162 (1989).

Pozzan T, Lew DP, Wollheim CB, Tsien RY. Is cytosolic ionized calcium regulating neutrophil activation? Science 221, 1413-1415 (1983)

Preiss J, Loomis CR, Bishop WR, Stein R, Niedel JE, Bell RM. Quantitative measurement of sn-1,2-diacylglycerols present in platelets, hepatocytes and normal rat kidney cells.

J. Biol. Chem. 261, 8597-8600 (1986).

Prentki M, Biden TJ, Janijc D, Irvine RF, Berridge MJ, Wollheim CB. Rapid mobilization of Ca^{2+} from rat insulinoma microsomes by inositol 1,4,5-trisphosphate. Nature 309, 562-564 (1984a).

Prentki M, Wollheim CB, Lew PD. Ca²⁺ homeostasis in permeabilized human neutrophils. Characterization of the Ca²⁺ sequestering pools and the actions of inositol (1,4,5) trisphosphate. J. Biol. Chem. 259, 13777-13782 (1984b)

Prin L, Capron M, Tonnel AB, Bletry O, Capron A. Heterogeneity of human peripheral blood eosinophils: variability in cell density and cytotoxic ability in relation to the level and the origin of hypereosinophilia.

Int. Arch. Allergy Appl. Immunol . 72, 336-346 (1983).

Prin L, Charon J, Capron M, Gossett P, Taelman H, Tonnel AB Capron A. Heterogeneity of human eosinophils. II. Variability of respiratory burst activity related to cell density.

Clin. Exp. Immunol. 57, 735-742 (1984).

Prin L, Capron M, Gosset P, Wallert B, Kusnierz JP, Bletry O, Tonnel AB, Capron A. Eosinophilic lung disease: immunological studies of blood and alveolar eosinophils.

Clin. Exp. Immunol. 63, 249-256 (1986).

Rak S, Lowhagen O, Venge P. The effect of immunotherapy on bronchial hyperresponsiveness and eosinophil cationic protein in pollen-allergic patients. J. Allergy Clin. Immunol. 82, 470-480 (1988).

Rand TH, Cruikshand WW, Center DM, Weller PF. CD4-mediated stimulation of human eosinophils: Lymphocyte chemoattractant factor and other CD4-binding ligands elicit eosinophil migration.

J. Exp. Med. 173, 1521-1528 (1991).

Read RC, Yukawa T, Kroegel C, Chung KF, Rutman A, Wilson R, Cole PJ, Barnes PJ. PAF-activated eosinophils damage guinea-pig airway epithelium *in vitro*. Am. Rev. Respir. Dis. 139, 481 (1989).

Reed, CE. New approaches in asthma. J. Allergy Clin. Immunol. 77, 537-543 (1986). Reynolds HY, Fulmer JD, Kazimierowski JA, Roberts, WC, Frank MM, Crystal RG. Analysis of cellular and protein content of bronchoalveolar lavage fluid from patients with idiopathic pulmonary fibrosis and chronic hypersensitivity pneumonitis. J. Clin. Invest. 59, 165-75 (1977)

Rhee SG, Suh PG, Ryu SH, Lee SY. Studies of inositol phospholipid specific phospholipase C. Science 244, 546-550 (1989).

Rhee SG, Kim H, Suh PG, Choi WC. Multiple forms of phosphoinositide specific phospholipase C and different modes of action. Biochem.Soc.Trans. 19, 337-341 (1991).

Rider LG, Niedel JE. Diacylglycerol accumulation and superoxide anion production in stimulated human neutrophils. J. Biol. Chem. 262, 5603-5608 (1987)

Rivera J, Mullins JM, Furuichi K, Isersky C. Endocytosis of aggregated immunoglobulin G by rat basophilic leukemia cells: rate, extent, and effect on the endocytosis of immunoglobulin E.

J. Immunol. 136, 623-627 (1986).

Roberts NM, Page CP, Chung KF, Barnes PJ. Effect of of a PAF antagonist, BN 52063, on antigen induced, acute and late onset cutaneous responses in atopic subjects. J. Allergy Clin. Immunol. 82, 236-241 (1989)

Rola-Pleszynski M, Pignol B, Pouliot C, Braquet P. Inhibition of human lymphocyte proliferation and interleukin-2 production by platelet activating factor (PAF-acether): reversal by a specific antagonist, BN 52021. Biochem. Biophys. Res. Commun. 142, 754-760 (1987).

Rome LH, WEM Lands. Structural requirements for the time-dependent inhibition of prostaglandin biosynthesis by anti-inflammatory agents. Proc. Natl. Acad. Sci. USA 72, 4863-4869 (1975). Ross GD, Cain JA, Lachmann PJ. Membrane complement receptor type three (CR3) has lectin-like properties analogous to bovine conglutinin and functions as a receptor for iC3b.

J. Immunol. 134, 3307-3315 (1985).

Rothenberg ME, Owen WF, Silberstein DS, Woods J, Soberman RJ, Austen KF, Stevens RL. Human eosinophils have prolonged survival, enhanced functional properties, and become hypodense when exposed to human interleukin-3. J. Clin. Invest. 81, 1986-1993 (1988).

Rothenberg ME, Petersen J, Stevens RL, Silberstein DS, McKenzie DS, Austen KF, Owen WF. IL-5-dependent conversion of normodense human eosinophils to the hypodense phenotype uses 3T3 fibroblasts for enhanced viability, accelerated hypodensity, and sustained antibody-dependent cytotoxicity. J. Immunol. 143, 2311-2316 (1989).

Rytomaa T. Organ distribution and histochemical properties of eosinophil granulocytes in rat.

Acta. Pathol. Microbiol. Scand. 50(Suppl.140), 1-118 (1960).

Ryves, Garland LG, Evans AT, Evans FJ. A phorbol ester and a dephnane ester stimulate a calcium independent kinase activity in human mononuclear cells. FEBS Lett. 254, 159-163, 1989.

Sabag N, Castrillon MA, Tchernitichin A. Cortisol-induced migration of eosinophil leukocytes to lymphoid organs. Experientia 34, 666-667 (1978).

Saito H, Tomita Y, Ito T. Studies on basophil precursors. II. Common precursor cell for basophils and eosinophils. Jpn. J. Allergol. 31, 1131-1138 (1982).

Salvato G. Some histological changes in chronic bronchitis and asthma. Thorax 23, 168-180 (1968).

Samoszuk MK, Petersen A, Gidanian F, Rietveld C. Cytophilic and cytotoxic properties of human eosinophil peroxidase plus major basic protein.

Am. J. Pathol. 132, 455-460 (1988).

Scatchard G. The attraction of proteins for small molecules and ions. Ann.N.Y.Acad.Sci. 51, 660- 676 (1949).

Schatz M, Wasserman S, Patterson R. Eosinophils and immunological lung diseases. Med Clin. North Amer. 65, 1055-1071 (1981)

Schellenberg RR, Walker B, Snyder F. Platelet dependent contraction of human bronchi by platelet activating factor. J. Allergy Clin. Immunol. 71, A145 (1983).

Schleiffenbaum B, Moser, R, Patarroyo M, Fehr J. The cell surface glycoprotein Mac-1 (CD11b/CD18) mediates neutrophil adhesion and modulates degranulation independently of its quantitative cell surface expression. J. Immunol. 142, 3537-3545 (1989).

Schlueter DP. Response of lung to inhaled antigens. Am. J. Med. 57, 476-492 (1974).

Sekuguchi K, Tsukuda M, Ogita K, Kikkawa U, Nishizuka Y. Three distinct forms of rat brain protein kinase C: Differential response to unsaturated fatty acids Biochem. Biophys. Res. Commun. 145,797-802 (1987)

Serhan CN, Broekman MJ, Korchak HM, Smolen JE, Marcus AJ, Weissman G. Changes in phosphatidylinositol and phosphatidic acid in stimulated human neutrophils: Relationship to calcium mobilization, aggregation and superoxide radical generation.

Biochim. Biophys. Acta. 762, 420-428 (1983)

Sha'afi RI, White JR, Molski TF, Volpi M, Feinstein MB. Phorbol 12-myristate 13acetate activates rabbit neutrophils without an apparent rise in the level of intracellular calcium.

Biochem. Biophys. Res. Commun. 114, 638-645 (1983)

Shaw JO, Pinckard N, Ferrigni KS, McManus LM, Hanahan DJ. Activation of human neutrophils with 1-0-hexadecyl/octadecyl-2-acetyl-sn-glyceryl-3-phosphoryl-choline (platelet activating factor).

•

J. Immunol. 127, 1250-1255 (1981).

Shaw RJ, Cromwell O, Kay AB. Preferential generation of leukotriene C_4 by human eosinophils.

Clin. Exp. Immunol. 56, 716-722 (1984)

Shen L, Guyre PM, Fanger MW. Polymorphonuclear leukocyte function triggered through the high affinity Fc receptor for monomeric IgG. J. Immunol 139, 534-539 (1987).

Shears SB. Metabolism of the inositol phosphates produced upon receptor activation. Biochem. J. 260, 313-324 (1989)

Shichi H, Somers RL. Light-dependent phosphorylation of rhodopsin: Purification and properties of rhodopsin kinase. J. Biol. Chem. 253, 7040-7046 (1978).

Shult PA, Lega M, Jadidi S, Vrtis R, Warner T, Graziano FM, Busse WW. The presence of hypodense eosinophils and diminished chemiluminescence response in asthma.

J. Allergy Clin. Immunol. 81, 429-435 (1988).

Sibley DR, Benovic JL, Caron MG, Lefkowitz RJ. Regulation of transmembrane signalling by receptor phosphorylation. Cell 48, 1913-1922 (1987)

Sigal CE, Valone FH, Holtzman MJ, Goetzl EJ. Preferential human eosinophil chemotactic activity of the platelet activating factor (1-0-alkyl-2-acetyl-sn-glycerol-3-phosphatidylcholine).

J. Clin. Immunol. 7, 179-184 (1987).

Silbaugh SA, Stengel PW, Williams GP, Herron DK, Gallagher P, Baker SR. Effects of leukotriene B_4 inhalation. Airway sensitization and lung granulocyte infiltration in the guinea pig.

Am. Rev. Respir. Dis. 136, 930-934 (1987).

Silberstein DS, Owen WF, Gasson JC, DiPersio JF, Golde DW, Bina JC, Soberman R, Austen KF, David JR. Enhancement of human eosinophil cytotoxicity and leukotriene synthesis by biosynthetic (recombinant) granulocyte-macrophage colony-stimulating factor.

J. Immunol. 137, 3290-3294 (1986).

Silberstein DS, David JR. The regulation of human eosinophil function by cytokines. Immunol. Today 8, 380-385 (1986).

Silberstein DS, Austen KF, Owen WF. Hemopoitins for eosinophils. Glycoprotein hormones that regulate the development of inflammation in eosinophil-associated disease.

Hematol. Oncol. Clin. North Am. 3, 511-533 (1989).

Sklar LA, Bokoch GM, Button D, Smolen JE. Regulation of ligand-receptor dynamics by guanine nucleotides: real-time analysis of interconverting states for the neutrophil formylpeptide receptor.

J. Biol. Chem. 262, 135-139 (1987).

Slavick FT, Abbound CN, Brennan JK, Lichtman MA. Modulation of in vitro eosinophil progenitors by hydrocortisone: Role of accessory cells and interleukins. Blood 66, 135-139 (1987)

Smith CD, Lane BC, Kusaka I, Verghese MW, Snyderman R. Chemoattractant receptor induced hydrolysis of phosphatidyl inositol 4,5 -bisphosphate in human polymorphonuclear leukocyte membranes. Requirement for a guanine nucleotide regulatory protein.

J. Biol. Chem. 260, 5875-5878 (1985)

Smith CD, Cox CC, Snyderman R. Receptor-coupled activation of phosphoinositidespecific phospholipase C by an N protein. Science 232, 97-100 (1986). Smith RJ, Bowman BJ, Iden SS, Kolaja GJ, Wiser SK. Biochemical, metabolic and morphologic characteristics of human neutrophil activation with pepstatin A. Immunol. 49, 367-377 (1983).

Smith RJ, Bowman BJ, Iden SS. Stimulation of the human neutrophil superoxide anion-generating system with 1-0 hexadecyl/octadecyl-2-acetyl-sn-glyceryl-3phosphorycholine. Biochem. Pharmacol. 33, 973-978 (1984).

Snyder F. Chemical and biochemical aspects of platelet activating factor: A novel class of acetylated ether-linked cholinephospholipids. Med. Res. Rev. 5, 107-140 (1985).

Snyderman R, Pike MC, Edge S, Lane B. A chemoattractant receptor on macrophages exists in two affinity states regulated by guanine nucleotides. J. Cell Biol. 98, 444-448 (1984).

Sobonya RE. Quantitative and structural alterations in long standing allergic asthma. Am. Rev. Resp. Dis. 130, 289-92 (1984)

Sommer AJ. The determination of acid and alkaline phosphatase using p-nitrophenyl phosphate as a substrate. Am. J. Med. Tech. 20, 244-253 (1954).

Spat A, Bradford PG, McKinney JS, Rubin RP, Putney JW. A saturable receptor for [³²P]inositol 1,4,5-trisphosphate in hepatocytes and neutrophils. Nature (London) 319, 514-516 (1986).

Springer TA, Anderson DA. The importance of Mac-1, LFA-1 glycoprotein family in monocyte and granulocyte adherence, chemotaxis and migration into inflammatory sites: in sites from an experiment of nature.

In: 'Biochemistry of macrophages' (Ciba Foundation Symposium 118), Pitman, London, p.102-118 (1986).

Spry CJF. Mechanisms of eosinophilia. V. Kinetics of normal and accelerated eosinophilopoiesis. Cell Tissue Kinet. 4, 351-364 (1971).

Spry CJF, Davis J, Tai PC. Eosinophils and endomyocardial fibrosis. Contrib. Microbiol. Immunol. 7, 212-217 (1983a).

Spry CFJ, Davies J, Tai PC, Olsen EGJ, Oakley CM, Goodwin JF. Clinical features of fifteen patients with the hypereosinophilic syndrome. Quart. J. Med. 52, 1-22 (1983b).

Spry CJF. Synthesis and secretion of eosinophil granule substances. Immunol. Today 6, 332-335 (1988)

Spry CJF. Eosinophils. A comprehensive review and guide to the scientific and medical literature. Oxford University Press, Oxford 1989.

Stadel LM, DeLean A, Lefkowitz RJ. A high affinity agonist beta-adrenergic receptor complex is an intermediate for catecholamine stimulation of adenylate cyclase in turkey and frog erythrocyte membranes.

J. Biol. Chem. 255, 1436-1441 (1980).

Steinbach KH, Schick P, Trepel F, Raffler, H, Dohrmann J, Heilgeist G, Heltzl W, Li K, Past W, van der Woerd de Lange J, Theml H, Fliedner TM, Begemann H. Estimation of kinetic parameters of neutrophilic, eosinophilic, and basophilic granulocytes in human blood. Blut 39, 27-38 (1979).

Stevenson JS, Tallet M, Blinder B, Abraham WM. Modification of antigen-induced late responses with an antagonist of platelet activating factor (WEB 2086). Fed. Proc. 46, 1454 (1987).

Stewart AG, Dusting GJ. Characterization of receptors for platelet activating factor on platelets, polymorphonuclear leukocytes and macrophages. Br. J. Pharmacol. 94, 1225 (1988).

Strath M, Warren DJ, Sanderson CJ. Detection of eosinophils using an eosinophil peroxidase assay. Its use as an assay for differentiation factors.J. Immunol. Meth. 83, 209-215 (1985).

Strathmann MP, Simon MI. $G\alpha 12$ and $G\alpha 13$ subunits define a fourth class of G protein α subunits.

Proc.Natl.Acad.Sci.USA 88, 5582-5586 (1991).

Streb H, Irvine RF, Berridge MJ, Schultz I. Release of Ca²⁺ from a nonmitochondrial intracellular store in pancreatic acinar cells by 1,4,5-trisphosphate. Nature 306, 67-69 (1983).

Su YF, Harden TK, Perkins JP. Catecholamine-specific desensitization of adenyl cyclase. Evidence for a multistep process. J. Biol. Chem. 255, 7410-7419 (1980).

Sullivan SJ, Zigmond SH. Chemotactic peptide receptor modulation in polymorphonuclear leukocytes. J. Cell Biol. 85, 703-711 (1980).

Sun FF, Czuk CI, Taylor BM, Crittenden NJ, Stout BK, Johnston HG. Biochemical and functional differences between eosinophils from guinea pig, primate and man. FASEB J. 3, A909 (1989a).

Sun FF, Czuk CI, Taylor BM. Arachidonic acid metabolism in guinea pig eosinophils: Synthesis of thromboxane B_2 and leukotriene B_4 in response to soluble and particulate activators.

J. Leukocyte Biol. 46, 152-160 (1989b).

Tai PC, Spry CJF. Studies on blood eosinophils. I. Patients with transient eosinophilia.

Clin. Exp. Immunol. 24, 415-423 (1976)

Tai PC, Spry CJF. Enzymes altering the binding capacity of human blood eosinophils for IgG antibody-coated erythrocytes (EA). Clin. Exp. Immunol. 40, 206-219 (1980).

Takenaka T, Ishitoya J. Regulation of inositol phospholipid metabolism and arachidonic acid release: inhibitory mechanism of arachidonic acid release by prostaglandin E_2 and cAMP.

Prostaglandin Leukotriene Res. 15; 129-130 (1985).

Takizawa T, Thurlbeck, WM. Muscle and mucous gland size in the major bronchi of patients with chronic bronchitis, asthma and asthmatic bronchitis. Am. Rev. Respir. Dis. 104, 331-339 (1971).

Tamaoki T, Nomoto H, Takahashi I, Kato Y, Morimoto M, Tomita F. Staurosporine, a potent inhibitor of phospholipid/Ca²⁺ dependent protein kinase. Biochem. Biophys. Res. Commun. 135, 397-402 (1986).

Tamura N, Agrawal DK, Suiama FA, Townley RG. Effects of platelet activating factor on the chemotaxis of normodense eosinophils from normal subjects. Biochem.Biophys.Res. Commun. 142, 638-644 (1987).

Tamura N, Agrawal DK, Townley RG. Leukotriene C_4 production from human eosinophils *in vitro*: Role of eosinophil chemotactic factors on eosinophil activation. J. Immunol. 141:4291-4297 (1988)

Tarahoui L, Floch A, Mondot S, Cavero I. High affinity specific binding sites for tritiated platelet activating factor in canine platelet membranes: counterparts of plateletactivating factor receptors mediating platelet aggregation. Mol. Pharmacol. 34, 145-151 (1988).

Tarver AP, King WG, Rittenhouse SE. Inositol 1,4,5-trisphosphate and inositol 1,2cyclic 4,5-trisphosphate are minor components of total mass of inositol trisphosphate in thrombin-stimulated platelets. J. Biol. Chem. 262, 17268-17271 (1987).

Tauber AI, Goetzl EJ, Babior BM. Unique characteristics of superoxide production by human eosinophils in eosinophilic states. Inflammation 3, 261-269 (1979).

Tauber AI. Protein kinase C and the activation of human neutrophil NADPH-oxidase. Blood 69, 711-720 (1987).

Taylor KJ, Luksza AR. Peripheral blood eosinophil counts and bronchial hyperresponsiveness.

Thorax 42, 452-456 (1987).

Thomas AP, Alexander J, Williamson JR. Relationship between inositol polyphosphate production and the increase of cytosolic free Ca^{2+} induced by vasopressin in isolated hepatocytes.

J. Biol. Chem. 259, 5574-5584 (1984).

Thorne KJ, Free J, Franks D, Oliver RC. The mechanism of Fc-mediated interaction of eosinophils with immobilized immune complexes. II. Identification of two membrane proteins, modified by the interaction. J. Cell. Sci. 56, 357-369 (1982).

Tonks NK, Charbonneau H, Diltz CD, Fischer EH, Walsh KA. Demonstration that the leukocyte common antigen CD45 is a protein tyrosine phosphatase. Biochem. 27, 8695-8701 (1988).

Tosi M, Berger M. Functional differences between the 40kDa and 50 to 70 kDa IgG Fc receptors on human neutrophils revealed by elastase treatment and antireceptor antibodies.

J.Immunol. 141, 2097-2105 (1988).

Touvay C, Vilain B, Pfister AP, Coyle AJ, Page CP, Mencia-Huerta JM, Braquet P. Effect of chronic administration of PAF on airway responsiveness in the guinea pig. Am. Rev. Resp. Dis. 137, 283-289 (1988)

Tsien RY, Pozzan T, Rink TJ. Calcium homeostasis in intact lymphocytes: Cytoplasmic free calcium monitored with new intracellularly trapped fluorescent indicator.

J. Cell Biol. 94, 325-334 (1982)

Tuffin DP, Wade PJ. Calcium channel blocking drugs: a structural lead for PAF antagonists.

Prostaglandins 30, 702-711 (1985).

Tuffin DP, Davey P, Dyer RL, Lunt DO, Wade PJ. Binding of [³H]-1-0-octadecyl PAF-acether to washed human platelets.

In: Mechanisms of Stimulus-Response Coupling in Human Platelets, Westwick J, Scully MF, MacIntyre DE, Kakkar VJ (eds.), Plenum Press, New York, 1985.

Ukena D, Dent G, Birke FW, Robaut C, Sybrecht GW, Barnes PJ. Radioligand binding of agonists of platelet activating factor to intact human platelets. FEBS Lett. 228, 285-289 (1988).

Vadas, MA, David JR, Butterworth A, Pisani NT, Siongok TA. A new method for the purification of human eosinophils and neutrophils, and comparison of the ability of these cells to damage schistosomula of Schistosoma mansoni. J. Immunol. 122, 1228-1236 (1979)

Valone FH, Coles E, Reinhold VR, Goetzl EJ. Specific binding of phospholipid platelet activating factor by human platelets.J. Immunol. 129, 1637-1641 (1982).

Valone FH, Goetzl EJ. Specific binding by human polymorphonuclear leukocytes of the immunological mediator 1-0-hexadecyl/octadecyl 2-acetyl-sn-glycero-3-phosphoryl-choline.

Immunology 48, 141-149 (1983).

Vargaftig BB, Lefort J, Chignard M, Benveniste J. Platelet activating factor induces a platelet dependent bronchoconstriction unrelated to the formation of prostaglandin derivatives.

Eur. J. Pharm. 65, 185-192 (1980)

Vargaftig BB, Lefort J, Wal F, Chignard M. Role of the metabolites or arachidonic acid in platelet dependent and independent experimental bronchoconstriction. Bull. Eur. Physiopathol Respir. 17, 732-736 (1981)

Vargaftig BB, Braquet PG. PAF-acether today. Relevance for acute experimental anaphylaxis.

Br. Med. Bull. 43, 312-335 (1987)

Vegesna RVK, Wu H-L, Mong S, Crooke ST. Staurosporine inhibits protein kinase C and prevents phorbol ester mediated leukotriene D receptor desensitization in RBL-1 cells.

Mol. Pharmacol. 33, 537-542. (1988)

Venge P, Roxin LE, Olsson I. Radioimmunoassay of human eosinophil cationic protein.

Br. J. Haematol. 37, 331-335 (1977).

Vercellotti GM, Yin HQ, Nelson RD Jacob HS. Platelet activating factor primes neutrophil responses to agonists: Role in promoting neutrophil mediated endothelial damage. Blood 71, 1100-1107 (1988)

Blood /1, 1100-1107 (1988)

Vieira VG, Prolla JC. Clinical evaluation of eosinophils in the sputum. J. Clin. Pathol. 32, 1054-1057 (1979).

Walsh GM, Kay AB. Binding of immunoglobulin classes and subclasses to human neutrophils and eosinophils.

Clin. Exp. Immunol. 63, 466-474 (1986).

Walsh GM, Nagakura T, Iikura Y. Flow-cytometric analysis of increased IgE uptake by normal eosinophils following activation with PAF-acether and other inflammatory mediators.

Int. Arch. Allergy Appl. Immunol. 88, 194-196 (1989).

Walsh GM, Mermod JJ, Hartnell A, Kay AB, Wardlaw AJ. Human eosinophil, but not neutrophil, adherence to IL-1-stimulated human umbilical vascular endothelial cells is $\alpha_4\beta_1$ (very late antigen-4) dependent.

J. Immunol. 146, 3419-3423 (1991).

Ward SG, Westwick J. Antagonism of platelet activating factor-induced rise of the intracellular calcium concentration of U937 cells. Br.J. Pharmacol. 93, 769-774 (1988).

Wardlaw AJ, Moqbel R, Cromwell O, Kay AB. Platelet activating factor: a potent chemotactic and chemokinetic factor for human eosinophils. J. Clin. Invest. 78, 1701-1706 (1986).

Wardlaw AJ, Kay AB. The role of the eosinophil in the pathogenesis of asthma. Allergy, 42:321-335 (1987)

Wardlaw AJ, Dunnette S, Gleich GJ, Collins JV, Kay AB. Eosinophils and mast cells in bronchoalveolar lavage in mild asthma: relationship to bronchial hyperreactivity. Am. Rev. Respir. Dis. 137, 62-70 (1988).

Warner JA, MacGlashan DW, Jr. Protein kinase C (PKC) changes in human basophils: IgE-mediated activation is accompanied by an increase in total PKC activity. J. Immunol. 142, 1669-1677 (1989)

Watson SP, McNally J, Shipman LJ, Godfrey PP. The action of the protein kinase C inhibitor, staurosporin, on human platelets. Evidence against a regulatory role for protein kinase C in the formation of inositol trisphosphate by thrombin. Biochem. J. 249, 345-350 (1988).

Wegner CD, Gundel RH, Reilly P, Haynes N, Letts G, Rothlein R. Intercellular adhesion molecule-1 (ICAM-1) in the pathogenesis of asthma. Science 247, 456-459 (1990).

Weinberger SE, Kelman JA. Elson NA, Young RC, Reynolds HY, Fulmer JD, Crystal RG. Bronchoalveolar lavage in interstitial lung disease. Ann. Intern. Med. 89, 459-466 (1978).

Weiss SJ, Test ST, Eckmann Roos D, Regiani S. Brominating oxidants generated by human eosinophils. Science 234, 200-203 (1986).

Weissman AM, Harford JB, Svetlik PB, Leonard WJ, Depper JM, Waldmann TA, WC Greene, Klausner RD. Only high affinity receptors for interleukin 2 mediate internalization of ligand.

Proc. Nat'l Acad. Sci. USA. 83, 1463-1466 (1986).

Weller PF, Goetzl EJ. The human eosinophil: Roles in host defense and tissue injury. Am. J. Pathol. 100, 793-820 (1980).

Weller PF, Austen KF. Human eosinophil arylsulfatase B. Structure and activity of the purified tetrameric lysosomal hydrolase. J. Clin. Invest. 71, 114-123 (1983). Weller PF, Lee CW, Foster DW, Corey EJ, Austen KF, Lewis RA. Generation and metabolism of 5-lipoxygenase pathway leukotrienes by human eosinophils: predominant production of leukotriene C_4 Proc. Natl. Acad. Sci. USA 80, 7626-7630 (1983).

Weller PF. Eosinophilia. J. Allergy Clin. Immunol. 73, 1-10 (1984).

Westwick J, Poll C. Mechanisms of calcium homeostasis in the polymorphonuclear leukocyte.

Agents Actions 19, 80-86 (1986)

Wharton-Jones T. The blood corpuscle considered in its different phases of development in the animal series.

Philos.Transact. Royal Soc.London 1, 82-95 (1846)

Williams JA. Regulation of pancreatic acinar function by intracellular calcium. Am. J. Physiol. G269-G275 (1980)

Winkler JD, Sarau HM, Foley JJ, Crooke ST. Phorbol 12-myristate 13-acetate inhibition of leukotriene D_4 -induced signal transduction was rapidly reversed by staurosporine.

Biochem. Biophys. Res. Commun. 157, 521-529 (1988).

Winqvist I, Olofsson WT, Persson AM, Hallberg T. Altered density, metabolism, and surface receptors of eosinophils in eosinophilia. Immunology 47, 531-539 (1982).

Wolfson M, McPhail LC, Nasrallah VN, Snyderman R. Phorbol myristate acetate mediates redistribution of protein kinase C in human neutrophils: potential role in the activation of the respiratory burst enzyme.

J. Immunol. 135, 2057-2061 (1985).

Wollheim CB, Biden TJ. Second messenger function of inositol 1,4,5-trisphosphate. Early changes in inositol phosphates, cytosolic Ca²⁺, and insulin release in carbamylcholine-stimulated RINm5F cells.

J. Biol. Chem. 261, 8314-8319 (1986).

Wright SD, Silverstein SC. Tumor promoting phorbol esters stimulate C3b and C3bi receptor mediated phagocytosis in cultured human monocytes. J. Exp. Med. 157, 1149-1154 (1982).

Wroblewski F, LaDue JS. Lactic dehydrogenase activity in blood. Proc. Soc. Exp. Biol. Med. 90, 210-213 (1955).

Yamaguchi Y, Hayashi Y, Suguma Y, Miura Y, Kasahara T, Kitamura S, Torisu M, Mita S, Tominaga A, Takatsu K, Suda T. Highly purified murine interleukin-5 (IL-5) stimulates eosinophil function and prolongs *in vitro* survival. J. Exp. Med. 167, 1737-1745 (1988).

Yamashita T, Someya A, Hara E. Response of superoxide anion production by guinea pig eosinophils to various soluble stimuli: comparison to neutrophils. Arch. Biochem. Biophys. 241, 447-452 (1985).

Yazdanbakhsh M, Eckmann CM, Roos D. Characterization of the interaction of human eosinophils and neutrophils stimulated with opsonized zymosan. J. Immunol. 135, 1378-1385 (1985).

Yazdanbakhsh M, Eckman CM, Koenderman L, Verhoeven AJ, Ross D. Eosinophils do respond to fMLP. Blood 70, 623-629 (1987).

Young, JD, Peterson, CG, Venge, P, Cohn, ZA. Mechanism of membrane damage mediated by human eosinophil cationic protein. Nature 321, 613-616 (1986).

Yukawa T, Kroegel C, Evans P, Fukuda T, Barnes PJ. Density heterogeneity of eosinophils: Induction of hypodense eosinophils by platelet activating factor. Immunology 68, 140-143 (1989).

Yukawa T, Ukena D, Kroegel C, Chanez P, Dent G, Chung KF, Barnes PJ. Beta-2adrenergic receptors on eosinophils. Binding and functional studies. Am. Rev. Respir. Dis. 141; 1446-1452 (1990a). Yukawa T, Robert R, Kroegel C, Rutman A, Chung KF, Wilson R, Cole PJ, Barnes PJ. The effects of activated eosinophils and neutrophils on guinea pig airway epithelium in vitro.

Am. J. Cell Mol. Biol. 2, 341-353 (1990b).

Zheutlin LM, Ackerman SJ, Gleich GJ, Thomas LL. Stimulation of basophil and rat mast cell histamine release by eosinophil granule-derived cationic protein. J. Immunol. 133, 2180-2185 (1984).

Ziltener HJ, Chavaillaz PA, Jorg A. Leukotriene formation by eosinophil leukocytes. Analysis with ion-pair high pressure liquid chromatography and effect of the respiratory burst.

Hoppe-Seyler's Z. Physiol. Chem. 364, 1029-1037 (1983).

Zucker-Franklin D. Eosinophil function and disorder. Adv. Intern. Med.19, 1-26 (1974)

Zucker-Franklin D. Eosinophils.

In Golde DW and Takaku F (eds), 'Haematopoietic stem cells', Hematology 2; 45-59 (1985).

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