



COL4A3 is degraded in allergic asthma and degradation predicts response to anti-IgE therapy

Markus Weckmann $\mathbb{O}^{1,2}$, Thomas Bahmer^{2,3}, Jannie Marie Sand⁴, Sarah Rank Rønnow^{4,5}, Martin Pech^{1,2}, Cornelis Vermeulen \mathbb{O}^6 , Alen Faiz^{6,7,8,9}, Diana Julie Leeming⁴, Morten Asser Karsdal⁵, Lars Lunding $\mathbb{O}^{2,10}$, Brian George G. Oliver^{8,9}, Michael Wegmann^{2,10}, Gudrun Ulrich-Merzenich¹¹, Uwe R. Juergens¹², Jannis Duhn¹³, Yves Laumonnier¹³, Olga Danov¹⁴, Katherina Sewald¹⁴, Ulrich Zissler¹⁵, Marnix Jonker^{6,7}, Inke König^{2,16}, Gesine Hansen^{17,18}, Erika von Mutius $\mathbb{O}^{19,20}$, Oliver Fuchs $\mathbb{O}^{1,2,21}$, Anna-Maria Dittrich^{17,18}, Bianca Schaub^{19,20}, Christine Happle^{17,18}, Klaus F. Rabe^{2,3}, Maarten van de Berge⁶, Janette Kay Burgess $\mathbb{O}^{7,8,22}$, Matthias Volkmar Kopp^{1,2,21} and the ALLIANCE Study Group as part of the German Centre for Lung Research (DZL)

¹Division of Pediatric Pneumology and Allergology, University Medical Center Schleswig-Holstein, Lübeck, Germany. ²Airway Research Center North (ARCN), Member of the German Center for Lung Research (DZL), Germany. ³Dept of Pneumology, LungenClinic Grosshansdorf, Grosshansdorf, Germany. ⁴Nordic Bioscience A/S, Herlev, Denmark. ⁵University of Southern Denmark, The Faculty of Health Science, Odense, Denmark. ⁶University of Groningen, University Medical Center Groningen, Dept of Pulmonary Diseases, GRIAC (Groningen Research Institute for Asthma and COPD), Groningen, The Netherlands. ⁷University of Groningen, University Medical Center Groningen, Dept of Pathology and Medical Biology, GRIAC (Groningen Research Institute for Asthma and COPD), Groningen, The Netherlands. ⁸Woolcock Institute of Medical Research, The University of Sydney, Glebe, Australia. ⁹School of Medical and Molecular Biosciences, University of Technology, Sydney, Australia. ¹⁰Division of Asthma-Exacerbation and -Regulation, Program Area Asthma and Allergy, Leibniz-Center for Medicine and Biosciences Borstel, Borstel, Germany. ¹¹AG Synergyresearch and Experimental Medicine, Medical Clinic III, University Hospital Bonn, Bonn, Germany. ¹²Dept of Pneumonology, Medical Clinic II, University Hospital Bonn, Bonn, Germany. ¹³Institute for Systemic Inflammation Research, University of Lübeck, Lübeck, Germany. ¹⁴Fraunhofer Institute for Toxicology and Experimental Medicine ITEM, Biomedical Research in Endstage and Obstructive Lung Disease Hannover (BREATH), Member of the German Center for Lung Research (DZL), Hannover, Germany. ¹⁵Center of Allergy and Environment (ZAUM), Technical University of Munich and Helmholtz Center Munich, Germany. ¹⁶Institute for Medical Biometry and Statistics, University of Lübeck, Lübeck, Germany. ¹⁷Dept of Pediatric Pneumology, Allergology and Neonatology, Hannover Medical School, Hannover, Germany. ¹⁸Biomedical Research in Endstage and Obstructive Lung Disease Hannover (BREATH), Member of the G

Corresponding author: Markus Weckmann (markus.weckmann@uksh.de)

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	Abstract
Copyright ©The authors 2021. For reproduction rights and permissions contact permissions@ersnet.org	Background Asthma is a heterogeneous syndrome substantiating the urgent requirement for endotype- specific biomarkers. Dysbalance of fibrosis and fibrolysis in asthmatic lung tissue leads to reduced levels of the inflammation-protective collagen 4 (COL4A3).
This article has supplementary material available from erj.ersjournals.com	<i>Objective</i> To delineate the degradation of COL4A3 in allergic airway inflammation and evaluate the resultant product as a biomarker for anti-IgE therapy response.
	<i>Methods</i> The serological COL4A3 degradation marker C4Ma3 (Nordic Bioscience, Denmark) and serum cytokines were measured in the ALLIANCE cohort (paediatric cases/controls: n=134/n=35; adult cases/

Received: 20 April 2020 Accepted: 28 April 2021 controls: n=149/n=31). Exacerbation of allergic airway disease in mice was induced by sensitising to ovalbumin (OVA), challenge with OVA aerosol and instillation of poly(cytidylic-inosinic). Fulacimstat (chymase inhibitor; Bayer) was used to determine the role of mast cell chymase in COL4A3 degradation. Patients with cystic fibrosis (n=14) and cystic fibrosis with allergic bronchopulmonary aspergillosis (ABPA; n=9) as well as patients with severe allergic uncontrolled asthma (n=19) were tested for COL4A3 degradation. Omalizumab (anti-IgE) treatment was assessed using the Asthma Control Test.

Results Serum levels of C4Ma3 were increased in asthma in adults and children alike and linked to a more severe, exacerbating allergic asthma phenotype. In an experimental asthma mouse model, C4Ma3 was dependent on mast cell chymase. Serum C4Ma3 was significantly elevated in cystic fibrosis plus ABPA and at baseline predicted the success of the anti-IgE therapy in allergic, uncontrolled asthmatics (diagnostic OR 31.5).

Conclusion C4Ma3 levels depend on lung mast cell chymase and are increased in a severe, exacerbating allergic asthma phenotype. C4Ma3 may serve as a novel biomarker to predict anti-IgE therapy response.