

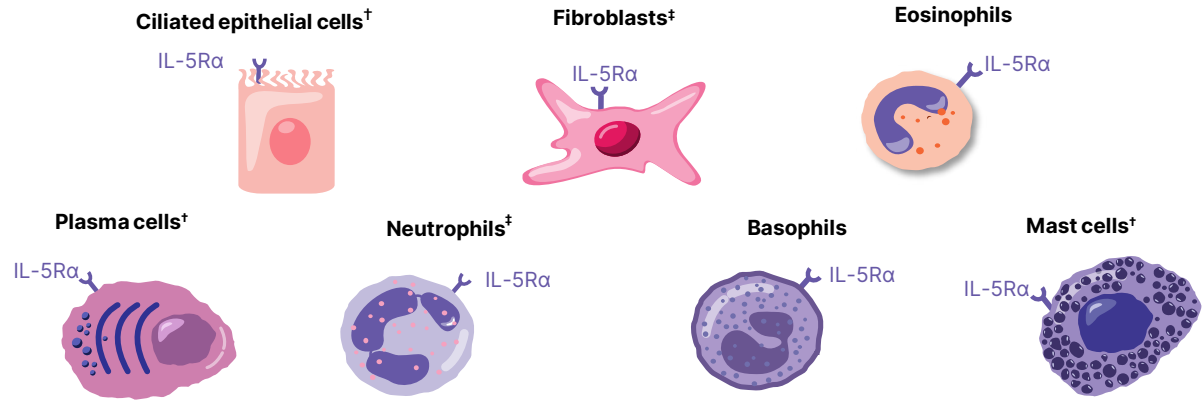
The Role of IL-5 in Inflammatory Diseases



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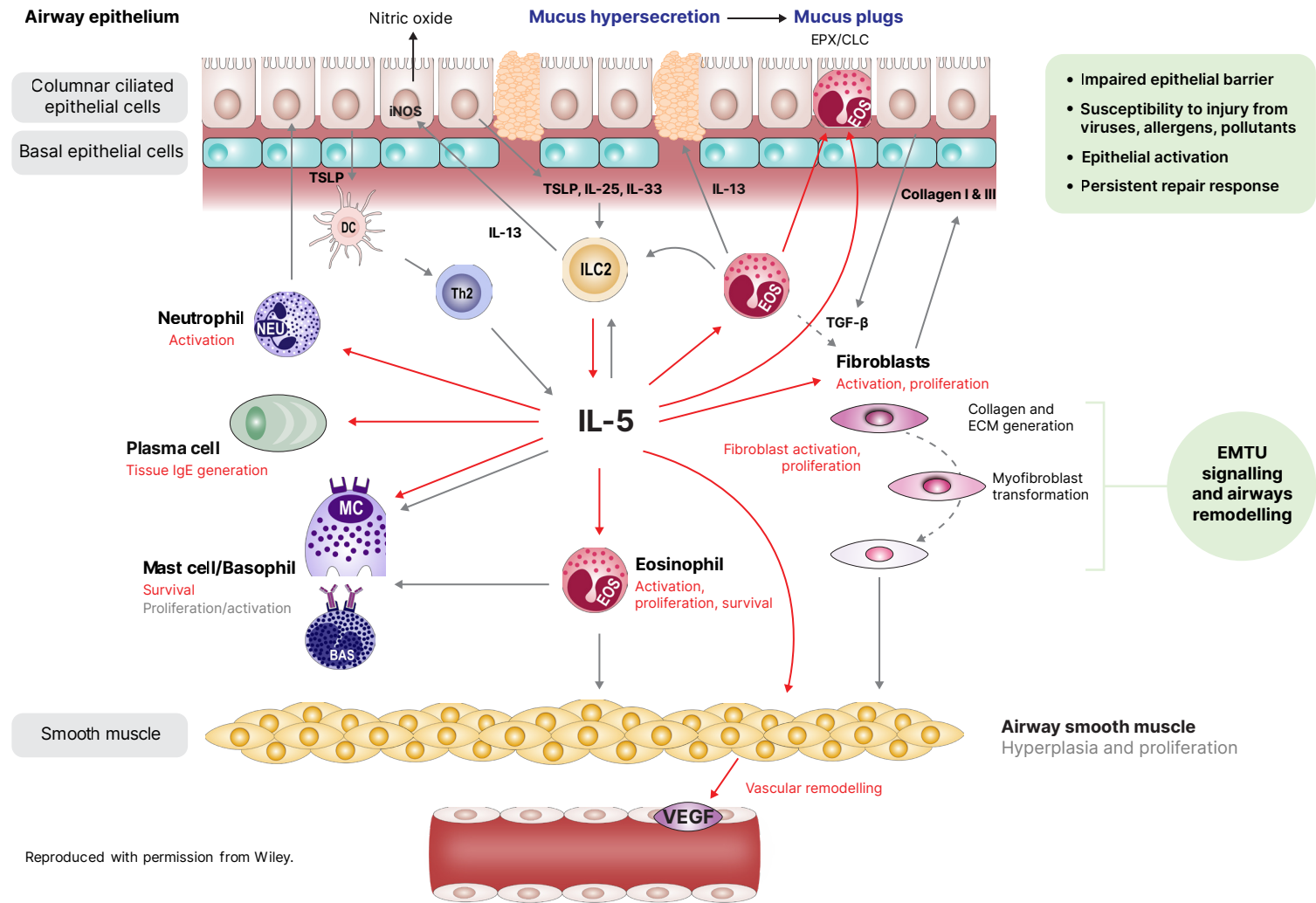
The Role of IL-5 on Eosinophils Has Been Well Established as Central to Its Development, Maturation, and Activation^{1,2}

New evidence has shown that the IL-5 receptor is present and active on multiple cell types in sinus and airway tissue^{*,3-5}



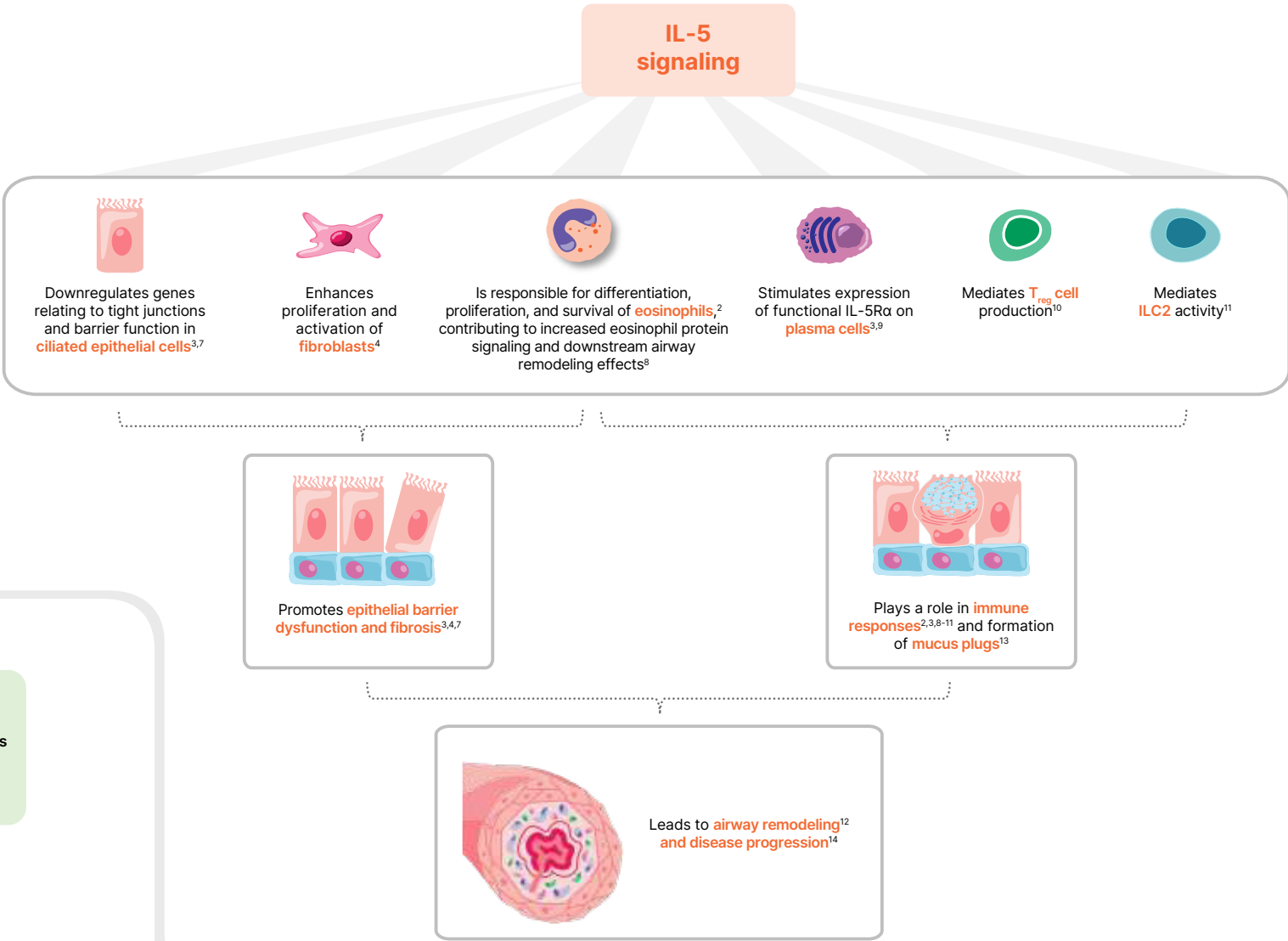
*18,036 surgically excised sinus tissue cells from patients with AERD (n=3), CRSsNP (n=5), and CRSwNP (n=3).
*Found in sinus tissue.
*Found in airway tissue.

Effects of IL-5 on eosinophils and other cell types⁶



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Evolving Evidence Suggests the Effect of IL-5 on Eosinophils and Other Cell Types Can Lead to Epithelial Barrier Dysfunction, Airway Remodeling, and Disease Progression^{3,4,7-12}



The relative contributions of IL-5 beyond eosinophils to disease pathology have yet to be quantified and require further studies to understand the impact of each contributing factor in the disease processes of patients with IL-5-mediated conditions.

This information is scientific and non-promotional in nature and is not intended for further distribution.

Abbreviations:
AERD: aspirin-exacerbated respiratory disease; CLC: Charcot-Leyden crystals; CRSsNP: chronic rhinosinusitis without nasal polyps; CRSwNP: chronic rhinosinusitis with nasal polyp; DC: dendritic cell; ECM: extra-cellular matrix; EMTU: epithelial-mesenchymal trophic units; EPX: eosinophil peroxidase; ILC: innate lymphoid cell; ILC2: type 2 innate lymphoid cells; IL-5Rα: interleukin-5 receptor alpha; iNOS: inducible nitric oxide synthase; TGF-β: transforming growth factor β; T_{reg}: regulatory T cell; TSLP: thymic stromal lymphopoietin; VEGF: vascular endothelial growth factor.

References:
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