

Bidirectional sensory neuron–immune interactions: a new vision in the understanding of allergic inflammation

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> Manuscript Tauber, Wang et al.

1	Bidirectional sensory neuron-immune interactions: a new				
2	vision in the understanding of allergic inflammation.				
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4	Short title: Nociception, sensory neurons and hypersensitivity				
5					
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36 Abstract

37 Peripheral neurons (including sensory neurons) are ubiquitously distributed in all tissues, particularly at the interface with the environment. The primary function of sensory neurons is 38 39 the transmission of sensations of temperature, pain and itch to elicit appropriate behavioral 40 responses. More recently, sensory neurons have emerged as potent regulators of type 2 41 immune responses and allergic inflammation. There is increasing evidence showing that 42 neurons can express receptors previously thought to be restricted to the immune compartment. In addition, certain subtypes of immune cells (e.g., mast cells, ILC2s or macrophages) also 43 44 express specific neuroreceptors that provide them with the capacity to integrate neuronderived signals and modulate their activation status during the development of allergic 45 46 inflammation.

47

49 Introduction

Nociception is the sensing of noxious chemical, mechanical, or thermal stimuli. First 50 introduced by Sherrington in 1900 in the context of pain perception [1], nociception allows 51 animals to rapidly sense and avoid environmental hazards including piercing objects, burning 52 53 heat, and freezing temperatures [2]. The immune system provides an additional layer of protection in the event that prevention of invasion by pathogens is breached even with optimal 54 55 sensing and behavioral avoidance of environmental threats. Allergy (i.e., hypersensitivity) is a pathologic inflammatory and, subsequent neurosensory, process that is triggered by 56 57 exaggerated responses to otherwise harmless environmental substances.

58

59 The skin and mucous membranes of the respiratory and gastrointestinal tracts are highly innervated by primary sensory neurons, referred to broadly as nociceptors. These barrier 60 61 surfaces are the first line of defense against environmental stimuli and also the most commonly affected by allergic diseases like eczema, asthma, and food allergy. Sensory and 62 63 physiologic symptoms include itching, sneezing, coughing, and bowel dysmotility, which are closely linked to nociception. Emerging studies have unveiled how allergic inflammation and 64 65 sensory neurons intersect at barrier surfaces to shape the host response. On the one hand, inflammatory molecules like cytokines derived from immune cells during allergy, or allergens 66 67 themselves, may act on sensory neurons; on the other hand, nociceptors in turn release neuropeptides and shape barrier immunity [3–5]. Herein, we highlight recent advances in our 68 69 understanding of such bidirectional neuro-immune cross talk.

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71 Unraveling the identity of sensory neurons

The cell bodies of nociceptors, or sensory neurons, are located in either the trigeminal ganglia, which innervate the head and neck, or the dorsal root ganglia (DRG) which receive signals from the rest of the body. These afferent neurons receive signals from the tissue and transmit impulses to the spinal cord, where information is relayed by projection neurons towards the brain and sensation is perceived [6]. Sensory neurons that are specialized to sense itch are referred to as pruriceptors. It is now well established that in addition to nociception, pruriception is yet another distinct sensory process at the molecular and cellular level [7,8].

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Most nociceptors and pruriceptors are small diameter unmyelinated C fibers [9]. In
development, C fiber neurons initially appear as one population characterized by expression
of the nerve growth factor receptor TrkA. However, later in development they diverge into

two subpopulations, one that maintains TrkA expression, and the other that downregulates 83 expression of TrkA [10] while upregulating the common glial-derived neurotrophic factor 84 family ligand receptor Ret that is selectively labeled by isolectin B4 (IB4) [11]. TrkA-85 expressing nerve fibers also express neuropeptides like substance P (SP) and calcitonin-gene 86 related peptide (CGRP), and are thus referred to as peptidergic (PEP) neurons. In contrast, 87 IB4-positive nerve fibers generally do not express SP or CGRP during development period 88 89 and are thus considered nonpeptidergic (NP) [9,12-14]. However, emerging studies using unbiased single-cell RNA sequencing (scRNA-seq) of murine DRG neurons have revealed 90 that some NP neuron clusters also contain markers for PEP neurons (i.e., CGRP gene Calca) 91 [15,16]. Therefore, it is likely that neurons traditionally considered NP have the capability of 92 releasing neuropeptides as well. Thus, a major area of future inquiry will be in understanding 93 the precise identity of individual neurons that are specialized to encode specific sensations, 94 release distinct neuropeptides, or perform both functions to shape tissue immunity and 95 96 inflammation.

97

98 Sensory neurons rely on specific sensors to detect different noxious stimuli such as the 99 transient receptor potential (TRP) V1 and TRPA1 ion channels. TRPV1 is the receptor for capsaicin (the spicy ingredient of chili peppers) and also has the capacity to detect noxious 100 101 heat [17,18]. TRPA1 (30% co-expressed with TRPV1 on somatosensory neurons) can be 102 activated by different chemical compounds such as garlic (allicin) and mustard oils (allyl 103 isothiocyanate) to cause pain [19]. Thus, in addition to specific receptors on sensory neurons 104 mediating various sensations, the quality and intensity of such processes are modified by 105 additional ion channels.

106

107 Neurons as sensors of immune stimuli

108 There is increasing recognition that nociception is modulated by the immune system. A variety of tissue-resident cells like mast cells (MCs) and macrophages/microglia have been 109 implicated in nociception via their production of cytokines and granule-associated mediators 110 [20,21]. Meningeal mast cell and sensory neuron bi-directional interactions for instance, play 111 112 fundamental roles in migraine pathophysiology, resulting in the sensitization of trigeminal 113 nociceptors [22]. IL-1 β and TNF- α are two of the first cytokines shown to act directly on the nervous system in the context of pain [23–27]. Both IL-1 β and TNF- α -induced neuronal 114 excitability is dependent on p38-MAPK downstream signaling and the activation of ion 115 channels like TRPV1 [25,28,29]. Other cytokines such as IL-6 and IL-17A have also been 116

identified to promote pain in joint inflammation models [30,31]. In contrast, the antiinflammatory cytokine IL-10 has been shown to attenuate pain responses recently [32]. Taken together, it appears that the sensory nervous system can both sense stimuli that promote noxious signals or even be modulated to suppress nociception. However, how such neuroimmune biology translates across the variety of sensory neurons innervating different organs remains a vibrant area of exploration [33,34].

123

124 In addition, a number of cytokines that are upregulated in allergy have the capability to act on pruriceptors. In 2013, Wilson et al. found that, the epithelial cell-derived cytokine thymic 125 126 stromal lymphopoietin (TSLP) promotes itch by stimulating itch-sensory neurons [35]. Later 127 in 2014, IL-31 was shown to activate pruriceptors and thus, is the first type 2 immunity-128 associated cytokine to function as a pruritogen [36]. In 2017, Oetjen et al. identified that IL-129 4Rα, the receptor for the canonical type 2 effector cytokines IL-4 and IL-13, is expressed by 130 itch-sensory neurons and depend on downstream Janus kinase (JAK) signaling to promote 131 neural hypersensitivity [37]. Indeed, blockade of TSLP, IL-31, IL-4R α , IL-13, and JAK are 132 either approved or currently in clinical trials for the treatment of atopic dermatitis (AD) and/or 133 other chronic itch disorders (Table 1) [38-50]. Collectively, these basic and translational advances illustrate how, in addition to external environmental stimuli, sensory neurons can 134 135 respond to endogenous cytokine signals to elicit, enhance, and even suppress pain and itch in 136 tissues.

137 138

139 Role of sensory neurons in the regulation of allergic skin diseases

140 AD is a frequent chronic inflammatory skin disease with strong impact on health-related 141 quality of life, especially due to itch burden [51]. It was generally thought that pruriceptors 142 were involved in manifestations of type 2 (allergic) skin diseases, such as AD, mainly by promoting itch-induced scratching behavior. Recently, a new role was uncovered by Serhan, 143 144 Basso et al. for SP-producing sensory neurons in regulating Mrgprb2⁺ MC activation and 145 subsequent development of type 2 skin inflammation [52] (Figure 1A). The authors demonstrated that, compared with wild type (WT) mice, mice depleted in TRPV1⁺ sensory 146 147 neurons, Tac1^{-/-} mice (that lack SP), MC-deficient mice and Mrgprb2^{-/-} mice, were protected from the development of pathogenic type 2 inflammation and associated skin lesions. They 148 then showed that common domestic allergens with cysteine protease activity, e.g. house dust 149 mites (HDMs), could directly activate TRPV1⁺ neurons to release SP. Using a new intravital 150

imaging method, they showed that a large proportion of projections from activated TRPV1⁺ 151 152 nociceptors formed physical contacts with MCs, and that penetration into the dermis of 153 HDMs led to the sequential activation of nociceptors and adjacent MCs (Figure 1A). This 154 study strongly suggests that TRPV1⁺ Tac1⁺ nociceptors and Mrgprb2⁺ MCs form "sensory clusters" capable of detecting the presence of allergenic alarms and initiating the development 155 156 of pathogenic type 2 immune responses in the skin [52]. Based on these results, it would be 157 interesting to consider an updated version of the etiology of AD by focusing on neuro-158 immune crosstalk prior to the development of pathogenic type 2 immunity.

159

160 The communication between sensory neurons and MCs is in fact bidirectional. In a recent article [53], Meixiong et al. used intravital calcium imaging to examine sensory neurons 161 162 activation in the context of non-histaminergic itch. While canonical IgE/FccRI-mediated MC activation in the skin mainly triggered the activation of histamine (and capsaicin)-sensitive 163 H_{1.4}R⁺ sensory neurons, Mrgprb2-mediated MC activation resulted in the broad excitation of 164 Mrgprd⁺, Mrgpra3⁺, and 5ht1f⁺ sensory neurons, three subpopulations of well-defined NP 165 166 pruriceptors [15]. Such difference in the activation of neuronal subsets resulted, at least in 167 part, from a differential release of MC granule-associated pruritogens: high proportion of 168 histamine and serotonin via FceRI, and of tryptase (and maybe other proteases) via Mrgprb2 169 (Figure 1A). It is generally thought that skin MCs would be primarily involved in 170 histaminergic itch. However, many chronic itch conditions are refractory to histamine antagonists, including AD and allergic contact dermatitis (ACD). Interestingly, the PAMP1-171 172 20 neuropeptide is upregulated in skin lesion of patients with ACD and is a well-known 173 agonist of Mrgprb2/X2. In line with these data, using three separate models of allergic skin inflammation, Meixiong *et al.* reported that $Mrgprb2^{-/-}$ animals exhibited significantly less 174 itch compared with WT mice [53]. Consequently, it is very tempting to speculate that 175 176 PAMP1-20-mediated MRGPRX2 activation is a major mechanism of MC-dependent non-177 histaminergic itch in patients with ACD.

In addition to differential pathways by which MCs trigger histaminergic and nonhistaminergic itch, respectively, Wang et al. recently identified that AD-associated inflammation activates basophils in the blood. Upon sensitization to allergen, in this context, basophils are prone to enhance their ability to respond to IgE, resulting in a distinct basophilsensory neuronal itch axis that is linked by the production of leukotriene C4 from basophils [54]. Thus, basophils are capable of overriding the histaminergic processes triggered by MCs to elicit other distinct itch pathways. 185

186 Emerging role of sensory neurons in allergic lung inflammation

Wallrapp A et al. reported an interaction between type 2 innate lymphoid cells (ILC2s) and 187 neuromedin U (NMU)⁺ neurons, in models of allergic lungs inflammation [55]. The authors 188 189 profiled mouse lung-resident ILCs using scRNAseq and found that the neuropeptide receptor 190 Nmur1 was preferentially expressed by ILC2s at steady state and after IL-25 stimulation. NMU, the ligand of NMUR1, activated ILC2s in vitro, and in vivo co-administration of NMU 191 192 with IL-25 strongly amplified allergic inflammation (Figure 1B). Loss of NMU-NMUR1 193 signaling reduced ILC2 frequency and effector function, and altered transcriptional programs 194 following HDM challenge in vivo.

The Vasoactive Intestinal Peptide (VIP) commonly induces smooth muscle cell relaxation, 195 196 regulates blood flow and can trigger the secretion of water and electrolytes in the gastrointestinal tract [56]. A study by Talbot S et al. reported that Nav1.8⁺ sensory neurons 197 198 (part of which are TRPV1⁺ nociceptors) favored the recruitment of ILC2s in models of 199 allergic asthma [57]. They reported that production of IL-5 activated sensory neurons to 200 secrete VIP that further activated ILC2s and effector CD4⁺ T cells via the VIP-VIP receptor 2 201 (VPAC2) axis to produce inflammatory cytokines, and amplified the pathological features 202 associated with mouse models of type 2 airway inflammation [57] (Figure 1B). Using 203 optogenetics, the same group recently showed that vagal sensory neuron mediated mucus 204 secretion in the mouse trachea during airway inflammation and that this phenomenon was 205 dependent on SP secretion [58]. These findings add more evidence to the pro-inflammatory role played by TRPV1⁺ neurons in enhancing bronchial hyperreponsiveness. Data from 206 207 patients with asthma also show significant levels of neuropeptides in bronchoalveolar lavage 208 fluids [59] and lungs are densely innervated by sensory neurons [60,61] expressing TRPV1 209 and TRPA1. Importantly, the fact that pharmacological silencing of pain fibers using 210 treatment either with QX-314 (quaternary derivative of lidocaine [58,62]), a cationic 211 derivative of an N-type calcium channel-inhibitor [63] or GDC-0334, a highly potent, 212 selective, and orally bioavailable TRPA1 antagonist [64], could reduce pathological features 213 in a model of lung allergic inflammation might potentially open new perspectives in the 214 treatment and/or prevention of human asthma.

215

216 **Future perspectives**

217 Various reports have now demonstrated that bidirectional dialogues between sensory neurons218 and immune cells can impact on the development of frequent allergic skin and lungs

disorders. In addition, three studies have suggested that intrinsic primary afferent neurons [65] 219 220 and neuroimmune interactions [66,67] in the intestine could also contribute to the 221 pathophysiology of food allergy. Production of the neuritin protein, that targets B cells, by 222 follicular regulatory T cells has also recently emerged as a potential mechanism to suppress IgE-mediated allergies by limiting IgE class switch recombination [68]. Finally, three recent 223 224 reports also opened new very promising areas of investigation by showing that lymph nodes 225 were innervated by a unique subset of sensory neurons that might regulate local gene 226 expression [69], that the innate immune regulator STING, a sensor of self- and pathogen-227 derived DNA could control nociception via type I interferon signaling [70] and finally that 228 nociceptors could directly influence the mobilization of haematopoietic stem cells in the bone 229 marrow [71]. While much remain to be done to understand how nociception and sensory 230 neurons regulate human allergic disorders, the development of next-generation therapeutics specifically targeting neuroimmune crosstalk is an exciting area of exploration for the future. 231

232

233

Figures and table





237

238 Figure 1. Neuroimmune interactions play a crucial role in models of allergic skin and lungs disorders. (A) Widely distributed domestic allergens can directly activate 239 240 TRPV1⁺ $Tac1^+$ nociceptor-MrgprB2⁺ MC sensory clusters to drive the development of type 2 241 skin inflammation [52]. MC activation through the receptor MrgprB2 also contributes to non-242 histaminergic itch [53]. As compared to IgE-FceRI signaling, MrgprB2-activated mast cells 243 released more tryptase (but less histamine and serotonin) and excited distinct itch-sensory 244 neuron populations expressing Mrgprd, Mrgpra3, or HTR1F. (B) The secretion of IL-5 in 245 response to the penetration of allergens in the lungs activates IL-5 receptor on nociceptors that in turn release the neuropeptide vasoactive intestinal peptide (VIP) [57]. Allergens also 246 247 stimulate sensory neurons to release neuromedin U (NMU). Such neuropeptides activate innate lymphoid cell 2 (ILC2) through VIP receptor 2 (VPAC-2) and NMU receptor 1 248 249 (NMUR1), and favor the development type 2 lung inflammation [55].

	Target	Medication	Mode	Reference/NCT number			
	IL-31RA	Nemolizumab	mAb	[48–50]			
	TSLP	Tezepelumab	mAb	[46]; NCT02525094; NCT03809663			
	IL-4Ra	Dupilumab	mAb	[47,72–74]			
	IL-13	Tralokinumab	mAb	[41,42,45]			
		Lebrikizumab					
	JAK1, 2, 3	Baricitinib Abrocitinib	Inhibitors	[38–40,43,44]			
		Ruxolitinib Cream					
		Deigociumo Omunent					
252	Table 1 Ir	noveted Thereneutic Ar	nraachas far	• Atonic Dermetitis Abbreviations: IAK			
252	Iable 1. Innovated Therapeutic Approaches for Atopic Dermatus. Addreviations. JAK,						
253	stromal lymphonoietin						
255	stronnar 1911	ipiiopoiotiini					
256							
257	Author cor	Author contributions					
258	All authors participated in writing and/or editing the paper.						
259							
260	Acknowledgments						
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262	Société Française d'Allergologie (SFA), the European Research Council (ERC-2018-STG						
263	#802041) and the INSERM ATIP-Avenir program.						
264							
265	Conflict of	Conflict of interest statement:					
266	N.G. is act	ing as Chief Scientific O	fficer consulta	ant for Genoskin. He is a member of the			
267	scientific a	dvisory board for Maxi	VAX. He ha	as served as consultant for Boehringer			
268	Ingelheim,	Ingelheim, GlaxoSmithKline, Escient Pharmaceuticals and Novartis. He has a patent pending					
269	for the treat	ment of type 2 inflammati	on and mast c	ell-dependent disorders. B.S.K. has served			

270	as a	consultant for AbbVie, ABRAX Japan, Almirall, AstraZeneca, Cara Therapeutics,				
271	Daew	oong Pharmaceutical, Incyte Corporation, LEO Pharma, Lilly, Maruho, Menlo				
272	Therapeutics, OM Pharma, Pfizer, and Third Rock Ventures. He has also participated on the					
273	adviso	ory board for Almirall, Boehringer Ingelheim, Cara Therapeutics, Kiniksa				
274	Pharn	harmaceuticals, Menlo Therapeutics, Regeneron Pharmaceuticals, Sanofi Genzyme, and				
275	Trevi	Trevi Therapeutics. He is stockholder of Locus Biosciences. M.T. has served as consultant or				
276	speaker for Sanofi Genzyme and F.W. declare no competing interests.					
277						
278	References and recommended reading					
279	Papers of particular interest, published within the period of review, have been highlighted as:					
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281	** of	outstanding interest				
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