Chemokines Active on Eosinophils: Potential Roles in Allergic Inflammation

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Presently, the eosinophil is recognized as a proinflammatory granulocyte implicated in protection against parasitic infection and likely plays a major role in allergic diseases, such as bronchial asthma, allergic rhinitis, and atopic dermatitis (1). The eosinophil is a rich source of cytotoxic proteins, lipid mediators, oxygen metabolites, and cytokines: all with the potential to induce pathophysiology (2). Numerous studies have shown striking eosinophil infiltration into tissues in disease. For example, even in mild asthma (3) eosinophil and lymphocyte infiltration in respiratory epithelium is a consistent finding. Correlations exist between the number of infiltrating eosinophils and disease severity in asthma (3). Pulmonary segmental allergen challenge in sensitive individuals causes eosinophil recruitment into the airways associated with release of biologically active granule proteins and increases in vascular permeability (4, 5). Marked eosinophil infiltration and deposition of granule proteins are found in areas of epithelial desquamation in paranasal sinus tissues in patients with chronic sinusitis (6). Deposition of eosinophil granule proteins is also prominent in pruritic and eczematous lesions of patients with atopic dermatitis (7). In contrast, infiltration of neutrophils is not prominent in chronic allergic inflammation (8, 9). Yet, in spite of numerous studies (10), the mechanisms allowing selective infiltration of eosinophils in allergic diseases have been a mystery for more than two decades (11).

Several mechanisms for selective eosinophil infiltration in disease are known. The migration of leukocytes through the endothelium involves sequential steps in which the cells are initially lightly tethered to the endothelium and roll along its surface. Locally released mediators, some of which may be attached to proteoglycans on the endothelial surface, activate leukocytes leading to increased affinity and/or increased expression of cell surface integrins; this permits a firmer bond between the leukocyte and the endothelial cell and results in successful adhesion and transmigration. These general mechanisms of leukocyte infiltration are applicable to eosinophils and provide opportunities for selective migration. First, eosinophils but not neutrophils express the β1 integrin α,β (very late antigen [VLA-4]), and the β7 integrin, α,β, and VLA-4 binds to the vascular cell adhesion molecule (VCAM)-1 on endothelial cells. This adhesion pathway may permit selective migration of eosinophils (12). VCAM-1 on endothelial cells is upregulated by IL-4 and IL-13, important cytokines in allergic inflammation, and increased expression of these cytokines may further enhance eosinophil recruitment (13). This hypothesis is supported by the observation that eosinophil, but not neutrophil, adhesion and transmigration through monolayers of human umbilical vein endothelial cells (HUVEC) is enhanced by IL-4 (14) and by findings that antibodies to VLA-4 block eosinophil infiltration in guinea pigs (15, 16). However, the expression of VCAM-1 in human allergic inflammation is relatively modest compared to the other adhesion molecules, such as selectins and intercellular adhesion molecule (ICAM)-1 (17), raising doubts about the importance of this mechanism for selective eosinophil infiltration in disease. Second, among the eosinophil growth factors, IL-5 possesses chemokinetic and chemotactic activities for eosinophils, but not for other leukocytes (18). Although IL-5 is a relatively weak chemoattractant, it effectively and specifically primes eosinophils for enhanced chemotactic responsiveness to suboptimal concentrations of platelet-activating factor (PAF) and leukotriene B (LTB) (19). Thus, a highly effective but nonspecific mediator, such as PAF (20), could combine with a highly selective but weakly chemotactic agent, such as IL-5, to promote the specific eosinophil accumulation. Evidence for the importance of IL-5 in eosinophil-associated inflammation abounds. IL-5 is the predominant eosinophil-active cytokine in the allergen-induced pulmonary late-phase allergic reaction (21). Antibodies against IL-5 prevent both eosinophil migration into the lungs and airway hyperreactivity in allergen-challenged monkeys and guinea pigs (22, 23). Mice rendered IL-5 deficient by homologous gene recombination fail to develop eosinophil infiltration into the lungs, airway hyperresponsiveness, and lung damage in a model of asthma (24). In contrast, mice transgenic for human IL-5 have extremely high numbers of circulating eosinophils yet show no pathology nor organ localization (25), thus pointing to the critical importance of local IL-5 production. Finally, both IL-2 (26) and IL-16 (lymphocyte chemoattractant factor) (27) are exceedingly potent chemoattractants for eosinophils. However, in spite of the potency and specificity of these chemoattractants their roles in the induction of eosinophil tissue infiltration remain obscure.

An exciting development in the area of eosinophil biology has been the identification of chemotactic cytokines termed “chemokines.” The chemokines have four conserved cysteine residues that form characteristic disulfide bonds and...
are divided into two subfamilies, C-X-C and C-C, by the position of the first two conserved cysteines (28). The C-C subfamily chemokines, typified by regulated upon activation in normal T cells expressed and secreted (RANTES), are potently chemotactic for eosinophils, as well as lymphocytes, but not for neutrophils (29). RANTES and monocyte chemotactic protein (MCP)-3 are among the most potent chemokines for eosinophil chemotaxis in vitro (29, 30). MCP-2 and macrophage inflammatory protein (MIP)-1α also induce eosinophil migration (31, 32), but to a much lesser extent than MCP-3 or RANTES. In contrast, MCP-1 and MIP-1β do not induce eosinophil chemotaxis (33). The bioactivities and/or protein levels of MIP-1α, RANTES, and MCP-3 were increased in bronchoalveolar lavage (BAL) fluids from patients with asthma (34) consistent with a role for these molecules in disease. In addition, RANTES has been localized in the nasal epithelia of patients with nasal polyps (35), and the expression of MCP-3 mRNA, but not RANTES mRNA, correlated with eosinophil infiltration in allergic skin reactions (36). Intradermal injection of RANTES in dogs caused an eosinophil-rich infiltration within several hours; in contrast, IL-8 injection caused neutrophil infiltration (37). Another C-C subfamily chemokine, eotaxin, was discovered in the guinea pig (38) and is present during allergic airway inflammation (39). Intradermal injection of guinea pig eotaxin or LTB4 in combination with intravenous injection of IL-5 stimulated a rapid and dramatic increase in the number of eosinophils in the skin (40), whereas intradermal and intravenous injections of IL-5 did not. Murine (41) and human (42) homologues of eotaxin have been recently identified. Eotaxin induces chemotaxis of eosinophils, but not neutrophils, monocytes, or lymphocytes in vitro, indicating a highly specific action of this chemokine. Furthermore, human eotaxin was more effective at inducing eosinophil infiltration than RANTES when injected into the skin of a rhesus monkey (42), and eotaxin was expressed in epithelium and submucosa of human nasal polyp tissues (42) which commonly show striking and selective eosinophil infiltration (43). To add to this increasing list of eosinophil-active chemokines, Ugucioni et al. reported another novel human C-C chemokine, designated MCP-4 in the May issue of the Journal of Experimental Medicine (44). MCP-4 shares 60% amino acid sequence identity with MCP-3 and eotaxin and is a potent chemoattractant for eosinophils, lymphocytes, and monocytes (44); with eosinophils, MCP-4 is as potent as eotaxin and likely more potent than MCP-3. Thus, the C-C chemokines, including RANTES, MCP-3, eotaxin and the newly identified MCP-4, are selective and effective eosinophil chemokines in vitro and in vivo.

While identification of C-C chemokines has contributed greatly to our understanding of eosinophil biology, information regarding receptors mediating the functions of these chemokines is relatively sparse. The known C-C chemokine receptors are members of the G protein-coupled receptor superfamily; two of these receptors, CRK-1 (45, 46) and CRK-2 (47), are found on mature and immature myeloid cells, B lymphocytes and monocytic cell lines. CRK-1 binds MIP-1α, RANTES, and MCP-3, and CRK-2 binds MCP-1 with high affinity and MCP-3 with low affinity. More recently, Power et al. (48) identified a new receptor, called CRK-4, in a human basophil cell line, which reacts with MCP-1, MIP-1α, and RANTES. In the meantime, by the characteristic pattern of the desensitization of [Ca2+]i signals, Dahinden et al. (30) speculated on the existence of two chemokine receptors on eosinophils: (a) a RANTES receptor that binds RANTES and MCP-3; and (b) a MIP-1α receptor that binds MIP-1α, RANTES and, with low affinity, MCP-3. In the May & June issues of the Journal of Experimental Medicine, two groups of investigators (49, 50) independently report the cloning and expression of a novel C-C chemokine receptor, designated CRK-3, from peripheral blood eosinophils and from an eosinophil cDNA library. The sequences of CRK-3 identified by these two groups are identical and show 50–60% amino acid identity with CRK-1 and CRK-2B. CRK-3 transfected cells bound eotaxin, MCP-3 and RANTES with high affinity; no binding of MIP-1α, MIP-1β, or IL-8 was observed. Eotaxin, RANTES, and to a lesser extent MCP-3 activated CRK-3, as determined by stimulation of an increased [Ca2+]i, and by chemotaxis of clones expressing the receptor. The binding affinities of eotaxin, MCP-3, and RANTES for peripheral blood eosinophils (49) and the responses of eosinophils to these three cytokines (50) were similar to the clones expressing CRK-3. Furthermore, on eosinophils CRK-1 is expressed at only 1–5% of the levels of CRK-3 (49). Importantly, CRK-3 was expressed only by eosinophils, and not by neutrophils, monocytes, or lymphocytes, as shown by Western blot analysis (49), flow cytometry, and Northern blot analysis (50).

CRK-3 has features which distinguish it from other C-C chemokine receptors and which suggest a role in the selective eosinophil infiltration into tissues. First, it is expressed at high levels on eosinophils, 40,000 (50) to 400,000 (49) receptors per cell, compared to CRK-1 and CRK-2, which are expressed on monocytes and T cells usually at <3,000 receptors per cell (37, 51). This 10–100-fold excess of CRK-3 over CRK-1 and CRK-2 is consistent with the high potency of CRK-3 ligands as eosinophil chemoattractants. Second, although most chemokine receptors are expressed on a number of leukocyte types, CRK-3 is expressed only on eosinophils. This restricted expression of CRK-3 on eosinophils may determine the highly selective recruitment of eosinophils in allergic inflammation. Third, CRK-3 is the only eotaxin receptor identified to date. This apparent high degree of fidelity contrasts to RANTES, which binds to CRK-1 (45, 46) and CRK-4 (48), and to MCP-3, which binds to CRK-1 (45, 46) and CRK-2 (47). Therefore, an interaction between eotaxin and CRK-3 could lead to selective recruitment of eosinophils, but not of other leukocytes. Finally, CRK-3 is likely largely responsible for mediating the effects of other potent eosinophil chemokines, including RANTES and MCP-3. CRK-3 is expressed at 10–100 times the level of CRK-1 (49), a difference that more than compensates for the fourfold greater affinity of CRK-1 for RANTES and MCP-3 compared to...
mice is not restricted to a TH2-type response, and eotaxin is eosinophil chemoattractant in mice; yet, the activity of species specific responses? For example, MIP-10t is a strong neutrophilia rather than eosinophilia (56). Second, are there also upregulated by LPS administration, a stimulus favoring specific for allergic inflammation? For example, eotaxin in likely that many of the previously described "histamine-releasing factors" for basophils can be attributed to C-C chemokines, such as MCP-1, MCP-3, and MCP-4, which also binds and signals with murine eotaxin, rather than through CKR-1 (57). Therefore, information derived from animal experimentation may not be directly applicable to humans. Finally, it is predicted that the total number of chemokines, when finally known, could exceed 100 (58), and the attractive explanation for selective eosinophil tissue infiltration provided by current information may be complicated by new data. For example, deletion of the NH2-terminal residue of MCP-1, a chemokine not active on eosinophils, converted it to a potent eosinophil chemoattractant (59). It is conceivable that current knowledge of the known chemokines represents only a fraction of their activities. Therefore, a key question remains: will inhibition of a single chemokine or receptor suppress eosinophil-associated inflammation? Currently, eotaxin and CKR-3 show promise as molecules playing pivotal roles in eosinophil infiltration and are exceedingly attractive target(s) for therapeutic intervention in allergic diseases. Inhibition of eosinophil-specific chemokines and cellular infiltration may also provide insight into the pathophysiologic mechanisms of allergic and other disease conditions. There is compelling evidence that links neutrophils and C-X-C chemokines with tissue damage in inflammatory diseases (60), and the disruption of this cascade is beneficial for the host. In allergic diseases, glucocorticoids remain the backbone of therapy; however, the beneficial effects of these agents are counterbalanced by their side effects. The specificity of the newly discovered chemokines and their receptors may permit new therapies for eosinophil-associated disease with glucocorticoid-like actions, but without their serious side effects.

Thus, considerable evidence indicates important roles for C-C chemokines in allergic inflammation (Fig. 1). Still, questions remain. First, are the involved C-C chemokines specific for allergic inflammation? For example, eotaxin in mice is not restricted to a Tc1-type response, and eotaxin is also upregulated by LPS administration, a stimulus favoring neutrophilia rather than eosinophilia (56). Second, are there species specific responses? For example, MIP-1α is a strong eosinophil chemoattractant in mice; yet, the activity of MIP-1α is limited in humans. In mice, the effects of MIP-1α appear to be mediated through the murine CKR-3 homologue, which also binds and signals with murine eotaxin, rather than through CKR-1 (57). Therefore, information derived from animal experimentation may not be directly applicable to humans. Finally, it is predicted that the total number of chemokines, when finally known, could exceed 100 (58), and the attractive explanation for selective eosinophil tissue infiltration provided by current information may be complicated by new data. For example, deletion of the NH2-terminal residue of MCP-1, a chemokine not active on eosinophils, converted it to a potent eosinophil chemoattractant (59). It is conceivable that current knowledge of the known chemokines represents only a fraction of their activities. Therefore, a key question remains: will inhibition of a single chemokine or receptor suppress eosinophil-associated inflammation? Currently, eotaxin and CKR-3 show promise as molecules playing pivotal roles in eosinophil infiltration and are exceedingly attractive target(s) for therapeutic intervention in allergic diseases. Inhibition of eosinophil-specific chemokines and cellular infiltration may also provide insight into the pathophysiologic mechanisms of allergic and other disease conditions. There is compelling evidence that links neutrophils and C-X-C chemokines with tissue damage in inflammatory diseases (60), and the disruption of this cascade is beneficial for the host. In allergic diseases, glucocorticoids remain the backbone of therapy; however, the beneficial effects of these agents are counterbalanced by their side effects. The specificity of the newly discovered chemokines and their receptors may permit new therapies for eosinophil-associated disease with glucocorticoid-like actions, but without their serious side effects.

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