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SUPPORTING INFORMATION

Additional supporting information can be found online in the Supporting Information section at the end of this article.

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Depletion of Mcpt8-expressing cells reduces lung mast cells in mice with experimental asthma

To the Editor,

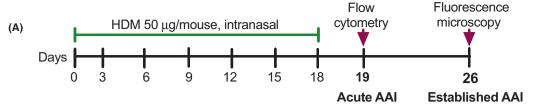
Genetically engineered mouse models have exploited the basophil marker mast cell protease-8 (mMCP-8) to dissect the role of basophils

in inflammatory diseases. 1-3 However, mast cell progenitors (MCps) also express Mcpt8 transcripts in the allergic mouse lung. 4 Here, we investigated whether depletion of Mcpt8-expressing cells impacts

P. Abigail Alvarado-Vazquez and Eduardo I. Cardenas equal contribution.

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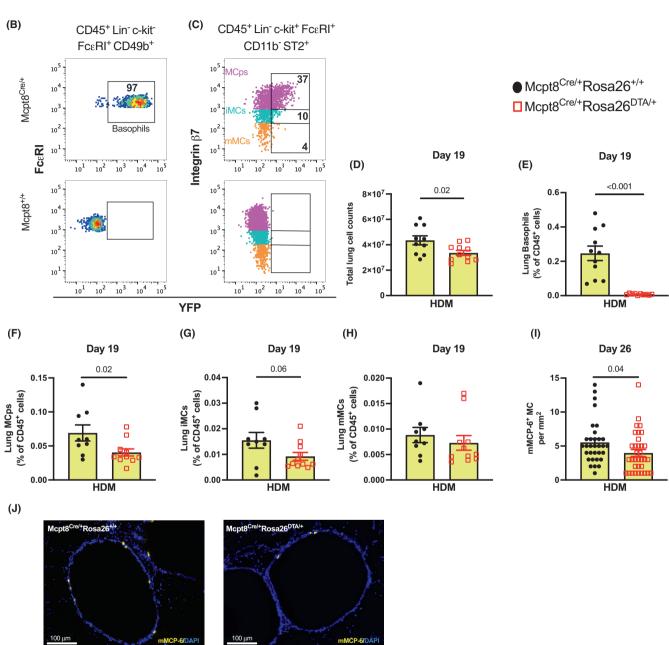
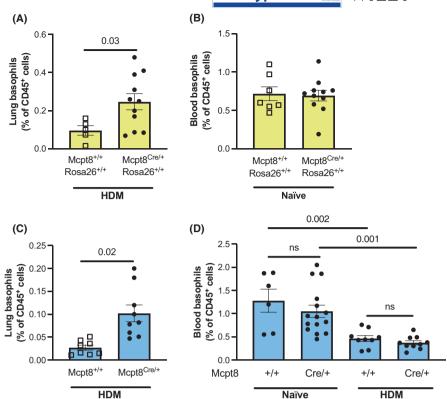


FIGURE 1 Basophil-deficient Mcpt8^{Cre/+}Rosa26^{DTA/+} mice with HDM-AAI have decreased lung MCps, which later translates into decreased mMCP-6⁺ MCs. (A) Protocol for inducing AAI. (B) Representative YFP signal in lung basophils, (C) MCps, iMCs, and mMCs in a Mcpt8^{Cre/+} (upper panel) or Mcpt8^{+/+} mouse (lower panel) with acute AAI (d19). (D-H) Total lung cells, and the frequency of lung basophils, MCps, iMCs, mMCs quantified in basophil-deficient Mcpt8^{Cre/+}Rosa26^{DTA/+} and Mcpt8^{Cre/+}Rosa26^{+/+} mice with acute AAI. (I, J) Lung mMCP6+ cells were quantified in established AAI (day 26). Each point represents one picture from three mice per group. (D-H) Each point represents one mouse from three independent experiments. Bars represent the mean ± SEM. *p < .05 using Student's t-test



lung MC populations in a mouse model of house dust mite-induced allergic airway inflammation (AAI) (Figure 1A; Methods in Appendix S1). In this model, MCps are recruited to the lung in acute AAI and later expand the MC population.⁵

The Mcpt8^{Cre/+} strain expresses a yellow fluorescent protein (YFP) in an *Mcpt8*-dependent manner.³ As naive mice have extremely few MCps and mature MCs (mMCs), we were unable to reliably quantify the YFP-signal in these cells. Our flow cytometry gating strategy (Figure S1),⁵ which identifies basophils and three lung MC populations in acute AAI: MCps, induced MCs (iMCs), and mMCs, was used to investigate mMCP-8 expression. As expected, $98 \pm 0.5\%$ of lung basophils from Mcpt8^{Cre/+} mice with acute AAI were YFP⁺ (Figure 1B). However, $37 \pm 6\%$ of MCps and $10 \pm 2\%$ of iMCs had YFP signal, while only $4 \pm 1\%$ of mMCs were YFP⁺ (Figure 1C). In agreement, peritoneal mMCs from Mcpt8^{Cre/+} mice showed no YFP-signal in a sepsis model.² We were unable to detect YFP signal in bronchoalveolar lavage (BAL) eosinophils, neutrophils, alveolar macrophages, and T cells from mice with acute AAI (not shown). Hence, mMCP-8 is primarily expressed by lung basophils and MCps in acute AAI.

Next, basophil-deficient mice were generated by crossing Mcpt8^{Cre/+} and Rosa26^{DTA/+} mice. The Rosa26^{DTA/+} strain carries the diphtheria toxin A (DTA) gene in the Rosa26 locus downstream of a loxP-flanked stop cassette.⁶ Thus, *Mcpt8*-dependent Cre-expression leads to DTA-mediated cell ablation. In acute AAI, Mcpt8^{Cre/+}Rosa26^{DTA/+} mice had fewer total lung cells and were deficient (~96% reduction) in lung basophils (Figure 1D,E). Quantification of lung MC populations revealed a 41% decrease in lung MCps in Mcpt8^{Cre/+}Rosa26^{DTA/+} mice (Figure 1F). However, iMCs and mMCs were not significantly altered in acute AAI

(Figure 1G,H), which was expected as resident mMCs and iMCs exhibited low mMCP-8 expression during acute AAI. This is in agreement with our previous study,⁵ showing that the mMC population is not yet expanded in mice with acute AAI. Moreover, a previous publication reported no changes in peritoneal mMCs following short-term DTA-driven depletion of *Mcpt8*-expressing cells in vivo.¹ In our study, the absence of basophils and partial loss of MCps did not affect total BAL cells, eosinophils, neutrophils, alveolar macrophages, and CD8⁺ T cells but resulted in an increased frequency of CD4⁺ T cells (Figure S2A-F).

To test whether the *Mcpt8*-mediated reduction in lung MCps would later impact the number of AAI-induced mMCs, lung sections were analyzed for tryptase (mMCP-6) positive MCs on Day 26 when AAI is established in the lung. Mcpt8^{Cre/+}Rosa26^{DTA/+} mice had in average a 28% reduction in mMCP-6⁺ lung cells during established-AAI (Figure 1I,J). Thus, *Mcpt8*-driven deletion of lung MCps translates into a reduction in total lung MCs at a later time point.

While investigating the effect of *Mcpt8*-mediated cell deletion, we unexpectedly found that Mcpt8^{Cre/+}Rosa26^{+/+} mice with acute AAI had ~threefold increase in lung basophils compared to Mcpt8^{+/+}Rosa26^{+/+} (wildtype) littermates (Figure 2A). Nevertheless, the levels of blood circulating basophils in naive mice were unaltered (Figure 2B). The increase in lung basophils was not due to crossing with Rosa26^{DTA/+} mice, because Mcpt8^{Cre/+} mice with acute AAI also had a higher frequency of lung basophils than wildtype littermates (Figure 2C). Still, the blood basophil frequency was similar between Mcpt8^{Cre/+} mice and their wildtype controls both in naive and in those with acute AAI (Figure 2D). Moreover, lung MC populations were also comparable between Mcpt8^{Cre/+} and Mcpt8^{+/+} mice with

acute AAI (Figure S2G-I). We speculate that the YFP-, IRES-, and Cre-recombinase-containing insert³ in Mcpt8^{Cre/+} mice enhances basophil development or survival in the AAI lung.

In conclusion, a fraction of lung MCps expresses Mcpt8 during acute HDM-AAI, causing mice with Mcpt8-driven cell ablation to have reduced lung MCps, and later reduced mMCs. Mcpt8^{Cre/+} mice with acute HDM-AAI have an increased frequency of lung basophils, which might exacerbate the role of basophils in inflammatory models. Therefore, we suggest caution when interpreting the findings from Mcpt8-dependent models.

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CONFLICT OF INTEREST

The authors declare no conflict of interest.

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SUPPORTING INFORMATION

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Reduced intra-subject variability of an automated skin prick test device compared to a manual test

To the Editor,

Respiratory allergies affect 30%-40% of individuals worldwide and represent a major health-economic problem. Identification

of the triggering or causative allergens in symptomatic patients is based on skin prick test or serum-specific IgE analysis in addition to a detailed medical history by the physician.^{2,3} Skin prick test (SPT)