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IgE and IgG4 epitopes revealed on the major fish allergen Lat c 1

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Abstract

 Background: The IgE- and IgG4-binding patterns of the major fish allergen parvalbumins are not clearly understood. IgE antibody-binding to parvalbumin from Asian seabass, Lat c 1.01, is implicated in up to 90% of allergic reactions, although the region of IgE or IgG4 epitopes 29 are unknown. In the present study, we characterized the specific IgE- and IgG₄-binding regions of Lat c 1.01 using serum from pediatric and adult patients with clinically-confirmed fish allergy.

 Methods: A comparative investigation of patient IgE- and IgG4-binding to recombinant Lat c 1.01 was performed by immunoblotting and indirect ELISA using serum from 15 children and eight adults with clinically confirmed IgE-mediated reactions to fish. The IgE- and IgG4- binding regions of Lat c 1.01 were determined by inhibition ELISA using seven overlapping peptides spanning the entire 102 amino acid sequence. Elucidated IgE-binding regions were modelled and compared to known antibody-binding regions of parvalbumins from five other fish species.

 Results: Ninety five percent (22/23) patients demonstrated IgE-binding to rLat c 1.01, while fewer patients (10/15 children and 7/8 adults) demonstrated robust IgG4 binding when determined by immunoblots. IgE-binding for both cohorts was significantly higher compared to IgG4-binding by ELISA. All patients in this study presented individual IgE and IgG4 epitope- recognition profiles. In addition to these patient-specific antibody binding sites, general IgE epitopes were also identified at the C- and N-terminal regions of this major fish allergen.

 Conclusions and Clinical relevance: Our findings demonstrate two specific IgE epitopes on parvalbumin from Asian seabass, while IgG₄ binding is much lower and patient specific. This study highlights the importance of advancement in epitope analysis regardless of the age group for diagnostics and immunotherapies for fish allergy.

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- *Keywords:* Epitope mapping; Fish allergy; IgE epitope; IgG4 epitope; Parvalbumin
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1. Introduction

 IgE-mediated fish allergy is an adverse immunological response to fish which persists through adulthood (Davis et al., 2020), with sensitization rates up to 3% in the general population (Moonesinghe et al., 2016). Fish is the second most common trigger of food allergy after crustacean in countries with high seafood consumptions (Le et al., 2019). A wide range of clinical symptoms, including life-threatening anaphylaxis, can be caused by exposure to fish allergens (Matricardi et al., 2016). There are no effective therapeutics and strict avoidance of the implicated fish is the only measure currently available to affected patients (Lopata and Kamath, 2012). The major fish allergen is parvalbumin (Kuehn et al., 2014), a calcium-binding protein expressed in muscle tissues. Characterization of parvalbumin has the potential to aid in the diagnosis (Kuehn et al., 2013) and the development of therapeutic approaches (Zuidmeer- Jongejan et al., 2015) for fish allergy. However, the main challenges for the development of reliable diagnostics are the considerable molecular differences in amino acid sequences of parvalbumins between fish species and the presence of multiple isoforms (Ruethers et al., 2018).

 Linear IgE-binding epitopes of different parvalbumin allergens have been characterized (Stephen et al., 2017) and might contribute to species-specific clinical reactivity often seen in fish-allergic patients. There are five studies mapping the specific immunoglobulin (Ig)E- binding epitopes of parvalbumin from fish species, including Baltic cod (allergen nomenclature: Gad c 1; Elsayed and Apold, 1983), common carp (Cyp c 1; Untersmayr et al., 2006), Pacific mackerel (Sco j 1; Yoshida et al., 2008), Atlantic salmon (Sal s 1; Perez-Gordo et al., 2012) and Atlantic cod (Gad m 1; Perez-Gordo et al., 2013). Various techniques were used in the identification of these IgE-binding epitopes, including phage display library, overlapping synthetic peptides and tryptic digests of parvalbumin. The allergens analyzed display both linear and conformational epitopes; however, no epitopes share identical amino acid sequences between these five fish species. While the IgE-binding epitopes of these parvalbumins commonly recognized by fish-allergic patients have been established, patient- specific epitopes are also considered to exist for other fish species based on the findings on 82 Gad m 1 from Atlantic cod (Perez-Gordo et al., 2013).

 Identifying IgE epitopes on food allergens may help to develop and predict successful specific immunotherapies (sIT) for allergy sufferers (Vickery et al., 2013; Savilahti et al., 85 2014). An increase in specific IgG₄ response could be an indicator of successful sIT due to this antibody being able to out-compete IgE binding for the allergen (Santos et al., 2020). In 87 addition, elevated IgG₄ levels have been associated with protective effects (Du Toit et al., 88 2015). However, a comparative study of the IgE- and IgG₄-binding regions on parvalbumin has never been performed despite being the major allergen for fish.

 Worldwide consumption of Asian seabass (*Lates calcarifer*), also known as barramundi, is rapidly growing due to increased availability from aquaculture industries and its culinary popularity (Loughnan et al., 2013). We have identified and characterized parvalbumin from this species and two related allergen isoforms, Lat c 1.01 and Lat c 1.02 (Sharp et al., 2014) (www.allergen.org). Asian seabass can cause allergic reactions in up to 90% of fish-allergic patients, with IgE reactivity to at least one of the two parvalbumin isoallergens identified in this species (Turner et al., 2011; Sharp et al., 2014). The parvalbumin isoform, Lat c 1.01 appears to have the greatest IgE reactivity (Sharp et al., 2014). With an aim 98 to elucidate the IgE- and IgG₄-binding patterns of fish parval bumins, we sought to characterize the most IgE-reactive Asian seabass parvalbumin, Lat c 1.01, using 23 pediatric and adult patients with clinically confirmed IgE-mediated fish allergy, and ultimately, to define patient-specific IgE- and IgG4-binding regions on fish parvalbumins.

2. Materials and Methods

2.1 Patients

 Fish-allergic patients were recruited based on a convincing recent history of an IgE-mediated reaction (including urticaria, angioedema, stridor, cough, wheeze, hypotension and/ or gastrointestinal symptoms of vomiting and/or diarrhea) to any fish, occurring within 2 h of ingestion. Sensitization to fish was confirmed *in vivo* by skin prick testing using commercial reagents and/or *in vitro* by determining the levels of serum IgEs (ImmunoCAP, Phadia-Thermo Fisher Scientific; Uppsala, Sweden) to cod (*Gadus morhua*), tuna (*Thunnus albacares*), and/or salmon (*Salmo salar*). The 23 patients, consisting of eight adults and 15 children (details are listed in Table 1), were selected based on positive IgE reactivity to recombinant Asian Seabass parvalbumin isoform (rLat c 1.0101) (Sharp et al., 2014). Sera from five non-atopic patients were used as negative controls. Ethics approval for this study was granted by James Cook University's Ethics committee (JCU-H4313) in collaboration with The Westmead Children's

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119 *2.2 Recombinant Asian Seabass parvalbumin expression*

120 Recombinant (r)Lat c 1.01, Asian seabass parvalbumin β1, was obtained as previously 121 described (Sharp et al., 2014). In brief, the β1 parvalbumin gene (GenBank accession number: 122 KF021278.1) was cloned into the expression vector pPROEX HTb (Invitrogen; Waltham, 123 USA) and used to transform NM522 *Escherichia coli* cells. The expression of hexa-histidine 124 (his 6)-tagged rLat c 1.01 was induced with 1 mM IPTG over 3 h at 37 \degree C, and purified from 125 clarified cell lysate using HisTrap HP column (GE Healthcare; Little Chalfont, UK). Purified 126 rLat c 1.01 was applied onto a 15% polyacrylamide gel and separated under reducing condition 127 according to its molecular weight using a Mini-PROTEAN® SDS-PAGE system (BioRad 128 laboratories; Hercules, USA) as described by Laemmli (Laemmli, 1970). rLat c 1.01 was 129 visualized by Coomassie Brilliant Blue R-250 staining and confirmed by subsequent 130 immunoblotting with two allergen-specific antibodies; monoclonal anti-parvalbumin PARV-131 19 antibody (Sigma-Aldrich; St. Louis, USA), previously evaluated for the detection of fish 132 parvalbumin (Saptarshi et al., 2014), and in-house generated polyclonal antibodies against 133 parvalbumin from Asian seabass raised in rabbits (Sharp et al., 2015).

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135 *2.3 IgE and IgG4 immunoblot analysis*

136 Patient IgE and IgG4 binding to denatured rLat c 1.01 was analyzed by immunoblotting. 137 Purified rLat c 1.01 (15 µg or 1.2 nmol) was separated on a 15% polyacrylamide gel under 138 reducing condition, then transferred to a nitrocellulose membrane (BioRad laboratories, CA, 139 USA). The membrane was blocked with tris-buffered saline (TBS)/0.05% Tween-20 (TBS-T) 140 for 2 h at room temperature. Both sera and detection antibodies were diluted in 0.1% BSA in 141 TBS-T. Membranes were placed into the surf-blot manifold (Idea Scientific, Minneapolis, 142 USA), then applied with diluted patient serum (1:20) and incubated for 16 h at 4 \degree C, with 143 subsequent washing with TBS-T at room temperature. For the detection of IgE, the membranes 144 were further incubated with horseradish peroxidase (HRP)-labelled goat anti-human IgE 145 antibody (1:10,000, Genetex; Irvine, USA). The IgG4 were detected with monoclonal anti-146 human IgG4 MAB1313 antibody (1:2,000, Merck; Kenilworth, USA), followed by subsequent 147 detection with anti-mouse IgG HRP-labelled antibody (1:20,000, Sigma-Aldrich). Both IgE 148 and IgG4 binding complexes were visualized by enhanced chemiluminescence (ECL) 149 technique.

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151 *2.4 IgE and IgG4 indirect enzyme-linked immunosorbent assay (ELISA)*

152 Patient IgE and IgG4 binding to native (non-denatured) rLat c 1.01 was analyzed by ELISA. 153 The 96-well EIA/RIA plates (Costar; St. Louis, USA) were coated with 20 μL of rLat c 1.01 154 (1 μg/mL in sodium carbonate/bicarbonate buffer, pH 9.6), and incubated overnight at 4 °C. 155 Plates were blocked with 5% skim milk/PBS-T for 1 h, then serum (1:10) in 1% skim 156 milk/PBS-T was added and incubated for 3 h at room temperature while shaking (45 rpm). The 157 wells were washed and then incubated with either anti-human IgE HRP-labelled antibody 158 (1:10,000, Genetex) or monoclonal anti-human IgG4 MAB1313 antibody (1:2,000, Merck) in 159 1% skim milk/PBS-T. Serum IgG4 plates were further incubated with anti-mouse IgG HRP-160 labelled antibody (1:20,000, Sigma-Aldrich) with gentle shaking. Plates were washed 161 extensively, and the antibody binding was detected using TMB (3,3',5,5'- 162 tetramethylbenzidine) substrate (BD Biosciences; Franklin Lakes, USA). The reaction was 163 terminated after 30 min using 1 M hydrochloric acid and the absorbance (O.D.) measured at 164 450 nm by spectrophotometry (Molecular Devices; Sunnyvale, USA).

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166 *2.5 Overlapping peptides of parvalbumin*

167 Seven overlapping peptides spanning Lat c 1.01 sequence, each 25 amino acids in length, were 168 synthesized and purified to 95% homogeneity (Mimotopes; Clayton, Australia). Six peptides 169 were designed with nine amino acids overlapping on both termini. The seventh peptide, 170 covering the C-terminal end of parvalbumin, was designed to provide complete coverage of 171 one of the two calcium-binding sites. The peptide sequences and locations within the full-172 length protein are given in Figure 5.

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174 *2.6 Peptide binding analysis for IgE and IgG4*

 Patient IgE and IgG4 binding to each peptide were evaluated by inhibition ELISA using 96- well EIA/RIA plates (Costar), coated with 8.67 nM of rLat c 1.01 (20 µL sodium 177 carbonate/bicarbonate buffer, pH 9.6) overnight at 4 °C. The wells were blocked with 5% skim 178 milk/PBS-T prior to the assay. Patient serum (1:10) was pre-adsorbed to 4.38-5.02 μ M, equating to 12.5 µg/mL, of synthesized peptides for 2 h, then added to the wells in 20 µL and incubated for 1 h at room temperature. The assays were completed using the same protocol as for the indirect ELISA. All washes were performed in TBS-T and all detection antibodies were diluted in TBS-T with 0.1% BSA. Antibody binding was detected by colorimetric assay using 100 µL TMB substrate and O.D. measured at 450 nm by spectrophotometry. The percentage of inhibition was calculated as follows: 100 – [(O.D. 450 nm of antibody with inhibitor x 100) / O.D. 450 nm of antibody without inhibitor].

2.7 Comparative modelling of parvalbumins

 The homology search was conducted and homology models generated using the carp parvalbumin crystal structure (PDB ID: 4cpv) with SWISS-MODEL (Basel, Switzerland) (Arnold et al., 2006; Biasini et al., 2014). The amino acid sequences of allergens, Gad c 1.01, Cyp c 1.01, Sal s 1.01, Sco j 1.01, Gad m 1.01 and Lat c 1.01, were aligned with Clustal Omega (EMBL-EBI). Theoretical models of parvalbumin were built using UCSF Chimera (version 1.7; San Francisco, USA) (Pettersen et al., 2004).

2.8 Data analysis

 Cut-off values for the indirect ELISA were determined using the mean of three non-fish- allergic patients plus two times the standard deviation. For the peptide binding assay, multiple T-tests were used to compare overall serum IgE and IgG4 reactivity to each peptide between the negative and fish-allergic patients. Analyses were performed using GraphPad Prism (version 8; GraphPad, San Diego, CA).

3. Results

3.1 Patient IgE and IgG4 bind to rLat c 1.01

 The analysis of IgE- and IgG4-binding to denatured rLat c 1.01 was first performed by immunoblotting using sera of 23 fish-allergic patients (Figure 1). IgE from all patients but one 206 child (C5) reacted to monomeric rLat c 1.01 (Figure 1A). Five children (C4, C9 and C13-15) also showed reactivity to dimeric forms of rLat c 1.01 at 30 kDa (Figure 1B), while none of the adults demonstrated IgE-binding to the dimers. IgG4 from fewer patients demonstrated binding to rLat c 1.01 (10/15 pediatrics; C1-6, C9, C12-14, 6/8 adults; A1-5 and A8) (Figure 1A). In 210 contrast to IgE-binding, more IgG₄-reactive patients detected the dimeric form of parvalbumin (7/15 children; C1-2, C6, C9, C12-14, 2/8 adults; A1 and A4). Two children (C1 and C9) also showed reactivity to a rLat c 1.01 oligomer with a molecular weight above 50 kDa. All five negative control patients (N1-5) demonstrated no IgE or IgG4 binding to rLat c 1.01. Two patients were not positive for IgE binding, but C12 demonstrated very weak IgG4 binding to the monomer and dimeric form of PV. Furthermore, A2 and A6 did not demonstrate IgG4 binding but IgE binding to the monomeric form of PV.

3.2 Patient IgE and IgG4 bind to the native form of rLat c 1.01

 Further analysis of IgE and IgG4 binding to the native form of rLat c 1.01 was performed by indirect ELISA. Binding was considered positive if O.D. values were greater than the cut-off 221 determined based on the non-atopic controls (dotted line) (Figure 2A). rLat c 1.01-specific IgE was detected in 22 out of 23 patients, except for one child (C5) who also demonstrated low reactivity on the immunoblot. Similar to the immunoblot analysis, IgG4 from fewer patients bound to rLat c 1.01 when analyzed by ELISA, with 14 out of 23 as compared to 16 out of 23 patients showing reactivity on the immunoblot. IgG4 binding observed by ELISA presented however a different antibody-binding profile for some patients compared to the immunoblots. rLat c 1.01-specific IgG4 was detected in 10 out of 15 children (C1-3, C7, C9 and C11-15), while five out of the eight adults were reactive (A1-2, A4, A6 and A8). Discrepancies in the reactivity detected on immunoblots and ELISA were found in six children (C4-6 for reactivity 230 on immunoblot only, C7, C11, C15 for reactivity by ELISA only) and three adults (A3 and A5 231 for reactivity on immunoblot only, A6 for reactivity by ELISA only) for IgG₄. Uniformly, three patients (C8, C10, A7) did not show IgG4 binding in either of the experiments.

 The mean IgE and IgG4 binding, as compared to the negative controls, within each 234 cohort revealed that IgE binding was significantly higher than that of IgG₄ for both children and adults (Figure 2B). The adult cohort demonstrated markedly higher IgE binding (8.2-fold increase) as compared to IgG4 binding (1.6-fold increase; *P* = 0.0004), while the children cohort observed lower differences between IgE (5.2-fold increase) and IgG4 binding (1.5-fold 238 increase; $P = 0.02$).

3.3 Patient-specific IgE and IgG4 epitopes on Lat c 1.01

 The IgE- and IgG4-binding regions on Lat c 1.01 were further investigated using seven overlapping peptides. Inhibition ELISAs were performed using these peptides to inhibit IgE and IgG4 binding to rLat c 1.01 and the IgE and IgG4 inhibition profiles for each of the 15 children and eight adults compared (Figure 3). The maximum peptide inhibition reached for IgE 95.5% (C12) and for IgG4 up to 72.9% (C3). In general, the binding profiles differed considerably between the patients, but no single peptide demonstrated outstanding inhibition of either IgE or IgG4 antibodies, suggesting the presence of patient-specific epitopes. Two 248 children demonstrated only IgE binding (C1 and C7), or with marginal IgG₄ binding (C4, C6 and C9), while all adults demonstrated both IgE and IgG4 bindings. Two children with only IgG4 binding were also identified. Some patients demonstrated distinctly different IgE and IgG4 bindings patterns to each peptide, as seen for example for patient C2. All seven peptides exhibited relatively uniform IgE inhibition in six patients (C8, C11, C15, A2-3 and A5).

3.4 Unanimous IgE epitopes identified on Lat c 1.01

 The inhibition of IgE binding to rLat c 1.01 by seven overlapping peptides for all 23 patients was combined and analyzed to determine the unanimous epitopes (Figure 4A). Five peptides demonstrated inhibition of IgE binding significantly higher than that of non-atopic controls. Two peptides (1 and 7) were the most statistically significant, with mean inhibition percentages of 31.5% (*P* = 0.005; peptide 1) and 34.4% (*P* = 0.009; peptide 7), while three peptides (2, 3 260 and 4) followed with inhibition percentages of 45.5% ($P = 0.02$; peptide 2), 45.4% ($P = 0.03$; 261 peptide 3) and 48.2% ($P = 0.04$; peptide 4). Peptides 5 and 6 achieved the highest inhibition percentages of 48.2% and 48.0%, respectively; however, not significantly different to non- atopic controls due to large distributions of negative controls. Furthermore, no difference in the IgE inhibition was observed between adult and children, with both cohorts following a similar trend (Figure 4B).

 For IgG4, no peptide demonstrated significantly higher inhibitions than the non-atopic controls (Figure 4C), with peptide 6 demonstrating the highest inhibition with only an average of 19.5%. None of the seven peptides significantly inhibited IgG4 more than the other, and no difference in the IgG4 inhibition between adults and children was observed (Figure 4D).

3.5 Two epitope regions predicted on Lat c 1.01

 To evaluate the proximity of potential linear IgE epitopes on Lat c 1.01, the amino acid sequences of fish parvalbumins with known IgE epitopes and Lat c 1.01 were aligned (Figure 5A), as well as 3D models generated for each protein (Figure 5B). Peptides 1, 2 and 7 inhibited significantly more serum IgE-binding to rLat c 1.01 than other peptides. The matching regions to these peptides on Lat c 1.01 were found on both the N- and C-terminal ends of the allergen (underlined in Figure 5A and shaded in Figure 5B in a *navy-blue* gradient). The most probable IgE-binding region on the N-terminus of Lat c 1.01 is where peptide 1 and 2 overlap by nine amino acids (AACQAADSF). As both peptides were able to considerably inhibit serum IgE- binding, it is very likely that one epitope is located within these nine-amino acids. Peptides 6 and 7 share 21 amino acids; however, only peptide 7 could significantly inhibit IgE-binding to rLat c 1.01. Therefore, the C-terminal region of Lat c 1.01 including the four amino acids distinct for peptide 7, represent the second most likely IgE epitope of this parvalbumin. Both possible IgE binding regions are very similar to the identified regions on parvalbumin from cod (Gad m 1) and carp (Cyp c 1). The location of possible IgG4 epitopes could not be predicted due to the peptides demonstrating no significant inhibition in these experiments.

4. Discussion

 This is the first published study to characterize and compare IgE and IgG4 antibody-binding epitopes on the major fish allergen parvalbumin. This study focused in particular on parvalbumin from one of the most consumed fish species from South East Asia and Australia. Lat c 1.01 is the major allergen from Asian seabass (Sharp et al., 2014), and in this study, the reactivity of 23 fish-allergic patient was analyzed.

 Serum IgE-binding detected by immunoblotting under reducing conditions for a high number of patients (22/23 patients) suggests the presence of linear IgE epitopes on Lat c 1.01. However, IgE binding of the same patients (22/23 patients) to the native form of Lat c 1.01 indicates the possible presence of conformational epitopes. In general, much fewer patients demonstrated IgG4-binding by ELISA compared to immunoblotting which was done under reducing conditions, suggesting IgG4 may recognize epitopes that are not easily accessible in the tertiary structure of rLat c 1.01. No notable differences were found between the two cohorts of different age groups in binding patterns, except that a higher level of serum IgE-binding to rLat c 1.01 was observed for adults (individual and as a cohort). The lack of difference in IgE binding between these two cohorts is possibly due to the fact that fish allergy, similar to shellfish and peanut allergy, is rarely outgrown and continues into adulthood (Sicherer et al., 2004; Ruethers et al., 2018).

 Antibody isotype switching in B cells usually occur from IgG4 to IgE as a consequence of the sequence order of the antibody isotypes situated on their chromosome (Aalberse, 2011; Aalberse et al., 2009), suggesting that IgE is more likely to be present than IgG4. However, it was also demonstrated that non-sequential class switch to IgE can occur independently (Niederberger et al., 2002). In this study, we found more fish-allergic patients with a robust IgE-binding than IgG4-binding to rLat c 1.01, demonstrating a dissociation between IgG4 and IgE in fish-allergic patients as reported previously (Swoboda et al., 2002; Swoboda et al., 2007). This was consistent regardless of the age of patients as significantly higher levels of IgE-binding were observed compared to IgG4-binding in both cohorts. Despite IgG4 being associated with tolerance and desensitization in allergic disease, our findings further support that specific IgE is a reliable antibody marker that directly correlates with allergic symptoms (Aalberse et al., 2009; Aalberse, 2011; Eckl-Dorna et al., 2019).

 Beta parvalbumin represents an EF-hand superfamily with three highly conserved 319 helix-loop-helix motifs. Among these three regions only two are functional in binding Ca^{2+} . Based on the extensive sequence alignment of 98 beta-parvalbumins by Carrera et al., the most conserved region seems to be between position 46 to 77 (Carrera et al., 2019)**.** Subsequent generation of peptides and IgE binding studies confirmed the results of previous studies that major IgE binding for most parvalbumins are in the early N-terminus (Salmon), adjacent to the first Ca²⁺ binding side (Salmon and Baltic cod) and in the C-terminal region (Atlantic and Baltic cod) (Sharp eta l., 2014). Using overlapping peptides, we demonstrated that common IgE epitopes are observed more at terminal regions of allergens, while IgG4 epitopes of Lat c 1.01 are most likely patient-specific. Our current study demonstrates that the major IgE binding for Asian seabass (Lat c 1.01) is also located in the N-terminal region (residues 10-30) as well as C-terminal region (residues 90 to 110), which are very similar to Salmon (Sal s 1.01), Baltic cod (Gad c 1.01) and Atlantic cod (Gad m 1.01) (Perez-Gordo et al., 2013; Elsayed and Apold, 1983; Untersmayr et al., 2006; Yoshida et al., 2008; Perez-Gordo et al., 2012). These findings are of clinical importance as patients from the Asia-Pacific region, sensitised to Asian seabass, would probably also react to ingested cod.

334 Peptide 1 (AAs $1 - 25$), situated in the least conserved region of fish parvalbumin (Sharp and Lopata, 2014), has previously only been identified in an epitope region of parvalbumin Sal s 1 from Atlantic salmon (Perez-Gordo et al., 2012). The absence of epitope discovery in this region for other fish parvalbumins may explain the clinically unique mono- sensitization to salmon within fish-allergic patients (Perez-Gordo et al., 2012; Vàzquez-Cortés S, 2012; Sharp et al., 2015). Patients whose IgE specifically identify this N-terminal epitope may have low cross-reactivity to other fish due to the low sequence identity in this region. No patient from this study however presented IgE that solely binds to this region. In contrast, peptide 2 (aa 12-34) aligns with a region that contains the most frequent epitopes mapped on parvalbumins from fish including Baltic cod, Atlantic salmon, Pacific mackerel and carp (Sharp and Lopata, 2014). This epitope seems to be in a highly cross-reactive region of parvalbumin and patients who recognize peptide 2 would most likely react to many other fish parvalbumins. It is not surprising that this cross-reactive epitope has been identified in Lat c 1.01, as Asian seabass parvalbumin has previously been characterized as a highly cross- reactive allergen among sensitized individuals (Sharp et al., 2015). Further analysis using shorter overlapping peptides for more precise coverage as well as peptide alanine screening or shotgun proteomics by mass spectrometry could increase the resolution of the mapped Lat c 1.01 epitopes (Zhao et al., 2017; Liu and Sathe, 2018; Carrera et al., 2019).

 This study demonstrates age independent-IgE sensitization frequencies to parvalbumin. 353 Our findings indicate the greater attribution of IgE over IgG₄ on the reactivity to parvalbumin in all fish-allergic patients of two age groups. Patient profile of both age groups revealed common IgE epitopes, while many patient-specific IgG4 epitopes were demonstrated. Understanding IgE epitopes on allergenic proteins is crucial for the development of peptide- based immunotherapies. The application of hypoallergenic proteins in sIT must demonstrate a lower probability of IgE-mediated anaphylaxis after administration (Swoboda et al., 2002; Swoboda et al., 2007), as well as alleviating allergic Th2 responses (van der Ventel et al., 2011). Based on our data, the employment of modified (mutated) common IgE epitopes, that are highly reactive amongst the majority of fish-allergic patients of all ages, should be considered during the design of sIT against fish allergy to Asian seabass. The use of mutated hypoallergenic parvalbumin may suit treating patients with independent IgE and IgG4 epitopes – as the disruption or loss of linear and/or conformational epitopes of allergenic proteins can lead to reduction in allergenicity through loss of IgE-binding ,while the interruption of IgG4- binding is prevented (Swoboda et al., 2007; Freidl et al., 2017). One of the speculated IgE epitopes spans over the calcium-binding region of at least four parvalbumins (Gad c 1, Cyp c 1, Gad m 1 and Lat c 1), including the N-terminal epitope in Lat c 1.01 established in the present study. A modification in this epitope could be useful in treating patients who are sensitized to fish species from European and Asia Pacific regions. Indeed, it was recently demonstrated that antibodies raised against a mutant carp parvalbumin protected against allergic reactions in a murine model (Freidl et al., 2017). Furthermore, elevated allergen- specific IgG4 is thought to play a key role in successful immunotherapy, yet to be demonstrated for fish allergy (van de Veen and Akdis, 2016; Eckl-Dorna et al., 2019). It is possible that patients with shared IgE and IgG₄ epitopes would positively respond to a sIT using the native (no modification) allergens due to the increase of serum IgG4 which acts as a competitive blocking antibody to IgE, as has been demonstrated for milk allergy (Savilahti et al., 2014). However, there is a greater risk of IgE-specific antibody upregulation associated in using unmodified allergens.

 In conclusion, our investigation of antibody-binding epitopes of parvalbumin from Asian seabass contributes greatly to our knowledge on allergic sensitization patterns among fish allergic adults and children. The consumption and international trade of Asian seabass is greater than some of the previously studied fish species in the Asia Pacific regions, and is growing rapidly worldwide. This is the first study to characterize IgE and IgG4 binding epitopes of the major fish allergen parvalbumin and identify the IgE binding regions of Lat c 1.01 from Asian seabass. This knowledge is an important discovery to pave the way for developing new and targeted therapies for the Asia-Pacific region.

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Conflicts of interest

The authors declare that they have no conflicts of interest.

Author contributions

 M.F.S.: Data curation; Formal analysis; Investigation; Methodology; Resources; Validation; Visualization; Roles/Writing - original draft; Writing - review & editing. A.C.T.: Formal analysis; Visualization; Roles/Writing - original draft; Writing - review & editing. T.R.: Visualization; Writing - review & editing. J.N.S.: Resources; Writing - review & editing. N.D.: Conceptualization; Writing - review & editing. S.D.K.: Writing - review & editing. A.L.L.: Conceptualization; Funding acquisition; Investigation; Project administration; Resources; Supervision; Validation; Roles/Writing - original draft; Writing - review & editing.

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570 Patient ID: A, C and N denote for adult, children and negative control, respectively. Symptoms: A, asthma; AN,

571 anaphylaxis; AE, angioedema; E, eczema; GIS, gastrointestinal syndrome; OAS, oral allergy syndrome; R, 572 rhinitis; U, urticaria. '-'=Not performed.

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- Figure 1. Serum IgE and IgG4 analyses of 23 fish-allergic patients against Asian seabass
- major allergen rLat c 1.01, by immunoblotting in reduced condition. A) Serum from

15 pediatric (C1-15) and eight adult (A1-8) fish-allergic patients were subjected to purified

- recombinant rLat c 1.01 and analyzed for IgE (top) and IgG4 (bottom) binding. Five non-fish
- allergic patients (N1-5) were included as negative controls. Parvalbumin monomers, dimers
- and oligomers are boxed in red, green and blue, respectively. B) Purified rLat c 1.01 was
- detected and the protein purity and integrity were confirmed on a Coomassie Brilliant Blue stained 15% polyacrylamide gel (left lane), immunoblots with monoclonal anti-parvalbumin
- PARV-19 antibody (middle lane) and polyclonal rabbit anti-Asian seabass parvalbumin
- antibody (right lane).
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- Figure 2. Evaluation of serum IgE and IgG4 binding to native form of Asian seabass
- parvalbumin, rLat c 1.01 by indirect ELISA. A) The serum IgE (black) and IgG4 (grey)
- reactivities to rLat c 1.01 (1 μg/mL) were evaluated for 15 fish-allergic children (C1-15) and
- eight adults (A1-8) by measuring the absorbance at 450 nm. The reactivity for individual
- 592 patient serum was confirmed using a cut-off derived from two standard deviations above the
593 mean reactivity of five non-allergic subjects to each antibody isotype lindicated by the dotted
- mean reactivity of five non-allergic subjects to each antibody isotype [indicated by the dotted
- line (IgE; black line=0.03, IgG4; grey line=0.20)]. B) Mean fold increase of IgE and IgG4
- antibody bindings against rLat c 1.01 over non-atopic cpontrols were compared for each of 596 children and adult cohorts. Error bars represent standard error of the mean. *P < 0.05, ***P <
- 0.0005.
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Figure 3. Analysis of peptide binding regions using serum IgE and IgG4 by inhibition

- ELISA. Binding regions were analyzed using the synthetic overlapping peptides for individual
- fish-allergic patient serum IgE (black) and IgG4 (grey). Binding profiles of individual 15
- children (C1-15) and eight adults (A1-8), were determined for each of IgE and IgG4. Each
- cohort is grouped and shown separately by dotted line. Y-axis represents the percentage of 604 inhibition of serum IgE and IgG4 binding to rLat c 1.01 (20 ng) induced with the seven
- generated peptides (250 ng; x-axis).
- Figure captions
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Figure 4. Determination of IgE and IgG4 binding regions in rLat c 1.01 for pediatric and

- adult fish-allergic patients using seven overlapping peptides. Percentages of IgE inhibition
- against seven peptide regions were calculated for A) all 24 patients (dark grey; 15 children and
- eight adults) and five non-atopic controls (dotted black), and B) each cohort of children (light
- grey), adults (black) and non-atopic controls (dotted black). Percentages of IgG4 inhibition
- against seven peptide regions were calculated for C) all 24 patients (dark grey; 15 children and
- eight adults) and five non-atopic controls (dotted black), and D) each cohort of children (light
- grey), adults (black) and non-atopic controls (dotted black). Y-axis represents the percentage
- 616 of inhibition of respective serum IgE and IgG4 (1:10) binding to 20 ng rLat c 1.01 with 250 ng
- 617 of the seven generated peptides (x-axis). Error bars represent standard error of the mean. *P \leq 618 0.05, ** $P < 0.01$.
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- Figure 5. Comparative modelling of fish parvalbumin and elucidation of IgE epitopes. A)
- Amino acid sequence alignment of five fish parvalbumins. IgE epitopes previously elucidated
- are indicated in color shading as follows; Baltic cod (Gad c 1.01; UniProtKB Accession
- number, P02622.1) cyan, common carp (Cyp c 1.01; Q8UUS2) yellow, Atlantic salmon (Sal s
- 1.01; B5DH15) red, Pacific mackerel (Sco j 1.01; P59747) green and Atlantic cod (Gad m

 1.01; Q90YL0) pink. The suspected IgE epitope regions is underlined in two navy-blue 626 gradient lines under Lat c 1.01 sequence. Sequences of the overlapping peptides from
627 this study are aligned under the parval bumin sequences with assigned peptide numbers. this study are aligned under the parvalbumin sequences with assigned peptide numbers. The two calciumbinding sites are boxed in orange. B) Protein models of the five fish parvalbumins with their elucidated IgE epitopes highlighted in their respective colors. The model of Lat c 1.01 is shown with matching navy-blue gradient regions for the speculated IgE epitopes.

