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# Identification of redundancy between human FceRIβ and MS4A6A proteins points toward additional complex mechanisms for FceRI trafficking and signaling

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#### Abstract

**Background.**—Allergic diseases are triggered by signaling through the high-affinity IgE receptor, FceRI. In both mast cells (MCs) and basophils, FceRI is a tetrameric receptor complex comprising a ligand-binding  $\alpha$  subunit (FceRI $\alpha$ ), a tetraspan  $\beta$  subunit (FceRI $\beta$ , MS4A2) responsible for trafficking and signal amplification, and a signal transducing dimer of single transmembrane  $\gamma$  subunits (FceRI $\gamma$ ). However, FceRI also exist as presumed trimeric complexes that lack FceRI $\beta$  and are expressed on several cell types outside the MC and basophil lineages. Despite known differences between humans and mice in the presence of the trimeric FceRI complex, questions remain as to how it traffics and whether it signals in the absence of FceRI $\beta$ . We have previously reported that targeting FceRI $\beta$  with exon-skipping oligonucleotides eliminates IgE-mediated degranulation in mouse MCs, but equivalent targeting in human MCs was not effective at reducing degranulation.

**Results.**—Here, we report that the FceRIβ-like protein MS4A6A exists in human mast cells and compensates for FceRIβ in FceRI trafficking and signaling. Human MS4A6A promotes surface expression of FceRI complexes and facilitates degranulation. MS4A6A and FceRIβ are encoded by highly related genes within the MS4A gene family that cluster within the human gene loci 11q12-q13, a region linked to allergy and asthma susceptibility.

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K.B., B.H., L.C.E-H., G.K.A., A.G.S., and G.C. carried out experiments, analyzed data, prepared figures. K.B., B.H., P.B., S.L.T., and G.C. contributed to writing, editing and reviewing the manuscript. G.C. conceptualized the study and acquired funding. All authors read and approved the manuscript.

**Conflict of interest disclosure:** G.C. has filed a patent application related to the research reported in this study. An exclusive licensing agreement has been granted to Hoth Therapeutics for this technology. G.C. has research support from Hoth Therapeutics for a project related to the research reported in this publication and also serves on their Scientific Advisory Board. The terms of this arrangement have been reviewed and approved by NC State University in accordance with its policy on objectivity in research. The remaining authors declare no conflicts of interest.

**Conclusions.**—Our data suggest the presence of either FceRIβ or MS4A6A is sufficient for degranulation indicating that MS4A6A could be an elusive FceRIβ-like protein in human MCs that performs compensatory functions in allergic disease.

#### **Graphical Abstract**



#### Background

Allergic disorders including atopic dermatitis, allergic rhinitis, and asthma affect a significant portion of the global population and have been increasing in prevalence, particularly in industrialized countries over recent decades.<sup>1</sup> Worldwide, over 300 million patients suffer from asthma with disease severity being associated with impaired quality of life and morbidity.<sup>2</sup> In the United States the mean annual healthcare costs for asthma are estimated to be \$3,100 per patient,<sup>3</sup> yet the current treatments involving daily high-dose inhaled corticosteroids and long acting  $\beta_2$ -adrenoceptor agonists still do not control symptoms for a subset of patients, who are hospitalized more frequently and pose a substantial healthcare burden.<sup>4</sup>

Mast cells (MCs) are myeloid lineage immune cells which reside in all human tissues including the skin, nasal mucosa, and lungs, and are critically involved in the process of allergic inflammation in these organs.<sup>5,6</sup> Upon sensitization to an allergen,  $T_H^2$  cells induce B cells to produce IgE, which binds to FceRI, the high-affinity receptor for IgE found on MCs and basophils.<sup>7</sup> The FceRI receptor is a tetrameric complex composed of an  $\alpha$  subunit which contains the IgE-binding domain, a  $\beta$  subunit (encoded by the *MS4A2* gene) and two  $\gamma$  subunits. The  $\beta$  and  $\gamma$  subunits contain immunoreceptor tyrosine-based activation motif (ITAM) domains involved in signal transduction. Crosslinking of FceRI-bound IgE molecules by allergen promotes aggregation of FceRI complexes, whereby Lyn kinase is recruited by the  $\beta$  subunit, to potentiate Syk kinase activation and trans-phosphorylation of the  $\gamma$  subunits to amplify signaling.<sup>8</sup> This signaling cascade initiates the influx of extracellular Ca<sup>2+</sup> culminating in degranulation<sup>9</sup> with the release of preformed granules containing histamine, proteoglycans including heparin, proteases such as tryptase and

chymase, and cytokines TNF-a and IL-4. Additionally, eicosanoids including prostaglandins and leukotrienes and cytokines such as IL-3, IL-5 and GM-CSF are generated de novo resulting in the recruitment and activation of eosinophils, neutrophils, and macrophages.<sup>10</sup>

FceRI $\beta$ , is encoded by the MS4A2 gene, which is a member of the membrane spanning 4A (MS4A) family of genes that encode 4-pass transmembrane (TM) proteins expressed in immune cells with similar topology, but low homology, to tetraspanins.<sup>11,12</sup> There are at least 16 MS4A genes in humans clustered around chromosome 11q12-q13, a region linked to allergy and asthma susceptibility.<sup>13–15</sup> We identified expression of a truncated isoform of FceRIB in MCs, that lacks exon 3, which encodes the 1st and 2nd TM regions of FceRIB.<sup>16,17</sup> This 1st TM region is critical for trafficking the FceRI complex to the plasma membrane.<sup>18</sup> Therefore, we predicted that alternative splicing of FceRIB would result in loss of association with the FceRI complex, which was later confirmed by using a splice switching oligonucleotide (SSO) approach to induce alternative splicing of FceRIß precursor mRNA.<sup>19</sup> FceRIß SSOs target protein-protein interactions resulting in almost complete loss of surface FceRI expression in mice. However, FceRIß SSOs are less effective in human MCs compared to mouse MCs<sup>19</sup> suggesting that a more complex mechanism of FceRI trafficking exists in human MCs. This lack of translation to human MCs highlights the need to better understand FceRI complex formation and how trafficking and signaling of the complexes are regulated in each species.

In humans and mice, FceRI are expressed exclusively in MCs and basophils as tetrameric complexes containing the FceRIβ subunits.<sup>20–23</sup> However, in humans FceRI also exist as trimeric complexes lacking FceRIβ which are expressed on several cell types,<sup>23–31</sup> whereas mice do not express the trimeric form, at least under non-inflammatory conditions.<sup>20,32,33</sup> Therefore, FceRIβ may be less critical for FceRI trafficking in humans and trimeric FceRI could account for the lack of translation of FceRIβ SSOs that we have observed.<sup>19</sup> However, data from studies using transgenic mice with humanized FceRIα, and targeted disruption of FceRIβ that generates mice expressing only trimeric FceRI, demonstrate that truly trimeric FceRI does not elicit a strong degranulation response or substantial Ca<sup>2+</sup> signaling.<sup>34</sup> Therefore, our findings that human MCs still degranulate strongly and produce a robust Ca<sup>2+</sup> response, even after treatment with SSOs that eliminate full length FceRIβ expression<sup>19</sup> is incompatible with a compensatory mechanism for the trimeric FceRI complex in this context. Thus we propose that signaling must occur through a different mechanism.

The suggestion that unidentified FceRIβ-like proteins could exist and function in human FceRI was proposed as a caveat of seminal experiments characterizing human and mouse FceRI.<sup>35</sup> Given our findings described above with targeted disruption of FceRIβ, we began to search for potential candidates for an unidentified FceRIβ-like protein. We have previously reported that human MCs express MS4A4A mRNA and protein, which functions to promote FceRI and KIT signaling through recruitment of the receptors into lipid raft membrane microdomains.<sup>36,37</sup> In theory, MS4A4A could provide such an FceRIβ-like protein. However, silencing MS4A4A had no significant effect on FceRI surface expression, and while MS4A4A did promote FceRI signaling, the data suggest that any interaction between MS4A4A and FceRI likely occurs at the cell surface<sup>37</sup>. In this study, we broadened our search to examine other MS4A genes and establish that human MCs also express

MS4A6A, which is highly homologous with FceRIβ. Further, we propose that similarly to the known function of FceRIβ in trafficking FceRI to the cell surface, MS4A6A acts to regulate FceRI trafficking and signaling through an IgE-mediated pathway. Our data suggest that MS4A6A can exhibit redundancy and compensate for FceRIβ, as it promotes surface expression of FceRI complexes and triggers signaling, which we predict is mediated through a putative hemi-ITAM domain in the C terminus of the protein (see Graphical Abstract).

#### Methods

For more detailed methods, see supplemental material.

#### **Cell Cultures**

LAD2 human MCs were cultured as described.<sup>36</sup> HLMCs were obtained and cultured as described.<sup>38,39</sup> Human umbilical cord blood derived mast cells (CBMCs) were cultured as described.<sup>37</sup>

#### Transfection of cells

Transfections were performed as previously described.<sup>17</sup>

#### SDS-polyacrylamide gel electrophoresis (SDS-PAGE) and Western blot analysis

MC activation was performed with a dose-response of streptavidin as for degranulation assays and immunoblotting was carried out as described.<sup>17,36</sup>

#### Flow cytometry

Surface receptor expression was assessed using flow cytometry as previously described.<sup>17</sup>

#### Ca<sup>2+</sup> signaling assay

Changes in cytosolic Ca<sup>2+</sup> levels were determined as previously described.<sup>17,37</sup>

#### Confocal microscopy

Confocal microscopic imaging was performed as previously described.<sup>36</sup>

#### Statistical analysis

For comparison of multiple data sets, one- or two-way ANOVA with Bonferroni's, Sidak's, or Tukey's posttest were used, as appropriate, to determine statistical significance. For pairwise data, Student's *t* test was used. p = 0.05 was considered statistically significant.

#### Results

## Alternative splicing of FceRlβ exhibits less profound effects on surface FceRl complexes in human MCs compared to mouse MCs.

We have identified the expression of a truncated isoform of FceRI $\beta$  in MCs, encoded by mRNA with exon 3 spliced out.<sup>16,17</sup> Exon 3 of *MS4A2* encodes the 1<sup>st</sup> and 2<sup>nd</sup> transmembrane regions of FceRI $\beta$ . Singleton *et al.* demonstrated that the 1<sup>st</sup> transmembrane

region of FceRI $\beta$  is critical for trafficking the FceRI complex to the plasma membrane.<sup>18</sup> Our prediction was that alternative splicing of FceRI $\beta$  by skipping exon 3 would result in loss of association with the FceRI complex. Our published studies confirmed this prediction<sup>16,17</sup> and we devised SSOs to force alternative FceRI $\beta$  splicing with a view to eliminate FceRI trafficking to the cell surface. Targeting murine FceRI $\beta$  resulted in efficient exon skipping in mouse bone marrow-derived cultured MCs (BMMCs) (Fig. 1A) and a corresponding elimination of surface FceRI expression (Fig. 1B).<sup>19</sup> FceRI $\beta$  SSO treated BMMCs also became unresponsive to antigen with no evidence of IgE-dependent degranulation (Fig. 1C) or Ca<sup>2+</sup> influx (Fig. 1D), but degranulation and Ca<sup>2+</sup> influx in response to thapsigargin was unaffected.<sup>19</sup>

We have reported that an equivalent SSO that targets the corresponding human exon of FceRIß was less effective at reducing degranulation and surface FceRIa expression, but the reason for the difference in efficacy between species was not clear.<sup>19</sup> To rule out a lack efficacy of the human SSO to cause exon skipping, we tested several SSOs that targeted different regions of the exon and identified the most effective exon skipping constructs to study further (Supplemental Fig. S1). Comparable to murine BMMCs (Fig. 1A), FceRIß SSOs resulted in efficient exon skipping and formation of the alternatively spliced open reading frame of FceRIB that lacked the 135bp exon 3 (Fig. 1E). However, unlike murine MCs where surface FceRIa was reduced by >98% with FceRIß SSO,<sup>19</sup> efficient targeting of human FceRIß was only partially effective at reducing surface FceRIa expression with a maximum achievable decrease of 58% in surface receptors with SSO treatment (Fig. 1F). In stark contrast to murine BMMCs, FceRIß SSOs gave only a minor attenuation of degranulation in response to IgE crosslinking (Fig. 1G), and the limited inhibitory effect on  $Ca^{2+}$  influx did not reach significance (Fig. 1H). Taken together, these data corroborate our previous studies<sup>19</sup> and rule out the potential mechanism of inefficiency of human FceRIß SSOs to account for the lack of effect on degranulation and intracellular free Ca<sup>2+</sup> when FceRIß is targeted in human MCs. These observations suggest a species difference between the dependency for FcεRIβ in FcεRI trafficking and signaling in MCs where even efficient alternative splicing of FceRIB is insufficient to fully perturb FceRI trafficking and has little effect on FceRI function.

#### Human MCs express MS4A proteins with high sequence homology to FceRIß.

Our data with FceRI $\beta$  SSOs suggests that FceRI $\beta$  is dispensable for FceRI signaling, and to a lesser degree, trafficking in human MCs. This observation indicates that in human MCs, other compensatory mechanisms may exist. Because the presence of as-yet-unidentified FceRI $\beta$ -like proteins has not been ruled out in prior studies,<sup>35</sup> we hypothesized that an FceRI $\beta$ -like protein compensates for FceRI $\beta$  in human MCs and predicted that other members of the gene family that includes FceRI $\beta$  were candidates.

We therefore designed primers to amplify known MS4A family gene members (see Supplemental Methods) and examined expression in human MCs. We utilized the human MC line LAD2, because these cells best represent mature human MCs and have high expression of FceRI.<sup>40</sup> We determined that human LAD2 MCs express MS4A2 (FceRI $\beta$ ) and MS4A6A under standard culture conditions (Fig. 2). We also identified weak, but

consistent expression of *MS4A3* and *MS4A7* (Fig. 2). We have reported previously that human LAD2 MCs also express *MS4A4A*<sup>36,37</sup> and we confirm that data in the current study (Fig. 2). RT-PCR for the other known MS4A genes were negative under normal culture conditions and while *MS4A3* and *MS4A7* were expressed, expression was weak suggesting these genes are unlikely to be the primary candidates for FceRIβ-like proteins. Examining protein expression for MS4A3 and MS4A7 confirmed the lack of robust expression in LAD-2 cells (Supplemental Fig. S2).

In order to confirm expression profiles for MS4A gene proteins in primary human MCs, we examined the expression in human lung MCs (HLMCs). Expression of the comparable MS4A proteins was identified in HLMCs (Fig. 2). However, in contrast to LAD-2 cells, expression of MS4A3 and MS4A7 were strong in some donors and not detected in others (Fig. 2). There was also some variability in expression of MS4A4A in HLMCs (Fig. 2). HLMC consistently expressed FceRIβ with 11/11 donors expressing FceRIβ. MS4A6A expression was expressed by 10/11 donors. MS4A4A was expressed in 8/11 donors. MS4A3 was expressed in 2/3 donors and MS4A7 was expressed in 9/11 donors. Protein for full length MS4A3 was confirmed in HLMCs, but full length MS4A7 protein was not confirmed (Supplemental Fig. S2). These data suggest that *MS4A2* (FceRIβ), *MS4A4A* and *MS4A6A* are expressed at similar levels and that MS4A4A and MS4A6A proteins are the most likely candidates for an FceRIβ-like protein in human MCs, because while HLMCs express other MS4A gene variants, LAD-2 cells that signal robustly through the receptor do not express these variants.

We reported previously that MS4A4A protein functions to potentiate FceRI signaling, likely through recruitment of the FceRI complex into lipid rafts following IgE crosslinking.<sup>37</sup> This observation demonstrates that MS4A gene family members, other than FceRIB, can interact with FceRI complexes. However, in that study, we did not identify a role for MS4A4A in trafficking of FceRI to the plasma membrane, or stabilizing the receptor complex, and FceRI surface expression was not affected by MS4A4A expression.<sup>37</sup> Therefore, while MS4A4A protein may interact and regulate FceRI expression, it is unlikely to perform compensatory roles for FceRIß evident in Fig. 1. We therefore progressed to examine MS4A6A. When performing RT-PCR, a double band was evident for MS4A6A (Fig. 3A), which was reminiscent of the bands we have previously reported, that identified the alternative truncation of MS4A2 resulting in truncated FceRIB that is incapable of interacting with FceRI.<sup>16,17</sup> We therefore amplified the full open reading frame of MS4A6A (Fig. 3A) extracted both bands, sequenced them and cloned them into pEGFP-N1 expression vectors (Fig. 3A). Sequencing data identified that the two bands of MS4A6A aligned exactly to the FceRIß transcripts and the predicted proteins we reported previously (Fig. 3B).<sup>16,17</sup> Multiple sequence alignments for MS4A6A and MS4A2 mRNA variants demonstrated that MS4A6A exon 4 directly aligns with MS4A2 exon 3 and translation analysis predicts that the respective exons will encode the 1<sup>st</sup> and 2<sup>nd</sup> transmembrane regions for each protein (Fig. 3B, and supplemental Fig. S3). EGFP fusion constructs for full length FceRIß and MS4A6A were generated and transfected into LAD2 MCs to examine subcellular distribution of the proteins. We have identified that full length FceRIß and truncated FceRIß traffic to distinct compartments of the cell with full length FceRIß evident in the plasma membrane and truncated FceRIB was dispersed in the cytoplasm and in juxtanuclear

compartments.<sup>16,17</sup> Given the similarity between FceRIβ variants and MS4A6A variants, we expect a similar localization to FceRIβ variants for the corresponding MS4A6A variants. Indeed, confocal microscopy demonstrated that full length MS4A6A was evident in the plasma membrane, while truncated MS4A6A was diffusely expressed throughout the cell (Fig. 3A), closely matching FceRIβ variants.<sup>16,17</sup> Furthermore, sequencing of the other MS4A genes expressed in MCs revealed that this truncated region excluding the first two transmembrane regions was conserved among the expressed MS4A family members, with the exception of MS4A4A that contained an exon truncation downstream, corresponding to the 3<sup>rd</sup> transmembrane region (Fig. 3B) (Supplemental Fig. S4).

Of the MS4A proteins expressed, we identified that MS4A2, MS4A3, and MS4A4A contained a potential caveolin-1 binding site (Fig. 3B, green box), which may indicate their signaling potential within lipid rafts as we predict for MS4A4A.<sup>37</sup> FceRIß is the only MS4A gene to contain an immunoreceptor tyrosine-based activation motif (ITAM) that is critical for FceRIβ function.<sup>41</sup> However, we identified that MS4A6A contains a putative signaling motif similar to the ITAM in FceRIß (Fig. 3C & D). While this domain in MS4A6A does not conform to an ITAM consensus sequence, it does conform to a hemi-ITAM consensus sequence (Y-x-x-L) immediately following a tyrosine kinase phosphorylation site consensus sequence (R/K-x-x-x-D/E-x-x-Y) that would phosphorylate the tyrosine residue within both the FceRIß ITAM and MS4A6A hemi-ITAM (Fig. 3D). This region in the C terminal tail of MS4A6A also has very high sequence homology to the Lyn binding site within the C terminal FceRIB ITAM (Fig. 3D). Hemi-ITAM signaling is less defined than ITAM signaling. However, the C-type lectin-like receptor 2 (CLEC-2) expressed in platelets contains a hemi-ITAM that recruits Src family kinases and signals through Syk in a PI3Kdependent manner.<sup>42,43</sup> Canonical ITAM signaling through FceRIy subunits is triggered by Src family kinases that trans-phosphorylate FceRIy ITAMs to recruit Syk kinase. In FceRI signaling, this phosphorylation of FceRIy occurs mainly by Lyn kinase recruited to the non-canonical ITAM of FceRIB.44 Our prediction analysis proposes the existence of a new pathway that could signal through MS4A6A hemi-ITAM in a similar manner to FceRIß.

#### MS4A6A expression is upregulated by IgE crosslinking and SCF stimulation in human lung mast cells

We also examined expression of the relevant MS4A genes in primary *ex vivo* human lung MCs (HLMCs) and found that they also expressed *MS4A2*, *MS4A4A*, *MS4A6A* and *MS4A7* genes (Fig. 2) (Supplemental Fig. S5A). All donors examined expressed the full length mRNA transcripts of each gene, but expression of truncated variants of the genes, which have the conserved truncation corresponding to the exon encoding the 1<sup>st</sup> and 2<sup>nd</sup> transmembrane domains (Fig. 3B), was variable between donors, at least in unstimulated cells. With the focus on MS4A6A and the potential for redundant functions between FceRIβ and MS4A6A proteins, we examined expression levels of MS4A2 and MS4A6A during MC stimulation with FceRI loading, crosslinking and activation, in the presence and absence of the MC growth factor SCF, which is known to potentiate FceRI signaling and MC activation. Interestingly, we found that *MS4A6A* expression was not significantly altered in any of the conditions, but *MS4A6A* expression was upregulated when MCs were co-stimulated with SCF and IgE crosslinking and there was a similar trend with IgE loading when SCF was present, although the latter did not reach significance (Supplemental Fig. 5B). Taken together, the expression studies with FceRI stimuli and SCF suggest that MS4A6A is regulated to a greater degree than FceRI $\beta$  in HLMCs in response to factors that are relevant to allergic inflammation, where MCs may be exposed to persistent allergens and where SCF is present at higher concentrations.<sup>45,46</sup>

#### MS4A6A promotes surface FceRI expression and IgE-dependent degranulation.

Due to the highly homologous sequence of MS4A6A and FceRI $\beta$  and the similar localization within the cell for the alternative isoforms, we predicted that MS4A6A could traffic FceRI to the plasma membrane and act as an FceRI $\beta$ -like protein, exhibiting redundancy between the two proteins. We began to test this hypothesis by validating an antibody for MS4A6A and utilizing gene targeting using shRNA and lentiviral delivery as we have performed for other MS4A proteins (2, 26). We performed transfections with the EGFP fusion constructs for full length FceRI $\beta$  and MS4A6A, that we generated from cloning in HLMCs (Fig. 3), into LAD2 cells and assessed expression with flow cytometry (Fig. 4A & B). Transfection efficiency with EGFP constructs was >90% with >85% of transfected cells remaining viable (Fig. 4A). EGFP expression for MS4A6A and FceRI $\beta$  were also comparable in terms of efficiency and level of expression (Fig. 4B). Following transfected lysates. We identified an antibody that recognized MS4A6A, and not the highly homologous FceRI $\beta$  (Fig. 4C).

We used this antibody to validate MS4A6A knockdown using lentivirus shRNA against MS4A6A and established that knockdown of MS4A6A at the protein level was >60% (Fig. 4D & E) and >80% at the mRNA level (Fig. 4F). We confirmed that knockdown of MS4A6A does not result in reduced mRNA expression for FceRI $\beta$  (Supplemental Fig. S6). Having established knockdown, we then examined degranulation and found that MS4A6A knockdown modestly reduced IgE-dependent degranulation (Fig. 4G) and Ca<sup>2+</sup> influx (Fig. 4H) in LAD2 MCs. We also assessed surface FceRIa as a measure of trafficking and found that surface FceRIa expression was reduced by approximately 40% with knockdown of MS4A6A (Fig. 4I). Taken together, these data suggest that MS4A6A functions, to some degree, in FceRI trafficking and signaling and provides a potential candidate for an FceRI $\beta$ -like protein.

#### Full-length MS4A6A promotes FceRI trafficking and exhibits redundancy with FceRIß.

The highly conserved splicing of the 1<sup>st</sup> and 2<sup>nd</sup> transmembrane regions of FceRI $\beta$ , encoded by exon 3 of FceRI $\beta$ , and the corresponding exon 4 of MS4A6A, may be critical for the role of MS4A6A in FceRI function and perhaps the first transmembrane region of both proteins can bind to the FceRI complex. We therefore used the SSO method that we used for exon 3 of FceRI $\beta$ ,<sup>19</sup> to specifically remove exon 4 encoding the 1<sup>st</sup> and 2<sup>nd</sup> transmembrane regions of MS4A6A (Fig. 5A). Despite the high sequence homology between FceRI $\beta$  and MS4A6A, the splicing target site sequences were distinct and SSOs could be designed to specifically target each precursor mRNA. Highly efficient and specific exon skipping for each transcript was achieved without any off-target effects on the other mRNA transcripts (Fig. 5A). In addition, a combination of both FceRI $\beta$  and MS4A6A constructs targeted both transcripts

with equal efficacy (Fig. 5A). We confirmed that the SSOs targeting the pre-mRNA resulted in loss of full length variants of FceRIβ and MS4A6A at the protein level (Fig. 5B). The resulting reduction in protein for both FceRIβ and MS4A6A was evident by 24 hours, but efficacy increased at 2 days and no full length protein was visible after 5 days (Fig. 5B). Neither FceRIβ, nor MS4A6A SSOs alone, or in combination significantly affected LAD2 cell proliferation (Fig. 5C) or survival (Fig. 5D) over the course of the experiments (5 days).

Analysis of surface FceRIa expression with SSOs targeting either FceRI $\beta$  or MS4A6A individually, or in combination, reduced surface FceRIa expression. SSOs targeting FceRI $\beta$  reduced FceRI surface expression by ~60%, and MS4A6A SSOs reduced surface FceRI expression by ~40% (Fig. 5E), which is in agreement with the knockdown data for MS4A6A (Fig. 4I). Combined FceRI $\beta$  and MS4A6A SSOs had an additive effect reducing FceRI surface expression by >80% (Fig. 5E). Quantitative RT-PCR for the FceRI subunits, FceRIa and FceRI $\gamma$ , revealed that mRNA for both subunits were not reduced (Fig. 5F) suggesting that the reduction in surface expression of FceRIa was due to altered trafficking rather than downregulation of FceRI subunit gene expression.

#### Both full-length MS4A6A and FceRIβ promote FceRI function and exhibit redundancy.

We next assessed degranulation in response to IgE-crosslinking with SSOs for FceRIß or MS4A6A alone and in combination. Exon skipping FceRIß or MS4A6A alone had only a minor effect on LAD2 MC degranulation, which did not reach significance in these experiments (Fig. 6A). However, a combination of FceRIB and MS4A6A SSOs markedly inhibited IgE-dependent degranulation (Fig. 6A), while no condition affected compound 48/80 induced degranulation suggesting specificity to FceRI activation (Fig. 6B). We next confirmed the compensatory role for MS4A6A on FceRIß function using primary HLMCs, where comparable results in IgE-dependent degranulation were seen (Fig. 6C & D). Finally, we also confirmed a conserved function for MS4A6A in primary CBMCs. We have shown previously that IL-4 stimulation of CBMCs is required to upregulate surface FceRIa. expression and enable degranulation.<sup>37</sup> We therefore examined MS4A6A and FceRIa. expression with and without IL-4 stimulation for 7 days and found that MS4A6A expression could be induced in human CMBCs upon exposure to IL-4 and this was associated with an upregulation of FceRIa expression (Fig. 6E). In addition, the function of MS4A6A in degranulation was conserved in CBMCs (Fig. 6F) and across all mast cell types tested strongly suggesting biological redundancy between FceRIß and MS4A6A.

#### MS4A6A and Fc<sub>e</sub>RIβ trigger distinct downstream Syk signaling.

We next assessed whether FceRI $\beta$  and MS4A6A exhibited complete redundancy and resulted in comparable signaling proximally to FceRI. Crosslinking FceRI promotes Syk kinase activation and trans-phosphorylation of the  $\gamma$  subunits to amplify signaling.<sup>8</sup> We, therefore, examined the activating phosphorylation of Syk kinase at Tyrosine 525 that drives downstream signaling. Interestingly, we found that phosphorylation of this tyrosine residue required FceRI $\beta$  and not MS4A6A (Fig. 7A). However, despite a lack of phosphorylation at Tyrosine 525 when FceRI $\beta$  was not expressed, the downstream signal of the activating tyrosine residue 783 of PLC $\gamma$ 1 remained intact (Fig. 7B). These data suggest that while FceRI $\beta$  drives phosphorylation of Tyrosine 525 of Syk and MS4A6A does not, both proteins are able to promote activation of PLC $\gamma$ 1 and thus drive downstream Ca<sup>2+</sup> flux and degranulation. Detailed study of the signaling downstream of FceRI $\beta$  and MS4A6A is required to establish exactly how each protein participates in signaling and examination of other phosphorylation events in Syk kinase are needed. However, these initial studies suggest that each protein promotes a distinct downstream phosphorylation response and thus could drive differential functional outcomes downstream of IgE signals.

#### Both MS4A6A and FceRlβ proteins contribute to IL-8 production in HLMCs.

Given the differential effects of FceRI $\beta$  and MS4A6A on Syk phosphorylation, we next examined whether the proteins differentially regulated cytokine release in HLMCs. We challenged four HLMC donors with or without anti-IgE (1000 ng/mL) and measure release of IL-8 into the supernatant. Each donor was paired across conditions and color coded in the graphs (Fig. 7C). With the standard control treatment, IL-8 release was significantly induced, but treatment with either FceRI $\beta$  or MS4A6A SSOs reduced IL-8 release, which was more evident with double SSO treatment (Fig. 7C). Therefore, these data suggest that IL-8 release follows a similar pattern to that of degranulation.

#### Conclusions

Taken together, our data suggest that FceRIß and MS4A6A exhibit at least partial redundancy in both trafficking and signaling of FceRI in human MCs. Positive evolutionary selective pressure could explain this redundancy given FceRI is critical for the immunological protection against parasitic and other infections. However, because surface FceRI expression is completely abolished in mouse MCs treated with FceRIß SSOs, the presence and potential for redundancy of an orthologous Ms4a6 protein in the murine species remains to be investigated. Although further studies are needed to elucidate the IgE-dependent signaling pathways triggered by MS4A6A, MS4A6A contains a potential hemi-ITAM making it unique within the MS4A family and we predict that the hemi-ITAM of MS4A6A confers signaling potential. Therefore, altered ratios of FceRIß and MS4A6A within FceRI complexes could act to fine-tune MC responsiveness in allergic individuals and may trigger differential downstream pathways. Additionally, aberrant expression of one or both proteins might also contribute to the widely varied allergic phenotypes seen in humans, as well as explain discrepancies in the response to common treatments. Further, while LAD-2 cells did not express high levels of other MS4A proteins, enabling us to elucidate the role of MS4A6A in these cells, other MS4A family proteins are expressed in HLMCs and we have not ruled out roles for these proteins in FceRI function. It is exciting to postulate that the presence of different MS4A proteins in FceRI complexes could contribute to heterogeneous FceRI complexes that could regulate differential downstream effects of IgE crosslinking. However, further studies are required to establish any roles for other MS4A family proteins in FceRI trafficking and signaling and these studies must be tightly controlled with expression analyses in each donor to establish which proteins are expressed.

Of particular interest, with regard to MS4A6A and a potential role in allergy and asthma, the MS4A gene family in humans are clustered around chromosome 11q12-q13, a region

previously linked to allergy and asthma susceptibility.<sup>13–15</sup> This linkage gained interest and, due to FceRI $\beta$  function in FceRI, *MS4A2* was considered as a viable candidate gene for an association with asthma. However, the clinical benefits of targeting FceRI $\beta$  are not clear and the association of *MS4A2* polymorphisms with allergy and asthma is not consistent.<sup>47</sup> In addition, attempts to associate polymorphisms in *MS4A2* with functional consequences using transfection of cDNA failed to alter FceRI $\beta$  protein function.<sup>48,49</sup> While our current study does not help to elucidate roles for the *MS4A2* polymorphisms in FceRI function, it does highlight that the linkage of 11q12-q13 gene loci with asthma and allergy could involve polymorphisms in other highly related genes that could result in complex phenotypes, thus highlighting the need for other candidate genes to be explored.

The identification of the MS4A6A protein and its similar role to FceRIβ provides an additional, previously unexplored therapeutic target for allergic diseases such as asthma and atopy. While MS4A6A expression in highly allergic as compared to non-allergic individuals remains to be investigated, aberrant expression could serve as further proof of a compelling therapeutic target. Antisense oligonucleotide therapy is an emerging treatment modality that has already been employed for a variety of ophthalmic,<sup>50</sup> respiratory,<sup>51</sup> and neurodegenerative<sup>52</sup> conditions. As such, the success of our *in vitro* utilization of SSO technology to significantly reduce surface FceRI expression and MC degranulation indicates its potential for translation to *in vivo* treatment of allergic diseases. However, it is also important to note that targeting MS4A6A therapeutically poses a more difficult target than FceRIβ, because very little is known about MS4A6A function and linkage of MS4A6A with Alzheimer's disease indicates that MS4A6A may be involved in pathways that affect cognitive function.<sup>53–56</sup> Therefore, further detailed study of MS4A6A and the pathways that are regulated by the protein are critical to further understand the biology of MS4A6A and how that biology relates to immunology and neurobiology.

In conclusion, we have identified a previously uncharacterized member of the MS4A family, MS4A6A that plays an analogous role to FceRI $\beta$  in the overall function of human MCs. The gene encoding MS4A6A is within the same gene family cluster as that of FceRI $\beta$ , and both are located in a region previously linked to allergy and asthma susceptibility.<sup>13</sup>

#### Supplementary Material

Refer to Web version on PubMed Central for supplementary material.

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#### Abbreviations:

Ag	antigen
Ca2 <sup>+</sup>	calcium ion
FceRI	high-affinity IgE receptor
ITAM	immunoreceptor tyrosine-based activation motif
Lyn	Src family tyrosine kinase
MS4A6A	membrane spanning 4-domains A6A
PLC	phospholipase C
Syk	spleen associated tyrosine kinase

#### References

- Brozek G, Lawson J, Szumilas D, Zejda J. Increasing prevalence of asthma, respiratory symptoms, and allergic diseases: Four repeated surveys from 1993–2014. Respir Med. 2015;109(8):982–990. doi:10.1016/j.rmed.2015.05.010 [PubMed: 26153339]
- Canonica GW, Colombo GL, Rogliani P, et al. Omalizumab for Severe Allergic Asthma Treatment in Italy: A Cost-Effectiveness Analysis from PROXIMA Study. Risk Manag Healthc Policy. 2020;13:43–53. doi:10.2147/RMHP.S211321 [PubMed: 32158289]
- 3. Nunes C, Pereira AM, Morais-Almeida M. Asthma costs and social impact. Asthma Res Pract. 2017;3(1):1. doi:10.1186/s40733-016-0029-3 [PubMed: 28078100]
- Zervas E, Samitas K, Papaioannou AI, Bakakos P, Loukides S, Gaga M. An algorithmic approach for the treatment of severe uncontrolled asthma. ERJ Open Res. 2018;4(1):00125–02017. doi:10.1183/23120541.00125-2017 [PubMed: 29531957]
- Galli SJ, Tsai M, Piliponsky AM. The development of allergic inflammation. Nature. 2008;454(7203):445–454. doi:10.1038/nature07204 [PubMed: 18650915]
- Amin K The role of mast cells in allergic inflammation. Respir Med. 2012;106(1):9–14. doi:10.1016/j.rmed.2011.09.007 [PubMed: 22112783]
- Galli SJ, Tsai M. IgE and mast cells in allergic disease. Nat Med. 2012;18(5):693–704. doi:http:// dx.doi.org.prox.lib.ncsu.edu/10.1038/nm.2755 [PubMed: 22561833]
- Kambayashi T, Koretzky GA. Proximal signaling events in FceRI-mediated mast cell activation. J Allergy Clin Immunol. 2007;119(3):544–552. doi:10.1016/j.jaci.2007.01.017 [PubMed: 17336609]
- Ashmole I, Duffy SM, Leyland ML, Morrison VS, Begg M, Bradding P. CRACM/Orai ion channel expression and function in human lung mast cells. J Allergy Clin Immunol. 2012;129(6):1628– 1635.e2. doi:10.1016/j.jaci.2012.01.070 [PubMed: 22409987]
- Krystel-Whittemore M, Dileepan KN, Wood JG. Mast Cell: A Multi-Functional Master Cell. Front Immunol. 2015;6:620. doi:10.3389/fimmu.2015.00620 [PubMed: 26779180]
- Liang Y, Tedder TF. Identification of a CD20-, FcεRIβ-, and HTm4-Related Gene Family: Sixteen New MS4A Family Members Expressed in Human and Mouse. Genomics. 2001;72(2):119–127. doi:10.1006/geno.2000.6472 [PubMed: 11401424]
- Liang Y, Buckley TR, Tu L, Langdon SD, Tedder TF. Structural organization of the human MS4A gene cluster on Chromosome 11q12. Immunogenetics. 2001;53(5):357–368. doi:10.1007/ s002510100339 [PubMed: 11486273]
- 13. Sandford AJ, Shirakawa T, Moffat MF, et al. Localisation of atopy and  $\beta$  subunit of high-affinity IgE receptor (Fc $\in$ RI) on chromosome 11q. The Lancet. 1993;341(8841):332–334. doi:10.1016/0140-6736(93)90136-5

- 14. Stafford AN, Rider SH, Hopkin JM, Cookson WO, Monaco AP. A 2.8 Mb YAC contig in 11q12 q13 localizes candidate genes for atopy: FceRIβ and CD20. Hum Mol Genet. 1994;3(5):779–785. doi:10.1093/hmg/3.5.779 [PubMed: 7521709]
- Lympany P, Welsh KI, Cochrane GM, Kemeny DM, Lee TH. Genetic analysis of the linkage between chromosome 11q and atopy. Clin Exp Allergy. 1992;22(12):1085–1092. doi:10.1111/ j.1365-2222.1992.tb00134.x [PubMed: 1362523]
- Cruse G, Kaur D, Leyland M, Bradding P. A novel FceRIβ-chain truncation regulates human mast cell proliferation and survival. FASEB J. 2010;24(10):4047–4057. doi:10.1096/fj.10-158378 [PubMed: 20554927]
- Cruse G, Beaven MA, Ashmole I, Bradding P, Gilfillan AM, Metcalfe DD. A truncated splicevariant of the FceRIβ receptor subunit is critical for microtubule formation and degranulation in mast cells. Immunity. 2013;38(5):906–917. doi:10.1016/j.immuni.2013.04.007 [PubMed: 23643722]
- Singleton TE, Platzer B, Dehlink E, Fiebiger E. The first transmembrane region of the β-chain stabilizes the tetrameric FceRI complex. Mol Immunol. 2009;46(11):2333–2339. doi:10.1016/ j.molimm.2009.03.023 [PubMed: 19406478]
- Cruse G, Yin Y, Fukuyama T, et al. Exon skipping of FceRIβ eliminates expression of the high-affinity IgE receptor in mast cells with therapeutic potential for allergy. Proc Natl Acad Sci. 2016;113(49):14115–14120. doi:10.1073/pnas.1608520113 [PubMed: 27872312]
- 20. Kinet JP. The high-affinity IgE receptor (Fc epsilon RI): from physiology to pathology. Annu Rev Immunol. 1999;17:931–972. doi:10.1146/annurev.immunol.17.1.931 [PubMed: 10358778]
- 21. Küster H, Zhang L, Brini AT, MacGlashan DW, Kinet JP. The gene and cDNA for the human high affinity immunoglobulin E receptor beta chain and expression of the complete human receptor. J Biol Chem. 1992;267(18):12782–12787. doi:10.1016/S0021-9258(18)42344-7 [PubMed: 1535625]
- Kraft S, Rana S, Jouvin MH, Kinet JP. The Role of the FceRI β-Chain in Allergic Diseases. Int Arch Allergy Immunol. 2004;135(1):62–72. doi:10.1159/000080231 [PubMed: 15316148]
- 23. Expression of functional high affinity immunoglobulin E receptors (Fc epsilon RI) on monocytes of atopic individuals. J Exp Med. 1994;179(2):745–750. [PubMed: 8294882]
- 24. Platzer B, Baker K, Vera MP, et al. Dendritic cell-bound IgE functions to restrain allergic inflammation at mucosal sites. Mucosal Immunol. 2015;8(3):516–532. doi:10.1038/mi.2014.85 [PubMed: 25227985]
- Greer AM, Wu N, Putnam AL, et al. Serum IgE clearance is facilitated by human FceRI internalization. J Clin Invest. 2014;124(3):1187–1198. doi:10.1172/JCI68964 [PubMed: 24569373]
- 26. Maurer D, Fiebiger S, Ebner C, et al. Peripheral blood dendritic cells express Fc epsilon RI as a complex composed of Fc epsilon RI alpha- and Fc epsilon RI gamma-chains and can use this receptor for IgE-mediated allergen presentation. J Immunol. 1996;157(2):607–616. [PubMed: 8752908]
- Human epidermal Langerhans cells express the high affinity receptor for immunoglobulin E (Fc epsilon RI). J Exp Med. 1992;175(5):1285–1290. [PubMed: 1533242]
- Cheung DS, Ehlenbach SJ, Kitchens RT, et al. Cutting Edge: CD49d+ Neutrophils Induce FceRI Expression on Lung Dendritic Cells in a Mouse Model of Postviral Asthma. J Immunol. 2010;185(9):4983–4987. doi:10.4049/jimmunol.1002456 [PubMed: 20876348]
- Dehlink E, Baker AH, Yen E, Nurko S, Fiebiger E. Relationships between Levels of Serum IgE, Cell-Bound IgE, and IgE-Receptors on Peripheral Blood Cells in a Pediatric Population. PLoS One. 2010;5(8):e12204. doi:10.1371/journal.pone.0012204 [PubMed: 20808937]
- Vasudev M, Cheung DS, Pincsak H, et al. Expression of High-Affinity IgE Receptor on Human Peripheral Blood Dendritic Cells in Children. PLoS One. 2012;7(2):e32556. doi:10.1371/ journal.pone.0032556 [PubMed: 22384272]
- Holloway JA, Holgate ST, Semper AE. Expression of the high-affinity IgE receptor on peripheral blood dendritic cells: Differential binding of IgE in atopic asthma. J Allergy Clin Immunol. 2001;107(6):1009–1018. doi:10.1067/mai.2001.115039 [PubMed: 11398078]

- 32. Gould HJ, Sutton BJ. IgE in allergy and asthma today. Nat Rev Immunol. 2008;8(3):205–217. doi:10.1038/nri2273 [PubMed: 18301424]
- Kraft S, Kinet JP. New developments in FceRI regulation, function and inhibition. Nat Rev Immunol. 2007;7(5):365–378. doi:10.1038/nri2072 [PubMed: 17438574]
- 34. Dombrowicz D, Lin S, Flamand V, Brini AT, Koller BH, Kinet JP. Allergy-Associated FcRβ Is a Molecular Amplifier of IgE- and IgG-Mediated In Vivo Responses. Immunity. 1998;8(4):517–529. doi:10.1016/S1074-7613(00)80556-7 [PubMed: 9586641]
- Alber G, Miller L, Jelsema CL, Varin-Blank N, Metzger H. Structure-function relationships in the mast cell high affinity receptor for IgE. Role of the cytoplasmic domains and of the beta subunit. J Biol Chem. 1991;266(33):22613–22620. doi:10.1016/S0021-9258(18)54615-9 [PubMed: 1658002]
- 36. Cruse G, Beaven MA, Music SC, Bradding P, Gilfillan AM, Metcalfe DD. The CD20 homologue MS4A4 directs trafficking of KIT toward clathrin-independent endocytosis pathways and thus regulates receptor signaling and recycling. Mol Biol Cell. 2015;26(9):1711–1727. doi:10.1091/ mbc.E14-07-1221 [PubMed: 25717186]
- 37. Arthur GK, Ehrhardt-Humbert LC, Snider DB, et al. The FceRIβ homologue, MS4A4A, promotes FceRI signal transduction and store-operated Ca2+ entry in human mast cells. Cell Signal. 2020;71:109617. doi:10.1016/j.cellsig.2020.109617 [PubMed: 32240745]
- Sanmugalingam D, Wardlaw AJ, Bradding P. Adhesion of human lung mast cells to bronchial epithelium: evidence for a novel carbohydrate-mediated mechanism. J Leukoc Biol. 2000;68(1):38–46. doi:10.1189/jlb.68.1.38 [PubMed: 10914488]
- Cruse G, Cockerill S, Bradding P. IgE alone promotes human lung mast cell survival through the autocrine production of IL-6. BMC Immunol. 2008;9(1):2. doi:10.1186/1471-2172-9-2 [PubMed: 18215266]
- 40. Kirshenbaum AS, Akin C, Wu Y, et al. Characterization of novel stem cell factor responsive human mast cell lines LAD 1 and 2 established from a patient with mast cell sarcoma/leukemia; activation following aggregation of FceRI or FcγRI. Leuk Res. 2003;27(8):677–682. doi:10.1016/ S0145-2126(02)00343-0 [PubMed: 12801524]
- 41. Kuek LE, Leffler M, Mackay GA, Hulett MD. The MS4A family: counting past 1, 2 and 3. Immunol Cell Biol. 2016;94(1):11–23. doi:10.1038/icb.2015.48 [PubMed: 25835430]
- Manne BK, Badolia R, Dangelmaier C, et al. Distinct Pathways Regulate Syk Protein Activation Downstream of Immune Tyrosine Activation Motif (ITAM) and hemITAM Receptors in Platelets. J Biol Chem. 2015;290(18):11557–11568. doi:10.1074/jbc.M114.629527 [PubMed: 25767114]
- 43. Alshahrani MM, Yang E, Yip J, et al. CEACAM2 negatively regulates hemi (ITAM-bearing) GPVI and CLEC-2 pathways and thrombus growth in vitro and in vivo. Blood. 2014;124(15):2431–2441. doi:10.1182/blood-2014-04-569707 [PubMed: 25085348]
- 44. Kimura T, Kihara H, Bhattacharyya S, Sakamoto H, Appella E, Siraganian RP. Downstream Signaling Molecules Bind to Different Phosphorylated Immunoreceptor Tyrosine-based Activation Motif (ITAM) Peptides of the High Affinity IgE Receptor \*. J Biol Chem. 1996;271(44):27962– 27968. doi:10.1074/jbc.271.44.27962 [PubMed: 8910399]
- Broide DH, Gleich GJ, Cuomo AJ, et al. Evidence of ongoing mast cell and eosinophil degranulation in symptomatic asthma airway. J Allergy Clin Immunol. 1991;88(4):637–648. doi:10.1016/0091-6749(91)90158-k [PubMed: 1717532]
- Berlin AA, Hogaboam CM, Lukacs NW. Inhibition of SCF attenuates peribronchial remodeling in chronic cockroach allergen-induced asthma. Lab Invest. 2006;86(6):557–565. doi:10.1038/ labinvest.3700419 [PubMed: 16607380]
- 47. Ishizawa M, Shibasaki M, Yokouchi Y, et al. No association between atopic asthma and a coding variant of FceR1β in a Japanese population. J Hum Genet. 1999;44(5):308. doi:10.1007/s100380050166 [PubMed: 10496073]
- Donnadieu E, Jouvin MH, Kinet JP. A Second Amplifier Function for the Allergy-Associated FceRI-β Subunit. Immunity. 2000;12(5):515–523. doi:10.1016/S1074-7613(00)80203-4 [PubMed: 10843384]

- 49. Furumoto Y, Hiraoka S, Kawamoto K, et al. Polymorphisms in FceRI β Chain Do Not Affect IgE-Mediated Mast Cell Activation. Biochem Biophys Res Commun. 2000;273(2):765–771. doi:10.1006/bbrc.2000.2989 [PubMed: 10873678]
- Ferenchak K, Deitch I, Huckfeldt R. Antisense Oligonucleotide Therapy for Ophthalmic Conditions. Semin Ophthalmol. 2021;36(5–6):452–457. doi:10.1080/08820538.2021.1914116 [PubMed: 34010086]
- Liao W, Dong J, Peh HY, et al. Oligonucleotide Therapy for Obstructive and Restrictive Respiratory Diseases. Molecules. 2017;22(1):139. doi:10.3390/molecules22010139 [PubMed: 28106744]
- 52. Scoles DR, Pulst SM. Oligonucleotide therapeutics in neurodegenerative diseases. RNA Biol. 2018;15(6):707–714. doi:10.1080/15476286.2018.1454812 [PubMed: 29560813]
- Hollingworth P, Harold D, Sims R, et al. Common variants in ABCA7, MS4A6A/MS4A4E, EPHA1, CD33 and CD2AP are associated with Alzheimer's disease. Nat Genet. 2011;43(5):429– 435. doi:10.1038/ng.803 [PubMed: 21460840]
- Proitsi P, Lee SH, Lunnon K, et al. Alzheimer's disease susceptibility variants in the MS4A6A gene are associated with altered levels of MS4A6A expression in blood. Neurobiol Aging. 2014;35(2):279–290. doi:10.1016/j.neurobiolaging.2013.08.002 [PubMed: 24064185]
- 55. Lacher SE, Alazizi A, Wang X, et al. A hypermorphic antioxidant response element is associated with increased MS4A6A expression and Alzheimer's disease. Redox Biol. 2017;14:686–693. doi:10.1016/j.redox.2017.10.018 [PubMed: 29179108]
- 56. Hou XH, Bi YL, Tan MS, et al. Genome-wide association study identifies Alzheimer's risk variant in MS4A6A influencing cerebrospinal fluid sTREM2 levels. Neurobiol Aging. 2019;84:241.e13– 241.e20. doi:10.1016/j.neurobiolaging.2019.05.008

- We identify that MS4A6A is expressed in human mast cells and has high sequence homology to FceRIβ.
- We show that MS4A6A contains a putative hemi-ITAM that may function similarly to the FceRIβ ITAM.
- We demonstrate that MS4A6A and FceRIβ perform at least partially redundant roles in FceRI complex trafficking and function.



Figure 1: Surface expression of FceRIα and degranulation of human MCs is not dependent upon the presence of FceRIβ in the FceRI receptor complex.

**A-D** Mouse BMMCs were treated with MoFceRIβ splice-switching oligonucleotide (SSO). **A**) Qualitative RT-PCR of FceRIβ and β-actin. **B**) Flow cytometric analysis of surface expression of Kit and FceRIβ upon treatment with standard control oligonucleotide (black) and FceRIβ SSO (purple). **C**) BMMC degranulation upon stimulation with DNP following treatment with a standard control oligonucleotide and FceRIβ SSO. **D**) Ratiometric calcium signaling following stimulant addition at the arrowhead. **E-H**) LAD2 MCs were treated with

FceRI $\beta$  SSO, termed FceRI $\beta$  SSO, at 10  $\mu$ M to induce skipping of FceRI $\beta$  at exon 3. (E) Qualitative RT-PCR of FceRI $\beta$  showing expression of the full length FceRI $\beta$  variant when treated with a standard control oligonucleotide and the shorter truncated FceRI $\beta$  variant after successful exon skipping; (F) Flow cytometric analysis of surface expression of KIT and FceRI $\alpha$  upon treatment with standard control oligonucleotide (blue) and FceRI $\beta$  SSO (red); (G) LAD2 cell degranulation upon stimulation with streptavidin (antigen) following treatment with a standard control oligonucleotide and FceRI $\beta$  SSO; (H) Ratiometric calcium signaling following stimulant addition at the arrowhead. Data are the mean ± SEM from three experiments. \**P*<0.05, \*\*P<0.01, \*\*\*\*P<0.0001, n.s. = not significant, paired t-test (B & F), or ANOVA with post-test (C, D, G & H).





**Figure 2: Expression of MS4A gene family members in human mast cells.** RT-PCR of genes in the MS4A family shows human LAD-2 MCs express MS4A2, MS4A4A, MS4A6A and MS4A7 with apparent splice variants of MS4A4A and MS4A6A. Three HLMC examples are shown with varying expression of MS4A family members. HLMC consistently expressed MS4A2, and MS4A6A, with variable expression of MS4A3, MS4A4A, MS4A7 and MS4A14.



Tyrosine kinase phosphorylation site consensus sequence [RK]-X-X-X-[DE]-X-X-Y The red Y is phosphorylated in sequence

### Figure 3: MS4A6A is expressed in human MCs and exhibits a similar truncation and putative signaling domain as FceRIβ.

Amplification of the full open reading frame of the MS4A6A gene for cloning into expression plasmids confirms the presence of a truncated variant; (A) Sequencing and cloning of the two MS4A6A variants into pEGFP-N1 expression vectors provided alignment with the known isoform 1, a 4 pass transmembrane protein evident on the surface within the plasma membrane and an unannotated truncation without the first two transmembrane domains lacking surface expression; (B) Structural comparison of the full length (L) and

truncated (S) variants of the MS4A gene family expressed in human mast cells. Potential caveolin-1 binding site depicted as green rectangle; (C) Graphical representation of the ITAM signaling domain of FceRIβ indicating the tyrosine phosphorylation site where Lyn binds and the putative hemi-ITAM of MS4A6A both located on the Carboxyl-termini; (D) Peptide sequence comparison of the FceRIβ ITAM and the putative hemi-ITAM of MS4A6A showing consensus sequences for a tyrosine kinase phosphorylation site preceding the Lyn binding site in FceRIβ and a comparable motif in the putative MS4A6A hemi-ITAM.



## Figure 4: Knockdown of MS4A6A partially reduces degranulation and surface expression of FceRIa.

**A-D** LAD2 cells were used to validate an MS4A6A antibody to determine transfection and knockdown efficiency. (**A**) LAD2 MCs transfected with an EGFP-MS4A6A fusion construct confirms high viability of GFP-positive cells by flow cytometry; (**B**) Transfection of EGFP-FceRIβ and EGFP-MS4A6A into LAD2 MCs shows high GFP expression and transfection efficiency, which was comparable between the two constructs when compared to untransfected cells by flow cytometry; (**C**) Validation of an MS4A6A antibody using Western blots of cell lysates from transfected LAD2 MCs shows selectivity of the Ab for

cells transfected with MS4A6A-GFP over FceRIβ-GFP. The predicted weight of MS4A6A is 26 kDa, and GFP is 25 kDa. (**D**) Western blotting with the validated antibody confirms lentivirus knockdown of natively expressed MS4A6A with shRNA (predicted weight is 26 kDa); (**E**) Lentivirus knockdown with shMS4A6A significantly reduces protein expression by >60% compared to scramble; (**F**) qRT-PCR shows mRNA expression of MS4A6A is reduced by >80% after lentivirus knockdown with shMS4A6A compared to scramble; (**G**) Streptavidin-induced degranulation of LAD2 MCs treated with biotinylated IgE is reduced upon knockdown of MS4A6A (white) compared to scramble control (black); (**H**) Ratiometric calcium signaling after streptavidin stimulation at arrow shows a reduced Ca<sup>2+</sup> response in MC with shMS4A6A knockdown (white) compared to scramble control (black). (**I**) Flow cytometric analysis shows surface expression of FceRIa is significantly reduced upon shMS4A6A knockdown (white) compared to scramble control (black). Data are the mean±SEM from three independent experiments. \**P*< 0.05, \*\**P*< 0.01, \*\*\**P*< 0.001, paired t-test (**E**), (**F**) & (**I**), or ANOVA with post-test (**G**).

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Figure 5: FceRIβ and MS4A6A exhibit redundancy in FceRIα surface expression.

**A-F** Following the same approach as with FceRIβ, splice switching oligonucleotides (SSO) were successfully employed to eliminate the expression of the full length variant of MS4A6A and splicing was switched to the truncated form. Exon skipping was rapidly and selectively achieved in both LAD2 MCs and primary human MCs derived from umbilical cord blood (CMBCs) and lung (HLMCs). (A) Selective and efficient exon skipping of both FceRIβ and MS4A6A shown by RT-PCR of LAD2 MCs; (B) Western blot data demonstrating that full length FceRIβ and MS4A6A proteins are reduced after exon

skipping (arrows) after 24 hours (left panels), 48 hours (middle panels) and 5 days (right panels). B actin was used as a loading control; (C) Total number of viable LAD2 cells after treatment with a standard control, FceRI $\beta$  and MS4A6A SSOs for exon skipping; (D) The percentage of viable cells after SSO treatment shows little effect; (E) Flow cytometric analysis of surface expression of FceRI $\alpha$  in LAD2 cells treated with SSOs for individual and combined exon skipping; (F) QRT-PCR of FceRI $\alpha$  a and  $\gamma$  subunits expression in LAD2 cells treated with FceRI $\beta$  or MS4A6 SSOs. Black bars represent standard control oligonucleotide. Blue bars represent FceRI $\beta$  SSO. Green bars represent MS4A6A SSO. Red bars represent FceRI $\beta$  + MS4A6A SSOs. Data are the mean±SEM from at least three independent experiments. \*\*P< 0.01, \*\*\*\* P< 0.0001, n.s. = not significant, ANOVA with post-test.



## Figure 6: FceRI $\beta$ and MS4A6A exhibit redundancy in IgE-dependent human mast cell degranulation.

(A) Dose-responsive degranulation of LAD2 cells stimulated with streptavidin following treatment with standard control oligonucleotide (black), FceRI $\beta$  SSO (blue), MS4A6A SSO (green), and combined FceRI $\beta$  + MS4A6A SSOs; (B) LAD2 cells treated with SSOs degranulate in response to stimulation with Compound 48/80 through an IgE-independent mechanism; (C) Dose-responsive degranulation of HLMCs stimulated with  $\alpha$ -IgE following treatment with standard control oligonucleotide (black), FceRI $\beta$  SSO (blue), MS4A6A

SSO (green), and combined FceRI $\beta$  + MS4A6A SSOs; (**D**) HLMC cells treated with SSOs degranulate in response to stimulation with thapsigargin through an IgE-independent mechanism. (**E**) Western blot analysis of MS4A6A and FceRIa expression with and without IL-4 treatment for 7 days. B-actin was used as a loading control. (**F**) Dose-responsive degranulation of CBMCs stimulated with a-IgE following treatment with standard control oligonucleotide (black), FceRI $\beta$  SSO (blue), MS4A6A SSO (green), and combined FceRI $\beta$ + MS4A6A SSOs (red). Data are the mean±SEM from at least three independent experiments. \**P*<0.05, \*\**P*<0.01, ANOVA with post-test.

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**Figure 7: FceRIβ and MS4A6A promote differential phosphorylation of Syk, but not PLCγ1.** (**A**) Western blot analysis and quantification of phosphorylated Syk (Y525) corrected for total Syk using dual colour analysis with Licor Odyssey imaging. (**B**) Western blot analysis and quantification of phosphorylated PLCγ1 (Y783) corrected for total PLCγ1. (**A-B**) Black bars represent standard control oligonucleotide. Blue bars represent FceRIβ SSO. Green bars represent MS4A6A SSO. Red bars represent FceRIβ + MS4A6A SSOs. (**C**) IL-8 ELISA data from HLMC challenged with anti-IgE (1000 ng/mL). Each colour represents a different HLMC donor. The same donors were used for each SSO condition. Data are the mean±SEM from at least three independent experiments. \**P*< 0.05, \*\**P*< 0.01, \*\*\**P*< 0.001, ANOVA with post-test (**A, B**) or paired two tailed t-test (**C**).