

MINIREVIEW

Microenvironmental Factors that Influence Mast Cell Phenotype and Function (43323C)

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Mast cells play a central role in immediate hypersensitivity responses. They produce and store in their numerous cytoplasmic granules, and synthesize *de novo* when activated, an array of biologically potent substances whose combined effects account for the many symptoms of allergic reactions. It is, however, difficult to believe that mast cells evolved to serve in such pathological processes. Yet, despite having first been described over a century ago (1), we still know little about the physiologic functions of these cells.

Complicating efforts to understand the biology of mast cells is their heterogeneous nature (see below). In rats, mice, and humans, two phenotypically distinct subsets of mast cells have been identified (2–4), although it is likely that these represent merely two points in a spectrum of diversity (e.g., see Ref. 5). Sorting out the causes of this diversity should lead to a better understanding of the importance of mast cells in health and disease.

Recent evidence suggests that mast cell heterogeneity may largely be due to the site-specific blending of factors produced within the local microenvironment (2). Therefore, it is critical to identify these factors and determine precisely how they affect mast cell phenotype. Accordingly, in this review we will examine the most recent findings which suggest that factors released or expressed by other cells in the vicinity of mast cells may regulate their form and function.

Mast Cell Heterogeneity and Plasticity

Mast cells in the peritoneal cavity of rats and mice are easily obtained by lavage. In contrast, other mast

cell populations require enzymatic digestions to disperse them from the tissues in which they are found. Since peritoneal mast cells share many similarities with those in most other parts of the body, they are widely used and have by default come to represent the prototypical mast cell. However, their appropriateness as a model needs to be assessed when new characteristics are found.

The intestinal mucosa of rodents contains a population of mast cells that increases dramatically in number in response to infection with intestinal nematodes such as *Nippostrongylus brasiliensis* (3). Compared with peritoneal mast cells, the intestinal mucosal mast cells are smaller, have less histamine, and synthesize unique neutral serine proteases (Table I). Due to the presence of chondroitin sulfate proteoglycans instead of heparin in their cytoplasmic granules, the intestinal mucosal mast cells also stain with Alcian blue, but not with safranin or berberine sulfate (3, 4). Importantly, and in sharp contrast to peritoneal mast cells that are reactive to a wide range of substances, including neuropeptides, the intestinal mucosal mast cells are unresponsive to most nonimmunologic secretagogues. As intestinal mucosal mast cells do have functional high affinity IgE receptors on their surfaces (6), it is likely that the primary mode of activation of these cells *in vivo* is through their IgE receptors.

Not long after Kitamura and colleagues demonstrated that mast cells in mice were of hematopoietic origin (7–9), several groups showed that nearly pure populations of mast cells could be generated by long-term (2–4 weeks) culture of bone marrow cells in interleukin (IL)-3-containing media (reviewed in Ref. 2). In contrast to other mast cell populations, the bone marrow-derived mast cells resemble those in the intestinal mucosa morphologically, histochemically, biochemically, and in their lack of responsiveness to nonimmunologic stimuli (2–4). However, at the ultrastructural

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level, the bone marrow-derived mast cells appear immature (2). Because they can be easily obtained as pure populations, the culture-derived mast cells are frequently used as a prototype for mucosal mast cells.

In humans, mast cells have been found to fall into two populations based on their immunoreactivity with antibodies to two neutral serine proteases. MC^T are identified by their reactivity exclusively with antitrypsin antibodies, whereas MC^{TC} react with antibodies to both trypsin and chymase (10). MC^T predominate in the alveoli of the lung (93%) and small intestinal mucosa (81%), while MC^{TC} are the most abundant phenotype in the skin (99%) and small intestinal submucosa (77%). However, human skin mast cells respond to a variety of neuropeptides that do not activate the histochemically analogous mast cells in the small intestinal submucosa (11). This shows that the functional phenotype of a mast cell is not always predictable from its histochemical characteristics.

Like lymphocytes, macrophages, and neurons, mast cells comprise distinctly different phenotypes within the same host. However, where mast cells may differ from the others is in the remarkable plasticity of their apparently differentiated states. Experimental evidence suggests that when the microenvironment in which they find themselves changes, what seem to be mature cells can in fact alter their granule contents by making new constituents of a different class (12–15). Thus, *in vitro* cultured, bone marrow-derived mast cells from mice transplanted into the peritoneal cavity convert from making chondroitin sulfate proteoglycans to producing heparin proteoglycans (12–14), and peritoneal mast cells placed into liquid culture with cytokines switch from synthesizing heparin to making chondroitin sulfate proteoglycans (15). Hence, the concept of mast cell heterogeneity now needs to include the possibility that during immune and inflammatory responses, mast cells may be induced to alter their form and function as a host defense mechanism.

Secretory Products that Regulate Mast Cell Phenotype

A number of cytokines and other secreted products have been shown to maintain mast cells in culture and affect their characteristics (Fig. 1).

Interleukin 3. IL-3 is a 28-kDa glycoprotein that promotes the survival, proliferation, and differentiation of hematopoietic progenitor cells of several lineages, including erythrocytes, lymphocytes, monocytes, granulocytes, megakaryocytes, and mast cells (reviewed in Refs. 16 and 17). It is produced predominantly by T cells undergoing antigenic or mitogenic stimulation (16–19), but can also be made by activated mast cells (20–23). That mast cells can make IL-3 (and numerous other cytokines as well; see Ref. 24) suggests that they may be capable of influencing their own proliferation

in certain situations. IL-3-like activities have also been reported from keratinocytes (25) and astrocytes (26) as well.

As discussed above, IL-3 *in vitro* is an inducer of mast cell differentiation and proliferation from mouse and rat bone marrow precursors. *In vivo* IL-3 plays a role in the mast cell response to parasitic infection. Unlike normal murine rodents infected with nematodes such as *N. brasiliensis* (3), athymic (nude) mice do not undergo a T cell-dependent hyperplasia of mast cells in the intestinal mucosa (27, 28). However, when given repeated intraperitoneal injections of purified IL-3, nude mice do respond with a mucosal mastocytosis similar in degree to that of parasite-infected normal animals (29). Furthermore, mice given bolus injections of anti-IL-3 antibodies prior to and during nematode infection display a 40–50% reduction in mucosal mast cell responses (30). Taken together, these results show that IL-3 *in vivo* is important for the proliferation of mast cells in the small intestinal mucosa of mice and rats during parasitic infestations.

Given its role as a mast cell growth factor in the rapid and massive build up of intestinal mucosal mast cells during parasitic infections, IL-3 is often looked upon as functioning exclusively in immune and inflammatory responses. However, it is conceivable that under normal conditions, IL-3 plays a role in the routine maintenance of mast cell numbers throughout the body.

Interleukin 4. IL-4 is a 20-kDa glycoprotein product of T cells that induces B cells to switch from producing IgM to synthesizing IgE (31, 32). IL-4 has also been shown in mice to be a costimulator with IL-3 in the *in vitro* proliferation of both bone marrow-derived (33–35) and peritoneal mast cells (36–40). With peritoneal mast cells *in vitro*, IL-3 appears to function primarily to promote cell survival, while IL-4 acts as a cofactor stimulating cell proliferation (40). *In vivo*, anti-IL-4 antibodies administered to mice on Days 0 and 7 of infection with *N. brasiliensis* cause an approximately 50% reduction in the ensuing intestinal mastocytosis (30). When both anti-IL-3 and anti-IL-4 antibodies are given, upward of 85–90% of the mastocytosis is inhibited. Thus, IL-4 is a significant modulator of mast cell proliferation *in vivo* as well as *in vitro*.

Interestingly, there is no evidence that, alone or in combination, IL-3 and IL-4 can induce mast cells or their progenitors to differentiate into a heparin-producing phenotype. Indeed, although precursors for both the peritoneal and intestinal mucosal mast cells are found in the bone marrow, only chondroitin sulfate proteoglycan-containing mast cells develop in long-term bone marrow cultures in cytokine-rich media. Moreover, although a portion of peritoneal mast cells that are put into methylcellulose cultures with IL-3 and IL-4 give rise to berberine sulfate-positive colonies,

Table I. Mast Cell Heterogeneity in Rodents

	Mast cell source		
	Peritoneal cavity	Intestinal mucosa	<i>In vitro</i> -derived mast cells from hematopoietic progenitors
Histochemistry			
Alcian blue	+	+	+
Safranin	+	-	-
Berberine sulfate	+	-	-
Granule contents			
Major proteoglycan	Heparin	Chondroitin sulfate	Chondroitin sulfate
Serine protease ^a	RMCP I	RMCP II	RMCP II
Histamine (pg/cell)	10-30	1-2	1-2
Releasability			
IgE/anti-IgE	+	+	+
Compound 48/80	+	-	-

^a Rat mast cell proteases (RMCP) I and II are found only in rats.

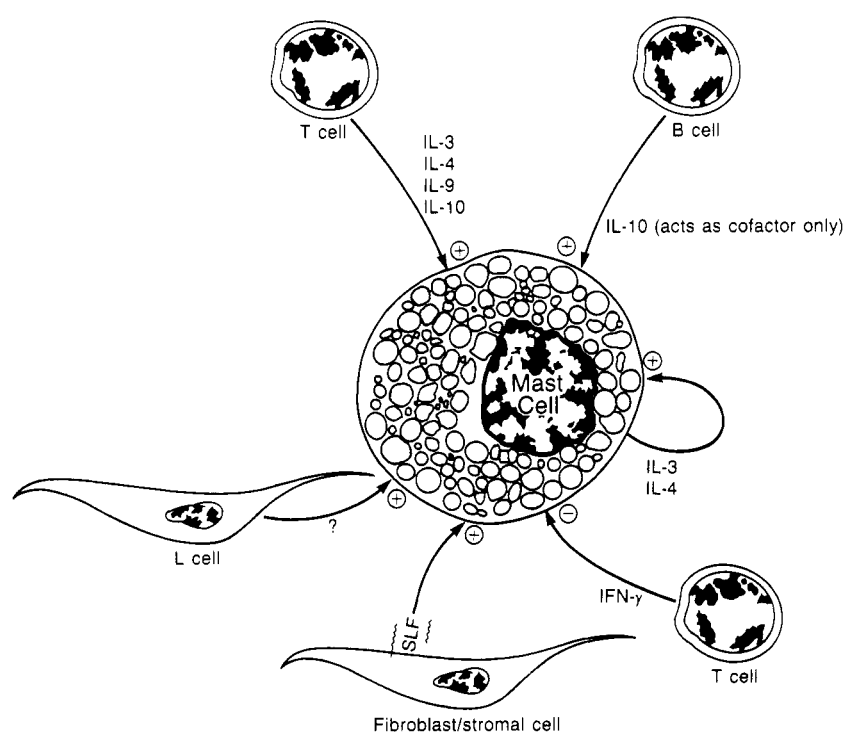


Figure 1. Microenvironmental factors that promote (+) or inhibit (-) the growth and differentiation of mast cells.

when these are then transferred to suspension culture, all mast cells that develop are berberine sulfate negative (15). This indicates that not only are the cytokines incapable of inducing heparin synthesis in mast cells, they cannot even maintain the phenotype.

Human bone marrow or umbilical vein cells cultured for up to 4 weeks in the presence of either IL-3 alone, IL-4 alone, or IL-3 and IL-4 in combination failed to yield any identifiable mast cells (41, 42). Cells with the morphology of basophils did, however, develop. The greatest percentage of basophils was present when IL-3 was used alone. Thus, IL-4 in these cultures

actually appeared to down-regulate the basophil-promoting activity of IL-3.

Interleukin 9. IL-9 is a 35-kDa glycoprotein produced by T helper cells and mitogen-activated spleen cells that enhances the proliferation of IL-3-dependent mouse mast cell lines (43-45). When used in conjunction with IL-3, IL-9 also synergistically enhances the proliferation of primary mouse bone marrow-derived mast cell cultures (45). However, when used alone, IL-9 has no growth-promoting activity on primary mast cell cultures, although it does prolong their survival (45). Inasmuch as IL-3, IL-4, and IL-9 are all produced

by activated cloned T lymphocytes of the helper 2 class (34, 46, 47) and by spleen cells stimulated with mitogens (43–45), it seems likely that they act together to induce mast cell proliferation during inflammatory responses.

Mitogen-stimulated spleen cell supernatants have also been shown to support the survival and proliferation of mouse peritoneal mast cells in methylcellulose cultures (36, 37). Although purified IL-3 plus IL-4 were found to essentially mimic these results, there was no indication that the amounts of purified IL-3 and IL-4 used were similar to those present in the conditioned media. Hence, it may be possible that IL-9 assists other interleukins in supporting the survival and proliferation of peritoneal mast cells.

Interleukin 10. IL-10 is produced by activated T cells (48, 49) and normal B cells (50). Used alone, IL-10 fails to support the growth of either an IL-3-dependent mouse mast cell line or mast cell progenitors in mesenteric lymph nodes of *N. brasiliensis*-infected mice (51). However, when used in combination with IL-3 or IL-4, it enhances mast cell proliferation. That mast cell growth can be engendered by IL-4 and IL-10 in the complete absence of IL-3 suggests another pathway for mast cell production in circumstances when IL-3 would be unavailable. Importantly, the most potent growth-promoting stimulus for either primary cultured mast cells or IL-3-dependent mouse mast cells is the combination of all three cytokines together. As these three cytokines are coordinately synthesized by the same T cell populations (49) and appear to be produced during *N. brasiliensis* infections, in which intestinal mastocytosis develops (51), they may constitute a network of overlapping mast cell growth-promoting activities needed to ensure appropriate levels of mast cells as a host response to infection. The role of IL-9 in such a network awaits future studies. Likewise, although IL-3 and IL-4 have been shown to cooperate in stimulating mouse peritoneal mast cell proliferation in methylcellulose cultures (36), it remains to be determined whether IL-9 and/or IL-10 also function in this capacity.

L Cell Supernatants. Czarnetzki and co-workers have reported generating mast cells in liquid suspension cultures from either peritoneal (52, 53) or spleen and bone marrow cells of rats (54), or peripheral blood cells of humans (55). Mouse L cell supernatants were critical and horse serum worked better than fetal calf serum. After about 2 weeks, the rat peritoneal cell cultures contained around 90% mast cells, though viability and cell number decreased beyond this time point. The mast cells in the cultures bound ^{125}I -IgE, stained positively with safranin, and released up to 60% of their total cellular histamine in response to Compound 48/80. After 3 weeks in culture, approximately half of the human peripheral blood cells stained metachromati-

cally with toluidine blue. Their cytoplasmic granules contained homogeneous, electron dense material and they were positive for the chloroacetate-AS-D-esterase reaction. Although it is not clear whether these cells are more like mast cells or basophils, a similar 3-week time frame for differentiation of mast cells from human umbilical cord blood cells induced by soluble fibroblast factors has recently been reported (56). Since L cells are fibroblasts, they may be capable of secreting soluble Steel factor (see below), a recently identified mast cell growth factor.

γ -Interferon. Mouse bone marrow-derived mast cells have been shown to express a small number of high affinity binding sites for γ -interferon (IFN) (57). The continuous supply of recombinant murine IFN- γ to mouse bone marrow cells cultured in cytokine-laden media brings about a marked reduction in the number of mast cells that develop. Similarly, recombinant murine IFN- γ added to IL-3- and IL-4-containing clonal cultures of mouse peritoneal mast cells also inhibits proliferation of these cells (58). However, replacement of IL-4 with another costimulant of peritoneal mast cell proliferation, such as the phorbol ester 12-*O*-tetradecanoylphorbol-13-acetate, renders IFN- γ ineffective as an inhibitor of IL-3-dependent cell division. Thus, at least with respect to mouse peritoneal mast cells, IFN- γ seems to interfere with the IL-4-dependent proliferation pathway.

Inhibitory Factors. Mouse peritoneal mast cells appear to be very sensitive to negative feedback signals for growth and differentiation. Intravenous injection of bone marrow cells from congenic normal littermates into mast cell-deficient *W/W^v* mice results in the appearance of mast cell precursors in the peritoneal cavity within weeks (59, 60). If, however, either mature peritoneal mast cells (59) or bone marrow-derived mast cells (60) from normal mice are transferred into the peritoneal cavity prior to transfusion of normal mouse bone marrow cells, the recruitment of mast cell precursors into the peritoneal cavity is inhibited. This suggests that peritoneal mast cells produce a contact-dependent or concentration-dependent factor that interferes with cell survival. Dissecting the mechanism of such inhibition could lead to a means of controlling mast cell proliferation in mastocytotic diseases.

Steel Factor and Its Receptor

Much of what is presently understood about the natural history of mast cells stems from experiments using mice with mutant genotypes. In particular, the *W/W^v* and *S/S^d* mutants have been invaluable. The search for the molecular basis of their defects has led recently to the identification of yet another mast cell growth factor.

Mice with two mutant alleles at either the dominant white spotting locus on Chromosome 5 (*W*) or at

the Steel locus on Chromosome 10 (*Sl*) display the same range of seemingly unrelated defects (61–63). They have aberrations in pigmentation that include coat color, deficiencies in sex cells often leading to sterility, and macrocytic anemia. Although some combinations of alleles are lethal, the *W/W^v* and *Sl/Sl^d* genotypes are sparing. Kitamura and colleagues showed that *W/W^v* and *Sl/Sl^d* mice also have a mast cell defect, with <1% the normal number in the skin and essentially no mast cells in any of the other tissues (64–66).

The mast cell deficiency in *W* mutants has been linked to a defect in hematopoietic progenitors, because bone marrow from normal (+/+) congenic littermates transplanted into *W/W^v* mice cures the mast cell defect (64). The nature of the problem with the bone marrow does not appear to involve a lack of mast cell precursors, since mast cells can be generated *in vitro* from *W/W^v* mouse bone marrow cells provided that either IL-3 or activated lymphocyte supernatant is present (67–69). Moreover, the problem does not seem to involve trafficking of the precursors, since normal numbers of mast cell precursors are present in both peripheral blood and spleens of the mutants (67–69). There does, however, appear to be a defect in the homing of mast cell precursors to the tissues (70). Therefore, the mast cell deficiency in *W/W^v* mice is likely due to a defect inherent in the mast cell precursor itself, affecting both its presence and differentiation in the tissues.

In contrast, the mast cell deficiency in *Sl* mutant mice has been linked, not to the mast cell or its antecedents, but rather to a defect in the tissue microenvironment. Thus, mast cells can be generated *in vitro* from *Sl/Sl^d* bone marrow (71), and *Sl/Sl^d* bone marrow transplanted into *W/W^v* recipients cures both the anemia and the mast cell deficiency of the *W/W^v* mice (65). However, normal +/+ donor bone marrow is ineffective at curing the *Sl/Sl^d* phenotype. Therefore, the *Sl* defect lies not in the production of hematopoietic precursors, but instead in their differentiation and maturation. Because mast cells appear to develop normally when placed in the proper microenvironment, these results show that it is the microenvironment in *Sl/Sl^d* mice that is deficient. To demonstrate this point further, when mast cell-deficient *W/W^v* skin is grafted onto *Sl/Sl^d* recipients, mast cells develop in the grafts; when *Sl/Sl^d* mouse skin is grafted onto congenic +/+ littermates, no mast cells arise (65). Hence, *Sl/Sl^d* mouse skin provides a microenvironment unsuitable for mast cell differentiation. Furthermore, the number of mast cell precursors in the skin of these animals is only a fraction of that in normal mice (72). Thus, the defect in *Sl/Sl^d* mutant mice appears to affect both the homing of mast cell progenitors to the tissues as well as their differentiation.

Using molecular genetic approaches, genes mapping to the *W* and *Sl* loci were recently shown to encode

a cell surface growth factor receptor and its ligand (73–79). Distinct mutations in these genes were identified in a number of the mutant alleles (80–84), and the corresponding mRNA (80, 81, 83, 85, 86) and protein products (75, 80, 81) were found to be expressed only in those cells and tissues affected by the mutations. Thus, the mast cell deficiencies in *W* and *Sl* mutant mice appear to be due, at least in part, to mutations in single genes at these loci.

The *W* locus was found to be allelic with the proto-oncogene *c-kit* (73, 74), which encodes a 145- to 160-kDa cell surface receptor with tyrosine kinase activity (75, 87). This protein is a member of the receptor tyrosine kinase family that includes the platelet-derived growth factor receptor and the receptor for colony-stimulating factor-1 on macrophages (88). Its ligand is encoded by a gene that maps near or to the Steel locus (76, 77, 79), thereby accounting for the similarities in the defects caused by mutations at the *W* and *Sl* loci.

The growth factor encoded by the Steel locus gene has been referred to by many names, including mast cell growth factor (78), stem cell factor (89), and *kit* ligand (90). Steel factor (SLF; 91) is the one we will use. Furthermore, because growth factor receptors are commonly named after the ligand they bind, the *c-kit* protein will hereafter be referred to as the Steel factor receptor (SLFR).

Structurally, the SLFR has three domains: an N terminal, extracellular, ligand-binding domain with five immunoglobulin-like loops, a small transmembrane segment, and a C terminal intracellular tyrosine kinase region (75, 88). Mutations in the kinase region in many of the mutant *W* alleles resulted in a diminution in autophosphorylating activity in *in vitro* kinase assays (80–83). The amount of reduction in kinase activity correlated well with the severity of the developmental defects of the mutants (80, 81, 83). Hence, the mast cell deficiency in mice containing a double dose of mutant *W* alleles stems from the inability of the SLFR to autophosphorylate and probably to phosphorylate other cellular proteins as well.

The SLFR and its ligand, SLF, are both expressed at the earliest stages of embryonic development (92, 93). However, their presence on hematopoietic progenitors in postnatal animals is uncertain. Considering that precursors of both mast cells and erythrocytes are present in *Sl/Sl^d* mouse bone marrow (65, 71), if SLFR are present on them, then either signaling through the SLFR is not needed to produce these early stage cells or the sparing effect of the *Sl^d* allele involves the production of sufficient SLF to generate the precursors that are found in the bone marrow, but not enough to bring about their further differentiation (see below for further discussion of this issue).

The SLFR is also found on mature mast cells (80, 81, 90). It is possible that this expression reflects a

potential for expansion of the mast cell population when the need for additional mast cells arises. It is also possible that the presence of the SLFR on mature mast cells reflects a requirement by these cells for continuous signaling through the receptor in order to survive. In support of this idea, mast cells from the rat peritoneal cavity (94), human lung (95), and normal mouse bone marrow (96, 97) all survived for weeks in co-cultures with normal mouse 3T3 fibroblasts. Separation of the mast cells and fibroblasts with a 0.45- μ m filter brought on cell death (94, 97). Likewise, co-culture of SLFR-deficient *W/W^v* mouse bone marrow-derived mast cells with normal mouse fibroblasts results in rapid death of the mast cells (97), due to an inability of the mast cells to transit the cell cycle (98). Inasmuch as normal mouse 3T3 cells have been shown to express surface membrane-associated SLF (99), but do not produce either IL-3 or IL-4 (97), it may be that SLFR-mediated signaling promotes cell survival, whereas the absence of receptor-ligand interactions leads to activation of genes for programmed cell death (100).

Expression of the SLFR can be regulated by various cytokines. Welham and Schrader (86) have found that mRNA for the SLFR in mast cells can be down-regulated by IL-3, granulocyte-macrophage colony-stimulating factor, and erythropoietin. These authors suggest that since there is evidence that the SLFR may serve as an adhesion molecule (84), its down-regulation by IL-3 may represent a mechanism by which mast cell precursors could be released from the hematopoietic tissues when needed (86). Ody *et al.* (101) found that 28 days after implanting miniosmotic pumps containing recombinant mouse IL-3 into *W/W^v* mice, safranin-positive mast cells were present in the skin. Their abundance was nearly identical to that of *+/+* littermates. Galli *et al.* (102) also found heparin-containing mast cells in the ears of *W/W^v* mice suffering from chronic idiopathic dermatitis. Although the mechanism of mast cell formation in this case is not known, it too may involve IL-3. If IL-3 does down-regulate SLFR expression, then some mechanism for stimulating mast cell differentiation into heparin-containing mast cells other than through the SLFR is likely at work here.

As already noted above, the *Sl* locus appears to contain a gene that encodes Steel factor, the ligand of the SLFR (76, 77, 79). The nucleotide sequences of the cloned human (103), rat (103), and mouse (77, 104) SLF cDNA encode a predicted 245–248 amino acid transmembrane glycoprotein. There are apparently two forms of the protein, soluble and membrane attached, the result of alternative mRNA splicing (84, 89, 103, 104). Additionally, the soluble form of at least rat SLF may exist as noncovalently linked dimers (89). Although the tissue distribution of SLF has not been investigated, both the soluble and membrane-associated forms are produced by fibroblasts and bone marrow

stromal cells (77, 99, 104). In addition, SLF activity has also been found in Schwann cell supernatants (105). Because rat osteosarcoma cells support the survival and maintenance of the phenotype of rat peritoneal mast cells in co-cultures (106), they too may express functional SLF.

Interestingly, bone marrow, brain, and spleen from *Sl/Sl^d* mice express normal or near normal levels of SLF mRNA (79, 84). Yet fibroblast lines derived from these animals fail to support the survival of normal, bone marrow-derived mast cells (71), and no SLF activity is detected in culture supernatants from these lines (107). The SLF mRNA from *Sl/Sl^d* mouse tissues does not encode the full-length, transmembrane form of SLF, but rather a truncated 183-amino acid form lacking the transmembrane and intracytoplasmic domains (84). Concordant with this, *Sl/Sl^d* fibroblasts do not express the surface form of SLF (84). Therefore, either the truncated soluble form of SLF in *Sl/Sl^d* mice is biologically inactive and insufficient to affect mast cell proliferation and differentiation or it is produced in quantities too limited to be effective.

In terms of biological activity, soluble rat (103) and mouse (104) SLF, whether purified from culture supernatants or in recombinant form, are capable of stimulating proliferation of mouse mast cell lines *in vitro*. In 10-day agar cultures of mouse bone marrow, both recombinant and natural soluble SLF stimulated formation of colonies containing monocytes, neutrophils, and blast cells, though no mention was made of mast cell development (89, 103). It is noteworthy that when purified soluble natural rat SLF was used on marrow cultures depleted of mature myeloid and lymphoid cells, no colonies developed (89). These results suggest that soluble SLF probably does not function to stimulate proliferation of immature progenitor cells, but they do not eliminate the possibility that membrane-associated SLF alone, or in conjunction with other agents, does. Furthermore, although mast cell precursors in the bone marrow may express the SLFR (92), the receptors may not become functional until the cells are ready to leave the bone marrow. Thus, these cells may be too few to recognize in *in vitro* assays.

Jarboe *et al.* (108) showed that concentrated culture supernatants from normal mouse 3T3 fibroblasts contained an activity that supported the differentiation of mast cells from precursors in mesenteric lymph nodes of *N. brasiliensis*-infected mice. Nocka *et al.* (90) followed up these experiments by purifying the activity to homogeneity and identifying it as SLF (77). Soluble SLF was shown to promote the survival and proliferation of peritoneal mast cells from normal mice, and to maintain the berberine sulfate/presumptive heparin-containing phenotype of these cells (90). SLF also promoted the survival and proliferation of cytokine-dependent bone marrow-derived mast cells, even in the

absence of cytokines. However, even though they proliferated, after 2 weeks in culture with soluble SLF, the bone marrow-derived mast cells did not become berberine sulfate positive. In contrast, Tsai *et al.* (109) reported recently that soluble rat SLF could induce normal mouse bone marrow-derived mast cells to become berberine sulfate positive. Although 4 weeks of culture with the growth factor were required before many of the mast cells had changed their histochemical phenotype, some berberine sulfate staining was apparent as early as 1 week in culture. Inasmuch as the mouse and rat soluble SLF cDNA share 95% identity (79), it is likely that soluble mouse SLF will also induce mast cell differentiation if given enough time.

Soluble rat SLF injected subcutaneously into *Sl/Sl^d* mice for 3 weeks resulted in the differentiation of heparin-containing mast cells at the injection sites, but not at any other locations examined (109, 110). That this mode of administration also reduced the severity of the anemia suggests that the growth factor reached the bone marrow. Therefore, given the widespread dissemination of SLF in this model in concentrations sufficient to bring about erythrocyte differentiation, it remains to be demonstrated why mast cell numbers at distant sites were not also increased.

Soluble recombinant human SLF was found to be about 800-fold less active at stimulating proliferation of mouse mast cell lines than its rat counterpart (103). In addition, human SLF was incapable of inducing *in vitro* colony formation from human bone marrow cells unless a cofactor, such as a human colony-stimulating factor or erythropoietin, was present (103). However, no mention was made of the presence of mast cells in the colonies. Therefore, precisely how important SLF is in humans is presently unclear.

In summary, aside from being a critical hemopoietin for erythrocytes, SLF also appears to be an important mast cell growth factor in the mouse, in which it promotes the survival and proliferation of naturally occurring peritoneal mast cells, mast cells developed *in vitro* from bone marrow in the presence of cytokines, and mast cell lines. It also appears to be involved in mast cell differentiation and the production of heparin, since when injected into the skin of mast cell deficient *Sl/Sl^d* mice, heparin-containing mast cells develop at the injection sites and, when added to the culture medium of bone marrow-derived mast cells, they become heparin producers. Yet we still have much to learn about it. For example, there is still no evidence that SLF can by itself directly activate mast cell differentiation from a genuine precursor. Indeed, the bone marrow data in all three species examined seems to argue that it is not an inducer of mast cell differentiation from this population of cells. Hence, other factors known or unknown are likely to be involved. Finally, the full extent of the mast cell phenotype induced by

SLF needs to be determined, including granule constituents produced and functional capabilities of the differentiated cells.

Other Mutant Mice with Unusual Numbers of Mast Cells

The *W* and *Sl* loci of the mouse genome are not the only ones linked so far with alterations in mast cell numbers. The patch (*Ph*), microphthalmia (*mi*), and asebia (*ab*) loci have also been found to influence the abundance of mast cells in the tissues. Therefore, they may represent models deserving further attention.

Patch is a semidominant, white spotting locus on Chromosome 5 closely linked with *W* (111). Alone it has little effect on mast cell presence, but when combined as a double heterozygote with a *W* allele (*W/+*, *+/Ph*), it leads to substantial increases in mast cell numbers in the gut and spleen compared with heterozygotes (*W/+*, *+/Ph*) or wild-type homozygotes (*+/+*) (112). These results are intriguing because of the apparent preferential effects on mucosal type mast cells. They suggest the presence of microenvironmental regulatory factors within the gut and spleen.

The microphthalmia locus is semidominant, located on Chromosome 6, and influences the size and pigmentation of the eyes, the coat color, secondary resorption of bone leading to osteopetrosis, and numbers of mast cells at various sites (111). Both heterozygotes and homozygotes show unusual numbers of mast cells in the spleen, gut, and skin (112–114). The mast cell defect is cell autonomous and interferes with proliferative signals generated by receptor tyrosine kinases (115), thereby affecting signaling through the SLFR pathway. Thus, essentially pure populations of mast cells can be produced by culturing hematopoietic cells of *mi/mi* mice in a cytokine-rich medium. When these mast cells are then co-cultured with 3T3 fibroblasts in the absence of the conditioned medium, they fail to enter the S phase of the cell cycle and eventually die out (114). However, *mi/mi* fibroblast monolayers support the survival and proliferation of mast cells derived from normal littermates. Therefore, the defect is not with the fibroblasts, but rather with the mast cells themselves. It is intriguing that these results are similar to those found with *W/W^v* mouse mast cells and fibroblasts, even though there is only partial overlap in the range of defects caused by the two types of mutations. Presumably, bone marrow transplants from *+/+* littermates should cure the *mi/mi* mast cell defect.

The *c-fms* gene is closely related to the *c-kit* proto-oncogene of the *W* locus and, therefore, like it, encodes a cell surface-associated receptor with an intracellular tyrosine kinase domain (115). Its ligand is colony-stimulating factor-1 (or macrophage colony-stimulating factor). Following transfection of the *c-fms* gene into cultured cytokine-dependent *mi/mi* and *W/W^v* mouse

mast cells (115), both kinds of cells proliferate in culture medium containing IL-3. However, when IL-3 is omitted and CSF-1 is present, only the transfected mast cells derived from *W/W^v* mice survive. Thus, the *mi* defect interferes with proliferative signals generated by receptor tyrosine kinases, but not those initiated by IL-3. How this happens is not yet clear. Perhaps the *mi* locus gene encodes another cell surface-associated protein important for transducing the signal to proliferate, or possibly the *mi* protein acts in the pathway leading to cell division at a point distal to the signal generated by ligand interaction with the receptor tyrosine kinases. In any event, this model should prove useful in identifying the critical initial steps involved in activating mast cells for survival and proliferation through the SLFR.

Asebia is a recessive gene localized to Chromosome 19 (111). A double dose of mutant alleles (*ab/ab*) results in mice nearly devoid of body hair, with dry, slightly scaly skin due to underdeveloped sebaceous glands, chronic epidermal hyperproliferation, dermal inflammation, and a 20-fold higher density of dermal mast cells than in normal mice (116, 117). The phenotype of these mast cells and the factors involved in their proliferation await future investigation.

Functional Capabilities of Mast Cells Are Regulated by Fibroblasts

Most of the information gathered so far about the effects of microenvironmental factors on mast cells is concerned with the acquisition or loss of synthetic capabilities, that is, the capacity of mast cells to produce their granule and cell surface constituents. Because a major focus of our work lies in dissecting the biochemical events involved in mast cell and basophil activation, we have become interested in determining whether microenvironmental factors could also affect the functional repertoire of mast cells. Over the years, we have identified a number of molecules in mast cells that play a role in cell signaling via the surface receptor with high affinity for IgE (118–120). The cell model for much of this work has been the rat basophilic leukemia (RBL-2H3) cell, a transformed line closely resembling intestinal mucosal mast cells (121). Thus, like intestinal mucosal mast cells, RBL-2H3 cells are unresponsive to most of the nonimmunologic stimuli tested so far (122, 123). Given our interests in the functional activation of mast cells, we wanted to see if we could determine whether the microenvironment, specifically fibroblasts, was capable of regulating the functional capabilities of mast cells.

Co-cultures of mouse 3T3 fibroblasts and RBL-2H3 cells were established. At various time points, the RBL-2H3 cells in co-culture (and control RBL-2H3 cells grown by themselves) were tested for responsiveness to the classic peritoneal mast cell secretagogue, Compound 48/80 (124; Swieter, Midura, Oliver, Ni-

shikata, Berenstein, Hascall, Mergenhausen, and Siraganian, submitted for publication), and also to neuropeptides such as Substance P (unpublished). What we found was that not only did the co-cultured RBL-2H3 cells become sensitive to the agents, but the response was specific, noncytotoxic, dose-dependent, and, in the case of Compound 48/80, could even occur in the absence of extracellular Ca²⁺. Moreover, cell to cell contact between the RBL-2H3 cells and fibroblasts was required and acquisition of the new functional capabilities were accompanied by a concomitant shift in proteoglycan synthesis from primary chondroitin sulfates toward more heparan sulfates.

Because the features of the fibroblast-induced alterations in functional phenotype of the RBL-2H3 cells suggest the involvement of SLF and its receptor, we are actively exploring this possibility. If SLF is found to be responsible, we will have shown that it induces not only changes in mediator content in mast cells, but changes in functional repertoire as well. If no link with SLF can be made, then we will be in search of another microenvironmental factor capable of influencing mast cell form and function.

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