# A novel class of regulators: the potential of IL-10 producing B cells in decreasing allergic inflammation in asthmatic patients.

Published: 06-11-2009 Last updated: 10-08-2024

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Ethical review Approved WMO

**Status** Recruitment stopped **Health condition type** Allergic conditions

**Study type** Observational non invasive

## **Summary**

#### ID

NL-OMON43781

#### **Source**

ToetsingOnline

#### **Brief title**

Breg cells reduce allergic inflammation.

#### **Condition**

- Allergic conditions
- Bronchial disorders (excl neoplasms)

#### **Synonym**

allergy, asthma

#### **Research involving**

Human

## **Sponsors and support**

**Primary sponsor:** Leids Universitair Medisch Centrum

Source(s) of monetary or material Support: Nederlands Astma Fonds

#### Intervention

**Keyword:** asthma, B cells, IL-10, immunotherapy

#### **Outcome measures**

#### **Primary outcome**

IL-10 producing B cells in PBMC

IL-4 producing T cells (Th2 cells) in reaction to relevant allergens

#### **Secondary outcome**

Total IgE and allergen-specific IgE, IgG1, IgG2a, IgG4, IgA in plasma and nose washings.

Affinity of allergen-specific IgE molecules

TNFalpha and IL-10 in plasma and nose washings.

Molecular profiling of B cell populations with ATACseq

## **Study description**

#### **Background summary**

In the last few decades, the incidence of childhood allergic asthma and rhinitis has strongly increased. A possible explanation is the decreased exposure to microbial molecules due to a decreased frequencies of childhood infections. The hypothesis is that some of these microbial substances are able to avoid immunity by active induction of tolerance. Simultaneously also tolerance is raised against bystanders antigens, such as allergens. New therapies could benefit from the use of microbial molecules to induce tolerance.

One example of a protective pathogen is the infection by parasitc worm infections, associated with reduced frequencies in allergy and asthma. Parasitic worms can suppress the immune system of the host for their own

survival. The hypothesis is that they not onlysuppress immune responses to their own antigens, but also to bystander antigens such as allergens. Knowlegde on how parasitic worm infections suppress the immune system can help to desing new therapies and drugs to prevent or suppress allergic asthma or rhinitis.

Recently, our laboratory has found evidence for a new regulatory cell for suppression of experimental allergic airway inflammation. These new findings point towards an emerging role for IL-10 producing B cells in protection against allergic asthma and rhinitis.

#### Study objective

Conditions that promote IL-10 producing B cells in humans are still ill defined. In this project our aim is to investigate the frequency of IL-10 producing B cells in healthy volunteers. Next, we aim to compare this to the frequency of IL-10 producing B cells in peripheral blood of allergic asthma or rhinitis patients before and at different time points after the start of immunotherapy, and at the same time investigate their inhibitory potential of allergen-specific immune responses. Finally, we aim to investigate whether worm-derived molecules are able to increase the frequency and activity of IL-10 producing B cells in peripheral blood cells from allergic asthma or rhinitis patients in vitro, with the ultimate goal to suppress asthmatic and/or allergic symptoms in vivo.

### Study design

Healthy controls, allergic rhinitis and allergic asthma patients are cross-sectional compared. Subsequently, allergic asthma and rhinitis patients will be studied during a longitudinal follow-up at several time points after the start of immunotherapy.

## Study burden and risks

Standardized lung function tests are applied worldwide for the examination of patients with asthma and are proven to be save. Nose washings are routinely taken, are save and non-invasive. Venous blood for the laboratory assessment will be collected by professionals.

## **Contacts**

#### **Public**

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#### **Scientific**

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## **Trial sites**

#### **Listed location countries**

**Netherlands** 

# **Eligibility criteria**

#### Age

Adults (18-64 years) Elderly (65 years and older)

#### Inclusion criteria

General inclusion criteria:

- Written informed consent
- Male and female persons, aged >= 18 years and <= 55 years; Specific inclusion criteria: Group 1 (allergic rhinitis):
- moderate/severe allergic rhinitis (ARIA guidelines)
- PC20 of histamine > 16 mg/ml
- specific IgE >= 0.7 kU/I for tree or grass pollen and/or house dust mite (HDM)
- positive skin prick test response (wheal > 5 mm) for tree or grass pollen and/or HDM
- total IgE >30 < 700 lu/ml; Group 2 (allergic asthma):
- Clinical controlled asthma for at least 6 months according GINA guidelines, without severe exacerbations in the previous 6 months
- FEV1> 70% (short-acting β2-agonists if needed)
- History of episodic symptoms of wheezing, breathlessness, cough or chest tightness (>12 months)
- PC20 of histamine < 8 mg/ml
- a positive skin prick test response (wheal > 5 mm) for tree or grass pollen and/or HDM
- specific IgE >= 0.7 kU/l for tree or grass pollen and/or house dust mite (HDM)
- total IgE >30 < 700 IU/ml;Group 3(healthy control group):
- negative SPT
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- PC20 of histamine > 16 mg/ml
- Specific IgE < 0.7 kU/l for tree or grass pollen and/or house dust mite (HDM)
- Total IgE <100 IU/ml

#### **Exclusion criteria**

age < 18 yrs smoking pregnancy airway infection

Severe/ instable chronic asthma

Specific IgE >= 0.7 kU/l for animals to which the patients has daily contact with

Immunotherapy for the last 5 years
Anatomical abnormalities of the nose

Contraindications for immunotherapy according to international guidelines

anti-IgE treatment previously

systemic steroids or suffered exacerbations in the last year

# Study design

## **Design**

Study type: Observational non invasive

Intervention model: Other

Allocation: Non-randomized controlled trial

Masking: Open (masking not used)

Control: Active

Primary purpose: Treatment

#### Recruitment

NL

Recruitment status: Recruitment stopped

Start date (anticipated): 05-10-2010

Enrollment: 60

Type: Actual

## **Ethics review**

Approved WMO

Date: 06-11-2009

Application type: First submission

Review commission: METC Leiden-Den Haag-Delft (Leiden)

metc-ldd@lumc.nl

Approved WMO

Date: 31-01-2012
Application type: Amendment

Review commission: METC Leiden-Den Haag-Delft (Leiden)

metc-ldd@lumc.nl

Approved WMO

Date: 17-04-2012

Application type: Amendment

Review commission: METC Leiden-Den Haag-Delft (Leiden)

metc-ldd@lumc.nl

Approved WMO

Date: 28-04-2016

Application type: Amendment

Review commission: METC Leiden-Den Haag-Delft (Leiden)

metc-ldd@lumc.nl

# **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 NL28786.058.09