

**Keynote Lecture 4** 

# Hypothesis-Generating Studies and Allergy



Hirohisa Saito, MD, PhD, FAAAAI

National Research Institute for Child

Health & Development

Japanese Society of Allergology



#### Disclosure of potential conflict of interest

In the past three years, Dr. Hirohisa Saito has received research support and travel support from the Ministry of Health, Labour and Welfare; is employed by the National Center for Child Health and Development; has received research support from the Japan Society for the Promotion of Science (21390303 & 23390262); has received payment for lectures from Teijin Pharma, Shiseido, Merck Sharp and Dohme K.K., Taiho Pharmaceutical, Nippon Boehringer-Ingelheim, Ono Pharmaceutical, GlaxoSmithKline K.K., Pfizer Japan, Novartis Pharma K.K., Kyowa Hakko Kirin, Kyorin Pharmaceutical, and Daiichi Sankyo; has received payment for manuscript preparation from Taiho Pharmaceutical; has received payment for educational presentations from Shimane University and Toho University; and has received travel support from the Shimane University Japanese Society of Allergology and the Japanese Society of Pediatric Allergy & Clinical Immunology; and Pfizer Japan.

The above mentioned payments were made with respect to activities unrelated to this presentation.

#### **Learning Objective (Summary)**

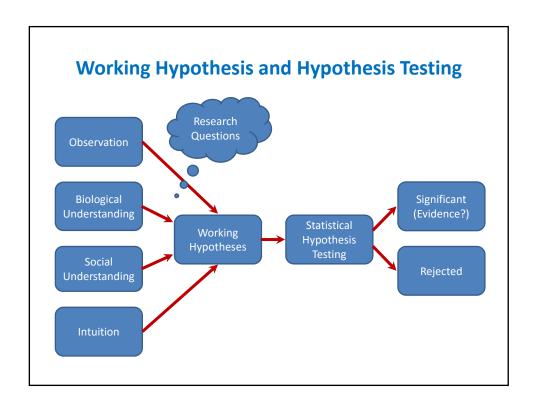
Large scale hypothesis-generating study

It can not provide clinical evidences.

Its newly-generated hypothesis should be verified.

It can provide more probable hypothesis than your intuition can.

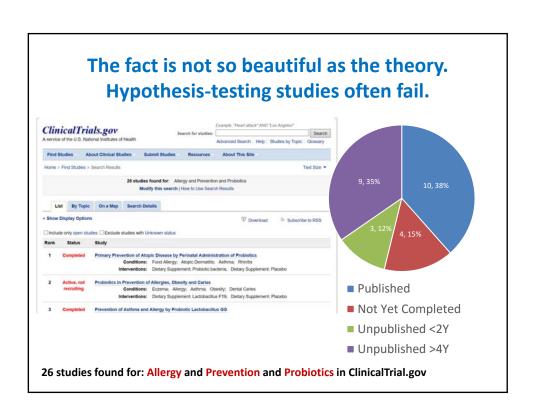
It can bring a new paradigm which we can not imagine.



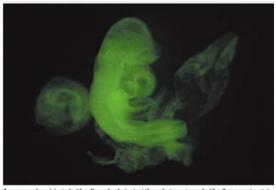
# Hypothesis-Testing and Hypothesis-Generating Studies

Hypothesis-testing studies are predominate in Established fields, Interventional studies, Prospective studies, Longitudinal studies

Hypothesis-generating studies are often found in Less developed fields,
Observational studies,
Retrospective studies,
Cross-sectional studies



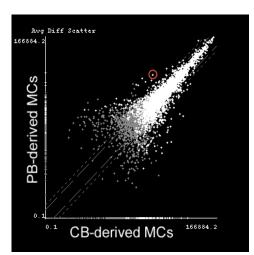
## Sometimes, the fact is even ugly when the theory is too beautiful.



A mouse embryo injected with cells made pluripotent through stress, tagged with a fluorescent protein

# Acid bath offers easy path to stem cells

## We started a large-scale hypothesis-generating study by using microarray in 2000.

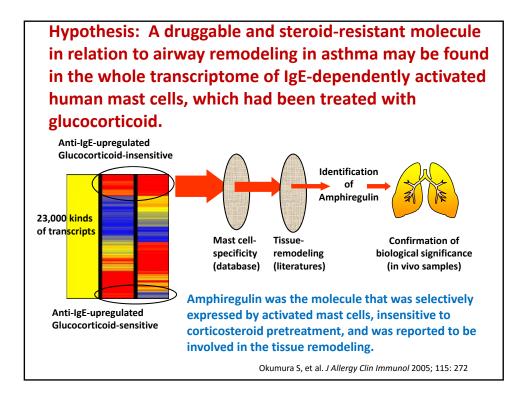


Working Hypothesis for this hypothesis-generating study:

We might find differentially regulated genes between neonatal and adult hematopoietic progenitor derived mast cells.

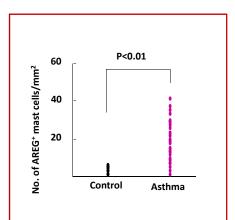
The mRNA expression of FccRIa in neonatal progenitor-derived cultured mast cells is selectively down-regulated compared to adult progenitor-derived mast cells, even though they were cultivated in the same condition.

lida M, et al. Blood 2001

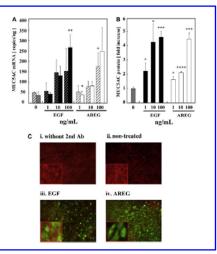


 Amphiregulin was increasingly expressed by mast cells in bronchial biopsy samples only of asthmatics.

Amphiregulin promoted mucin production in bronchial epithelial cells.







Enomoto Y, et al. J Allergy Clin Immunol 2009; 124: 913

Hypothesis: Genetic variation associated with asthma onset in the whole human genome may be identified.

Results: IL-33 and IL-33R were constantly identified as asthma (and eosinophilia)-associated genes in these 3 independent large scale studie.

Gudbjartsson DF, Bjornsdottir US, Halapi E, et al. Sequence variants affecting eosinophil numbers associate with asthma and myocardial infarction. Nat Genet 2009; 41: 342-47. IL18/IL33R, (IL33, TSLP/WDR36, MYB)

Meta analysis of 7996 adult asthma patients of 10 different regions

Moffatt MF, Gut IG, Demenais F, et al. A large-scale, consortium-based genome-wide association study of asthma. N Engl J Med 2010; 363: 1211–21.

IL18/IL33R, IL33, 17q21 (ORMDL3/GSDMB), HLA-DQ, SMAD3, IL2RB

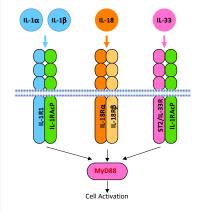
Meta analysis of 10365 European adult asthma patients

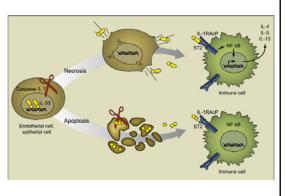
Torgerson DG, Ampleford EJ, Chiu GY, et al. Meta-analysis of genome-wide association studies of asthma in ethnically diverse North American populations. Nat Genet. 2011; 43: 887-92.

IL18/IL33R, IL33, TSLP/WDR36, 17q21 (ORMDL3/GSDMB), PYHIN1
Meta analysis of 5416 North American asthma patients of various races

\*P<0.05/1,000,000 SNPs=5x10-8

#### New Questions: What is IL-33? How does it work?

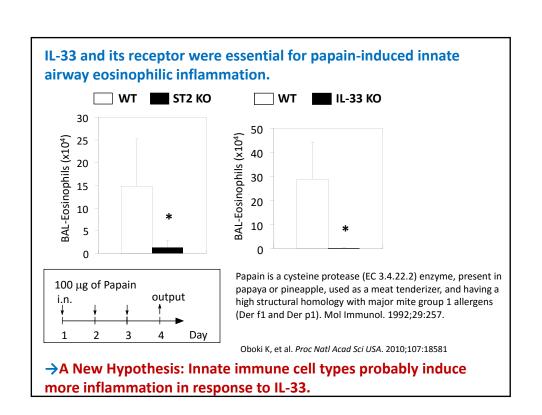


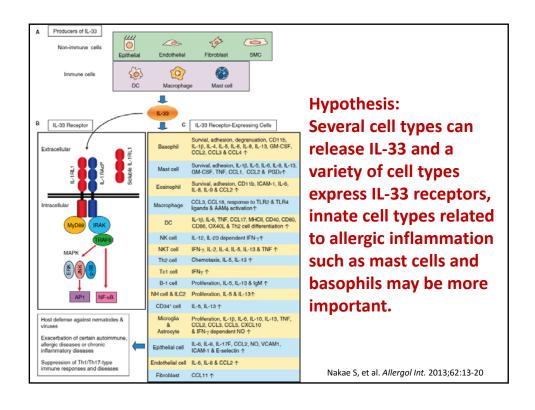


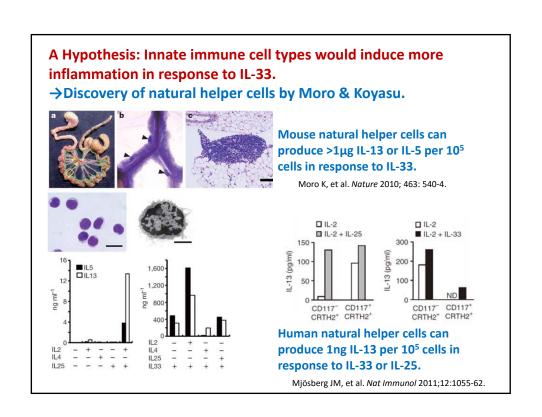
IL-33 is one of IL-1 family cytokines and shares its common receptor, IL-1RAcP, with IL-1. Unlike IL-1 beta and IL-18, however, without caspase-mediated proteolytic cleavage, IL-33 released from necrotizing cells can act on inflammatory cells to release cytokines.

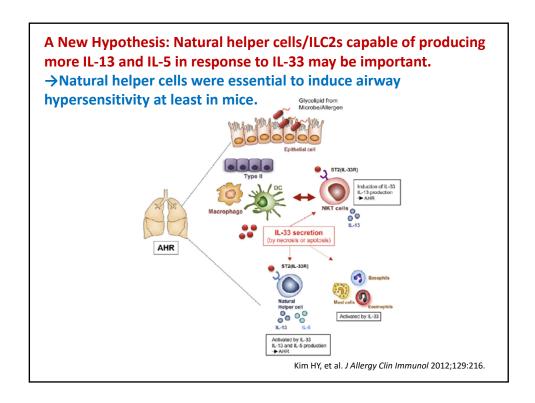
Lamkanfi M, et al. *Immunity* 2009; 31: 84-98 (Editorial) Luthi AM, et al. *Immunity* 2009; 31: 84-98 (Original)

#### We conducted a new hypothesis-generating studies by producing IL-33 genedeficient mice.→ Allergen-induced eosinophilic inflammation and airway hypersensitivity were markedly diminished in the IL-33 deficient mice, while IgE production and Th2/Th17 cell development were not significantly affected. IL-33<sup>-/-</sup> (Saline, n = 5; OVA, n = 11) ☐ IL-33\*/\* (Saline, n = 4; OVA, n = 11) 100 BAL cells (x104) 75 10 50 40 25 20 Saline OVA Saline OVA Saline OVA Saline OVA Saline OVA 10 15 20 ☐ IL-33\*/\* (n = 8) IL-33+ (n = 10) IFN-γ (ng/ml) IL-4 (pg/ml) IL-17 (pg/ml) 60 OVA-specific IgE (pg/ml) culture supernatants 30 300 [<sup>3</sup>H] TdR incorporation (x 10<sup>3</sup> cpm) 25 20 Cytokine levels 40 20 200 15 10 20 100 Naive Saline OVA Med OVA Med OVA Oboki K, et al. Proc Natl Acad Sci USA 2010; 107: 18581



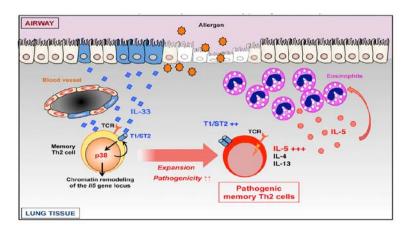






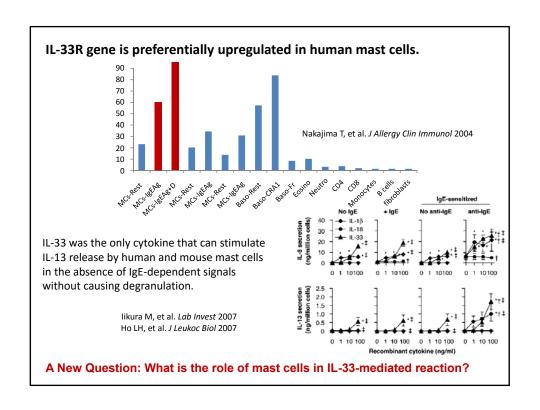
Another question raised by GWAS: Why does the eosinophil number increase in IL-33R gene-variant individuals?

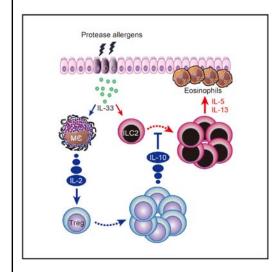
IL-33 plays a substantial role in increasing the eosinophil number by inducing the development of pathogenic memory Th2 cells, which can produce a massive amount of IL-5.



Endo Y, et al. Immunity. 2015;42:294-308.

IL-33 expression was increased in the endothelial cell nuclei of nasal polyps derived from eosinophilic chronic rhinosinusitis (CRS) compared to noneosinophilic CRS.
 The addition of IL-33 to the nasal polyp tissue increased the levels of IL-5, IL-13 and IL-33R only in eosinophilic CRS where pathogenic Th2 cell number was significantly high.



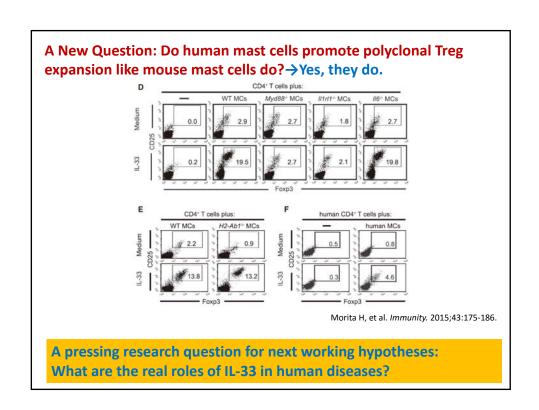


A New Hypothesis: Mast cells would promote IL-33-mediated inflammation.

Results: Mast cells inhibited protease allergen-induced and IL-33-mediated eosinophilic inflammation by promoting the polyclonal expansion of regulatory T cells. The hypothesis was rejected.

On the other hand, natural helper cells enhance such inflammation by producing a large amount of IL-5 and IL-

**13.** Morita H, et al. *Immunity*. 2015;43:175-186.



#### **Summary**

Large scale hypothesis-generating study

It can not provide clinical evidences.

Its newly-generated hypothesis should be verified.

It can provide more probable hypothesis than your intuition can.

It can bring a new paradigm which we can not imagine.

### Collaborators of the topics which I mentioned today

National Research Institute for Child Health & Development

Susumu Nakae (University of Tokyo), Hideaki Morita (Swiss Institute of Allergy and Asthma Research), Toshiharu Nakajima (Yokohama College of Pharmacy), Atsushi Kato (Northwestern University), Mokoto Iida (Jikei University), Keisuke Oboki (Tokyo Metropolitan Institute of Medical Science), Ichiro Nomura, Kenji Matsumoto

RIKEN Research Center for Allergy & Immunology Shigeru Okumura (Biolegend), Jun-ich Kashiwakura (RIKEN), Yoshimichi Okayama (Nihon University)