



*2004-2005 Annual Report*

*Division of Allergy and Immunology*

*Department of Internal Medicine*

*The Joy McCann Culverhouse Airway Disease Center*

*University of South Florida College of Medicine*

*and The James A. Haley Veterans' Hospital*

*Tampa, Florida*

## MISSION STATEMENT

The University of South Florida College of Medicine, Department of Internal Medicine, Division of Allergy and Immunology was founded in 1972 by Samuel C. Bukantz, M.D. Richard F. Lockey, M.D. succeeded Dr. Bukantz in 1983 and is the current Director of the Division. Mrs. Joy McCann Culverhouse endowed the Division in 1997 and The Joy McCann Culverhouse Airway Disease Center was dedicated in February, 1998. In 1998, Mrs. Mabel Simmons also endowed the Division with a grant for education and research. The goals of the Division are: First, to provide care to patients with allergic and immunologic diseases at the University of South Florida College of Medicine, Tampa General Hospital, James A. Haley V.A. Hospital, All Children's Hospital and H. Lee Moffitt Cancer Center. Second, to train students, residents and fellows in the subspecialty of allergy and immunology and third to conduct basic and clinical research in allergy, asthma and immunology.

Individuals interested in collaborating with members of the Division may contact Richard F. Lockey, M.D. or any faculty member at (813) 972-7631 (e-mail: rlockey@hsc.usf.edu).

## DIVISION OF ALLERGY AND IMMUNOLOGY FACULTY AND STAFF

### Core Faculty

Samuel C. Bukantz, M.D., Professor Emeritus of Medicine and Medical Microbiology and Immunology; Director Emeritus

Roger W. Fox, M.D., Associate Professor of Medicine, Pediatrics and Public Health

Rama Ganguly, Ph.D., M.P.H., Professor of Medicine

Mark C. Glaum, M.D., Ph.D., Assistant Professor of Medicine and Pediatrics

Prasanna Kumar Jena, Ph.D., Research Instructor, Joy McCann Culverhouse Airway Disease Center

Monroe J. King, D.O., Affiliate Associate Professor of Medicine and Pediatrics

Dennis K. Ledford, M.D., Professor of Medicine and Pediatrics

Richard F. Lockey, M.D., Professor of Medicine, Pediatrics, and Public Health; Division Director; Joy McCann Culverhouse Chair of Allergy and Immunology

Shyam S. Mohapatra, Ph.D., Professor of Pediatrics and Medicine and Medical Microbiology and Immunology, Director of Basic Research, Joy McCann Culverhouse Airway Disease Center

The late, Andor Szentivanyi, M.D., D.Sc., University Distinguished Professor of Medicine and Pharmacology

### Joint Faculty

Stuart M. Brooks, M.D., Professor of Public Health and Medicine

Noorbibi Day, Ph.D., Professor of Pediatrics and Medicine

Morna Dorsey, MD, MMSc, Assistant Professor of Pediatrics and Medicine

Sandra G. Gompf, M.D. Assistant Professor of Medicine

Gary W. Litman, Ph.D., Hines Professor of Pediatrics and Medicine

Robert Nickeson, Jr., Assistant Professor of Pediatrics and Medicine



Mandel R. Sher, M.D., Affiliate Professor of Pediatrics and Medicine

Mitchel J. Seleznick, M.D., Associate Professor of Medicine

John W. Sleasman, M.D., Professor of Pediatrics and Medicine, Robert A. Good Professor of Immunology; Chief, Division of Allergy/Immunology, Department of Pediatrics, University of South Florida, All Children's Hospital

Nutthapong Tangsinmankong, M.D., Associate Professor of Pediatrics and Medicine

### **Clinical Affiliate Faculty**

Rosa Codina, Ph.D., Affiliate Assistant Professor of Medicine

Elliot Ellis, M.D., Affiliate Professor of Medicine

Mary L. Jelks, M.D., Affiliate Assistant Professor of Medicine

German F. LeParc, M.D., Affiliate Associate Professor of Pathology and Medicine

Brett E. Stanaland, M.D., Affiliate Assistant Professor of Medicine

G. Edward Stewart II, M.D., Affiliate Assistant Professor of Medicine

Hugh H. Windom, M.D., Affiliate Associate Professor of Medicine

Robert E. Windom, M.D., Affiliate Professor of Medicine

### **Fellows**

Thomas Chacko, M.D., 1st year fellow

Steven L. Cole, D.O., 1st year fellow

Denise M. Kearney, M.D., 2nd year fellow

Alexander T. Vu, M.D., 2nd year fellow



### **Research Staff Members**

Gary Hellermann, Ph.D.

Arun Kumar, Ph.D.

Dong-Won Lee, Ph.D.

Bishwabhusan Sahoo, Ph.D.

Weidong Xu, Ph.D.

Weidong Zhang, M.D.

### **Volunteers and Summer Interns**

Elena Hernandez, M.D.

Hong Yang, M.D.

### **Administrative Personnel- All Children's Hospital**

Linda Callahan, Training Program Assistant

### **Administrative Personnel-USF Airway Diseases Research Laboratory**

Michelle Gonzalez, Administrative Assistant

### **Administrative Personnel James A. Haley Veterans' Hospital**

Peggy Hales, Program Assistant

Geeta Gehi, Administrative Secretary

Sandra Rocha, Administrative Secretary

Becci Carter, Administrative Secretary

### **Clinical Research Unit Personnel**

Michelle Grandstaff, LPN, CRC - Clinical Research Administrator and  
Administrative Assistant to the Director

Brooke Fimbel, B.A., CRC - Assistant Clinical Research Administrator and  
Lead Clinical Research Assistant

Shirley McCullough, B.S., Clinical Research Coordinator

Stephanie Merrell, Regulatory Coordinator

## **BASIC RESEARCH PROJECTS**

### **I. Mucosal IFN- $\gamma$ Gene Transfer, Which Attenuates Allergic Sensitization, Airway Hyperresponsiveness and Respiratory Syncytial Virus (RSV) Infection in Allergen Sensitive Mice.**

Respiratory syncytial virus infection is associated with childhood bronchiolitis and asthma. Recurrent RSV infection in ovalbumin (OVA) allergen-sensitized mice causes an increased expression of Th2-associated inflammatory responses and subsequent development of airway hyperresponsiveness (AHR). The mucosal IFN- $\gamma$  gene transfer in both allergic sensitization and protection from acute RSV infection was examined in this study by using chitosan, a naturally biodegradable cationic polysaccharide, as a gene delivery agent. Following IFN- $\gamma$  gene transfer via intranasal and/or oral administration of chitosan, mice were sensitized to ovalbumin (OVA). Then the mice were infected with RSV and challenged with ovalbumin (OVA). The allergic response and RSV titers were determined. Mucosal delivery of chitosan-IFN- $\gamma$  (CIN) to mice reduced both AHR and IgE synthesis. Mice receiving CIN also increased production of IFN- $\gamma$  and reduced levels of produced IL-5 in ovalbumin stimulated splenocyte cultures. CIN treatment also decreased lung inflammation manifested by treated mice, which exhibited less eosinophil infiltration than untreated controls. In a separate study, mucosal vaccination also significantly reduced RSV titers in murine lungs. Together, these results suggest that mucosal delivery of IFN- $\gamma$  gene is beneficial against both allergic inflammation and RSV infection.

### **II. Inhibition of Respiratory Syncytial Virus (RSV) Replication by Vector-derived Small Interfering RNAs Against Non-structural Protein 1 (NS1) Protein**

Respiratory syncytial virus (RSV) is an important virus associated with bronchiolitis and asthma. Available antiviral treatments of RSV infections are only partially effective and nonspecific. Small interfering RNAs (siRNA) provide a novel approach to inhibit specific viral gene expression. The inhibition of virus replication by a plasmid expressing siRNAs capable of silencing the non-structural protein 1 (NS1) gene of RSV was examined in this study. Human alveolar epithelial cells (A549) were transfected with either siRSV-NS1 or siHPV<sub>18</sub> E7 (control) and infected twenty-four hours later with rgRSV (recombinant RSV containing the gene encoding enhanced green fluorescence protein, EGFP) at an MOI (multiplicity of infection) of 1. The number of cells infected with rgRSV were quantified by fluorescence microscopy or by flow cytometry one day post-infection, and viral protein expression in cultured cells was detected by western blotting. The percentage of cells expressing green fluorescence protein decreased in siRSV-NS1-treated cells demonstrating that rgRSV replication was inhibited in a dose-dependent and sequence-specific manner. Expression of NS1 could not be detected in siRSV-NS1-treated cells. A cell-based plaque assay of cultured supernates from infected A549 cells indicating that SiRSV-NS1 also significantly decreased the rgRSV virus titer compared to control. The cytotoxicity of siRSV-NS1 plasmid on A549 cells tested by methyl thiazole tetrazolium (MTT) assay revealed no difference ( $P>0.05$ ) in viability between siRSV-NS1-treated cells and controls



at the highest dose of plasmid (4  $\mu$ g) used. These results demonstrate that siRSV-NS1 is capable of significantly decreasing RSV replication in human epithelial cells and provide a basis for the development of siRSV-NS1 as potential prophylaxis and therapy of RSV infection in humans.

### **III. Activation of PKC Isozymes in Normal Human Bronchial Epithelial Cells by Respiratory Syncytial Virus Infection**

Human carcinoma-derived cell line type-II alveolar epithelial cells A549 respond to respiratory syncytial virus (RSV) by activating nuclear factor  $\kappa$ B (NF $\kappa$ B), mitogen-activated protein kinase (MAPK) and protein kinase C (PKC) pathways. Since it is not known whether similar signaling mechanisms are activated in normal human bronchial epithelial (NHBE) cells the present study was designed to determine the role of PKC in the NHBE response to RSV infection. NHBE cells were exposed to sucrose-purified RSV (pRSV) for various periods of time and examined for expression of different PKC isoforms. Translocation of PKC was investigated by confocal microscopy. Western-blotting analysis of whole-cell lysates showed that NHBE cells express PKC- $\alpha$ , - $\beta$ 2, - $\gamma$ , - $\delta$ , - $\epsilon$ , - $\lambda$ , and - $\zeta$  isozymes. A time course experiment of pRSV-exposed NHBE cells indicated that by 8 hours all of the PKC isozymes, except PKC- $\beta$ 2, were degraded. In addition, PKC- $\alpha$  and - $\beta$  isozymes increased in expression at 1 hour and 2 hours post-infection, respectively, whereas PKC- $\beta$ 2 increased by 1 hour, declined at 2 hours, and increased again at 8 hours. Western-blots of cell fractions revealed that PKC- $\alpha$  translocated from the membrane fraction to both the cytoplasmic and particulate fractions after 30 minutes of pRSV exposure. Confocal microscopy also showed translocation of PKC isozymes after 30 minutes. Furthermore, there is a significant reduction in the number of infected cells (more than 2 orders of magnitude), after they are pretreated with inhibitors of PKC isozymes. These results indicate that PKC activation is required for RSV to infect NHBE cells. By defining the role of a specific PKC isozyme during RSV infection will help the design of new therapies against RSV infection.

### **III. Given Intranasally, Chitosan Nanoparticle Carrying a Plasmid Encoding Novel Peptide, NP<sub>73-102</sub>, Reverses Established OVA-RSV Induced Asthma in Mice**

A family of natriuretic peptides (NP) with broad physiologic effects on the lung and cardiovascular system has been described. A novel peptide of pro-atrial natriuretic factor, NP<sub>73-102</sub>, shows anti-inflammatory activity and causes a long-lasting bronchoprotective effect in a prophylactic model of allergic asthma (Kumar *et al*, JACI, 2002, Hellerman *et al* JACI, 2003). The immunomodulatory effects of this peptide and its potential in ameliorating established asthma were examined using a murine model of allergen ovalbumin, (OVA) respiratory syncytial virus (RSV) infection-induced asthma. Mice were sensitized and challenged with OVA and then infected with RSV prior to intranasal treatment with chitosan nanoparticles carrying a plasmid encoding NP<sub>73-102</sub> (CHiP) or directly incorporating NP<sub>73-102</sub>. The extent of lung inflammation was determined by examining bronchoalveolar lavage fluid and lung sections. Airway hyperreactivity (enhanced pause, Penh) was measured by whole-body plethysmography, and cytokines were measured by intracellular cytokine staining (ICS). Therapy with CHiP reversed OVA induced airway reactivity (% Penh,  $P < 0.01$ ), and reduced pulmonary pathology as revealed by lung histology, decreased the % of eosinophils



( $P < 0.05$ ), neutrophils and lymphocytes in the BAL of CHIpP-treated mice. Thus, *de novo* expression of NP<sub>73-102</sub> reverses established asthma, suggesting that this peptide may be useful in developing novel therapies for asthma.

**Collaboration:** In collaboration with David Vesely, M.D., Ph.D., Professor of Internal Medicine, Division of Endocrinology, and Dr. William Gower, Ph.D., Department of Molecular Biology at USF.

#### **IV. Evaluation of the Effects of Corticosteroid and/or Long-acting Beta Agonist Therapy on a Murine Model of Asthma with Respiratory Syncytial Virus (RSV) Infection and on Airway Cell Cultures**

Infections, usually viral infections, are the most common triggers of severe asthma exacerbations. Studies in progress are investigating the effects of corticosteroid and/or long-acting beta agonist therapy on a murine model of asthma with RSV infection on airway cell culture. Allergen sensitized and challenged mice were pre-treated with placebo vs. fluticasone, salmeterol or the combination. Results of these experiments suggest that there appears to be anti-inflammatory effects of the salmeterol in this model. Studies are investigating the effects of these same therapies on the ability of cultured airway epithelial cells to be infected with RSV. Further study of anti-inflammatory properties of these drugs may lead to novel therapeutic approaches to prevent or treat RSV infection in humans.

### **CLINICAL RESEARCH PROJECTS**

#### **A. Pollen and Mold Counts and Immunochemical Quantification of Outdoor Allergens**

Particles, other than pollen, which transport aeroallergens have been described. The Division, which houses the Pollen and Mold Counting Station for Tampa, has two collectors adapted to collect both pollen and pollen aeroallergens, located on the roof of the James A. Haley V.A. Hospital. Pollen counts are performed twice weekly, disseminated to local media once weekly and to the Internet twice weekly.

#### **B. Skin Aging Study**

This study compared skin tests performed on both sun-exposed and non-sun-exposed areas in 120 allergic individuals in two age groups, 20-50 years of age, and 60 years and older. Tests also included nasal challenge to dust mite (*D. pter.*) and measurement of total and specific IgE to 5 common allergens. Approximately 120 subjects have been skin tested. Findings to date indicate that: 1) older subjects have positive skin tests; 2) older men had more skin changes on their upper back than do younger and older women and younger men; 3) histamine responses were smallest in the upper back of older men; 4) specific IgE responses were positive in older and younger subjects (no statistical difference); 5) older individuals had smaller skin tests than younger individuals. All tests have been completed and the data is being analyzed.

### **C. Indoor Levels of Fungal Spores were Determined in Central Florida Homes Without Obvious Moisture Problems by a Non-culturable Sampling Method**

Interest in measuring levels of airborne fungal spores has evolved because of increasing concern about indoor air quality. Mold spores were collected from twenty single-family homes in central Florida by utilizing a battery operated pump with cassettes containing a microscope slide. Total spores and spore types were analyzed by means of light microscopy. Descriptive statistics will be calculated for two outdoor and three indoor samples from different locations. The results of this study will allow for better interpretation of fungal laboratory results.

### **D. Efficacy of Using Oxymetazoline Hydrochloride Combined with Nasal Glucocorticosteroid to Treat Perennial Allergic and Non –Allergic Rhinitis in Subjects with Persistent Nasal Congestion.**

The study hypothesizes that treatment with oxymetazoline in addition to a nasal glucocorticosteroid for fourteen days will decrease the nasal congestion persisting in subjects with allergic or non- allergic rhinitis despite maximum recommended dosages of a nasal glucocorticosteroid. It is also hypothesized that nasal glucocorticosteroid therapy will prevent the development of rhinitis medicamentosa secondary to therapy with oxymetazoline. The primary endpoint will be the change in Average Daily Nasal Congestion Scores from baseline to the end of treatment with oxymetazoline. The secondary endpoint will compare quality-of-life scores at the baseline visit to visits on Day 7, Day 14, and Day 28.

### **E. Efficacy of an Educational Program on Children at an Asthma Camp**

This project evaluated the effectiveness of an educational program on children's asthma knowledge at an asthma camp. The hypothesis is that educated camp participants will be better educated about asthma and therefore correctly use their inhalers and peak flow meters at the end of camp vs. the beginning of camp. The outcome measures included: total test score of an asthma pre- and post-test (AT), peak flow usage score (PFS), inhaler usage score (IS), and spirometry. The results and conclusions: there was improvement in the participants' knowledge of asthma at the end of camp and an improvement in the proper use of inhaler and peak flow meter with greatest improvement in the proper use of the peak flow meter and females having greater improvement in proper inhaler use. Improvement in asthma testing and use of the peak flow meter as the same in both genders; returning campers scored higher on the AT, PFS, and IS pre- and post-test than did first time campers, but the difference was not as wide as expected.



## **F. Does Addition of a Topical Antibiotic to Treat Chronic Rhinosinusitis Improve Efficacy?**

Chronic rhinosinusitis is a pervasive and costly disease. Estimates describe the costs of treating over 20 million Americans suffering from this diagnosis exceeds \$4.3 billion per year.

Primary therapy consists of oral antibiotics and nasal steroid sprays with some studies advocating nasal irrigation. Intravenous antibiotics and surgery were used for severe or recalcitrant cases. Several studies have investigated the use of topical antibiotics in rhinosinusitis, but no prospective blinded controlled study has been done. The purpose of this prospective, randomized, double-blinded, placebo-controlled clinical study is to establish whether the addition of a topical antibiotic to a conventional regimen of oral antibiotics and topical nasal steroids results in a significant improvement in radiographic findings and quality of life when compared to oral antibiotics, nasal steroids, and saline placebo irrigation.

### **PHARMACEUTICAL SPONSORED STUDIES**

Studies funded by pharmaceutical companies are conducted at the Clinical Research Unit (CRU). The funds from these studies also support the Division's research and clinical training program. Sixteen such studies were completed in 2004 and 14 more in 2005; there are 9 additional studies, which will continue into 2006. To date, the CRU has agreements for 12 new studies in 2005-2006. The Clinical Research Unit also includes the American Lung Association Asthma Clinical Research Center, one of 20 such centers throughout the United States. The American Lung Association Clinical Research Center completed 2 studies in 2004 and has 2 additional studies currently in progress.

### **RESEARCH SUPPORT**

#### **Basic and Clinical Research**

##### **Endowments**

Joy McCann Culverhouse Endowment

Mabel and Ellsworth Simmons Endowment

##### **Extramural Funding**

National Institute of Health, National Heart Lung and Blood Institute, (three current, one pending and one submitted)

Veteran Affairs Merit Review Award



Asthma and Allergy Foundation of Florida

American Lung Association of Florida

- Career Development Award
- Asthma Clinical Research Center Award

American Heart Association of Florida

Paterson Foundation

Genetics Institute Inc, Andover, MA

Merck Medical School Grants, Merck Inc, PA

GlaxoSmithKline Medical Research Grants

### **Pharmaceutical Sponsors**

Abbott Laboratories

Glaxo Wellcome

AstraZeneca

Hoffman LaRoche Pharmaceuticals

Altana/Byk Gulden

King Pharmaceuticals

Aventis Pharmaceuticals

Merck and Co., Inc.

Bayer Pharmaceuticals

Novartis Pharmaceuticals

Baxter Healthcare

Ono Pharmaceuticals

Bristol-Myers Squibb

Otsuka Pharmaceuticals

Covance

Pharmacia & Upjohn

Clintrials

Primary Immune

Dura Pharmaceuticals

Schering-Plough

Dyax Pharmaceuticals

Sepracor

Forest Laboratories

Whitehall Robbins

Genentech

3M

- A USF associated “spin-out” biotech company was formed under the direction of Shyam Mohapatra, PhD, 2004.
- Shyam Mohapatra, PhD, Gary Hellerman PhD, and staff formed an on-line journal, *Genetic Vaccines and Therapy* in 2004.

## PUBLICATIONS

### Books or Monographs published or in press: 2003 – 2005

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#### **2004-2005 VISITING PROFESSOR GUESTS LECTURERS**

**Thomas J. Grier, Ph.D.**, Senior Research Scientist Director, Allergen Development, Greer Laboratories, Inc., Lenoir, North Carolina, "Allergenic cross-reactivity: Concepts, patterns and clinical implications", April 27, 2004

**Robert P. Nelson, Jr., M.D.**, Associate Professor of Medicine Indiana University School of Medicine, Division of Hematology/Oncology, Bone Marrow Transplant Service, Indiana University Hospital/Riley Children's Hospital, "Living with two immune systems as a result of hematopoietic and solid organ transplantation", June 15, 2004.

**Giovanni Piedimonte, M.D.**, Professor of Pediatrics and Medicine, University of Miami Director, Division of Pulmonology, Pediatric Lung Transplant Program, Cystic Fibrosis, and Asthma Center, "Pathophysiology of allergic rhinitis: From inflammatory mediators to symptoms", August 18, 2004.

**Søren Pedersen, M.D., Ph.D., D.M.Sc.**, Professor of Pediatric Respiratory Medicine at the University of Southern Denmark and Adjunct Professor at McMaster University, Ontario, Canada. Consulting Pediatric Chest Physician and Allergist at the Department of Pediatrics at Kolding Hospital in Denmark, "Use of inhaled corticosteroids in asthma-children and adults", October 11, 2004.

**David P. Huston, M.D.**, Cullen Chair of Immunology, Department of Medicine and Immunology; Director, Biology of Inflammation Center; Chief, Immunology, Allergy & Rheumatology Methodist Hospital, Houston, Texas, "Autoimmunity & Urticaria", "T-32 Application", January 18-19, 2005.

**Michael E. Wechsler, M.D.**, Associate Physician, Pulmonary and Critical Care Medicine Asthma Research center Brigham and women's Hospital Boston, Massachusetts, "Pharmacogenetics and Asthma Therapy: Are We There Yet?", Pharmacogenetics (update in asthma research), February 22-23, 2005.

**Jan Nuijens, M.D.**, Senior Director of Clinical Development Pharming Technologies BV, Netherlands, "Recombinant Human C1 Inhibitor and Hereditary Angioedema", Discuss study protocol, May 3-4, 2005.

**John Latall, M.D.**, University of Chicago, Allergic Bronchopulmonary Aspergillosis , May 18, 2005.

**Pravin Muniyappa, M.D.**, University of Chicago, Rhinosinusitis, May 19, 2005.

**Gerald J. Gleich, MD**, Professor of Dermatology, University of Utah School of Medicine, "Serendipity Happens: Discovery of a Novel Glucocorticomimetic Agent", "Eosinophil Associated Syndromes: New Insights and New Treatments", "Eosinophil Associated Syndromes: New Insights and New Treatments", "Eosinophil Granule Major Basic Protein Homolog (MBP2): Specific Eosinophil Marker" September 21-22, 2005.

**James E. Fish, MD**, Senior Medical Director, Genentech Specialty Biotherapeutics Adjunct Professor of Medicine, Jefferson Medical College, Thomas Jefferson University Phil, PA, "IgE, Its Receptor and Role in Asthma", "Airway Remodeling: Fact or Fiction" October 11-12, 2005.

**Dr. John Lima, PhD**, Nemours Children's Clinic, Jacksonville, FL 12/13, "Pharmacogenetics of Asthma" December 13-14, 2005.