Study on IgE Memory B cells in Allergic disease

Published: 10-10-2012 Last updated: 26-04-2024

We wish to study the absolute numbers, ratio and phenotype of CD27+IgE+ and CD27-IgE+ memory-B-cells in blood of atopic children who suffer from proven IgE-mediated asthma/hay fever, atopic dermatitis or food allergy and compare these with healthy...

Ethical review Approved WMO **Status** Recruiting

Health condition type Allergic conditions
Study type Observational invasive

Summary

ID

NL-OMON39979

Source

ToetsingOnline

Brief title SIMBA

Condition

Allergic conditions

Synonym

allergy, type I hypersensitivity responses

Research involving

Human

Sponsors and support

Primary sponsor: Erasmus MC, Universitair Medisch Centrum Rotterdam **Source(s) of monetary or material Support:** Ministerie van OC&W,Sophia

Kinderziekenhuis Fonds

Intervention

Keyword: allergen, allergy, B-cell, IgE

Outcome measures

Primary outcome

From each patient, the absolute B- and T-cell numbers in blood (cells per

milliliter of blood) will be determined, as well as the relative frequencies of

naïve and IgM+, IgG+, IgA+ and IgE+ memory B-cells. Total and allergen-specific

serum IgE levels will be determined. These parameters will be compared between

patients with food allergy, patients with asthma, patients with hay fever and

healthy controls. Finally, we will study the correlation of IgE+ memory-B-cell

numbers with serum IgE levels and the IgE allergen-specificity.

Secondary outcome

Relate the changes in the B-cell compartment and serum IgE levels to changes in

T-cell subsets, eosinophils, basophils and mast cells in blood. Since the

anatomical location differs between asthma/hay fever, atopic dermatitis and

food allergy, we hypothesize that distinct B cells are involved.

Study description

Background summary

Immunoglobulin E (IgE) antibodies mediate the onset of a wide range of allergic disorders through their recognition of allergens. IgE is on of the five antibody isotypes produced by terminally differentiated B-cells. The commitment of a B-cell to isotype class switch to an IgE-producing cell is a tightly regulated process. In healthy individuals, IgE-producing B-cells are very infrequent and therefore hardly detectable. We recently identified two distinct IgE+ memory B-cell populations in blood of healthy donors: CD27+IgE+ and

CD27-IgE- B-cells. CD27-IgE- B-cells are derived from T-cell dependent

2 - Study on IgE Memory B cells in Allergic disease 10-05-2025

responses and CD27+IgE+ from T-cell independent responses. Studies on these distinct IgE+ populations can provide new insights into the processes underlying allergic reactions

Study objective

We wish to study the absolute numbers, ratio and phenotype of CD27+IgE+ and CD27-IgE+ memory-B-cells in blood of atopic children who suffer from proven IgE-mediated asthma/hay fever, atopic dermatitis or food allergy and compare these with healthy non-atopic children. Furthermore, these B-cell numbers will be correlated to allergen-specific and total serum IgE levels. Finally, patients will be grouped based on their IgE allergen-specificity (food or inhalant) and IgE+ B-cell numbers will be compared between these groups of patients.

Study design

We will study different immune cells in blood of patients between 6-18 years of age with proven asthma/hayfever, atopic dermatitis and foodallergy and in blood of age-matched healthy controls. With a newly developed flow cytometric approach we can for the first time study abnormalities in IgE+ B cells of allergic patients and compare these values with non-allergic healthy age matched controls. We will relate our findings in the IgE+ B cell compartment with other immune cells involved in allergic reactions, i.e. other B-cell subsets, T-cells and eosinophils.

The study will be cross-sectional, observational with 1x collection of blood. Already obtained values of healthy non-allergic children and young adults will be used as age-matched controls.

Study burden and risks

We will plan one visit for the patient to the outpatient clinic (if possible this will be scheduled at a regular follow-up visit) to draw 1 blood sample of 7ml heparinized blood. The total burden will thus be one venipuncture, and occasionally one extra clinic visit. There are no additional health risks, because there is no intervention.

Contacts

Public

Erasmus MC, Universitair Medisch Centrum Rotterdam

Dr. Molewaterplein 50

Rotterdam 3015GE

NL

Scientific

Erasmus MC, Universitair Medisch Centrum Rotterdam

Dr. Molewaterplein 50 Rotterdam 3015GE NL

Trial sites

Listed location countries

Netherlands

Eligibility criteria

Age

Adolescents (12-15 years) Adolescents (16-17 years) Children (2-11 years)

Inclusion criteria

- * children from 6-18 yrs old with asthma/rhinitis, atopic dermatitis or food allergy
- * Atopy with proven allergen (RAST class >1.4 or specific IgE serum levels >0.7 IU/L or positive skin prick test with HEP index >0.21)
- * Positive doubleblind food provocation test or convincing history of recent adverse response to food intake
- * Informed written consent

Exclusion criteria

- Patients < 6 yrs old
- Children who are receiving immunosuppressive therapy
- Children with substantial co-morbidity of immune-related diseases, especially immunodeficiencies or autoimmune disease (e.g. diabetes)
- Children receiving anti-IgE antibody treatment (e.g. with Xolair)

Study design

Design

Study type: Observational invasive

Intervention model: Other

Allocation: Non-randomized controlled trial

Masking: Open (masking not used)

Control: Active

Primary purpose: Basic science

Recruitment

NL

Recruitment status: Recruiting
Start date (anticipated): 22-01-2013

Enrollment: 180

Type: Actual

Ethics review

Approved WMO

Date: 10-10-2012

Application type: First submission

Review commission: METC Erasmus MC, Universitair Medisch Centrum Rotterdam

(Rotterdam)

Approved WMO

Date: 14-04-2014

Application type: Amendment

Review commission: METC Erasmus MC, Universitair Medisch Centrum Rotterdam

(Rotterdam)

Study registrations

Followed up by the following (possibly more current) registration

No registrations found.

Other (possibly less up-to-date) registrations in this register

No registrations found.

In other registers

Register ID

CCMO NL39649.078.12