



Review

GM-CSF Regulation in Eosinophils

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Abstract. Allergic asthma is characterized by a temporally and quantitatively inappropriate immunologic response. One of the hallmarks of this response is the accumulation of eosinophils in the airway and lung parenchyma, which results in broncho-constriction, lung damage and, ultimately, fibrosis. Granulocyte-macrophage colony-stimulating factor (GM-CSF) plays a pivotal role in this process by modulating eosinophil function and survival. In this review, we discuss the effects and molecular regulation of GM-CSF secretion by eosinophils. Recent data demonstrate that activated eosinophils release small amounts of anti-apoptotic GM-CSF by stabilizing its coding mRNA.

Key words: eosinophils; GM-CSF; mRNA; survival; asthma.

Introduction

The late-phase inflammatory reaction in asthma occurs between 6 to 9 h after allergen provocation and involves the pulmonary recruitment and activation of CD4⁺ T cells, basophils, neutrophils, and macrophages, but mainly eosinophils^{10, 26}. The biological effects of eosinophils include the release of toxic granule protein (major basic protein, eosinophil cationic protein and eosinophil-derived neurotoxin), oxygen free radicals, eicosanoids and cytokines that lead to bronchial smooth muscle contraction, vascular permeability and airway hyperresponsiveness.

The release of cytokines by either mast cells during the early-phase reaction⁹⁷ or memory CD4⁺ Th2 lymphocytes⁸¹ are the likely initial triggers for the subsequent recruitment of eosinophils, which characterizes the chronic phase of asthma. There is compelling evi-

dence that Th2 lymphocytes regulate the immune response responsible for allergy and asthma. Their products, the so-called type 2 cytokines, such as interleukin 4 (IL-4), IL-5, IL-9, and IL-13, are upregulated in the blood, bronchoalveolar lavage (BAL) and airway biopsies from allergic and asthmatic patients with active disease^{25, 27, 28, 82}. Of these cytokines, IL-4 and IL-5 likely play central roles in eosinophil function. IL-4 augments migration into the lungs by upregulating the expression of vascular cell adhesion molecule 1 (VCAM-1) on endothelial cells, providing additional binding sites for eosinophil cell-surface VLA-4⁸⁵. IL-5 affects the early eosinophilic response by initiating their differentiation, survival, adhesion and efflux from the bone marrow^{23, 72}. These effects are likely transitory, as eosinophils lose IL-5 receptor expression within several hours of activation with IL-5, granulocyte-macrophage

Abbreviations used: BAL – bronchoalveolar lavage, BALEos – eosinophils from BAL, ERK – extracellular signal-regulated kinase, Fn – fibronectin, GM-CSF – granulocyte-macrophage colony-stimulating factor, $t_{1/2}$ – half-life, IL-5 – interleukin 5, JNK – c-Jun NH₂-terminal kinase, MAPK – mitogen-activated protein kinase, MAPKK – mitogen-activated protein kinase kinase, PBEos – peripheral blood eosinophils, PMGT – particle-mediated gene transfer, TNF- α – tumor necrosis factor α , YB-1 – Y box-binding protein 1.

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colony-stimulating factor (GM-CSF) or IL-3^{54, 101}. After IL-5 priming, chemokines, such as eotaxin and RANTES, extracellular matrix (ECM) proteins, including fibronectin (Fn) and hyaluronic acid (HA), or other cytokines, such as IL-1, IL-9, tumor necrosis factor (TNF), IL-3 and GM-CSF mediate eosinophil functions. Among these effectors, GM-CSF plays a pivotal role in eosinophilia during the inflammatory stage. In addition to enhancing eosinophil recruitment, maturation and the expression of adhesion molecules and degranulation, GM-CSF also blocks eosinophil apoptosis⁹³. As GM-CSF is expressed by eosinophils themselves^{12, 14, 45}, the effective concentrations are minute and can be provided by a subset of activated cells, which can maintain the entire population³². In this review we assess how eosinophils control GM-CSF release and the consequences of this cytokine on cellular function and survival.

GM-CSF in Asthma

Growth factors such as GM-CSF are essential mediators of diverse and critical cellular functions, including hematopoiesis in the bone marrow and peripheral immune cell activation. GM-CSF, a 23 kDa glycoprotein, is elevated in BAL fluid¹³, bronchial biopsies⁹⁴, and sputum⁶⁹ from asthmatics after sustained release by activated immune cells, fibroblasts, epithelial cells and eosinophils themselves. The measurement of GM-CSF protein by ELISA after allergen challenge or during symptomatic asthma likely underestimates the actual concentrations, as 10⁶ purified peripheral blood eosinophils catabolized 50 pg of recombinant human GM-CSF in 2 h *in vitro* (unpublished observation). These measurements ignore likely synergistic contributions by other activated inflammatory cells, including neutrophils, macrophages and lymphocytes. Catabolism probably reflects a contribution by receptor-mediated uptake as well as protease-mediated inactivation. GM-CSF mRNA accumulation also occurs in airway-based cells by *in situ* hybridization after allergen challenge¹². In contrast to studies using allergen challenge⁷¹, GM-CSF, rather than IL-5 or IL-3, is associated with eosinophil survival in the BAL fluid from symptomatic asthmatics^{1, 73}, suggesting there may be differences between experimental challenge and natural exacerbation. Functionally, GM-CSF primes, enhances the generation of superoxide, leukotriene and platelet-activating factor, increases eosinophil cytotoxicity, adhesion, and induces the sequential activation and deactivation of the low-affinity IgG Fc receptor^{24, 66}. Moreover, GM-CSF induces

HLA-DR, which permits eosinophils to present antigen to T lymphocytes^{96, 103}. Interestingly, HLA-DR is also found on airway eosinophils⁸⁶. Beside its pleiotropic functions on eosinophils, GM-CSF elicits multiple effects on other components of the immune system including dendritic cells, which are essential for antigen presentation to naive or primed T lymphocytes, which initiate or perpetuate chronic eosinophilic airway inflammation⁷. Furthermore, GM-CSF also has multiple effects on neutrophil function, including increasing 5-lipoxygenase levels, tyrosine phosphorylation, aggregation, superoxide anion production, degranulation, cytotoxicity, adhesion to pulmonary vascular endothelium, and synthesis and expression of complement receptors⁴². Finally, GM-CSF stimulates monocyte survival and differentiation into mature macrophages¹¹², which are the largest cell population in the airways of patients with allergic asthma⁶.

GM-CSF is Regulated at the mRNA Level

Many transiently expressed genes, including immediate early response genes (IERG) such as those for cytokines, transcription factors and proto-oncogenes, have extremely unstable mRNAs in resting cells. Cell activation, entry into the cell cycle, response to injury or cell-surface receptor engagement are associated with rapid and substantial IERG mRNA stabilization. Indeed, it is often mRNA stabilization rather than transcriptional upregulation which accounts for cytoplasmic mRNA accumulation under these conditions. GM-CSF is a prototypical IERG, and not unexpectedly, shows substantial post-transcriptional regulation.

In resting T cells, basal GM-CSF mRNA transcription is usually present, and yet, cytoplasmic mRNA does not accumulate. Upon mitogen treatment with phorbol ester or mitogenic anti-CD3 and anti-CD28 antibodies, T cells stabilize GM-CSF mRNAs, accounting for most if not all of their cytoplasmic accumulation and ensuing cytokine secretion within a few hours of activation⁵³. Both rapid decay and mitogen driven stabilization require the presence of 3'-untranslated-region (3' UTR) adenosine-uridine rich elements (AREs)^{20, 29, 89}. Alteration or deletion of the AREs significantly enhanced the stability of mutant GM-CSF mRNAs^{78, 106}. Chimeric globin mRNAs fused to the AREs from GM-CSF decayed at rates similar to wild-type GM-CSF⁸⁹, demonstrating these elements are sufficient. The underlying molecular mechanisms for ARE mRNA regulation is slowly becoming clearer. Multiple groups have shown the interaction of cytoplasmic proteins with the

AREs. These tend to be high-affinity events, which also recruit additional cofactors by protein-protein interactions. Occupancy of the ARE has been associated with both more or less rapid mRNA decay, implying the existence of both stabilizing and destabilizing protein activities. The human Elav-like protein family appears to block ARE mRNA decay^{34, 48}, while tristetraproline (TTP) has the opposite effect¹⁶. Interestingly, AUF-1/hnRNP D^{55, 111} has been reported to have both activities, depending on the circumstances and cell type. As many different ARE mRNAs can be simultaneously co-expressed and differentially stabilized, there must exist mechanisms to exert mRNA specific control. While the mechanisms remain at present obscure, they likely involve the recruitment and participation of auxiliary or accessory proteins. Recently, STEITZ demonstrated that human family member (HuR) associated with four such activities which may modulate HuR's interaction with ARE mRNAs³⁶.

GM-CSF Regulation and Production in Eosinophils

GM-CSF mRNA decay

Over the past few years, we have analyzed the intracellular mechanisms regulating GM-CSF mRNA accumulation in resting or calcium ionophore-stimulated, human eosinophil-like cell lines (AML14.3D10), in resting or in TNF- α plus Fn-activated peripheral blood eosinophils (PBEos), or in *in vivo* activated bronchoalveolar eosinophils (BALEos), derived after allergen challenge. Endogenous GM-CSF mRNA levels even in activated eosinophils are very low and it is difficult to obtain large numbers ($>2 \times 10^7$ cells) in highly purified form. In addition, to avoid activation, primary cells are obtained by negative selection⁸⁷. In response to these limitations, we have developed a system that models endogenous GM-CSF metabolism in eosinophils by studying the decay of exogenous GM-CSF mRNA after its transfection into PBEos or those derived from BAL^{30, 31}. Previously, we showed that primary lymphocytes could be productively transfected by particle-mediated gene transfer (PMGT)⁷⁶. Either expression vectors or *in vitro* transcribed mRNAs could be precipitated onto 1 μ m gold beads and accelerated into cells. Once inside, the nucleic acids were released and rapidly transcribed or translated. While the efficiency was modest (1–3%), adequate levels of nucleic acid were delivered to evaluate exogenous mRNA decay rates by Northern blotting of the bulk transfected population. In

addition, delivery of mRNA eliminated the need to block transcription with metabolic poisons, including actinomycin D, which have independent effects on mRNA decay²⁹. In pilot experiments we discovered that, like lymphocytes, primary eosinophils could be transfected to reasonable levels (1–3%) by PMGT and, subsequently, analyzed by Northern blotting. We initially evaluated GM-CSF mRNA metabolism in the eosinophil-like cell line AML14.3D10. These cells exhibit eosinophil-like morphology and, based on Northern blotting, express undetectable amounts of GM-CSF mRNA. Exogenous GM-CSF mRNA delivered via PMGT decayed with a half-life ($t_{1/2}$) of 8–12 min⁸⁴, similar to that seen in lymphocytes. Upon stimulation with calcium ionophore, stability increased by 4 fold, which began within 1 h of ionophore addition and required intact, 3' UTR, AU-rich motifs. Of note, transcriptional inhibitors, typically used in the measurement of mRNA decay, themselves stabilized GM-CSF mRNA, probably through translational inhibition. Transfected GM-CSF mRNA decayed exceptionally rapidly with a $t_{1/2}$ of 8 min in resting PBEos as well, and rapid decay again required intact 3' UTR AREs, as a mutant version without them was 3 fold more stable. Wild-type but not mutant, GM-CSF mRNA was stabilized 3 fold in PBEos activated by ionophore. Thus, the decay rates of these two mRNAs were essentially the same in activated cells.

GM-CSF secretion by PBEos can be induced by IFN- γ ⁶⁵, lipopolysaccharide (LPS)⁹⁵, Fn⁵, or mAbs against CD40⁷⁰, CD9⁴³ or CD32⁴⁴. Recently, β 7 integrin ligation with plate bound Fn or anti- β 7 antibodies increased PBEos survival in a GM-CSF-dependent manner⁶². Similarly, TNF- α has been shown to positively influence *in vitro* eosinophil survival⁵⁰, although the mechanism for this effect remains unclear. Both TNF- α and Fn were increased in BAL from asthmatic or allergen-challenged subjects^{13, 59, 61, 98}, suggesting these agonists might contribute to intrapulmonary eosinophil survival by stimulating GM-CSF production. Indeed, TNF- α in association with extracellular matrix Fn was capable of mediating T cell functions^{3, 35}. We showed that PBEos treated *in vitro* with TNF- α plus Fn secreted GM-CSF and displayed enhanced survival. Cytokine production was preceded by GM-CSF mRNA stabilization. Interestingly, eosinophils obtained from BAL of allergen-challenged subjects also showed prolonged GM-CSF mRNA half-life. These data suggest that exposure to TNF- α plus Fn during or after PBEos migration into pulmonary tissues and airspaces stabilized GM-CSF mRNA, thus accounting for GM-CSF production.

The kinetics of GM-CSF mRNA stabilization in re-

sponse to ionophore has been reasonably well defined. GM-CSF mRNA was stabilized in human T lymphocytes activated for 5 h with anti-CD3 plus anti-CD28 antibodies⁵³, murine T lymphocytes treated with Ca^{2+} ionophore for 6 h³⁹, or in mast cells after 3 h of activation¹⁰⁸. We reported stabilization of GM-CSF mRNA in peripheral blood mononuclear cells (PBMC) within 1 h after adding phorbol ester⁸⁴. In AML14.3D10, ionomycin significantly stabilized wild-type GM-CSF mRNA within 1 h of activation, which increased 50% more after 2 h. Importantly, mRNA stabilization closely paralleled GM-CSF mRNA accumulation, suggesting a cause and effect relationship.

Despite many attempts, we, and others, have been unable to measure GM-CSF transcription in PBEos by nuclear run-off assay. Thus, we are unable to determine the relative contributions of transcriptional and post-transcriptional regulation to GM-CSF mRNA accumulation. GM-CSF mRNA transcription was unchanged despite substantially suppressed mRNA decay in T cells activated with mitogenic antibodies⁵³. These authors ascribed increased GM-CSF protein levels entirely to mRNA stabilization. However, others have shown⁴⁰ that GM-CSF transcription can be enhanced by phorbol esters and Ca^{2+} ionophore. However, these effects were considerably less rapid (~8 h) than those discussed above.

Trans and cis elements involved in GM-CSF post-transcriptional regulation

GM-CSF mRNA stabilization is too rapid for *de novo* transcription and translation of new regulatory proteins. Rather, GM-CSF stability is probably the consequence of the modification of preexisting regulatory protein(s), as previously proposed^{58, 108}. Given that ionophore activates calcium-dependent signaling pathways, alterations in the phosphorylation or redox status of regulatory proteins could explain modifications in GM-CSF mRNA stability. Indeed, the activity of several AUUUA specific mRNA-binding proteins was responsive to phorbol ester, plant lectin (PHA) or ionophore^{37, 57}.

The recognition of ARE containing mRNAs likely involves sequence specific binding proteins (also see above). Indeed, several labs have identified mRNA protein-binding activities in tumor cell lines^{57, 113}, normal lymphocytes⁷⁷, fibroblasts⁶⁸ and macrophages⁵². Establishing a physiologic role for these proteins has proven more difficult, although antisense-mediated depletion of HuR was associated with destabilization of vascular endothelial growth factor (VEGF) mRNA⁵¹ and failure

to stabilize p21 in response to UV damage¹⁰². Thus, it has been proposed that cytokine mRNA stabilization likely occurs when sequence specific binding proteins interact with, and possibly mask, the AREs from cellular ribonucleases.

In the AML14.3D10 cell line, using gel mobility shift analysis, we identified several cytoplasmic mRNA-binding proteins specific for the ARE⁸⁴. These binding protein activities were increased in ionophore-treated AML14.3D10 cells concomitant with GM-CSF mRNA stabilization. These observations suggest that several mRNA-binding proteins may be involved in stabilizing GM-CSF mRNA in AML14.3D10 cells upon ionophore-mediated activation. We were able to resolve RNA-protein complexes of 55, 60, 85, 100 and 125 kDa from AML14.3D10 cells using full-length, radiolabeled GM-CSF RNA. NAKAMAKI et al.⁶⁸ showed that human embryonic lung fibroblasts contained five major ARE-binding protein complexes of 70, 45, 40, 38 and 32.5 kDa. Based on competition assays, all RNA-binding proteins were highly specific for the AUUUA repeats. At this time, we do not know how many distinct proteins generate the observed number of RNA-protein complexes. For example, it is possible that multimers of the 55 or 60 kDa activities produce the 100 and 125 kDa complexes, respectively. During ionophore-mediated activation, the activity of ARE specific binding proteins increased substantially. Within 2 h, the overall activity was increased by 2.5 fold, which was highly significant. The timing of this event coincided with GM-CSF mRNA stabilization, suggesting a cause and effect relationship. Recently, overexpression of HuR, an AUUUA specific RNA-binding protein, stabilized c-fos mRNA in transfected mouse L939 cells³⁴. Heterogeneous nuclear ribonuclear proteins (hnRNP) C and L have been shown to stabilize amyloid protein precursor (APP)⁷⁹ and VEGF⁹⁰ mRNAs, respectively. The adenosine-uridine binding factor (AUBF) was phosphorylated in response to phorbol ester or ionophore-mediated activation of PBMC⁵⁸. This modification was associated with increased binding activity towards AUUUA RNA ligands. Conversely, hnRNP C protein-binding activity was enhanced by dephosphorylation in activated cells⁶⁰. Thus, post-translational modifications involving the addition or removal of phosphate possibly mediate the changes in AUUUA-binding activity identified in AML14.3D10 cells.

Recently, a truncated human cDNA coding for the multifunctional nucleic acid-binding protein Y box-binding protein 1 (YB-1) was identified in a screen for potential ARE-binding proteins (BHATTACHARYA and MALTER, unpublished). YB-1 is a member of the highly

conserved cold shock domain (CSD) family of proteins and consists of three domains: an N-terminal stretch of undetermined function, a CSD which mediates nucleic acid binding and contains a consensus RNP-1 RNA-binding motif, and a C-terminal domain of basic/acidic repeats which has been implicated in RNA binding as well as protein-protein interactions^{4, 11, 91}. The full-length YB-1 was fused to the eleven amino acid protein translocation sequence from HIV Tat protein in the vector pTat-HA. Proteins containing Tat tags cross lipid membranes with high efficiency (>95%), permitting transduction of normal as well as transformed cells⁹⁹. We have demonstrated that human YB-1 bound the ARE of GM-CSF RNA *in vitro* and interacted with GM-CSF mRNA in activated eosinophils¹⁵. Five RNA recognition motifs (RRMs) have been identified in YB-1 as necessary for both its specific and non-specific interactions with RNA. All of the other ARE-binding proteins characterized to date also contain multiple RRM motifs that define specificity in different contexts (for example see HuR⁵⁶, HuD⁷⁴, TTP⁴⁶ or AUF-1¹¹³). HuR and HuD both have consensus RNP-1 motifs that are identical to each other and similar to that found in YB-1. However, AUF-1 and TTP show little commonality at the amino acid sequence level with any of the other ARE-binding proteins. YB-1 partners with a multitude of other proteins both for DNA and RNA binding, including the transcription factor CTCF, hnRNP K, FMRP and nucleolin^{17, 19, 22, 91}.

The *cis* element(s) necessary for the regulated stability of GM-CSF mRNA remains controversial. We showed that the AUUUA motifs destabilize wild-type GM-CSF in resting or unstimulated cells and that their presence was necessary for ionophore-mediated stabilization^{29, 30}. However, in murine T lymphocytes, ionophore slowed the decay of GM-CSF mRNAs when both the AUUUA motifs and an ancillary element located about 160 bases upstream of the ARE were present³⁹. We have directly examined this issue by comparing the stability of wild-type and mutant human GM-CSF mRNAs which differ solely in the AUUUA motifs. As the mutant was unaffected by Ca²⁺ ionophore, we conclude that stabilization of GM-CSF mRNA by Ca²⁺ absolutely requires intact AUUUA motifs. Whether this represents a fundamental difference between eosinophils and T cells or humans and mice in terms of signaling cascades or regulatory apparatus remains unclear.

The decay rates for transfected wild-type GM-CSF mRNA were remarkably rapid ($t_{1/2} \approx 8$ min^{29, 30}). This is consistent with prior observations demonstrating the potent destabilizing effects of AUUUA motifs in cyto-

kine and protooncogene mRNAs^{53, 78, 89}. However, mutant GM-CSF mRNA, while significantly more stable ($t_{1/2} \approx 20$ – 25 min), also decayed rapidly, especially when compared with more stable mRNAs such as β -globin ($t_{1/2} = 17$ h)⁴¹. These results suggest the presence of other, calcium insensitive, destabilizing elements within the 3' UTR or coding region of GM-CSF mRNA. Of note, the 3' UTR of GM-CSF is very highly conserved across multiple species ($\approx 80\%$).

Intracellular signaling

Activators of protein kinase A (PKA) and protein kinase C (PKC) are important modulators of mRNA stability for a number of gene systems, including lactate dehydrogenase A⁹², Na⁺/glucose cotransporter⁷⁵, renin²¹ and phosphoenolpyruvate carboxykinase³⁸. Ca²⁺ ionophore has been reported to stabilize GM-CSF mRNA in murine T lymphocytes³⁹ and primary human eosinophils³⁰. Whereas phorbol esters have modest to negligible effects on GM-CSF mRNA accumulation in AML14.3D10 cells (ESNAULT and MALTER, unpublished data) or on GM-CSF secretion from normal, peripheral blood eosinophils, they, however, rapidly, stabilized GM-CSF mRNA ($t_{1/2} \approx 3$ h) in T lymphocytes⁹. This suggests that lymphocytes and eosinophils respond differently to PKC or the other kinases, such as mitogen-activated protein kinases sensitive to phorbol esters.

Most of the studies analyzing the role of MAPK on mRNA stability have employed transformed cell lines (Jurkat, Hela, THP-1, fibroblast-like or mast cell-like) as models. These have generally implicated p38 or c-Jun-NH₂-terminal kinase (JNK) as critical kinases^{18, 47, 63, 64, 80, 83, 107}. For example, JNK activation was required for IL-2 and IL-3 mRNA stabilization in T or mast cell lines^{18, 63}. Extracellular signal-regulated kinase (ERK) has, however, been linked to macrophage inflammatory protein 2 (MIP-2) mRNA in fresh rat peritoneal neutrophils and nucleolin mRNA regulation in human PBMC (huPBMC)^{104, 105, 110}. In TNF- α plus Fn-treated eosinophils, activation of ERK, but not p38, correlated with GM-CSF mRNA stability. Consistent with these results, eosinophils transduced with Tat-MEK1(E), which activates ERK, showed increased GM-CSF mRNA stability. This was not seen after transduction with TatMKK3b(E), which activates p38³³. The intracellular pathways that connect extracellular activation with protein-binding activity and mRNA stabilization remain unknown.

GM-CSF-Dependent Eosinophil Survival

GM-CSF production is tightly correlated with eosinophilia *in vivo*¹³ and has been associated with inhibition of airway eosinophil apoptosis⁹³. Our laboratory showed that TNF- α plus Fn increased PBEos survival through a GM-CSF-dependent process ($\approx$ 30% survival at 4 days *in vitro*). As seen previously⁸⁶, we found that, after allergen challenge, BALEos were highly resistant to apoptosis ($\approx$ 60% survival at 4 days *in vitro*) while only 5% of unstimulated PBEos survived 4 days in culture. Interestingly, Fn alone mediated survival could be entirely inhibited by anti-GM-CSF antibody, demonstrating dependence on extracellular GM-CSF. In contrast, TNF- α induced survival, was more modest (15%), and GM-CSF-independent. These data suggest that TNF- α signaling may be modulated or redirected by co-stimulation of PBEos with Fn. These data are consistent with RT-PCR results showing substantial and reproducibly increased GM-CSF mRNA in PBEos stimulated with Fn, Fn plus TNF- α , but not TNF- α alone³¹.

As the upregulation of GM-CSF mRNA and protein secretion appeared necessary for enhanced survival of PBEos, we hypothesized *in vitro* BALEos survival would be similarly dependent on GM-CSF. The viability of BALEos obtained 48 h after segmental allergen challenge was assessed after addition of anti-GM-CSF, anti-IL-5 or irrelevant antibody. The majority of BALEos were dead at 6 days in the presence of neutralizing anti-GM-CSF, while irrelevant antibody or anti-IL-5 had no effect. These data show that GM-CSF, rather than IL-5, is critical for long-term BALEos survival *in vitro*. In addition, BALEos become GM-CSF secretors during migration into the lung or after residence there. The accumulation of GM-CSF mRNA in BALEos and the requirement for GM-CSF to support their long-term survival *in vitro* suggest that GM-CSF plays an important functional role in initiating and/or maintaining pulmonary eosinophilia *in vivo*. This is supported by several studies showing that elevations of GM-CSF in BAL fluid after segmental challenge or asthma strongly correlated with eosinophil content^{88, 109}. It is also likely that macrophages and fibroblasts contribute to BALEos survival by secreting GM-CSF.

While significant amounts of GM-CSF (pg/ml) are typically found in the airways of asthmatics, how much GM-CSF is necessary to enhance eosinophil survival is unclear. The transfection of GM-CSF mRNA into primary eosinophils led to detectable intracellular but not extracellular levels of GM-CSF protein³⁰. Despite its very low concentration (<1pg/ml), cultures of PBEos transfected with GM-CSF mRNA were resistant to *in*

vitro apoptosis. Based on antibody neutralization experiments, the survival activity was entirely mediated by GM-CSF without a significant contribution by IL-5 and required the extracellular presence of cytokine. These data are consistent with recent reports showing that anti-GM-CSF antibodies blocked *in vitro* eosinophil survival induced by anti-CD9⁴³, TNF- α ⁵⁰ or anti-CD32⁴⁴, while anti-IL-5 antibodies had no effect. Small amounts of secreted GM-CSF (<1 pg/ml) from transfected eosinophils was as efficient as 100–500 pg/ml of exogenously added recombinant human GM-CSF (rhGM-CSF). The contrasting biologic potency of GM-CSF protein produced by transfected cells compared with rhGM-CSF was unexpected. Obvious differences reflect the producing cells (PBEos vs. *Escherichia coli*), delivery (continuous vs. bolus) and cell proximity (secreted vs. added to the culture media). AGLIETTA et al.² reported that frequent, low dose administration of glycosylated rhGM-CSF was more effective with fewer side effects than single bolus dosing. In addition, continuous exposure to GM-CSF is essential for maximal cell survival. Neutralizing GM-CSF antibody was able to inhibit PBEos survival even when added 48 h after the initiation of culture³². The apparent discrepancy between the short life time of the transfected mutant GM-CSF mRNA ($t_{1/2}$ = 22 min) and the low level of protein secretion but the continued presence of GM-CSF in the supernatant (48 h) may reflect eosinophil accumulation and storage of cytokines in granules^{49, 67} with continuous and long term low level release. Recently, a very interesting study showed IL-4 release by vesicular transport and membrane fusion from human eosinophils⁸.

GM-CSF levels are elevated in the BAL fluid of symptomatic asthmatics (typically $\approx$ 2–20 pg/ml)^{13, 100}. Thus, the levels observed to be functional *in vitro* are likely to be physiologically relevant. Perhaps more importantly, BAL GM-CSF levels remain persistently elevated in asthmatics even several weeks after antigen challenge⁸⁸. Such an environment could result from autocrine GM-CSF production by “reservoir” eosinophils as well as fibroblasts and macrophages and prevent eosinophil apoptosis and promote airway damage.

Conclusions

In this review, we have discussed the importance of GM-CSF mRNA stabilization for GM-CSF production and eosinophil survival. The timing of autocrine GM-CSF exposure critically influences eosinophil survival *in vitro* and, possibly, *in vivo*. Cytokines cooperating with extracellular matrix proteins, including Fn, clearly

participate in the stabilization process, suggesting eosinophil migration from the periphery to the airways provides the proper milieu to prevent apoptosis. The intracellular signaling-modulating GM-CSF mRNA decay involves ERK1/2 and culminates in the activation of binding proteins such as YB-1. These data suggest targeting GM-CSF with pharmacologic interventions should reduce eosinophilia and, possibly, the late asthmatic response.

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