

Diversification of IgA antibody specificities by mild chemical modification?

Guy Gorochov, Stephan von Gunten

▶ To cite this version:

Guy Gorochov, Stephan von Gunten. Diversification of IgA antibody specificities by mild chemical modification?. Pharmacology, 2022. hal-03637402

HAL Id: hal-03637402 https://hal.sorbonne-universite.fr/hal-03637402v1

Submitted on 25 Apr 2022

HAL is a multi-disciplinary open access archive for the deposit and dissemination of scientific research documents, whether they are published or not. The documents may come from teaching and research institutions in France or abroad, or from public or private research centers. L'archive ouverte pluridisciplinaire **HAL**, est destinée au dépôt et à la diffusion de documents scientifiques de niveau recherche, publiés ou non, émanant des établissements d'enseignement et de recherche français ou étrangers, des laboratoires publics ou privés.

1	Diversification of IgA Antibody Specificities by Mild		
2	Chemical Modification?		
3			
4	Title:		
5	Diversification of IgA antibody specificities by mild chemical modification?		
6			
7			
8	Guy Gorochov ¹ , Stephan von Gunten ²		
9 10 11 12 13	¹ Sorbonne Université, Institut national de la santé et de la recherche médicale, Centre d'Immunologie et des Maladies Infectieuses, Assistance Publique Hôpitaux de Paris, Hôpital Pitié-Salpêtrière, Paris, France.		
14 15	² Institute of Pharmacology, University of Bern, Bern, Switzerland		
16	Correspondance:		
17	guy.gorochov@sorbonne-universite.fr or stephan.vongunten@pki.unibe.ch		
18			
19	Conflict of Interest: The authors declare no conflicts of interest.		
20			
21			
22	Word Count: 644		
23			
24			

Intravenous immunoglobulin (IVIG) or subcutaneous immunoglobulin (SCIG) 25 consisting mainly of IgG antibodies are used for substitution therapy in humoral 26 immunodeficiency or as a high-dose treatment for inflammatory and autoimmune 27 conditions. The antibodies in these preparations are derived from thousands of blood 28 donors and collectively represent the donors' IgG repertoires, which in humans is 29 both public and private [1,2]. Mild chemical modification of antibodies has been 30 proposed as one of several strategies to improve the efficacy of polyclonal 31 immunoglobulin preparations [3], as this approach can lead to further diversification 32 33 of antibody specificities beyond somatic recombination, junctional diversity and somatic hypermutation [4]. Indeed, mild chemical modification of IVIG has shown to 34 improve survival in experimental models of sepsis and aseptic systemic inflammatory 35 response syndromes [5], and to enhance pro-apoptotic effects on leukocytes under 36 inflammatory conditions [6]. 37

While IVIG and SCIG preparations mainly consist of IgG antibodies, evidence 38 suggests that IgA formulations might also be beneficial for clinical applications and 39 exhibit idiosyncratic advantages [3,7]. The heavily N-glycosylated secretory 40 component (SC) that stabilizes IgA also prevents rapid proteolysis of IgA dimers and 41 multimers in the hostile environment of the digestive tract. Therefore, the oral route 42 might one day be used for passive digestive transfer of specific or polyclonal IgA that 43 could be very beneficial to IgA-deficient patients that presently do not benefit from 44 any specific treatment [8]. Any technical clue, as the one tested by Gorshkova et al. 45 in this issue of *Pharmacology* [9], to further diversify anti-microbiota reactivity of 46 future therapeutic IgA preparations, would therefore be more than welcome. Indeed, 47 IgA polyreactivity appears to represent a key biological feature of this antibody, 48

eventually accounting for its ability to regulate immune/microbiota homeostasis[8,10].

Gorshkova et al. report that protein-modifying agents can alter the repertoire 51 52 of secretory IgA and that exposure to acidic pH broadens the range of reactivities to common and distinct pathogens [9]. Specifically, low pH treatment of colostrum and 53 breast milk IgA broadened the recognition of bacterial antigens from E. coli and S. 54 aureus, but also Colo205 cell antigens, and increased IgA binding to viral antigens 55 from hepatitis C or D virus, human immunodeficiency virus type 2 and norovirus. 56 57 However, the recognition of select bacterial antigens was also lost by low pH treatment. It remains unclear whether low pH treatment might partially denature 58 some IgA, potentially leading to non-specific interactions. Conversely, it is also 59 60 possible that bound materials that might co-purify with antibodies are removed by acid treatment, thereby offering more options for specific interactions. As opposed to 61 low pH, treatment with ferrous ions had little or no effect on IgA binding to these 62 63 antigens, while heme exposure increased reactivities of colostrum, but not breast milk, secretory IgA. Components of milk might affect the integrity of antibodies or 64 block antibody reactivities, eventually requiring material processing prior to analysis 65 [11], such as casein depletion by sodium phosphates employed in the study by 66 Gorshkova. However, the divergent effect of modifying treatment on colostrum and 67 milk IgA by heme, highlights the potential importance of co-factors that might directly 68 influence IgA reactivities or effects of mild protein-modifying agents on antibodies in 69 a biological context. 70

Microarray technology allows for the high-throughput analysis of antibody immunosignatures [1,2,12], and has been used to analyse reactivity profiles of IgA [13,14]. Gorshkova et al. tested native or modified secretory IgA against an array of 74 4'345 linear B cell epitopes, and while decreased or increased binding patterns were observed upon modification by different agents, treatment with acidic pH enhanced 75 the polyspecificity of IgA in particular for common pathogens [9]. It is therefore 76 tempting to speculate from the results of Gorshkova al. that mere gastric exposure of 77 IgA preparations might improve their efficacy. Further in vivo studies will now be 78 needed to document how such modified IgA preparations might impact functional 79 microbial fitness and host-microbial mutualism [14], in any sort of way. However, it is 80 clear that that the report of Gorshkova and colleagues in this issue of *Pharmacology* 81 82 is an important first step.

83

84 ACKNOWLEDGMENT

85 The authors thank Aldona von Gunten for the illustration.

86

87 **DISCLOSURES**

88 The authors have no conflicts of interest to declare.

89

90 **REFERENCES**

- 1 Schneider C, Smith DF, Cummings RD, Boligan KF, Hamilton RG, Bochner
- BS, et al. The human IgG anti-carbohydrate repertoire exhibits a universal
- architecture and contains specificity for microbial attachment sites. Sci Transl
- 94 Med. 2015;7(269):269ra1.
- 2 Luetscher RND, McKitrick TR, Gao C, Mehta AY, McQuillan AM, Kardish R, et
- al. Unique repertoire of anti-carbohydrate antibodies in individual human

97 serum. Sci Rep. 2020;10(1):15436.

Späth PJ, Schneider C, von Gunten S. Clinical Use and Therapeutic Potential 3 98 of IVIG/SCIG, Plasma-Derived IgA or IgM, and Other Alternative 99 Immunoglobulin Preparations. Arch Immunol Ther Exp (Warsz). 2017;65(3). 100 Kanyavuz A, Marey-Jarossay A, Lacroix-Desmazes S, Dimitrov JD. Breaking 101 4 the law: unconventional strategies for antibody diversification. Nat Rev 102 Immunol. 2019 Jun;19(6):355-68. 103 104 5 Djoumerska-Alexieva I, Roumenina L, Pashov A, Dimitrov J, Hadzhieva M, Lindig S, et al. Intravenous Immunoglobulin with Enhanced Polyspecificity 105 Improves Survival in Experimental Sepsis and Aseptic Systemic Inflammatory 106 Response Syndromes. Mol Med. 2015;21:2–10. 107 Graeter S, Schneider C, Verschoor D, von Däniken S, Seibold F, Yawalkar N, 6 108 109 et al. Enhanced Pro-apoptotic Effects of Fe(II)-Modified IVIG on Human Neutrophils. Front Immunol. 2020 May;11:973. 110 7 Sterlin D, Gorochov G. When Therapeutic IgA Antibodies Might Come of Age. 111 Pharmacology. 2021 Feb;106(1-2):9-19. 112 8 Sterlin D, Fadlallah J, Slack E, Gorochov G. The antibody/microbiota interface 113 in health and disease. Mucosal Immunol. 2020 Jan;13(1):3-11. 114 Gorshkova EN, Pashova S, Vasilenko EA, Tchurina TS, Razzorenova EA, 115 9 Starkina O V., et al. Induced polyspecificity of human secretory 116 immunoglobulin A antibodies: Is it possible to improve their ability to bind 117 pathogens? Pharmacology. 2021 DOI: 10.1159/000520343 118 119 10 Pabst O, Slack E. IgA and the intestinal microbiota: the importance of being

120		specific. Mucosal Immunol. 2020 Jan;13(1):12–21.
121	11	Schneider C, Illi M, Lötscher M, Wehrli M, von Gunten S. Isolation of
122		antibodies from human plasma, saliva, breast milk, and gastrointestinal fluid.
123		2017. DOI: 10.1007/978-1-4939-7180-0_3
124	12	Pashova S, Schneider C, von Gunten S, Pashov A. Antibody repertoire
125		profiling with mimotope arrays. Hum Vaccin Immunother. 2017;13(2):314-22.
126	13	Sterlin D, Fadlallah J, Adams O, Fieschi C, Parizot C, Dorgham K, et al.
127		Human IgA binds a diverse array of commensal bacteria. J Exp Med.
128		2020;217(3).
129	14	Rollenske T, Burkhalter S, Muerner L, von Gunten S, Lukasiewicz J,
130		Wardemann H, et al. Parallelism of intestinal secretory IgA shapes functional
131		microbial fitness. Nature. 2021;598(7882):657–61.
132		

134 **FIGURE LEGEND**

Fig. 1. Proposed concept of enhanced reactivities of IgA under mild proteinmodifying conditions. Exposure to low pH enhances the range of viral epitopes recognized by secretory IgA.





138