

AD-A072 071

NEW YORK UNIV N Y SCHOOL OF MEDICINE
CLASSES AND PROPERTIES OF HUMAN ANTIBODIES.(U)
JUL 75 B B LEVINE

F/G 6/5

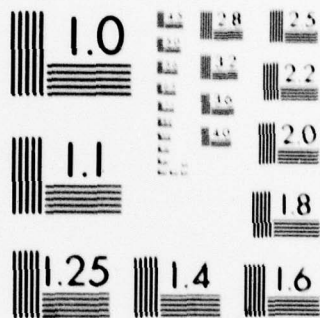
UNCLASSIFIED

DAMD17-74-C-4070
NL

| OF |
AD
A072071



END
DATE
FILMED
9-79
DDC



MICROCOPY RESOLUTION TEST CHART
NATIONAL BUREAU OF STANDARDS 1963-A

LEVEL

(12) B.5

ADA072071

(6) CLASSES AND PROPERTIES OF HUMAN ANTIBODIES.

(9) Annual Report, Jun 74-Jul 75, 1

(11) July 1975

(12) 18p.

by

(10) Bernard B. Levine, M. D.

DDC
RECEIVED
JUL 30 1979
C

Supported by

US Army Medical Research and Development Command
Fort Detrick, Frederick, Maryland 21701

Contract No. (15) DAMD 17-74-C-4070

(16) 3A1611P2B71Q

(17) PP

New York University School of Medicine
New York, New York 10016

DDC FILE COPY

Approved for public release; distribution unlimited

The findings in this report are not to be construed as
an official Department of the Army position unless so
designated by other authorized documents.

JOB

79 07 30 021

257 400

REPORT DOCUMENTATION PAGE		READ INSTRUCTIONS BEFORE COMPLETING FORM
1. REPORT NUMBER	2. GOVT ACCESSION NO.	3. RECIPIENT'S CATALOG NUMBER
4. TITLE (and Subtitle) Classes and Properties of Human Antibodies A072072		5. TYPE OF REPORT & PERIOD COVERED Annual Report June 1974 - July 1975
7. AUTHOR(s) Bernard B. Levine, M. D.		6. PERFORMING ORG. REPORT NUMBER
9. PERFORMING ORGANIZATION NAME AND ADDRESS New York University School of Medicine New York, New York 10016		8. CONTRACT OR GRANT NUMBER(s) DAMD 17-74-C-4070
11. CONTROLLING OFFICE NAME AND ADDRESS US Army Medical Research and Development Command Fort Detrick, Frederick, Maryland 21701		10. PROGRAM ELEMENT, PROJECT, TASK AREA & WORK UNIT NUMBERS 61102A 3A161102B71Q.00.143
14. MONITORING AGENCY NAME & ADDRESS (if different from Controlling Office)		12. REPORT DATE July 1975
		13. NUMBER OF PAGES 8 pages
		15. SECURITY CLASS. (of this report) Unclassified
		15a. DECLASSIFICATION/DOWNGRADING SCHEDULE
16. DISTRIBUTION STATEMENT (of this Report) Approved for public release; distribution unlimited.		
17. DISTRIBUTION STATEMENT (of the abstract entered in Block 20, if different from Report)		
18. SUPPLEMENTARY NOTES		
19. KEY WORDS (Continue on reverse side if necessary and identify by block number) Allergy; IgE; Atopy; Hyposensitization microgram		
20. ABSTRACT (Continue on reverse side if necessary and identify by block number) Multiple injections of ovomucoid were given to mice with ongoing prolonged IgE antibody production to that antigen. Two inbred strains and antigen doses ranging from 0.05 to 5 µg each injection, given intradermally and subcutaneously, were used. Mice treated in this manner showed a marked diminution of the IgE antibody booster response as compared to controls. This decrease in booster response was antigen-specific. In addition, a protective effect from anaphylaxis was indicated. The mouse model continues to be a valuable tool for studies of certain IgE-mediated diseases.		

CLASSES AND PROPERTIES OF HUMAN ANTIBODIES

Bernard B. Levine, M.D.

Progress has been made on our studies on "hyposensitization" of mice with prolonged reagin production. We have published on the development of a mouse model for reagin hypersensitivity in man. The method consists of immunization with minute doses of protein in aluminum hydroxide gel. Crucial is a combination of antigen, dose and genetic strain of mouse. Thus both LAF₁ and B₆D₂F₁ hybrid mice develop prolonged reaginic antibody production after 2 injections of 0.2 µg ovomucoid 35 days apart. For LAF₁ mice serum reagin antibody is detected in the serum for the life of the animal. Also, in all ways tested to date, reagin production in the mouse model is similar to reagin production in spontaneously (by aeroallergens) sensitized man. Reaginic antibody in the mouse appears to be IgE-like.

The present work was done to study the effect of repeated injections of antigen in these sensitized mice upon reagin and IgG₁ antibody. The experiments were designed to mimic the "hyposensitization" therapy given human beings with IgE-mediated atopic diseases, as far as was possible.

Female mice, 9-11 weeks old, of the LAF₁ and B₆D₂F₁ strains were immunized with two intraperitoneal injections (35 days apart) of 0.2 µg purified ovomucoid plus 0.2 µg antigen E (from ragweed pollen extract) mixed with 0.5 ml PBS containing 2 mg of aluminum hydroxide gel. Sera were drawn at intervals and assayed for IgE (reagin) and IgG₁ antibodies by PCA in CFW female mice using 72 hour and 2 hour sensitization periods respectively. For IgE antibodies to ovomucoid either 150 µg or 1.5 µg of protein was used for elicitation. The lower dose gives titers two tubes (or greater) lower than the higher dose. The lower titers appear to represent the antibodies of relatively higher antigen binding avidities operationally, as they apparently capture antigen at lower concentrations. IgE antibodies specific for antigen E were assayed by using 6,000 PNU fresh short ragweed extract (reconstituted from lyophilized ragweed).

Antiovomucoid IgE antibodies were followed till the titers plateaued. One week after the second immunization (6th week of experiment) titers were 1/1280 to 1/640, and plateaued at 1:80 at the 20-30th week (for LAF₁). "Hyposensitization" injections were begun on the 31st week and continued to the 62nd week. Mice were divided into 5 groups of 6, a control (not injected) group and 4 injected groups. Injections were three times a week to reach a maximum on the 6th injection, then weekly for 4 weeks, then twice at maximum dosage a week for the remainder of the 31 weeks of injections. Maximum dosage was 0.5 or 5.0 µg subcut., or 0.05 or 0.5 µg I.D. Bloods were taken at intervals and assayed for antibodies. All animals were boosted (as in the two immunization injections) on the 73rd and again on the 84th week, 12 and 23 weeks after the "hyposensitization" series had ended. Sera were drawn after these boosts and assayed for IgG₁ and IgE antibodies.

The data are shown in Tables 1 and 2. The "hyposensitization series" of antigen injections resulted in a sharp booster of serum IgE and IgG₁ antibodies

to ovomucoid. As the antigen injections continued, titers of both IgG₁ and IgE antibodies fell. In the LAF₁ mice, titers of IgE antibodies appeared to fall more rapidly than did the titers of IgG₁ antibodies; in the B₆D₂F₁ mice the distinction was not as clear. At the end of the 31 weeks of hyposensitization, IgE antibodies titers were low (1:20 to 1:80) but significantly higher for the "hyposensitized" groups than for the control groups. However, a booster intraperitoneal injection of ovomucoid (9 or 11 weeks after the end of the course of hyposensitization) resulted in a sharp rise of IgE antibodies in the control groups, while it caused either no (or a much lower) rise in IgE antibodies in the "hyposensitized" groups. Similar booster effects were noted for IgG antibodies. Thus after the booster injection (week 73 or 75) titers of IgE antibody specific for ovomucoid were significantly higher in the control groups, than in the "hyposensitized" groups. Eleven weeks after, another booster injection was given the control and "hyposensitized" groups with similar results. At the end of this experiment (week 85 or 87), titers of IgE antibody specific for ovomucoid were considerably higher for the control than for the hyposensitized groups. These differences were specific; there were no clear differences between control and hyposensitized groups in antibodies specific for ragweed extract (antigen E).

Three weeks after the 2nd booster injection (weeks 87 or 89) the mice were injected with 10 µg ovomucoid to determine whether the "hyposensitized" groups had been protected against anaphylaxis. The 10 µg dose was used as in a preliminary experiment on 2 controls, 1 µg i.v. did not cause death. These two mice were not used in subsequent experiments. Table III shows that mice in the "hyposensitized" groups were less frequently killed by anaphylaxis than were mice in the control groups.

These data are similar to those obtained in studies on the immunological changes to "hyposensitization" injections in humans with ragweed hay fever. It provides increasing support for our notion that this is a useful experimental animal model for IgE-mediated allergic diseases in man.

We plan to continue with experiments to elucidate immunological mechanisms underlying these observations, and to test different therapies in this model.

Accession For	
NTIS GRA&I	☒
DDC TAB	
Unannounced Justification	
By _____	
Distribution/	
Availability Codes	
Dist.	Avail and/or special
A	

TABLE I: IgG₁ and IgE antibody titers in "hyposensitized" and control LAF₁ mice^a

Week of Experi- ment	Control Group ^b			Group I (5 μ g ovomucoid S.C.)			Group II (0.5 μ g ovomucoid I.D.)			Group III (0.5 μ g ovomucoid S.C.)			Group IV (0.05 μ g ovomucoid I.D.)		
	IgG ₁ ovo- mucoi ^d	IgE ^c ovo- mucoi ^d	IgE ^c Rag- weed ^d	IgG ₁ ovo- mucoi ^d	IgE ^c ovo- mucoi ^d	IgE ^c Rag- weed ^d	IgG ₁ ovo- mucoi ^d	IgE ^c ovo- mucoi ^d	IgE ^c Rag- weed ^d	IgG ₁ ovo- mucoi ^d	IgE ^c ovo- mucoi ^d	IgE ^c Rag- weed ^d	IgG ₁ ovo- mucoi ^d	IgE ^c ovo- mucoi ^d	IgE ^c Rag- weed ^d
33	1:80	1:80	-	1:5120	1:2560	-	1:2560	1:320	-	1:2560	1:2560	-	1:2560	1:640	-
35	1:80	1:80	-	1:1280	1:1280	-	1:1280	1:320	-	1:1280	1:1280	-	1:1280	1:320	-
39	1:20	1:80	-	1:1280	1:640	-	1:640	1:320	-	1:1280	1:640	-	1:320	1:640	-
45	< 1:20	1:80	-	1:1280	1:320	-	1:1280	1:160	-	1:640	1:160	-	1:320	1:160	-
49	1:5	1:80	-	1:1280	1:320	-	1:1280	1:160	-	1:640	1:160	-	1:160	1:160	-
53	1:5	1:80	1:80	1:1280	1:80	< 1:20	1:1280	1:160 < 1:20	1:20	1:640	1:80	< 1:20	1:160	1:40	< 1:20
57	1:5	1:20	1:20	1:1280	1:80	< 1:5	1:640	1:80	1:5	1:320	1:80	< 1:5	1:320	1:80	1:5
62		1:20			1:80			1:80			1:80			1:80	
70	< 1:5	1:20	1:5	1:1280	1:80	< 1:5	1:160	1:20 < 1:5	1:5	1:320	1:80	1:5	1:320	1:80	1:5
73	Third Immunization														
74	1:80	1:1930	1:50	1:520	1:80	1:320	1:213	1:80	1:290	1:1280	1:173	1:90	1:480	1:320	1:260
78	1:160	1:640	1:40	1:640	1:80	1:160	1:640	1:40	1:80	1:1280	1:80	1:40	1:640	1:40	1:40
84	1:160	1:640	1:40	1:1280	1:40	1:80	1:640	1:40	1:40	1:640	1:160	1:40	1:640	1:160	1:40
84	Fourth Immunization														
85	1:640	1:2560	1:40	1:1280	1:80	1:320	1:1280	1:80	1:80	1:1280	1:80	1:80	1:1280	1:80	1:40

a- Hyposensitization with ovomucoid began at 31st week of experiment - with 5 increments of dosage over a 9 day period - then the maximum dose weekly for four weeks then - given twice weekly until the 62nd week of the experiment.

b- Groups of 7-8 mice each were made from a population whose pooled sera IgG and IgE antibody titers were 1:80 and 1:160 for ovomucoid, and 1:80 for Ragweed at week 27 of experiment.

c- IgG and IgE titers were obtained by PCA assay in 6-8 week old CFW female mice, IgG, 2 hour sensitization period; IgE 72 hour sensitization period. Sera were drawn 3 or 4 days after last antigen injection.

d- Antigen challenge dose was 150 μ g i.v. for ovomucoid and 6000 punu i.v. for Ragweed.

TABLE II: IgG₁ and IgE antibody titers in "hyposensitized" and control B₆D₂ mice^a

Week of Experi- ment	Control Group ^b				Group I (5 µg ovomucoid S.C.)				Group II (0.5 µg ovomucoid I.D.)				Group III (0.5 µg ovomucoid S.C.)				Group IV (0.05 µg ovomucoid I.D.)			
	IgG ^c ovo- mucoi ^d	IgE ^c ovo- mucoi ^d	IgE ^c Rag- weed	IgE ^c mucoi ^d	IgG ^c ovo- mucoi ^d	IgE ^c ovo- mucoi ^d	IgE ^c Rag- weed	IgE ^c mucoi ^d	IgG ^c ovo- mucoi ^d	IgE ^c ovo- mucoi ^d	IgE ^c Rag- weed	IgE ^c mucoi ^d	IgG ^c ovo- mucoi ^d	IgE ^c ovo- mucoi ^d	IgE ^c Rag- weed	IgG ^c ovo- mucoi ^d	IgE ^c ovo- mucoi ^d	IgE ^c Rag- weed		
35	< 1:20	1:20	-		1:2560	1:1280	-		1:320	1:320	-		1:640	1:320	-		1:160	1:320	-	
37	< 1:20	< 1:20	-		1:640	1:320	-		1:640	1:320	-		1:320	1:160	-		1:80	1:80	-	
41	< 1:20	< 1:20	-		1:160	1:80	-		1:80	1:80	-		1:80	1:80	-		1:40	1:40	-	
47	< 1:5	< 1:5	-		1:80	1:160	-		1:80	1:160	-		1:80	1:80	-		1:80	1:80	-	
51	< 1:5	< 1:5	-		1:80	1:160	-		1:80	1:80	-		1:80	1:80	-		1:80	1:20	-	
64	< 1:5	< 1:5	< 1:5		1:80	1:80	1:5		1:20	1:20	1:5		1:20	1:20	1:5		1:20	1:20	1:5	
70	< 1:5	< 1:5	< 1:5		1:20	1:80	< 1:5		1:5	1:20	< 1:5		1:20	1:20	< 1:5		1:20	1:20	< 1:5	
75	Third Immunization																			
76	1:160	1:160	1:160		1:40	1:40	1:160		1:10	1:10	1:40		1:40	1:20	1:160		1:40	1:40	1:160	
80	1:20	1:80	1:320		1:80	1:40	1:80		1:20	1:20	1:80		1:80	1:80	1:20		1:80	1:80	1:80	
86	1:20	1:80	1:40		1:20	1:40	1:10	< 1:10	1:10	1:10	1:10		1:40	1:40	< 1:10		1:20	1:40	1:10	
86	Fourth Immunization																			
87	1:320	1:640	1:320		1:160	1:160	1:40		1:40	1:40	1:40		1:40	1:40	1:40		1:80	1:40	1:40	

a- Hyposensitization with ovomucoid began at 33rd week of experiment with 5 increments of dosage over a 9 day period - The maximum dose given weekly for four weeks then twice weekly to 64th week of experiment.

b- Groups of 7-8 mice each were made from total population whose pooled sera IgG₁ and IgE antibody titers were < 1:20 and 1:40 for ovomucoid, 1:40 for Ragweed at week 27 of experiment.

c- IgG₁ and IgE titers were obtained by PCA assay in 6-8 week old CFW female mice, IgG₁ 2 hour sensitization period; IgE 72 hour sensitization period. Sera were drawn 3 or 4 days after last antigen injection.

d- Antigen challenge dose was 150 µg i.v. for ovomucoid and 6000 pmu i.v. for Ragweed.

TABLE III: Anaphylactic Mortality*

	Anaphylactic deaths	Average time to death
LAF₁ groups		
Controls	4/4	18 min
Group I (5 µg S.C.)	3/4	46
Group II (0.5 µg I.D.)	1/3	44
Group III (0.5 µg S.C.)	2/3	25
Group IV (0.05 µg I.D.)	3/3	23
B₆D₂F₁ groups		
Controls	4/7	41 min
Group I	1/4	76 min
Group II	1/4	> 6 hours
Group III	0/4	-
Group IV	1/4	43 min

* To 10 µg ovomucoid injected I.V.

12 Copies

Director (ATTN: SGRD-UWZ-AG)
Walter Reed Army Institute of
Research
Walter Reed Army Medical Center
Washington, D. C. 20012

4 Copies

HQDA (SGRD-SI)
Fort Detrick
Frederick, MD 21701

12 Copies

Defense Documentation Center
ATTN: DDC-DDA
Cameron Station
Alexandria, Virginia 22314

1 Copy

Dean
School of Medicine
Uniformed Services University
of the Health Sciences
4301 Jones Bridge Road
Bethesda, Maryland 20014

1 Copy

Superintendent
Academy of Health Sciences, US Army
ATTN: AHS-COM
Fort Sam Houston, Texas 78234