

King's Research Portal

DOI: [10.1111/all.16259](https://doi.org/10.1111/all.16259)

Document Version Publisher's PDF, also known as Version of record

[Link to publication record in King's Research Portal](https://kclpure.kcl.ac.uk/portal/en/publications/4270c56e-4437-4d63-aac9-8eed8b51c40e)

Citation for published version (APA):

McCraw, A. J., Palhares, L. C. G. F., Hendel, J. L., Gardner, R. A., Santaolalla, A., Crescioli, S., McDonnell, J., Van Hemelrijck, M., Chenoweth, A., Spencer, D. I. R., Wagner, G. K., & Karagiannis, S. N. (2024). IgE glycosylation and impact on structure and function: A systematic review. Allergy, 79(10), 2625-2661. <https://doi.org/10.1111/all.16259>

Citing this paper

Please note that where the full-text provided on King's Research Portal is the Author Accepted Manuscript or Post-Print version this may differ from the final Published version. If citing, it is advised that you check and use the publisher's definitive version for pagination, volume/issue, and date of publication details. And where the final published version is provided on the Research Portal, if citing you are again advised to check the publisher's website for any subsequent corrections.

General rights

Copyright and moral rights for the publications made accessible in the Research Portal are retained by the authors and/or other copyright owners and it is a condition of accessing publications that users recognize and abide by the legal requirements associated with these rights.

•Users may download and print one copy of any publication from the Research Portal for the purpose of private study or research. •You may not further distribute the material or use it for any profit-making activity or commercial gain •You may freely distribute the URL identifying the publication in the Research Portal

Take down policy

If you believe that this document breaches copyright please contact librarypure@kcl.ac.uk providing details, and we will remove access to the work immediately and investigate your claim.

DOI: 10.1111/all.16259

REVIEW

IgE glycosylation and impact on structure and function: A systematic review

Alexandra J. McCraw[1](#page-1-0) | **Lais C. G. F. Palhare[s1](#page-1-0)** | **Jenifer L. Hende[l2](#page-1-1)** | **Richard A. Gardner[3](#page-1-2)** | **Aida Santaolalla[4](#page-1-3)** | **Silvia Cresciol[i1](#page-1-0)** | **James McDonnel[l5](#page-1-4)** | **Mieke Van Hemelrijc[k4](#page-1-3)** | **Alicia Chenowet[h1,6](#page-1-0)** | **Daniel I. R. Spencer[3](#page-1-2)** | **Gerd K. Wagner[1,7](#page-1-0)** | **Sophia N. Karagianni[s1,6](#page-1-0)**

¹St. John's Institute of Dermatology, School of Basic & Medical Biosciences & KHP Centre for Translational Medicine, Guy's Hospital, King's College London, London, UK

 2 Department of Chemistry, Trent University, Peterborough, Ontario, Canada

3 Ludger, Ltd., Abingdon, Oxfordshire, UK

 4 Translational Oncology & Urology Research (TOUR), School of Cancer and Pharmaceutical Sciences, King's College, London, UK

⁵Randall Centre for Cell and Molecular Biophysics, School of Basic & Medical Biosciences, King's College London, London, UK

⁶Breast Cancer Now Research Unit, School of Cancer & Pharmaceutical Sciences, Guy's Cancer Centre, King's College London, London, UK 7 School of Pharmacy, Medical Biology Centre, Queen's University Belfast, Belfast, UK

Correspondence

Sophia N. Karagiannis, St John's Institute of Dermatology, School of Basic & Medical Biosciences & KHP Centre for Translational Medicine, King's College London, Guy's Hospital, Tower Wing, 9th Floor, & Breast Cancer Now Research Unit, School of Cancer & Pharmaceutical Sciences, Guy's Cancer Centre, London SE1 9RT, UK.

Email: sophia.karagiannis@kcl.ac.uk

Funding information

Worldwide Cancer Research, Grant/ Award Number: 24-0087; Cancer Research UK, Grant/Award Number: C30122/A11527 and C30122/A15774; Guy's Cancer Charity Melanoma Special Fund, Grant/Award Number: SPF573; British Skin Foundation, Grant/Award Number: 006/R/22; Cancer Research UK King's Health Partners Centre at King's College London, Grant/Award Number: C604/A25135; Breast Cancer Now, Grant/ Award Number: KCL-BCN-Q3; UK Medical Research Council, Grant/Award Number: MR/R015643/1; King's Health Partners Centre for Translational Medicine

Abstract

The impact of human IgE glycosylation on structure, function and disease mechanisms is not fully elucidated, and heterogeneity in different studies renders drawing conclusions challenging. Previous reviews discussed IgE glycosylation focusing on specific topics such as health versus disease, FcεR binding or impact on function. We present the first systematic review of human IgE glycosylation conducted utilizing the PRISMA guidelines. We sought to define the current consensus concerning the roles of glycosylation on structure, biology and disease. Despite diverse analytical methodologies, source, expression systems and the sparsity of data on IgE antibodies from non-allergic individuals, collectively evidence suggests differential glycosylation profiles, particularly in allergic diseases compared with healthy states, and indicates functional impact, and contributions to IgE-mediated hypersensitivities and atopic diseases. Beyond allergic diseases, dysregulated terminal glycan structures, including sialic acid, may regulate IgE metabolism. Glycan sites such as N394 may contribute to stabilizing IgE structure, with alterations in these glycans likely influencing both structure and IgE-FcεR interactions. This systematic review therefore highlights critical IgE glycosylation attributes in health and disease that may be exploitable for therapeutic intervention, and the need for novel analytics to explore pertinent research avenues.

This is an open access article under the terms of the [Creative Commons Attribution](http://creativecommons.org/licenses/by/4.0/) License, which permits use, distribution and reproduction in any medium, provided the original work is properly cited.

© 2024 The Author(s). *Allergy* published by European Academy of Allergy and Clinical Immunology and John Wiley & Sons Ltd.

KEYWORDS allergy, cancer, glycosylation, IgE, systematic review

1 | **INTRODUCTION**

IgE is the least prevalent immunoglobulin in human serum, with concentrations below [1](#page-34-0)50ng/mL in non-atopic individuals.¹ This antibody class is thought to have originally evolved as a first line immune defence against parasites and animal venoms in mammals, $2-5$ exerting its immune-stimulating functions via engagement with canonical Fc receptors on a range of effector cells (Figure [1](#page-2-0)). The significant prevalence of allergic diseases in developed countries has defined IgE for pathogenic roles in allergy.⁶⁻⁸ A study by the National Centre for Health Statistics placed estimations of allergy prevalence in US children at 27.2%,^{[9](#page-35-1)} with previous work indicating a rising prevalence towards allergy in the industrialized world that could see as much as 40% of the population affected.^{[10](#page-35-2)} Despite this, understanding of the mechanisms that underly the onset of IgE-mediated allergies and atopic diseases remains limited.

IgE is architecturally similar to other human immunoglobulin classes, comprising two identical heavy-chains and two identical light chains, but carries an additional ε -chain domain where the flexible hinge region of the IgG γ -chain is located (Figure [1](#page-2-0)).^{11,12} The IgE network includes two canonical Fc receptors—the high-affinity FcεRI and the low-affinity CD23/FcεRII; as well as IgE-binding proteins such as Galectin-3, thought to regulate lgE -Fc ε RI signalling.^{12,13} IgEmediated cross-linking of FcεRI by multivalent allergens mediates mast cell degranulation and synthesis of inflammatory mediators, Th2 cytokines and chemokines involved in allergic responses. $1,12$

Human IgE (hIgE) is heavily glycosylated, with seven potential Nglycosylation sites documented within the ε heavy chain conserved region (Figure 1),^{[11](#page-35-3)} yet occupancy, composition and functions of these glycans remain insufficiently understood. In IgG, glycosylation is known to influence inflammatory properties (sialylation).^{14,15} ADCC efficacy (fucose)^{[16,17](#page-35-6)} and serum clearance rates (mannose)¹⁸; these attributes are linked to modified FcγR affinities, differential effector functions and cytokine signalling. It is of interest therefore from the perspective of understanding allergic mechanisms and therapy design to clarify the role of glycosylation in the biological and pharmacological effects of IgE.

Allergy has been suggested as a disease of aberrant glycosyla-tion.^{[19](#page-35-8)} More recent research reported allergic-derived IgE to carry differential sialylation that may contribute to allergic pathogenicity. 20 Furthermore, the extent of IgE glycosylation may impact the regulation of IgE via endogenous anti-IgE IgG antibodies.^{[21](#page-35-10)} Defining if changes in IgE glycosylation could drive allergic mechanisms may aid in the development of novel treatments and approaches to understanding allergy. However, the diffuse nature of literature surrounding hIgE glycosylation renders drawing conclusions on potential associations of IgE glycosylation with disease, allergy, and structural and functional attributes challenging.

Previous reviews on IgE glycosylation have broadly examined lit-erature surrounding health and disease^{[22](#page-35-11)}; Fc receptor binding^{[23](#page-35-12)}; or have broadly looked at the impact of glycosylation on allergy or antibody function without specific focus on $IgE^{24,25}$ Neither have reviews sought to clarify IgE glycosylation in the context of IgE-based therapeutics, and to date, there has been no systematic review adhering to PRISMA guidelines focused on the hIgE glycan literature. To this end, we sought to address this by systematically reviewing the literature, focusing on studies that investigated human IgEs in the context of glycan composition, structure and function.

In this systematic review, we thus sought to provide a thorough search and evaluation of two facets of hIgE glycan biology: the presence of differential glycosylation associated with disease and potential implications for disease mechanisms and biomarkers; and

FIGURE 1 Structures and glycosylation sites of IgE and IgG class antibodies. IgE carries an additional CH domain (Cε2) in place of the hinge region found in IgG. Whereas IgG has only one documented conserved N-glycan site, N297; IgE has a total of 7 conserved N-glycosylation sites. One site, N383, is consistently unoccupied. Site N394 is considered evolutionary homologous to IgG's N297 but carries an oligomannose glycan in place of a complex glycan. N394 is the only documented oligomannose glycan on IgE.

the roles of hIgE glycosylation in antibody structure and function, including how this may provide insight into disease mechanisms and novel targets. We review the source of IgE and analytical methodologies. We draw overall conclusions on hIgE glycosylation in relation to structure, biological function and disease mechanisms. Finally, we consider how the current literature may inform future studies in both allergy and development of IgE-based therapeutics.

2 | **MATERIALS AND METHODS**

2.1 | **Search criteria**

This systematic review was performed following the Preferred Reporting Items for Systematic reviews and Meta-Analysis (PRIMSA) guidelines.^{[26](#page-35-14)} Search strategies and inclusion/exclusion criteria were finalized prior to conducting the review. This review protocol has not previously been registered or published. Further details including the PRISMA checklist, search strategy and corresponding results from each database, and a list of excluded studies can be found in the File [S1](#page-37-0) (see Search Strategies).

2.2 | **Study selection**

The aim was to identify all relevant published studies providing either compositional analysis of human IgE or insight into the roles of human IgE glycosylation in structure and function. The following inclusion criteria were used:

2.2.1 Structure and source of immunoglobulin E

Only studies using a form of human-derived IgE, or engineered IgEs or IgE fragments at a minimum containing whole or part of human Fc regions (human, humanized, chimeric) (referred to herewith as IgE), were included. Sources included IgEs derived from human serum and plasma and recombinant human, humanized and chimeric IgE antibodies derived from human, non-human and non-mammalian system cell-based expression systems.

2.2.2 | Investigation

Studies including a form of compositional analysis of IgE glycosylation or investigating structural integrity and/or functional capabilities in relation to glycosylation were included.

2.3 | **Data sources**

Our initial search included all records listed in the following databases since their inception: Scopus, Web of Science, and Google Scholar

 Allergy $\frac{1}{\sqrt{2}}$ **MCCRAW ET AL.** $\frac{1}{\sqrt{2}}$ **3**

and Pubmed/Medline (up to 30 April 2024). No pre-set search filters or language restrictions were used. Grey literature in the form of conference abstracts was to be included, so long as above criteria was met. Theses and pre-prints were ultimately excluded from the analysis.

Detailed search strategies for each individual database are provided in the File [S1](#page-37-0). We searched title, abstract and keyword fields in Scopus and free terms in Web of Science using the terms "immunoglobulin e" or "IgE" combined with "glycan" or "glycosylation" and "human." For Google Scholar, the same terms but restricted to title only were used to limit number of non-relevant hits. For Pubmed/ Medline, we searched titles and abstracts with the terms "immunoglobulin e" or "IgE" in combination with "glycan" or "glycosylation" and "human." Abstracts of retrieved records were manually screened, followed by screening of full texts for studies deemed potentially eligible within the criteria.

2.4 | **Data extraction**

Titles and abstracts of all identified records from each database search were imported to the commercial reference management software Endnote (Clarivate Analytics). Duplicate records were identified and removed following manual screening. Two investigators (A. McCraw and L. Palhares) finalized the final list of studies for inclusion. For studies including compositional analysis, A. McCraw and J. Hendel performed data extraction. For studies investigating structure and function, A. McCraw and L. Palhares performed data extraction.

3 | **RESULTS**

3.1 | **Overall data trends**

Following PRISMA, 41 articles were included for analysis (Figures [2](#page-4-0) and [3](#page-5-0), Table [1](#page-7-0)): 19 looked exclusively at glycan composition $11,27-44$; 19 examined structure and function in relation to glycosylation $30,45-62$; and 5 investigated both composition and structure/ function[.19,20,63–65](#page-35-8) A total of six studies performed site-specific analysis[.11,20,34,39,43,65](#page-35-3)

3.1.1 | IgE origin

An overview of expression systems and their corresponding glycosylation patterns is provided in Table [S1](#page-37-0). Twenty-four studies utilized IgE derived from human sera or plasma (Figure [3](#page-5-0)); of these, 13 used IgE derived from myeloma[.11,19,28–30,34,36,40,45,53,54,58,60](#page-35-3) Six studies used IgE derived from hyperimmune conditions^{11,27,41,43,54,58} and IgE from allergic and/or atopic conditions accounted for nine studies.[20,37,41,43,44,52,54,57,65](#page-35-9) One study examined serum IgE derived from a patient with a parasitic infection.⁵⁸ Four studies used IgE derived from 'healthy' individuals.^{11,20,38,39} However, the definitions of

FIGURE 2 PRISMA flow diagram for qualitative synthesis, showing the breakdown of paper inclusion/exclusion at each stage of the screening process. A breakdown of the screening and selection process is provided in Section [2.](#page-3-0)

'healthy' varied; two defined healthy as 'non-allergic' and the other two specified 'healthy' pooled serum.

Six studies used IgE derived from at least two separate disease states^{11,20,41,43,54,58}; of these, four compared IgE glycan composition between these states $11,20,41,43$; and only two included IgE from individuals defined as 'healthy'. $11,20$ Seventeen papers utilized recombinant IgE, either full-length or Fc fragments, from mammalian cells, ^{30-33,35,39,42,47,50-52,55,56,62-65} with murine cell lines being the most represented^{[30,31,33,35,47,50,51,55,56,62](#page-35-15)} (Figure [3](#page-5-0)). Six studies utilized hIgE derived from bacterial or insect expression systems.[46,48–50,59,63](#page-36-1)

3.1.2 | IgE type

Thirty-three studies investigated full-length IgE derived from either mammalian cells or human serum[.11,19,20,27–32,34,36–45,51–58,60,62–65](#page-35-3) Seven papers used some variation of Fc construct^{33,35,46-50} and one

FIGURE 3 Origins and investigations of data on IgE glycosylation generated in the published literature. Data extracted from Table [1](#page-7-0). IgE type predominantly consisted of full-length IgEs, followed by Fc fragments and ε-chain fragments. Most IgEs were derived from human sera or from non-human mammalian cells. Of human serum-derived IgE, the majority was sourced from IgE+ myeloma.

used a different protein construct.^{[59](#page-36-2)} One paper used a combination of full-length IgE and Fc fragments.^{[30](#page-35-15)}

3.1.3 | Form of glycoengineering and analysis

A variety of glycosidases, proteases and glycosyltransferase inhibitors were used for study, either for the purpose of deglycosylation for

compositional analysis or for structural/functional investigation (Table [2](#page-10-0)).

Fourteen studies used endoglycosidases such as Endo-F1 or PN Gase-F,[11,20,27,30–32,40,41,45,46,50,52,64,65](#page-35-3) whilst nine used exoglycosidases including neuraminidase and mannosidase^{35,40,45,52-54,58,60,64} to glycoengineer IgE. Thirteen used various proteases to digest IgE for the purpose of study[.11,20,28,29,33,34,36,39–41,43,63,65](#page-35-3) Finally, six studies used a form of site-specific mutation to glycoengineer **TABLE 1** General overview of papers investigating IgE glycosylation summarizing primary information on IgE source, type and origin.

 $^{\rm a}$ IgE D.E.S., 105 105 105 IgE N.D. 106 106 106 IgE P.S., 107 107 107 IgE U.D., 108 IgE V.L. 109 109 109 and IgE W.T. 108 : IgE derived from the sera of specific patients with myeloma. b Exact source is unknown but presumed human serum.

IgE.[51,52,55,56,62,65](#page-36-11) An overview of compositional analysis methodologies is shown in Tables [S2–S4.](#page-37-0)

3.2 | **Site occupancy**

Site occupancy was investigated by six studies. $11,20,34,39,43,65$ For site occupancy, most studies were conducted on IgE derived from human sera (Table [3](#page-13-0)). Early IgE glycosylation studies suggested that IgE carried 3–4 complex glycans and one oligomannose glycan.^{[28,36](#page-35-19)} It has since been established that IgE carries up to five complex glycans and one oligoman-nose glycan considered equivalent to the sole glycan of IgG (Figure [1](#page-2-0)). 11 11 11 Complex glycan sites consist of N140, 168, 218, 265 and 371, whilst N394 carries the oligomannose glycan. An additional consistently unoccupied N-glycosylation site is present at N383 (Figure [4A](#page-28-0)).

Variance was found in site occupancy levels between studies. Plomp et al. reported partial occupation at N218, N371 and N394, supported by Montero-Morales et al., $11,39$ who additionally reported lower occupancy at N218 and N371 for plant-derived IgE.^{[39](#page-35-28)} Shade et al.^{[20](#page-35-9)} were mostly in agreement for N218 but found substantially lower occupation rates for N371 (20% compared with an average of 93% for other sites) and full occupation of N394. Sites N140, 168 and 265 were consistently reported to be fully occupied.^{11,20}

3.3 | **Glycan composition**

Examination of N394 shows that it carries between 5 and 9 hexoses,^{11,27,33,39,40,64} with five mannose residues the most prevalent glycoform[.11,27](#page-35-3) One study optimizing collision energies for Q-TOF (Table [S2](#page-37-0)) detected what appears to be an N394 glycoform carrying a fucose residue.^{[34](#page-35-23)} Whilst this is the only study that has reported the

presence of fucose on the oligomannose N394 glycan, a site consistently found to be occupied by a high-mannose glycan, core fucosylation of high-mannose glycans has previously been reported in several stud-ies^{[66–69](#page-36-19)} and aberrant glycosylation, including increased fucosylation, is a common feature of cancer.^{70,71} Since the study reporting a fucose residue on N394 reports a myeloma-derived IgE, it is conceivable that this could relate to the expression of IgE by malignant cells (see Table [1](#page-7-0)).

Complex-type glycans typically carry sialic acid, galactose, mannose and N-acetylglucosamine (GlcNAc) (Figure [4](#page-28-0)). The number of terminal sialic acids can vary, with 1–2 residues being the most prevalent, $11,29,34,36,39,43$ although glycans can lack sialic acid entirely.^{20,27,34} Recombinant IgE produced in mammalian expression systems differed, with up to 4 terminal sialic acids detected on com-plex tetra-antennary structures.^{[32,39,64](#page-35-22)} Most complex glycans carry a core fucose,^{[11,29,36,39,41,43,64](#page-35-3)} although non-fucosylated structures were also observed (Table [3](#page-13-0)).^{[11,34](#page-35-3)}

IgE derived from human sera and plasma predominantly pres-ents with mono-antennary or bi-antennary structures.^{[11,20,39](#page-35-3)} Triantennary and tetra-antennary structures were detected at low rates in disease states.^{[11,20,41](#page-35-3)} Recombinant IgE derived from mammalian expression systems showed increased levels of tri-antennary and tetra-antennary structures.^{39,64} Bisecting GlcNAc was detected both in recombinant $IgE^{39,64}$ $IgE^{39,64}$ $IgE^{39,64}$ and at low levels in serum $IgE^{11,39,41,43}$ From those studies performing site-specific analysis, bisection appeared most prevalent at site $N371$, $11,39$ but can persist at low levels across all complex sites (Figure [4B\)](#page-28-0).

3.4 | **Differential glycosylation patterns**

Of the 23 studies utilizing serum-derived IgE, only seven investigated potential differential glycosylation between disease states.

Of these, three compared IgE derived from different disease states whilst others investigated glycosylation differences between recombinant and serum-derived IgE, or in different IgE preparations.

Plomp et al. 11 11 11 compared human IgE derived from patients with hyperimmune syndrome, IgE myeloma and pooled sera from healthy volunteers. Differences arose in levels of specific glycan residues, or in the number of glycan antennae. All structures were fucosylated in myeloma-derived IgE, whilst low levels of non-fucosylated structures were present in both hyperimmune and healthy IgE. Myeloma IgE carried elevated levels of tri-antennary and tetra-antennary structures compared with hyperimmune and healthy state-derived IgEs, where 96% of complex glycans were bi-antennary.^{[11](#page-35-3)} Sassi et al.^{[41](#page-35-30)} found decreased levels of tri-antennary and tetra-antennary *N*-glycans in hyperimmune patients compared with an atopic dermatitis patient control. Levels of bisected glycoforms were substantially lower in the myeloma IgE dataset; Shade et al. similarly found bi-section was increased on non-atopic compared with allergic IgE.^{[11,20](#page-35-3)} Interestingly, IgE light chains were found in both glycosylated and non-glycosylated forms in healthy and hyperimmune IgEs, but not in myeloma IgE.^{[11](#page-35-3)} Both non-atopic and allergic IgEs carried similar levels of mannose and fucose, whilst sialic acid content was greatly in-creased in allergic individuals.^{[20](#page-35-9)} Of note, although no compositional analysis was given, work by Robertson et al. found evidence suggesting that sialic acid levels on IgE varied within the general population.^{53,54} Alongside evidence of differential glycosylation amongst IgEs from allergic, compared with non-allergic individuals, 19 lectin blot analyses may suggest heterogenous glycosylation within the al-lergic populations as well.^{[44](#page-35-32)}

Batista et al. examined IgE secreted from J558L plasmacytoma and WEHI 231 B-cell lymphoma cells, identifying a second IgE isoform secreted by both cell types, and differences in glycosylation not only between cell types but also between ε chain isoforms secreted

from B cells. Differences were determined to be partly due to differing sialic acid content. 31 Differential glycosylation within secreted IgE-N.D. produced in U266 B-cell myeloma cells were reported.^{[39,42](#page-35-28)} Levels of mannose, sialic acid and galactose in these preparations were comparatively lower to previous data available on the same IgE-N.D.^{[42](#page-35-24)} Finally, core differences between sera-derived and recombinant human embryonic kidney (HEK293b) cell-derived IgEs were reported, whilst plant-derived IgE showed similar glycosylation patterns between batches.^{[39](#page-35-28)}

3.5 | **Structural and functional involvement of IgE glycans**

Publications investigating IgE glycosylation in relation to structure and/or function are shown in Table [4.](#page-25-0)

3.5.1 | Glycosylation in IgE production and secretion

Glycosylation has been considered essential for correct folding and secretion of IgE; however, this has been reported using rat IgEsecreting rat IR162 plasmacytoma cells treated with tunicamycin, a glycosylation inhibitor preventing formation of N glycans, 72 and later replicated by Yamazaki et al. who used mouse IgE generated with HEK293 cells.^{[61](#page-36-22)} This contrasts with detectable IgG from cell super-natants in the presence of tunicamycin.^{[61,73](#page-36-22)}

A study of peripheral blood and bone marrow B cells from healthy individuals, patients with myasthenia gravis and systemic lupus erythematosus reported a 2-fold higher propensity for IgE and IgG4 to acquire N-linked glycans in the variable regions during somatic

^aBasu et al. list their enzyme simply as Endo-F. aBasu et al. list their enzyme simply as Endo-F.

12 WILEY-Allergy EXCRAW ET AL. TABLE 3 A complete summary of studies investigating human IgE glycan composition, including site occupancy, and their findings.

TABLE 3 (Continued)

16 | ALLER CONSTANT CONSTANT

TABLE 3 (Continued)

and SHM-derived) is significantly higher in IgE than IgM, IgA and IgG. This is predominantly due to the preservation of germline-encoded Nlinked glycosylation motifs in IgE. N-glycosylation may hold roles in the expansion and maintenance of IgE-expression B cells in non-allergic individuals. Other proposed roles may be a disease specific role for N-linked glycosylation motif acquisition for selection of IgE-expressing B cells; or non-specific obstruction of antigen recognition and subsequent inhibition

of BCR affinity maturation

Differential

Did not identify source of differential glycosylation but ruled out differential sialylation Previous work by Bennich and Johansson¹⁰⁸ had found 5 glycan chains, so noted the possibility that one glycopeptide

Found no differences in the acquisition of N-glycosylation sites in autoantibodymediated immune disease patients but didn't look at IgE. Postulated involvement of endogenous sugarbinding lectins that may drive selection pressure for Fab glycosylation in Th2 skewed responses

peak may have contained 2 identical glycopeptides.

2017

20 WILEY-Allergy EXICO EXICO EXICO

TABLE 3 (Continued)

22 | ALLER ALLACTAL CONSUMING A MCCRAW ET AL.

TABLE 3 (Continued)

TABLE 4 Studies investigating IgE glycosylation in relation to structure and/or function.

TABLE 4 (Continued)

COLLECTION

(Continues)

FIGURE 4 Site occupancy and glycan composition for IgE derived from human sera. (A) Average rates of site occupancy for the occupied glycans of IgE. Data given as % rate of occupancy. Healthy pooled IgE, $N=2^{20,39}$; hyperimmune IgE, $N=1^{11}$ $N=1^{11}$ $N=1^{11}$; myeloma IgE, $N=1^{11}$; allergic IgE, N=1.^{[20](#page-35-9)} (B) Average rates of glycan features for individual glycan sites. Glycans shown for each site are depicted with the most common glycan features. N140, *N*= $3^{11,20,39}$; N168, *N*= $3^{11,20,39}$; N218, *N*= $3^{11,20,39}$; N265, *N*=2 (sialic acid, fucose), *N*=1 (bisection, antennae)^{11,20}; N317, $N = 2^{11,39}$; N394, $N = 2^{20,39}$ $N = 2^{20,39}$ $N = 2^{20,39}$

hypermutation (SHM), compared with IgG1 or IgA. No differences in N-glycosylation site frequencies or in N-linked glycan acquisition were found between patients and healthy groups. These findings led

to the suggestion that a heightened propensity for Fab region glycosylation during B-cell affinity maturation may represent a hallmark for Th2-biased immune responses. 37 A study of B cells from healthy

individuals showed that although IgE features a lower SHM burden potentially due to the limited presence of IgE+ B cells in germinal centres, it not only retains germline-encoded but also acquires more N-glycan motifs through SHM compared with IgG and IgA. 38 38 38 This may suggest increased pressure for IgE class antibodies to acquire Nglycans, a phenomenon potentially linked to a role of glycans at these sites in masking antigen recognition, thus impairing affinity maturation to regulate IgE levels. Whether these processes are dysregulated in allergic conditions remains to be elucidated.

3.5.2 | IgE glycosylation and structure

Nine studies investigated glycan involvement in IgE structure, predominantly focusing on N394 (Figure [1](#page-2-0)), with limited investigation into other glycans or specific glycan residues. Findings were inconsistent.

One study reported that mutations in N394 or the nearby residue T396 resulted in human IgE Fc region fragments incapable of binding FcεRIα. These findings could suggest the involvement of this glycan site in structural integrity and Fc receptor-binding affinity.^{[51](#page-36-11)} Further work involving Fc fragments suggested roles for glycosylation in maintaining structural stability; however, the extent of glycan involvement differed between studies.^{[30,46](#page-35-15)} Basu et al.^{[30](#page-35-15)} reported aggregation following deglycosylation, assigning a role for Fc glycans in preserving structure/conformation integ-rity. Björklund et al.^{[46](#page-36-1)} found no aggregation, although reported a specific role for N394 in preserving FceRI-binding site integrity. Methodology varied, with different enzyme combinations of Endo-F/Endo-H and PNGase-F/Endo-H (Table [2](#page-10-0)) used by Basu

et al. and Björklund et al., respectively. Deglycosylation of recombinant Fc fragments produced in NS0 cells was reported not to impact Fc folding; however, the presence of interchain disulphide bridges in IgE Fc fragments not present in the full Fc may have far greater impact on structural stability, potentially masking glycan contributions in such experiments.^{[50](#page-36-10)}

Regarding full-length IgE, size-exclusion chromatography (SEC) and circular dichroism (CD) showed no aggregation, but CD was thought to reveal a small shift following EndoF1 treatment, inter-preted as a change in IgE secondary structure.^{[65](#page-36-5)} N394 does not appear to modulate thermal stability of IgE Fc ε 3-4 fragments.^{[47](#page-36-7)} No significant structural changes or aggregation were detected following desialylation of full-length IgE, but complete lack of impact on structure could not conclusively be drawn.^{[64](#page-36-4)}

Glycosylation in full-length IgE may act to mask potential binding epitopes on specific domains: PNGase-F treatment (Table [2](#page-10-0)) was found to improve reactivity of several anti-Cε2 mAbs and substantially reduced rFc ε RI α binding.^{[45](#page-36-6)} Aggregation was ruled out as a potential cause by fractionating IgE preparations to isolate nonaggregated IgE. In comparison, whilst sialidase treatment (Table [2](#page-10-0)) could similarly improve anti-Cε2 mAb reactivity, it had no impact on rFcεRlα binding. 45

3.5.3 | IgE glycosylation and its impact on IgE interactions with FcεRI

Most studies focused on N394, with few investigating other Fc glycan sites or sialic acid residues. Studies investigating N394 in FcεRI interactions tended to use IgE fragments as opposed to full-length IgE.

30 | WILEY-Allergy EXCRAMELY EXCRAMELY

Mutation of asparagine residues to alternative residues for sites N394 and N371 revealed that loss of N371 had only minor impact on binding kinetics, whilst N394 mutants showed no detectable binding activity to FcεRIα and inability to drive FcεRI-mediated degranula-tion.^{[55](#page-36-14)} Structural impact was not determined.

N394 was declared essential for FcεR binding: whether this is through structural changes or direct effects on FcεR binding was undetermined.^{[51](#page-36-11)} Later work declared N394 as essential for overall IgE functional activity.^{[65](#page-36-5)} However, no significant contributions of N394 to the FcεRI-binding interface were observed when using insect cell-derived C ε 3-4 Fc fragments.^{[48](#page-36-8)} A second study using full-length IgE from an insect expression system found comparable FcεRI binding and degranulation to a HEK293-derived IgE; this may support oligomannose glycans as an obligate requirement for functional activity.[63](#page-36-3)

Escherichia coli-produced IgE-Fc fragments and isolated Cε3 domains, completely lacking glycosylation, nonetheless showed near-full FceRI affinity,^{[49](#page-36-9)} whilst deglycosylated Fc-Ce3-4 fragments from NS0 cells retained FcεRI binding, albeit with approximately 4-fold lower affinity, attributed to faster receptor off-rates. On-rates were comparable to those in glycosylated prepara-tions.^{[50](#page-36-10)} Previous studies have also observed differing binding kinetics following deglycosylation.⁷⁴⁻⁷⁶ Unlike those produced in mammalian cells, *E. coli*-derived proteins typically are required to undergo a refolding process in order for a functionally active protein to be generated. This carries a risk that this refolding step may yield a differentially folded structure to that of the natively expressed molecule. Thus, any differences between mammalian system-produced and *E. coli*-derived IgE-Fc domains may be due to non-physiologically folded structure rather than the presence or absence of glycans.

Obligate glycan requirement was mapped to the C ϵ 3 domain.^{[65](#page-36-5)} N371 site mutations retained similar binding constants to wild-type (WT) IgE and ability to drive IgE-mediated degranulation, although one study demonstrated slightly altered degranulation of N371 mutants compared with WT.^{[51,55,62,65](#page-36-11)} Mutation of N383 or N265 similarly did not impact FceRI interactions.^{51,62} Mutations of N394 through changing Asn to an alternative residue, however, rendered Fc fragments inca-pable of binding FcεRI or driving FcεRI-mediated degranulation.^{[51,55,65](#page-36-11)} Mast cell degranulation was slightly decreased when cells were sensi-tized via a Cε[1](#page-2-0) domain glycan mutant (Figure 1, N140, N168, N218): this was speculated to indicate a minor requirement of these glycans in IgE function, possibly through modulation of Fab arm flexibility.^{[65](#page-36-5)}

PNGase-F treatment of different IgE-Fc fragments was shown to attenuate Fc ε RI binding.^{45,46} However, it has not been possible to uncouple glycan modification from structural alteration. Similar but less pronounced effects were observed when using Endo-H (Endoglycosidase, Table 2).^{[46](#page-36-1)} More work would be required to confirm these findings and determine the underlying causes of these observations.

IgEs derived from allergic individuals may differ in their ability to drive FcεRI-mediated functions compared with IgEs derived from non-allergic states. Alongside evidence of differential

glycosylation amongst IgEs from allergic individuals compared with non-allergics, 19 IgE antibodies from allergic individuals are reported to have higher sialic acid content, correlating with increased degranulation and allergic activity. 20 These may potentially be attributed to differences in FcεR engagement and immune cell signalling. Sialidase treatment (Table [2](#page-10-0)) alone could not replicate the effects of PNGase-F treatment on FcεRI in early stud-ies,^{[45](#page-36-6)} although more recent work reported that desialylation of IgE reduced mast cell degranulation and FcERI signalling.^{[20](#page-35-9)} However, another study using desialylated IgE reported no difference in FcεRI recognition or binding compared with WT-IgE.^{[64](#page-36-4)}

3.5.4 | IgE glycosylation and CD23/FcεRII Interactions

Few studies investigated IgE glycosylation with regard to CD23 interactions. Whilst the CD23-IgE interaction is known to be enhanced by calcium, no requirement of IgE glycosylation for binding CD23 is reported.[59,77](#page-36-2) However, increased binding to CD23 was observed when IgE was deglycosylated via enzymes^{[64](#page-36-4)} or site mutation.^{[62](#page-36-18)}

IgE-Fc fragments mutated to lack both N265 and N371 glycan sites had 10-fold higher affinity for CD23 compared with WT-IgE-Fc, 62 an effect traced to N265. As double-mutant Fc fragments had comparable CD23 binding to full-length IgE, the authors suggested that the Fab region may increase CD23 affinity sufficiently to overcome glycan hindrance. 62 Desialylation alone appears sufficient to increase CD23 recognition and binding compared with WT-IgE.[64](#page-36-4) Site N371 was confirmed to have no involvement in IgE-CD23 interactions.^{[56](#page-36-15)}

3.5.5 | IgE glycosylation and non-Fc receptor IgE-binding proteins

Limited investigation has been carried out on other IgE-binding proteins such as Galectin 3 (Gal3). Gal3 interactions with IgE appear predominantly modulated by IgE sialic acid levels, suggesting that Gal3 preferentially binds restricted IgE glycoforms.^{53,54,58,60} Evidence supports heterogenous sialylation within the general population^{[53](#page-36-12)} and between hyperimmune patients^{[54](#page-36-13)} as determined by variable Gal3 recognition of serum IgE from different patient cohorts.

In agreement with these reports, Gal3 binding of WT-IgE appears limited, but interactions can be substantially increased via sialidase treatment^{53,58}; an observation also reported using hyperimmune syndrome-derived IgE. 54 Gal3 may act to modulate IgE interactions with cells: Gal3 expressed on neutrophils differentially bound IgE according to levels of IgE sialylation, with decreased sialylation leading to increased binding.^{[58](#page-36-0)} Similarly, IgE binding to Langerhans cells was modulated by exogenous Gal3 produced by keratinocytes, an interaction enhanced by decreased IgE sialylation. 60 Gal3 could also inhibit binding of sialylated WT-IgE to FcεRI, speculated to be mediated by Gal3-FceRI interactions sterically hindering IgE binding to FceRI.^{[60](#page-36-17)}

Recent work has shed light on the mechanisms of the anti-IgE mAb omalizumab, which is approved for the treatment of IgEmediated diseases. $78,79$ Plattner et al. traced the binding requirement of omalizumab to the presence of oligomannose, specifically N384, on IgE; with both Endo-F1-treated IgE (Table [2](#page-10-0)) and site mutation of N394 glycan site able to abrogate omalizumab binding to IgE. These findings highlight a potential requirement of oligomannose for omalizumab function.^{[52](#page-36-23)}

4 | **DISCUSSION**

4.1 | **Differential glycosylation of IgE from different sources and different disease states**

Differential IgG glycosylation is shown across healthy states and different diseases including inflammatory autoimmune conditions such as rheumatoid arthritis, $80,81$ HIV 82 and in some settings serve as a prognostic biomarker of disease severity or progression.^{[83,84](#page-36-28)} However, few observations have been made regarding IgE glycosylation in disease. IgE carries no known conserved O-glycosylation motifs, and no evidence for O-linked glycosylation is reported within myeloma-derived $IgE^{27,42}$ $IgE^{27,42}$ $IgE^{27,42}$ However, composition of its N-glycans, particularly those carrying complex-type glycans (Figure [1](#page-2-0)), may vary between sources and disease states. In the literature, site-specific analysis of myeloma-derived IgEs reported elevated levels of triantennary and tetra-antennary structures and decreased bisected glycoform levels compared with both hyperimmune IgE syndromeand control-derived I gEs,^{[11](#page-35-3)} which would align with reports of ab-errant glycosylation associated with cancer.^{[70,71,85](#page-36-20)} Allergy-derived IgEs similarly display altered glycosylation, with increased sialylation and lower levels of bisection compared with non-allergic IgE reported, 20 and sialylation levels may vary between IgE secretory sources. 31 These may align with suggestions of allergy as a disease of altered glycosylation.^{[19](#page-35-8)}

Whilst in IgG, changes in glycosylation patterns have been linked to loss of tolerance and onset of autoimmune disease, $80,86$ limited work has been performed with regard to IgE glycosylation and autoimmunity, particularly IgE-mediated autoimmune conditions. 87 It would be of interest to define whether, as for IgG, predictive autoimmune-associated glycosylation patterns exist for IgE. Literature already suggests the presence of differential IgE glycosylation patterns in humans: although unconfirmed, observations surrounding the requirements of glycosylation for recognition of IgE by omalizumab have prompted speculation that glycosylation differences could explain non-response to omalizumab treatment, 52 and findings from earlier works suggest patterns of differential sialyla-tion within the general population.^{[54](#page-36-13)} Additional investigation, with a focus on site-specific analysis, would be of great interest to clarify findings within the literature.

Recombinant mammalian cell-derived IgEs show similarities in glycan structures to myeloma-derived IgEs, as well as presenting with significant glycan diversity even between preparations from the

 McCRAW et al. **[|] 31**

Very low serum IgE levels in healthy states present challenges for obtaining adequate antibody yields: consequently, many studies lack true 'healthy' controls to compare IgE in health versus disease. Studies largely rely on IgE from disease states such as myeloma or hyperimmune conditions, a significant limitation. Recent advancements in IgE-based technologies such as IgE-specific purification matrixes^{[64](#page-36-4)} and novel serum-based purification protocols^{[88](#page-37-7)} may increase the availability of healthy serum IgE for study and comparative evaluations.

4.2 | **Glycans as an IgE regulatory mechanism**

Alongside the presence of seven conserved N-glycan sites, higher selection pressure for IgE to acquire N-glycans in its variable regions during SHM has been reported. This has been suggested to denote putative roles of glycans in masking antigen recognition and promoting IgE regulation. Furthermore, similar observations for IgG4 to acquire N-glycan motifs are thought to indicate a propensity for increased glycosylation of Th2 antibodies. $37,38$ Both IgE and IgG4 are implicated in the Th2 response, 89 allergy and atopy. It is possible therefore that glycosylation could act as a regulatory mechanism for controlling antibody levels in Th2 immune responses, a process that may be dysregulated in allergic or autoimmune conditions.

Observations surrounding differential IgE sialylation may support this, noted to vary both within the general population, and more specifically in allergic patient-derived I gEs.^{[20,54](#page-35-9)} Sialylation levels could represent a form of IgE regulation, particularly via Galectin 3 where sialylation levels can modulate Gal3-IgE interactions, impairing IgE engagement with canonical FcRs on immune effector cell populations.[53,54,58,60](#page-36-12) As increased sialylation can prolong glycoprotein half-lives through masking galactose residues from recognition by the asialoglycoprotein receptor.^{[90](#page-37-9)} This may account for heightened levels of IgE observed in allergic/atopic individuals and dysregulated IgE metabolism, 91 and it is consistent with observations of altered sialylation in allergic individuals.^{[20](#page-35-9)} Hypersensitivity has been proposed as a disease of glycosylation, based on differences in glycosylation of serum-derived IgE from allergic versus non-allergic individuals. These findings suggest that allergy may be associated with altered IgE glycosylation.^{[19](#page-35-8)}

Sialylation may therefore represent a regulatory function that becomes dysregulated in IgE-mediated diseases. Low levels of sialylation that are subsequently increased during hypersensitivity potentially contribute to dysregulated IgE metabolism and could help explain the higher levels of serum IgE detected within patient blood.

4.3 | **Glycans and IgE structure**

With regard to the role of glycans on IgE production and secretion. the clearest evidence to-date have been collected with rodent antibodies. Rat and mouse IgE secretion is inhibited in the presence of broad-spectrum glycosylation inhibitors such as tunicamycin. $61,72$ At least for rodent IgE, this may suggest a fundamental contribution of glycans to structural maintenance or control of antibody assembly and production. Evidence for structural contributions of glycans in human IgEs are unclear. Reports of aggregation following PNGase-F-mediated deglycosylation vary, [30,45,46](#page-35-15) and investigations of the human Cε3 domain following PNGase-F treatment suggested that subtle changes may contribute to reduced binding to $FeERI.⁴⁵$ $FeERI.⁴⁵$ $FeERI.⁴⁵$ Whilst IgE Fc fragments can successfully be produced without glycans in bacterial systems such as *E*. *coli*, it is possible that the requirement for refolding may yield a non-physiologically folded structure. Robust studies interrogating antibody structural characteristics following glycoengineering of IgE in future studies may provide important insight.

The most convincing argument for a structural contribution arises from observations made regarding CD23. Whilst desialylation of IgE does not appear to affect Fc ε RI binding, $20,45,64$ it may contribute to binding to $CD23.^{64}$ $CD23.^{64}$ $CD23.^{64}$ This is supported by observations that glycosylation may decrease CD23 affinity via a shielding effect, partially mitigated by the Fab region in full-length IgE.^{59,62} Whether this is due to steric hindrance or changes in molecular conformation remains unclear; however, IgE desialylation was reported to improve reactivity of certain anti-Cε2 mAbs, something that may suggest effects on I gE conformation.^{[45](#page-36-6)} Similarly, deglycosylation of IgE substantially reduced omalizumab binding, indicating the possibility that glycosylation that may be linked to conformational changes that impact binding to omalizumab.^{[52](#page-36-23)} Of interest, recent work using murine IgEs and IgGs found roles for auto-antibodies recognizing IgE, in IgE regulation, with observations that these auto-antibodies could be specific for IgE glycans and thus preferentially bind glycosylated IgE.^{21,92} Whilst CD23 was found to be required for clearance of IgG:IgE complexes from the circulation, the functionality of these anti-IgE auto-antibodies appeared dependent on IgE glycosylation, with auto-antibodies raised in response to deglycosylated IgE showing decreased activity compared with those raised in response to glycosylated IgE. 21 21 21 These findings suggest an involvement of IgE glycosylation in mediating regulatory responses through IgG; however, whether this interaction is attributable to a direct involvement of IgE glycans or a passive structural conformation imparted by the presence of glycosylation and whether these phenomena apply to human IgE remain to be defined. Together, however, these data suggest that potential conformational changes in the IgE structure resulting from changes to glycosylation may substantially impact the ability of anti-IgE antibodies to recognize and engage with IgE.

Interpretation of existing data suggests glycan-mediated stabilization of IgE conformation may occur upon binding to the Fc ϵ RI, 50 50 50 and, similarly, that removal of glycans may trigger conformational

FIGURE 5 Graphical summary of the impact of glycans on IgE structure and function, showing the main conclusions of this literature review. Evidence from the literature suggests that terminal residues such as sialic acid may have an impact on IgE interactions with receptors such as Gal3 and may be involved in regulation of IgE homeostasis. Created with [BioRender.com](http://biorender.com).

changes leading to an opening of $IgE's$ bent conformation.^{[45,93](#page-36-6)} Conformational changes in the IgE structure upon FcεR binding are known to contribute to the slow dissociation rates from $FceRI^{94}$ $FceRI^{94}$ $FceRI^{94}$; observations that glycoengineered IgE may have modified FcεRbinding kinetics suggest a conformation impact that should be fur-ther investigated.^{[50,64](#page-36-10)} It is likely that changes in glycosylation may trigger modest changes in IgE structure, promoting a more open conformation that may subsequently influence interactions with IgE receptors or binding proteins.

4.4 | **Glycans and IgE function**

Separating structural from functional impact is challenging, especially considering the disparate analytical and mechanistic methodologies (Table [S4](#page-37-0)) conducted for the glycovariants across studies. *E*. *coli*-derived IgE Fc fragments, which lack glycan structures, still bind Fc ϵ RI^{49,95} and IgEs expressed in cellular systems, both human and otherwise, retain FcεRI binding despite the presence of heterogenous glycoforms. These argue against an innate requirement of IgE glycosylation for function.

N394 is the only residue with consistent evidence for functional contribution, since IgEs mutated to lack N394 are incapable of binding Fc ϵ RI or mediating degranulation.^{51,55,65} Production of fully functional IgEs from insect-based systems, where glycosylation is primarily oligo- or paucimannose in nature, lends further credence to the proposal of N394, or, more broadly, oligomannose glycans as the obligate I gE glycan. $46,48,63$

In comparison, mutation of sites $N371,51,55,62,65$ $N383^{51}$ or N265^{[62](#page-36-18)} have little impact on Fc ϵ R binding or functionality, ⁶⁵ although there is some suggestion that glycans in the $C_{\epsilon}1$ domain (Figure [1](#page-2-0), N140, N168, N218) may impact functionality: loss exerted moderate decreases in mast cell degranulation.^{[65](#page-36-5)} This again suggests a requirement for N394 for basic function, or perhaps maintenance of the base IgE structure required for function. Contrastingly, other glycans may provide a regulatory mechanism, as suggested for sialic acid; or help finetune interactions with Fc receptors via minor structural changes, such as in the case of CD23. It is conceivable that aberrant IgE glycosylation such as higher levels of sialic acid in pathological states resulting in reduced CD23 affinity may impair IgE regulation via engagement and contribute to disease pathology.

5 | **CONCLUSIONS**

Overall, certain glycan features may impact IgE structure and stability, and terminal glycans such as sialic acid residues may contribute to the regulation of IgE clearance rates via interactions with noncanonical receptors, potentially acting as a regulatory mechanism and often associated with allergic diseases (Figure [5](#page-32-0)). However, several methodological limitations exist that may curtail conclusions (Box [1](#page-33-0)), and thus, further work is needed to determine structural and functional roles of IgE glycans (Box [2](#page-34-2)). For instance, limited availability

McCRAW et al. **[|] 33**

BOX 1 Common Limitations Affecting Studies of IgE Glycosylation.

- **Disparate methodologies**, including the use of different cell expression systems for antibody production and glycoengineering, and glycoanalytical tools.
- **Limited investigation into the impact of altering glycan site or glycan composition on structure**, often no simultaneous structural evaluations and functional analysis are conducted to ascertain a direct involvement of glycosylation.
- **Limited technologies for obtaining IgE,** either from human blood or tissues or from cell culture supernatants, in sufficient quantities for study.
- **Low levels of IgE from healthy states**, where serum IgE concentration is often low present challenges in obtaining sufficient quantities of antibody for evaluation.
- **Lack of consensus on the definition of 'healthy'** in comparative studies with different 'disease' states means that any differential glycosylation between health and disease, age groups and biological sex may be under-reported.

of IgE from healthy populations for study and comparison with IgEs derived from different pathological conditions presents a significant challenge. This is further hampered by lack of understanding of how 'healthy' state may differ between genders and ethnicities. Different expression systems may not accurately reflect glycan composition in specific pathological states, leading to inconsistencies in structural and functional evaluations; for instance, most studies demonstrating some level of contribution of N394 in IgE functions utilized mammalian expression systems^{30,45,51,55,65} to generate IgE, whilst reports that typically found no contributions employed non-mammalian expression systems.⁴⁸⁻⁵⁰ To that end, further consideration of the choice of expression system and its impact on IgE functional attributes is warranted. In addition to reported roles in immune regulation, allergy and autoimmunity, there is growing interest in the use of IgE monoclonal antibodies for cancer treatment, in the field of AllergoOncology.^{[96](#page-37-12)} Evidence of anti-tumour functions was reported in a Phase 1 clinical trial of the first-in-class Folate Receptor alpha-specific MOv18-IgE.^{[97](#page-37-13)} Additional IgEs and other IgE formats such as bispecifics⁹⁸ are now being explored for therapeutic application in different settings such as melanoma, 99 multiple myeloma, 100 pancre-atic cancer^{[101](#page-37-17)} and prion disease.^{[102](#page-37-18)} Thus far, limited attention has been given to the impact of IgE glycosylation on therapeutic efficacy. Glycoengineering of therapeutic IgGs has resulted in development of afucosylated antibodies capable of driving enhanced ADCC.^{[103](#page-37-19)} With suggestions that heightened sialylation may enhance IgE effector functions and potentially mediate clearance rates, $20,104$ understanding glycan composition of recombinant IgEs and glycoengineering may contribute to the therapeutic application of this class.

3989995, 0, Downloaded from https

//onlinelibrary.wiley.com/doi/10.1111/all.16259 by Sophia N Karagiannis

- Kings College London

1.999992, 0, Dawning Damas (2000 Vil 11.051.029 Villey Damas Damas

and Conditions

/sdpm)

conditions) on Wiley Online

Library ior.

of use; OA articles

are governed by the applicable Creative

Common

Wiley Online Library on [06/08/2024]. See the Terms

34 | WILEY-Allergy CONSUMERTAL

BOX 2 Suggested Areas for Improvement in Studies of IgE Glycosylation in Health, Structure and Function and Different Pathological Conditions.

- **Development of guidelines for the definition and inclusion of healthy volunteers, for example** 'healthy' state definition could be free from allergy, atopic disease, autoimmune or other inflammatory immune conditions or malignancy at the time of sample harvesting; age and sex matching of healthy volunteer samples with patient samples.
- **Incorporation of new technologies specific for the purification of IgE** may aid in the harvesting of IgE from serum, particularly from non-allergic individuals. Additional work into techniques for the purification of IgE from human serum may benefit the field, particularly for improving accessibility to IgEs from samples with low antibody titres.
- **Structural analyses aligned with functional interrogation of IgE**, to understand the contributions of glycans in antibody structural characteristics and biological functions.
- **Investigation of the impact of IgE glycosylation on interactions with CD23, IgE-binding proteins and anti-IgE antibodies**, investigation into the functional consequences of these interactions and their involvements in IgE activity could shed further light on allergic mechanisms and other conditions where IgE is dysregulated.

New investigations utilizing modern and higher throughput analytical technologies and studies in larger cohorts are required to help understand the impact of glycans on IgE-mediated diseases and to inform treatment design. Overall, the broad and varied nature of existing literature highlights multiple avenues for future research surrounding IgE glycosylation to both explore novel avenues and clarify existing findings.

AUTHOR CONTRIBUTIONS

Conceptualization: A.J.M., S.C., S.N.K. and A.C. Methodology: A.J.M., S.N.K., A.C. and L.C.P. Investigation: A.J.M., L.C.P. and J.H. Resources: A.J.M., A.C., L.C.P. and A.S. Data curation: A.J.M., J.H., R.A.G., A.C., M.V.H. and A.S. Writing—original draft preparation: A.J.M, S.N.K., L.C.P. and A.C. Writing—review and editing: A.J.M., G.K.W., S.N.K., R.A.G., L.C.P., D.I.R.S., J.M., A.C. and S.C. Supervision: G.K.W. and S.N.K. Project administration: A.C. and S.C. Funding acquisition: D.I.R.S., S.N.K. and G.K.W. All authors have read and agreed to the published version of the manuscript.

ACKNOWLEDGEMENTS

The authors acknowledge support by Worldwide Cancer Research (24-0087); Cancer Research UK (C30122/A11527; C30122/ A15774); the Guy's and St Thomas' Foundation Trust Charity Melanoma Special Fund (SPF573); the British Skin Foundation (006/R/22); Cancer Research UK King's Health Partners Centre at King's College London (C604/A25135); and Breast Cancer Now (147; KCL-BCN-Q3). A.J.M is supported by the UK Medical Research Council (MR/R015643/1) and a King's College London member of the MRC Doctoral Training Partnership in Biomedical Sciences. This research was supported by the King's Health Partners Centre for Translational Medicine. The views expressed are those of the author(s) and not necessarily those of King's Health Partners.

CONFLICT OF INTEREST STATEMENT

S. N. Karagiannis is a founder and shareholder of Epsilogen Ltd. S. N. Karagiannis declares patents on antibody technologies. L. C. Palhares is funded by a grant by Epsilogen Ltd. The funders had no role in the design of the study; in the collection, analyses, or interpretation of data; in the writing of the manuscript, or in the decision to publish the results. D.I.R. Spencer & R.A. Gardner are employed, and J. Hendel was employed by Ludger Ltd. a company that commercializes glycan analytics. All other authors have declared that no conflict of interest exists.

DATA AVAILABILITY STATEMENT

Data sharing is not applicable to this article as no new data were created or analyzed in this study.

ORCID

Alexandra J. McCraw <https://orcid.org/0009-0008-2412-4389> Lais C. G. F. Palhares¹ <https://orcid.org/0000-0002-5558-1522> *Jenifer L. Hende[l](https://orcid.org/0009-0004-6782-7886)* <https://orcid.org/0009-0004-6782-7886> *Richard A. Gardner* <https://orcid.org/0000-0001-7601-7544> *Aida Santaolalla* <https://orcid.org/0000-0003-2748-3252> *Silvia Cresciol[i](https://orcid.org/0000-0002-1909-5957)* <https://orcid.org/0000-0002-1909-5957> *James McDonnell* <https://orcid.org/0000-0001-9037-2980> *Mieke Van Hemelrijc[k](https://orcid.org/0000-0002-7317-0858)* <https://orcid.org/0000-0002-7317-0858> *Alicia Chenoweth* <https://orcid.org/0000-0002-2736-9268> *Daniel I. R. Spencer* <https://orcid.org/0000-0001-6386-0890> *Gerd K. Wagner* <https://orcid.org/0000-0003-1086-2301> *Sophia N. Karagianni[s](https://orcid.org/0000-0002-4100-7810)* <https://orcid.org/0000-0002-4100-7810>

REFERENCES

- 1. Gould HJ, Sutton BJ, Beavil AJ, et al. The biology of IGE and the basis of allergic disease. *Annu Rev Immunol*. 2003;21:579-628.
- 2. Soussi Gounni A, Lamkhioued B, Ochiai K, et al. High-affinity IgE receptor on eosinophils is involved in defence against parasites. *Nature*. 1994;367(6459):183-186.
- 3. Fitzsimmons CM, Falcone FH, Dunne DW. Helminth allergens, parasite-specific IgE, and its protective role in human immunity. *Front Immunol*. 2014;5:61.
- 4. Marichal T, Starkl P, Reber LL, et al. A beneficial role for immunoglobulin E in host defense against honeybee venom. *Immunity*. 2013;39(5):963-975.
- 5. Mukai K, Tsai M, Starkl P, Marichal T, Galli SJ. IgE and mast cells in host defense against parasites and venoms. *Semin Immunopathol*. 2016;38(5):581-603.
- 6. Kanagaratham C, El Ansari YS, Lewis OL, Oettgen HC. IgE and IgG antibodies as regulators of mast cell and basophil functions in food allergy. *Front Immunol*. 2020;11:603050.
- 7. Shamji MH, Valenta R, Jardetzky T, et al. The role of allergen-specific IgE, IgG and IgA in allergic disease. *Allergy*. 2021;76(12):3627-3641.
- 8. Vitte J, Vibhushan S, Bratti M, Montero-Hernandez JE, Blank U. Allergy, anaphylaxis, and nonallergic hypersensitivity: IgE, mast cells, and beyond. *Med Princ Pract*. 2022;31(6):501-515.
- 9. Zablotsky B, Black LI, Akinbami LJ. Diagnosed allergic conditions in children aged 0–17 years: United States, 2021. *NCHS Data Brief*. 2023;459:1-8.
- 10. Pawankar R. Allergic diseases and asthma: a global public health concern and a call to action. *World Allergy Organ J*. 2014;7(1):12.
- 11. Plomp R, Hensbergen PJ, Rombouts Y, et al. Site-specific Nglycosylation analysis of human immunoglobulin e. *J Proteome Res*. 2014;13(2):536-546.
- 12. Gould HJ, Sutton BJ. IgE in allergy and asthma today. *Nat Rev Immunol*. 2008;8(3):205-217.
- 13. Bambouskova M, Polakovicova I, Halova I, et al. New regulatory roles of Galectin-3 in high-affinity IgE receptor signaling. *Mol Cell Biol*. 2016;36(9):1366-1382.
- 14. Kaneko Y, Nimmerjahn F, Ravetch JV. Anti-inflammatory activity of immunoglobulin G resulting from fc sialylation. *Science*. 2006;313(5787):670-673.
- 15. Li D, Lou Y, Zhang Y, Liu S, Li J, Tao J. Sialylated immunoglobulin G: a promising diagnostic and therapeutic strategy for autoimmune diseases. *Theranostics*. 2021;11(11):5430-5446.
- 16. Shinkawa T, Nakamura K, Yamane N, et al. The absence of fucose but not the presence of galactose or bisecting N-acetylglucosamine of human IgG1 complex-type oligosaccharides shows the critical role of enhancing antibody-dependent cellular cytotoxicity. *J Biol Chem*. 2003;278(5):3466-3473.
- 17. Ferrara C, Grau S, Jäger C, et al. Unique carbohydratecarbohydrate interactions are required for high affinity binding between FcgammaRIII and antibodies lacking core fucose. *Proc Natl Acad Sci U S A*. 2011;108(31):12669-12674.
- 18. Goetze AM, Liu YD, Zhang Z, et al. High-mannose glycans on the fc region of therapeutic IgG antibodies increase serum clearance in humans. *Glycobiology*. 2011;21(7):949-959.
- 19. Zavázal V, Krauz V, Kratzin H, Hilschmann N. Structure and function of IgE myeloma protein VL from an atopic patient. *Int Arch Allergy Immunol*. 1996;110(2):143-148.
- 20. Shade KC, Conroy ME, Washburn N, et al. Sialylation of immunoglobulin E is a determinant of allergic pathogenicity. *Nature*. 2020;582(7811):265-270.
- 21. Plattner K, Gharailoo Z, Zinkhan S, Engeroff P, Bachmann MF, Vogel M. IgE glycans promote anti-IgE IgG autoantibodies that facilitate IgE serum clearance via fc receptors. *Front Immunol*. 2022;13:1069100.
- 22. Shade KT, Conroy ME, Anthony RM. IgE glycosylation in health and disease. *Curr Top Microbiol Immunol*. 2019;423:77-93.
- 23. Plattner K, Bachmann MF, Vogel M. On the complexity of IgE: the role of structural flexibility and glycosylation for binding its receptors. *Front Allergy*. 2023;4:1117611.
- 24. Epp A, Sullivan KC, Herr AB, Strait RT. Immunoglobulin glycosylation effects in allergy and immunity. *Curr Allergy Asthma Rep*. 2016;16(11):79.
- 25. Vattepu R, Sneed SL, Anthony RM. Sialylation as an important regulator of antibody function. *Front Immunol*. 2022;13:818736.
- 26. Liberati A, Altman DG, Tetzlaff J, et al. The PRISMA statement for reporting systematic reviews and meta-analyses of studies that evaluate health care interventions: explanation and elaboration. *J Clin Epidemiol*. 2009;62(10):e1-e34.
- 27. Arnold JN, Radcliffe CM, Wormald MR, et al. The glycosylation of human serum IgD and IgE and the accessibility of identified oligomannose structures for interaction with mannan-binding lectin. *J Immunol*. 2004;173(11):6831-6840.
- 28. Baenziger J, Kornfeld S, Kochwa S. Structure of the carbohydrate units of IgE immunoglobulin. I. Over-all composition, glycopeptide isolation, and structure of the high mannose oligosaccharide unit. *J Biol Chem*. 1974;249(6):1889-1896.
- 29. Baenziger J, Kornfeld S, Kochwa S. Structure of the carbohydrate units of IgE immunoglobulin. II. Sequence of the sialic acidcontaining glycopeptides. *J Biol Chem*. 1974;249(6):1897-1903.
- 30. Basu M, Hakimi J, Dharm E, et al. Purification and characterization of human recombinant IgE-fc fragments that bind to the human high affinity IgE receptor. *J Biol Chem*. 1993;268(18):13118-13127.
- 31. Batista FD, Efremov DG, Burrone OR. Characterization of a second secreted IgE isoform and identification of an asymmetric pathway of IgE assembly. *Proc Natl Acad Sci U S A*. 1996;93(8):3399-3404.
- 32. Crescioli S, Chiaruttini G, Mele S, et al. Engineering and stable production of recombinant IgE for cancer immunotherapy and AllergoOncology. *J Allergy Clin Immunol*. 2018;141(4):1519-1523. e9.
- 33. Fridriksson EK, Beavil A, Holowka D, Gould HJ, Baird B, McLafferty FW. Heterogeneous glycosylation of immunoglobulin E constructs characterized by top-down high-resolution 2-D mass spectrometry. *Biochemistry*. 2000;39(12):3369-3376.
- 34. Hinneburg H, Stavenhagen K, Schweiger-Hufnagel U, et al. The art of destruction: optimizing collision energies in quadrupoletime of flight (Q-TOF) instruments for glycopeptide-based Glycoproteomics. *J Am Soc Mass Spectrom*. 2016;27(3):507-519.
- 35. Ikeyama S. Purification and characterization of recombinant human IgE fc epsilon fragment produced in mouse L cells. *Mol Immunol*. 1987;24(10):1039-1046.
- 36. Kochwa S, Terry WD, Capra JD, Yang NL. Structural studies of immunoglobulin E. I. Physicochemical studies of the IgE molecule. *Ann N Y Acad Sci*. 1971;190:49-70.
- 37. Koers J, Derksen NIL, Ooijevaar-de Heer P, et al. Biased Nglycosylation site distribution and acquisition across the antibody V region during B cell maturation. *J Immunol*. 2019;202(8):2220-2228.
- 38. Koning MT, Trollmann IJM, van Bergen CAM, et al. Peripheral IgE repertoires of healthy donors carry moderate mutation loads and do not overlap with other isotypes. *Front Immunol*. 2019;10:1543.
- 39. Montero-Morales L, Maresch D, Castilho A, et al. Recombinant plant-derived human IgE glycoproteomics. *J Proteomics*. 2017;161:81-87.
- 40. Rearick JI, Kulczycki A Jr, Kornfeld S. Structural studies of oligosaccharides of rat IgE and reexamination of the highmannose oligosaccharide of human IgE. *Arch Biochem Biophys*. 1983;220(1):95-105.
- 41. Sassi A, Lazaroski S, Wu G, et al. Hypomorphic homozygous mutations in phosphoglucomutase 3 (PGM3) impair immunity and increase serum IgE levels. *J Allergy Clin Immunol*. 2014;133(5):1410-1419.
- 42. Shuichi I, Shizue N, Mutsushi A, Hiromu S, Atsushi K. Purification and characterization of IgE produced by human myeloma cell line, U266. *Mol Immunol*. 1986;23(2):159-167.
- 43. Wu G, Hitchen PG, Panico M, et al. Glycoproteomic studies of IgE from a novel hyper IgE syndrome linked to PGM3 mutation. *Glycoconj J*. 2016;33(3):447-456.
- 44. Zavázal V, Krauz V. Lectin-binding ability of immunoglobulin E and its partipication in triggering of mast cells. *Folia Microbiol*. 1985;30(3):237-246.

36 [|] McCRAW et al.

- 45. Björklund JE, Karlsson T, Magnusson CG. N-glycosylation influences epitope expression and receptor binding structures in human IgE. *Mol Immunol*. 1999;36(3):213-221.
- 46. Björklund JE, Schmidt M, Magnusson CG. Characterisation of recombinant human IgE-fc fragments expressed in baculovirusinfected insect cells. *Mol Immunol*. 2000;37(3–4):169-177.
- 47. Doré KA, Davies AM, Drinkwater N, Beavil AJ, McDonnell JM, Sutton BJ. Thermal sensitivity and flexibility of the Cε3 domains in immunoglobulin E. *Biochim Biophys Acta Proteins Proteomics*. 2017;1865(11 Pt A):1336-1347.
- 48. Garman SC, Wurzburg BA, Tarchevskaya SS, Kinet JP, Jardetzky TS. Structure of the fc fragment of human IgE bound to its high-affinity receptor fc epsilonRI alpha. *Nature*. 2000;406(6793):259-266.
- 49. Henry AJ, McDonnell JM, Ghirlando R, Sutton BJ, Gould HJ. Conformation of the isolated cepsilon3 domain of IgE and its complex with the high-affinity receptor, FcepsilonRI. *Biochemistry*. 2000;39(25):7406-7413.
- 50. Hunt J, Beavil RL, Calvert RA, Gould HJ, Sutton BJ, Beavil AJ. Disulfide linkage controls the affinity and stoichiometry of IgE Fcepsilon3-4 binding to FcepsilonRI. *J Biol Chem*. 2005;280(17):16808-16814.
- 51. Nettleton MY, Kochan JP. Role of glycosylation sites in the IgE fc molecule. *Int Arch Allergy Immunol*. 1995;107(1–3):328-329.
- 52. Plattner K, Augusto G, Muerner L, et al. IgE glycosylation is essential for the function of omalizumab. *Allergy*. 2023;78(9):2546-2549.
- 53. Robertson MW, Albrandt K, Keller D, Liu FT. Human IgE-binding protein: a soluble lectin exhibiting a highly conserved interspecies sequence and differential recognition of IgE glycoforms. *Biochemistry*. 1990;29(35):8093-8100.
- 54. Robertson MW, Liu FT. Heterogeneous IgE glycoforms characterized by differential recognition of an endogenous lectin (IgEbinding protein). *J Immunol*. 1991;147(9):3024-3030.
- 55. Sayers I, Cain SA, Swan JR, et al. Amino acid residues that influence fc epsilon RI-mediated effector functions of human immunoglobulin E. *Biochemistry*. 1998;37(46):16152-16164.
- 56. Sayers I, Housden JE, Spivey AC, Helm BA. The importance of Lys-352 of human immunoglobulin E in FcepsilonRII/CD23 recognition. *J Biol Chem*. 2004;279(34):35320-35325.
- 57. Shibasaki M, Sumazaki R, Isoyama S, Takita H. Interaction of lectins with human IGE - IGE-binding property and histaminereleasing activity of 12 plant-lectins. *Int Arch Allergy Immunol*. 1992;98(1):18-25.
- 58. Truong MJ, Gruart V, Kusnierz JP, et al. Human neutrophils express immunoglobulin E (IgE)-binding proteins (mac-2/epsilon BP) of the S-type lectin family: role in IgE-dependent activation. *J Exp Med*. 1993;177(1):243-248.
- 59. Vercelli D, Helm B, Marsh P, Padlan E, Geha RS, Gould H. The B-cell binding site on human immunoglobulin E. *Nature*. 1989;338(6217):649-651.
- 60. Wollenberg A, de la Salle H, Hanau D, Liu FT, Bieber T. Human keratinocytes release the endogenous beta-galactoside-binding soluble lectin immunoglobulin E (IgE-binding protein) which binds to Langerhans cells where it modulates their binding capacity for IgE glycoforms. *J Exp Med*. 1993;178(3):777-785.
- 61. Yamazaki T, Inui M, Hiemori K, et al. Receptor-destroying enzyme (RDE) from vibrio cholerae modulates IgE activity and reduces the initiation of anaphylaxis. *J Biol Chem*. 2019;294(17):6659-6669.
- 62. Young RJ, Owens RJ, Mackay GA, et al. Secretion of recombinant human IgE-fc by mammalian cells and biological activity of glycosylation site mutants. *Protein Eng*. 1995;8(2):193-199.
- 63. Bantleon F, Wolf S, Seismann H, et al. Human IgE is efficiently produced in glycosylated and biologically active form in lepidopteran cells. *Mol Immunol*. 2016;72:49-56.
- 64. McCraw AJ, Gardner RA, Davies AM, et al. Generation and characterization of native and sialic acid-deficient IgE. *Int J Mol Sci*. 2022;23(21):13455.
- 65. Shade KT, Platzer B, Washburn N, et al. A single glycan on IgE is indispensable for initiation of anaphylaxis. *J Exp Med*. 2015;212(4):457-467.
- 66. García-García A, Serna S, Yang Z, et al. FUT8-directed core fucosylation of N-glycans is regulated by the glycan structure and protein environment. *ACS Catal*. 2021;11(15):9052-9065.
- 67. Lin AI, Philipsberg GA, Haltiwanger RS. Core fucosylation of highmannose-type oligosaccharides in GlcNAc transferase I-deficient (Lec1) CHO cells. *Glycobiology*. 1994;4(6):895-901.
- 68. Nanno Y, Shajahan A, Sonon RN, Azadi P, Hering BJ, Burlak C. Highmannose type N-glycans with core fucosylation and complex-type N-glycans with terminal neuraminic acid residues are unique to porcine islets. *PLoS One*. 2020;15(11):e0241249.
- 69. Yang Q, Wang LX. Mammalian α-1,6-Fucosyltransferase (FUT8) is the sole enzyme responsible for the N-Acetylglucosaminyltransferase I-independent core fucosylation of high-mannose N-Glycans. *J Biol Chem*. 2016;291(21):11064-11071.
- 70. Ščupáková K, Adelaja OT, Balluff B, et al. Clinical importance of high-mannose, fucosylated, and complex N-glycans in breast cancer metastasis. *JCI Insight*. 2021;6(24):e146945.
- 71. Tuccillo FM, de Laurentiis A, Palmieri C, et al. Aberrant glycosylation as biomarker for cancer: focus on CD43. *Biomed Res Int*. 2014;2014:742831.
- 72. Hickman S, Kulczycki A Jr, Lynch RG, Kornfeld S. Studies of the mechanism of tunicamycin in hibition of IgA and IgE secretion by plasma cells. *J Biol Chem*. 1977;252(12):4402-4408.
- 73. Hickman S, Kornfeld S. Effect of tunicamycin on IgM, IgA, and IgG secretion by mouse plasmacytoma cells. *J Immunol*. 1978;121(3):990-996.
- 74. Keown MB, Ghirlando R, Mackay GA, Sutton BJ, Gould HJ. Basis of the 1:1 stoichiometry of the high affinity receptor fc epsilon RI-IgE complex. *Eur Biophys J*. 1997;25(5–6):471-476.
- 75. Keown MB, Henry AJ, Ghirlando R, Sutton BJ, Gould HJ. Thermodynamics of the interaction of human immunoglobulin E with its high-affinity receptor FcεRI. *Biochemistry*. 1998;37(25):8863-8869.
- 76. McDonnell JM, Calvert R, Beavil RL, et al. The structure of the IgE Cepsilon2 domain and its role in stabilizing the complex with its high-affinity receptor FcepsilonRIalpha. *Nat Struct Biol*. 2001;8(5):437-441.
- 77. Yuan D, Keeble AH, Hibbert RG, et al. Ca2+−dependent structural changes in the B-cell receptor CD23 increase its affinity for human immunoglobulin E. *J Biol Chem*. 2013;288(30):21667-21677.
- 78. Busse W, Corren J, Lanier BQ, et al. Omalizumab, anti-IgE recombinant humanized monoclonal antibody, for the treatment of severe allergic asthma. *J Allergy Clin Immunol*. 2001;108(2):184-190.
- 79. Gasser P, Tarchevskaya SS, Guntern P, et al. The mechanistic and functional profile of the therapeutic anti-IgE antibody ligelizumab differs from omalizumab. *Nat Commun*. 2020;11(1):165.
- 80. Buhre JS, Becker M, Ehlers M. IgG subclass and fc glycosylation shifts are linked to the transition from pre- to inflammatory autoimmune conditions. *Front Immunol*. 2022;13:1006939.
- 81. Matsumoto A, Shikata K, Takeuchi F, Kojima N, Mizuochi T. Autoantibody activity of IgG rheumatoid factor increases with decreasing levels of galactosylation and sialylation. *J Biochem*. 2000;128(4):621-628.
- 82. Ackerman ME, Crispin M, Yu X, et al. Natural variation in fc glycosylation of HIV-specific antibodies impacts antiviral activity. *J Clin Invest*. 2013;123(5):2183-2192.
- 83. Siekman SL, Pongracz T, Wang W, et al. The IgG glycome of SARS-CoV-2 infected individuals reflects disease course and severity. *Front Immunol*. 2022;13:993354.
- 84. Zhou J, Du Y, Lai Z, Chen T, Li Z. Intra-individual variation in disease-specific IgG fc Glycoform ratios to monitor the disease progression of lung cancer. *J Proteome Res*. 2023;22(1):246-258.
- 85. Munkley J. Aberrant sialylation in cancer: therapeutic opportunities. *Cancers (Basel)*. 2022;14(17):4248.
- 86. Zhou X, Motta F, Selmi C, Ridgway WM, Gershwin ME, Zhang W. Antibody glycosylation in autoimmune diseases. *Autoimmun Rev*. 2021;20(5):102804.
- 87. Sanjuan MA, Sagar D, Kolbeck R. Role of IgE in autoimmunity. *J Allergy Clin Immunol*. 2016;137(6):1651-1661.
- 88. Badloe FMS, De Vriese S, De Bruyn Carlier T, et al. A novel method for total IgE purification from human serum. *J Immunol*. 2022;208(10):2436-2442.
- 89. Bianchini R, Karagiannis SN, Jordakieva G, Jensen-Jarolim E. The role of IgG4 in the fine tuning of tolerance in IgE-mediated allergy and cancer. *Int J Mol Sci*. 2020;21(14):5017.
- 90. Higel F, Sandl T, Kao CY, et al. N-glycans of complex glycosylated biopharmaceuticals and their impact on protein clearance. *Eur J Pharm Biopharm*. 2019;139:123-131.
- 91. Dreskin SC, Goldsmith PK, Strober W, Zech LA, Gallin JI. Metabolism of immunoglobulin E in patients with markedly elevated serum immunoglobulin E levels. *J Clin Invest*. 1987;79(6):1764-1772.
- 92. Engeroff P, Plattner K, Storni F, et al. Glycan-specific IgG anti-IgE autoantibodies are protective against allergic anaphylaxis in a murine model. *J Allergy Clin Immunol*. 2021;147(4):1430-1441.
- 93. Beavil AJ, Young RJ, Sutton BJ, Perkins SJ. Bent domain structure of recombinant human IgE-fc in solution by X-ray and neutron scattering in conjunction with an automated curve fitting procedure. *Biochemistry*. 1995;34(44):14449-14461.
- 94. Holdom MD, Davies AM, Nettleship JE, et al. Conformational changes in IgE contribute to its uniquely slow dissociation rate from receptor FcɛRI. *Nat Struct Mol Biol*. 2011;18(5):571-576.
- 95. Helm B, Marsh P, Vercelli D, Padlan E, Gould H, Geha R. The mast cell binding site on human immunoglobulin E. *Nature*. 1988;331(6152):180-183.
- 96. Jensen-Jarolim E, Bax HJ, Bianchini R, et al. AllergoOncology – the impact of allergy in oncology: EAACI position paper. *Allergy*. 2017;72(6):866-887.
- 97. Spicer J, Basu B, Montes A, et al. Safety and anti-tumour activity of the IgE antibody MOv18 in patients with advanced solid tumours expressing folate receptor-alpha: a phase I trial. *Nat Commun*. 2023;14(1):4180.
- 98. Vukovic N, Halabi S, Russo-Cabrera JS, et al. A human IgE bispecific antibody shows potent cytotoxic capacity mediated by monocytes. *J Biol Chem*. 2022;298(8):102153.
- 99. Chauhan J, Grandits M, Palhares L, et al. Anti-cancer proinflammatory effects of an IgE antibody targeting the melanomaassociated antigen chondroitin sulfate proteoglycan 4. *Nat Commun*. 2023;14(1):2192.
- 100. Candelaria PV, Nava M, Daniels-Wells TR, Penichet ML. A fully human IgE specific for CD38 as a potential therapy for multiple myeloma. *Cancer*. 2023;15(18):4533.
- 101. Markov SD, Caffrey TC, O'Connell KA, et al. IgE-based therapeutic combination enhances antitumor response in preclinical models of pancreatic cancer. *Mol Cancer Ther*. 2021;20(12):2457-2468.
- 102. Willows SD, Semenchenko V, Norman G, Woodside MT, Sim VL, Kulka M. Mast cell proteases cleave prion proteins and a recombinant Ig against PrP can activate human mast cells. *J Immunol*. 2023;210(9):1447-1458.
- 103. Pereira NA, Chan KF, Lin PC, Song Z. The "less-is-more" in therapeutic antibodies: Afucosylated anti-cancer antibodies with enhanced antibody-dependent cellular cytotoxicity. *MAbs*. 2018;10(5):693-711.
- 104. Dühring L, Petry J, Lilienthal GM, et al. Sialylation of IgE reduces $Fc\epsilon R I\alpha$ interaction and mast cell and basophil activation in vitro and increases IgE half-life in vivo. *Allergy*. 2023;78(8):2301-2305.
- 105. Vaerman JP. A new case of IgE myeloma (des) ending with renal failure. *J Clin Lab Immunol*. 1979;2(4):343-348.
- 106. Nilsson K, Bennich H, Johansson SG, Pontén J. Established immunoglobulin producing myeloma (IgE) and lymphoblastoid (IgG) cell lines from an IgE myeloma patient. *Clin Exp Immunol*. 1970;7(4):477-489.
- 107. Ogawa M, Kochwa S, Smith C, Ishizaka K, McIntyre OR. Clinical aspects of IgE myeloma. *N Engl J Med*. 1969;281(22):1217-1220.
- 108. Bennich H, Johansson SG. Structure and function of human immunoglobulin E. *Adv Immunol*. 1971;13:1-55.
- 109. Zavázal V, Sach J, Rozprimová L, Brumelová V. An unusual case of IgE myeloma. *Allergol Immunopathol (Madr)*. 1978;6(5):423-426.

SUPPORTING INFORMATION

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

How to cite this article: McCraw AJ, Palhares LCGF, Hendel JL, et al. IgE glycosylation and impact on structure and function: A systematic review. *Allergy*. 2024;00:1-37. doi:[10.1111/all.16259](https://doi.org/10.1111/all.16259)