

Targeting IgE polyadenylation signal with antisense oligonucleotides decreases IgE secretion and plasma cell viability

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1 Targeting IgE polyadenylation signal with antisense oligonucleotides decreases IgE

2 secretion and plasma cell viability

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18 AUTHORS CONTRIBUTION

- 19 Anne Marchalot designed and performed experiments, analysed data and wrote the manuscript.
- 20 Catherine Horiot, Jean-Marie Lambert, Claire Carrion and Christelle Oblet performed experiments and
- analysed data. Justine Pollet analysed bioinformatics data. Michel Cogné contributed to the initial
- 22 conception of the project. Jeanne Moreau and Brice Laffleur reviewed the manuscript. Laurent Delpy
- 23 conceived the project, designed experiments and wrote the manuscript.

24 CONFLICT OF INTEREST

25 The authors declare no conflict of interest.

26 ABSTRACT

Background: Allergy regroups numerous complex and various diseases classified as IgE-dependent or
non-dependent hypersensitivities. IgEs are expressed as membrane and secreted forms by B cells and
plasma cells, respectively. In IgE-mediated hypersensitivity, IgE secretion and binding to high-affinity
FccRI on effector cells are responsible for the onset of allergic symptoms but in contrast, surface IgE
expression as a B-cell receptor (BCR) is barely detectable.

32 **Objective**: To test an innovative antisense approach to reduce IgE secretion.

Methods: We designed an antisense oligonucleotide (ASO) targeting the polyadenylation signal (PAS) of human secreted IgE in order to redirect IgE transcript polyadenylation from the secreted form to the membrane form. ASO treatments were performed in B cells from transgenic mice expressing humanized IgE (InEps[™]), as well as human primary B cells and myeloma cells. *In vivo* ASO delivery was tested using the InEps[™] model.

38 Results: We demonstrated that treatment with morpholino ASO targeting the secreted IgE PAS 39 drastically decreased IgE secretion and inversely increased membrane-IgE mRNA expression. In 40 addition, ASO treatment induced apoptosis of IgE-expressing U266 myeloma cells, and RNA-seq 41 revealed attenuation of their plasma cell phenotype. Remarkably, systemic administration of ASO coupled to Pip6a as an arginine-rich cell-penetrating peptide decreased IgE secretion in vivo. 42 43 **Conclusion:** Altogether, this ASO strategy could be an effective way to decrease IgE secretion and allergic symptoms in patients suffering from IgE-dependent allergies, and could also promote allergen 44 45 tolerance through apoptosis of IgE+ antibody-secreting cells.

46

47 KEY MESSAGES

48	• Targeting the secreted IgE polyadenylation signal (PAS) with an antisense oligonucleotide
49	(ASO) results in a switch from expression of secreted IgE mRNA form to the membrane-
50	associated form
51	• ASO targeting secreted IgE PAS are good strategies to decrease the secretion of allergen-
52	specific IgE
53	• Treatment with ASO targeting secreted IgE PAS provokes apoptosis of IgE-expressing plasma
54	cells
55	In vivo experiments demonstrate the effectiveness of this strategy in humanized mice
56	
57	CAPSULE SUMMARY
-0	
58	This study demonstrates that targeting the secreted IgE polyadenylation signal using antisense
59	oligonucleotides strongly reduces IgE secretion and provokes apoptosis of IgE-expressing plasma cells,
60	opening new therapeutic perspectives in patients suffering from IgE-dependent allergic diseases.
61	KEYWORDS
62	Immunoglobulin E, Antisense Oligonucleotide, Polyadenylation, Allergy, B Cells, Plasma Cells, Gene
63	Therapy, Cell Viability
64	ABBREVIATIONS
65	BCR = B cell receptor
66	ASO = Antisense Oligonucleotide
67	Pip = peptide nucleic acids/Phosphorodiamidate Morholino Oligomer internalization peptide
68	PAS = Polyadenylation Signal
69	APA = Alternative Polyadenylation

70 **TEXT**

71 INTRODUCTION

72 Immunoglobulin E (IgE) is a well-characterized actor in Type 1 hypersensitivity reactions playing a 73 crucial role in allergy. Upon immunization with an allergen, B cells and plasma cells secrete specific IgE, 74 which binds to the surface of tissue mast cells and basophils through the high-affinity IgE receptor 75 (FceRI), producing allergic symptoms (1). Omalizumab, an anti-IgE monoclonal antibody, reduces 76 allergic inflammation by depleting circulating free-IgE and preventing its interaction with FccRI and the 77 low-affinity receptor CD23/FccRII. In addition, the absence of IgE binding to FccRI downregulates its 78 expression on the surface of mast cells and basophils (2). IgE is first produced as a membrane-79 associated form in B lymphocytes, but those cells expressing surface IgE are extremely rare in humans 80 (3). Consistent with the scarcity of IgE+ memory B cells, previous studies have shown that IgE B cell 81 receptor (BCR) expression leads to rapid differentiation into short lived plasma cells and/or apoptosis, preventing IgE memory B cell formation (4-7). 82

83 Antisense oligonucleotides (ASO) are short single strands of modified DNA, which can be used to 84 modify RNA maturation processes such as splicing or polyadenylation (8,9). Recently, two splice-85 switching oligonucleotides obtained marketing authorization: eteplirsen and nusinersen, for the 86 treatment of Duchenne's muscular dystrophy and spinal muscular atrophy respectively, rekindling 87 hope for the implementation of new ASO therapeutic strategies in many diseases (10). ASO can also 88 modulate polyadenylation by targeting polyadenylation signals (PAS) or a donor splice site either to 89 reduce gene expression or to direct alternative polyadenylation (APA) and preferably generate one 90 transcript over the other (11–13). Thereby, ASO remain a viable solution for RNA polyadenylation 91 modulation avoiding DNA modifications that can trigger off-target effects (14,15).

Here we address a new therapeutic antisense strategy targeting PAS sequences for secreted IgE to
 decrease IgE secretion while inducing the expression of membrane-associated IgE mRNA isoforms and
 apoptosis of IgE-secreting plasma cells.

95 RESULTS AND DISCUSSION

96 To evaluate this strategy, we used a Cre tamoxifen-inducible transgenic mouse model called InEps™ where human IgM and IgE constant genes have been inserted between Eµ and mouse IgM constant 97 98 genes. This model produces human IgE upon in vitro hydroxytamoxifen treatment of isolated spleen 99 cells (Fig 1, A). We found that IgE targeting ASO treated spleen cells were less likely to secrete IgE and 100 less IgE was detected in supernatants compared to irrelevant control ASO (CTRL) (Fig 1, B). In addition, 101 secreted IgE mRNA significantly decreased when membrane IgE mRNA increased with ASO treatment 102 (Fig 1, C), with strongly diminished secreted / membrane IgE mRNA ratios (Fig 1, D). Consistent with 103 this, the frequency of IgE-expressing cells was reduced by ASO treatment (Fig 1, E). We next verified 104 this effect on InEps[™] mouse hybridoma cells secreting allergen-specific human IgE and found less IgE 105 in supernatants, decreased secreted IgE mRNA, and increased membrane IgE mRNA in ASO treated 106 cells compared to controls (Fig 1, F,G).

107 To characterize the effect of IgE polyadenylation switching following ASO treatment on a complete 108 human background, human IgE-secreting myeloma U266 cells were also treated in vitro. Similarly to InEps[™] transgenic mouse spleen cells, U266 myeloma cells secreted less IgE in supernatants in the 109 110 presence of IgE ASO compared to cells cultured with control ASO (Fig 2, A). Again, secreted IgE mRNA 111 was strongly reduced whereas the expression of the membrane IgE mRNA isoform was increased (Fig 112 2, B,C). These results were confirmed by exon coverage analysis of mRNA sequencing reads from which 113 we observed a decrease in CHS reads and an increase in M1 and M2 reads in ASO treated cells 114 compared to control treated cells (Fig 2, D). CHS and M1-M2 exons are only found in secreted IgE 115 mRNA and membrane IgE mRNA respectively. Further analysis of total read counts confirmed the 116 significant modulation of CHS/CH4 and M2/CH4 ratios in ASO conditions compared to controls (Fig 2, 117 E). Next, apoptosis was examined in U266 cells treated 24h and 48h with ASO. Early and late apoptotic 118 cells were increased in ASO treated cells compared to controls (Fig 2, F). Consistent with this increased

apoptosis, higher amounts of cleaved PARP proteins were found in ASO treated U266 cells compared
to controls (Fig 2, *G*).

121 RNA sequencing of ASO compared to CTRL treated U266 cells revealed 202 differentially expressed 122 genes (Fig 3, A and Supplemental Table E1) among which IGHE expression was significantly decreased 123 by 1.7 fold. Pathway analysis performed on this list revealed eight significant pathways related to 124 lymphocyte proliferation and activation along with regulation of immunoglobulin production and 125 interleukin 4 and 13 signalling (Fig 3, B). CD80 and PD-L2 expression, markers of a subtype of memory 126 B cells (16), were increased by almost 2 fold while MZB1, an essential gene for plasma cell 127 differentiation (17), was diminished by 2 fold. This transcriptomic analysis suggests that IgE ASO 128 treatment attenuates the plasma cell phenotype of U266 myeloma cells.

129 To address whether IgE ASO treatment displayed a selective effect on IgE secretion, normal human 130 sorted B cells were cultivated and stimulated for IgG1 and IgE class switching in vitro. Comparable to 131 other models, secreted IgE mRNA was decreased and membrane IgE mRNA was increased but none of 132 total unswitched IgM or switched IgG1 mRNA were affected by ASO treatment (Fig 4, A). IgM and IgG1 133 membrane and secreted mRNA were also checked to verify that no polyadenylation switching effect 134 occurred on those Ig isotypes, regardless of total mRNA amounts (Fig 4, B). In agreement with the low 135 surface expression of IgE BCR compared to IgG1 BCR (7), activated B cells displayed much higher 136 secreted / membrane Ig mRNA ratios for ε heavy chains (HCs) (Fig 4, C) than for γ 1 (Fig 4, D) and μ HCs 137 (Fig 4, E) in control conditions, albeit the former ratio was strongly diminished by ASO treatment. Our IgE-targeting ASO is therefore specific for the IgE isotype and will not affect synthesis or 138 139 polyadenylation of other Ig subclasses, thus maintaining a responsive immune system against 140 pathogens.

To evaluate the feasibility of our antisense approach *in vivo*, IgE secretion was assessed after treatment with morpholino ASO harboring different cell-penetrating moieties. We compared ASO conjugated to octa-guanidine dendrimer (*i.e.* compounds used throughout this study) with ASO coupled to Pip6a (18),

as an arginine-rich cell-penetrating peptide. Interestingly, IgE concentrations were decreased to similar extent after treatment with ASO and Pip6a-ASO in U266 cell supernatants (Fig 5, *A*). For *in vivo* delivery assessment, Tamoxifen-treated InEpsTM mice received 1 intravenous injection (tail vein) of CTRL, ASO and Pip6a-ASO (12.5 mg/kg) and serum IgE concentrations were determined after 24h (Fig 5, *B*). Interestingly, lower IgE amounts were found in serum of ASO and Pip6a-ASO treated mice, with a significant decrease in the later compared to controls (Fig 5, *C*). Thus, these data provide evidence for a systemic effect of Pip6a-ASO targeting the IgE PAS on antibody-secreting cells.

151 IgE+ B cells can be generated either by direct class switching from IgM+ B cells or sequential class 152 switching from IgG1+ B cells (3,19), but exhibit a short lifespan and low levels of BCR IgE expression 153 (7,20). Interestingly, modulation of APA after treatment by IgE targeting ASO induced apoptosis in 154 U266 myeloma cells, yet further studies are needed to identify whether toxic effects are caused by the 155 re-expression of IgE BCR or by a more global attenuation of the PC phenotype with less IgE secretion and MZB1 expression. Several studies including ours showing that the BCR IgE tonic signal drives 156 157 apoptosis support the former hypothesis, but conflicting evidence has been also described (7,20). Since 158 the ER-localized cochaperone MZB1 plays a crucial role in protein folding in plasma cells (17,21), its 159 low expression together with disturbed stoichiometric ratio of Ig heavy and light chains induced by ASO treatment could lead to ER stress-associated apoptosis in U266 cells, but this needs further 160 161 investigation.

The herein described proof-of-principle for systemic delivery of ASO targeting IgE PAS could open new avenues for a broad range of IgE-dependent allergies. Nonetheless, the impact of IgE ASO needs to be confirmed with some formulation adjustments to target long-lved plasma cells in bone marrow niches, and conjugation of ASO to monoclonal anti-CD38 antibody used for the treatment of multiple myeloma should be envisioned. Local delivery of ASO could be also advantageous for food allergy since a recent study identified IgE+ B lineage cells in gastrointestinal tract of peanut allergic patients (22). Of note, intradermal injections of a splice-switching oligonucleotide targeting FcRIβ have also demonstrated

positive results in a mouse model of allergic dermatitis (23). In addition, respirable ASO for aerosol
delivery has already been developed (24) and such a formulation should be useful to track local IgE
production in various inflammatory conditions.

We show here that targeting the secreted IgE PAS with an ASO is an effective method to reduce IgE secretion which has already proven to be beneficial for IgE-dependent allergic patients (2) while enhancing apoptosis of IgE-expressing plasma cells. This latter effect could be even more favorable for allergic patient prognosis as it could reduce the IgE plasma cell compartment (4) and, in this manner, decrease IgE production to promote allergen tolerance as other Ig isotypes are not affected.

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238

239 FIGURE LEGENDS

240 FIG 1. IgE targeting ASO decreased secreted IgE and increased membrane IgE in a human IgE 241 transgenic mouse model. A. IGH locus in InEps™ mouse model. B,C,D. Isolated spleen cells treated 48 242 hours with 1µM hydroxytamoxifen and 2µM IgE targeting ASO (ASO) or irrelevant control ASO (CTRL) 243 (n=5). B. Total IgE in supernatants measured by ImmunoCap assays. C,D. Secreted and membrane IgE 244 mRNA quantified by RT-qPCR. E. Intracellular IgE bearing B cells were analyzed by flow cytometry. F,G. 245 InEps[™] hybridoma cells secreting allergen specific IgE to : penicillin, ovalbumin and wasp venom were 246 treated 48 hours with 3µM ASO or CTRL (n=4). F. Total IgE in supernatants measured as in B. G. 247 Secreted and membrane IgE mRNA quantified as in C. (*p-value < 0.05, ** < 0.01, *** < 0.001, **** < 248 0.0001).

FIG 2. IgE targeting ASO decreased secreted IgE and promoted apoptosis in a human plasma cell line.
IgE secreting U266 human myeloma cells were treated 48 hours with 6μM ASO or CTRL (n=11). A. Total
IgE measured by ImmunoCap assays. B,C. Secreted and membrane IgE mRNA quantified by RT-qPCR.
D,E. Exon coverage of RNA sequencing reads on IGHE gene. F,G. Apoptosis flow cytometry with
Annexin V and TO-PRO-3 labelling. H, PARP Western Blot analysis on total extracted protein. (*p-value
< 0.05, *** < 0.001, **** < 0.0001).

FIG 3. IgE targeting ASO treatment induces a shifted profile in a human plasma cell line. IgE secreting U266 human myeloma cells were treated 48 hours with 6μM ASO or CTRL and polyadenylated RNA was sequenced (n=4). A. Heatmap of 202 differentially expressed genes by DEseq2 analysis of RNA sequencing results. B. Significant Gene Ontology and Reactome pathways performed on differentially expressed genes. Only annotations with a significant false discovery rate (FDR; adjusted p-value of < 0.05) are shown.

FIG 4. IgE targeting ASO decreased secreted IgE and increased membrane IgE expression in human
 cells but did not affect other Ig isotypes. Sorted human B cells stimulated with CD40 ligand and IL-4
 and treated 72 hours with 2µM ASO or CTRL (n=5). A. Secreted and membrane IgE, total IgG1 and total

IgM mRNA and **B.** Secreted and membrane IgG1 and IgM mRNA quantified by RT-qPCR. **C-E.** Secreted
vs Membrane IgE (C), IgG1 (D), IgM (E) mRNA ratios. (*ns*: non-significant, **** < 0.0001).

FIG 5. IgE targeting ASO decreased IgE secretion *in vivo*. A. IgE concentrations assessed in cultured
supernatants of U266 cells treated 24h with 6 µM ASO coupled to different cell-penetrating moieties:
octa-guanidine dendrimer (ASO) and arginine-rich peptide (Pip6a-ASO) (n=3). B. IgE expression was
induced in Ineps[™] mice (n=3/group) by administration of Tamoxifen (oral gavage) at day 0 and 24h
later mice were injected iv (tail vein) with ASO (12.5 mg/kg). C. Serum IgE concentrations determined
at day 2. (*ns*: non-significant, * < 0.05, *** < 0.001).

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Figure 2

Journal Pression





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