TSLP AND THE MULTIPLE ROLES OF MAST CELLS IN ASTHMA

Together, TSLP and mast cells play important roles in allergic T2 and T2-independent pathways

ALLERGIC T2 PATHWAYS

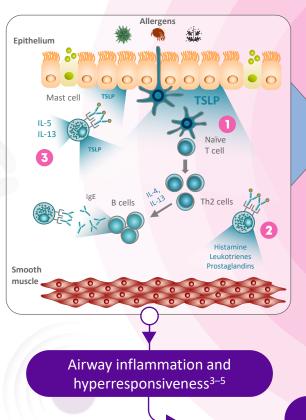
TSLP and mast cells can promote airway inflammation via allergic pathways and contribute to airway hyperresponsiveness¹⁻⁵

TSLP is released from the epithelium after exposure to allergens, driving Th2 cell differentiation and allergic inflammation^{1,3,6,7}

Mast cells initiate allergic inflammation following allergen binding of IgE, triggering mast cell degranulation and bronchospasm (the early allergic response)3,8,9

The late allergic response occurs 2–9 hours after the early allergic response and is associated with increased airway hyperresponsiveness^{9,10}

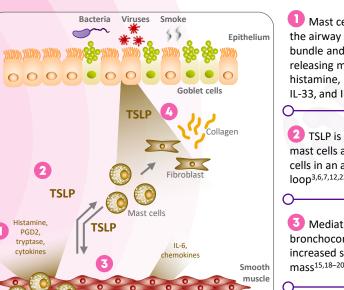
Airway TSLP+ cells correlate with baseline FEV₁ and FEV₁ decline during the late allergic response¹¹



Initiation and persistence of asthma pathophysiology^{3-5,13}

T2-INDEPENDENT PATHWAYS

Infiltration of airway smooth muscle by mast cells that secrete mediators, including TSLP, is associated with airway hyperresponsiveness and structural changes^{3,12–17}



Airway hyperresponsiveness and structural changes^{3–5}

Mast cells are recruited to the airway smooth muscle bundle and are activated, releasing mediators such as histamine, PGD2, tryptase, TSLP, IL-33, and IL-13^{3,12,15,17-21}

2 TSLP is produced by both mast cells and smooth muscle cells in an autocrine feedback loop^{3,6,7,12,22}

Mediator release results in bronchoconstriction and increased smooth muscle mass^{15,18–20,22–27}

TSLP stimulates fibroblasts to produce collagen, potentially promoting airway remodeling3*





FEV., forced expiratory volume in 1 second; Ig, immunoglobulin; IL, interleukin; PGD2, prostaglandin 2; T2, type 2; Th, T helper; TSLP, thymic stromal lymphopoietin; TSLP+, thymic stromal lymphopo

Figures adapted from Gauvreau GM, et al. Expert Opin Ther Targets 2020;24:777–792, which was based on Brusselle G, Bracke K. Ann Am Thorac Soc 2014;11(Suppl. 5):5322–5328, Brusselle G, et al. Nat Med 2013;19:977–979 and Lambrecht BN, Hammad H. Nat Immunol 2015;16:45–56 werdi Z, et al. J Exp Med 2007;204:253–258; 2. Allaktiverdi Z, et al. J Allergy Clin Immunol 2009;123:958–960; 3. Gauvreau GM, et al. Expert Opin Ther Targets 2020;24:777–792; 4. Busse WW. Chest 2010;138(Suppl. 2):45–105; 5. Comberiati P, et al. Immunol Allergy Clin North Am 2018;38:545–571; 5. Bartemes KR, Kita H. Clin Immunol 2012:143:222-235: 7. Roan F. et al. J Clin Invest 2019:129:1441-1451: 8. Galli SJ. Tsai M. Nat Med 2012:18:693-704: 9. Gauvreau GM, et al. Eur Respir J 2015:46:819-831: 10. Galli SJ. et al. Nature 2008:454:445-454: 11. Wang W. et al. J Immunol 2018:201:221-2231:

12. Kaur D, et al. Chest 2012;142:76-85; 13. Porsbjerg CM, et al. Eur Respir J 2020;56:2000260; 14. Bradding P. Eur Respir J 2007;29:827-830; 15. Robinson DS. J Allergy Clin Immunol 2004;114:58-65; 16. Sverrild A, et al. Clin Exp Allergy 2016;46:288-297; 17. Sze E, et al. Allergy 2020;75:311-325; 18. Brightling CE, et al. N Engl J Med 2002;346:1699-1705; 19. Suto W, et al. Int J Mol Sci 2018;19:3036; 20. Woodman L, et al. J Immunol 2008;181:5001-5007; 21. Kaur D, et al. Allergy 2015;70:556-567; 22. Comeau MR, Ziegler SF. Mucosol immunol 2010;3:138-147; 23. Sutcliffe A, et al. Thorax 2006;61:657-662; 24. Moir LM, et al. J Allergy Clin Immunol 2008;121:1034-1039; 25. Tatler AL, et al. J Immunol 2011;187:6094-6107; 26. Saunders R, et al. Clin Transl Immunology 2020;9:e1205; 27. Saunders R, et al. J Allergy Clin Immunol 2009;123:376-384

