

Neutralizing anti-drug antibodies

A. Kromminga

FDA says:



Because of the size of some clinical trials and the necessity of testing patient samples at several time-points, FDA recommends a multi-tiered approach to the testing of patient samples.

Neutralizing antibodies (NAB) are generally of more concern than binding antibodies (BAB) that are not neutralizing, but both may have clinical consequences.

Question



Why are neutralizing antibodies (NAB) of more concern than binding antibodies (BAB) that are not neutralizing if both may have clinical consequences?

Do NAB assays more realistically reflect the situation in the body?

FDA says:



Generally, bioassays have significant variability and a limited dynamic range for their activity curves. Such problems can make development and validation of neutralization assays difficult and FDA understands such difficulties. Nonetheless, we will recommend such assays because they are critical to understanding the importance of patient immune responses to therapeutic proteins.

Requirements for cellular assays



- Suitable cell line
- Linearity
- Interference
- Cut point
- Sensitivity
- Specificity
- Precision
- Robustness
- Ruggedness

NAB analysis



- Cell based assays (CBA)
 - Proliferation
 - Gene expression
 - Gene reporter
 - Signal transduction
- Competitive ligand binding assays (CLBA)
 - ECL
 - Biacore

Example: Erythropoietin

a recombinant human protein drug with a non-redundant
endogenous counterpart

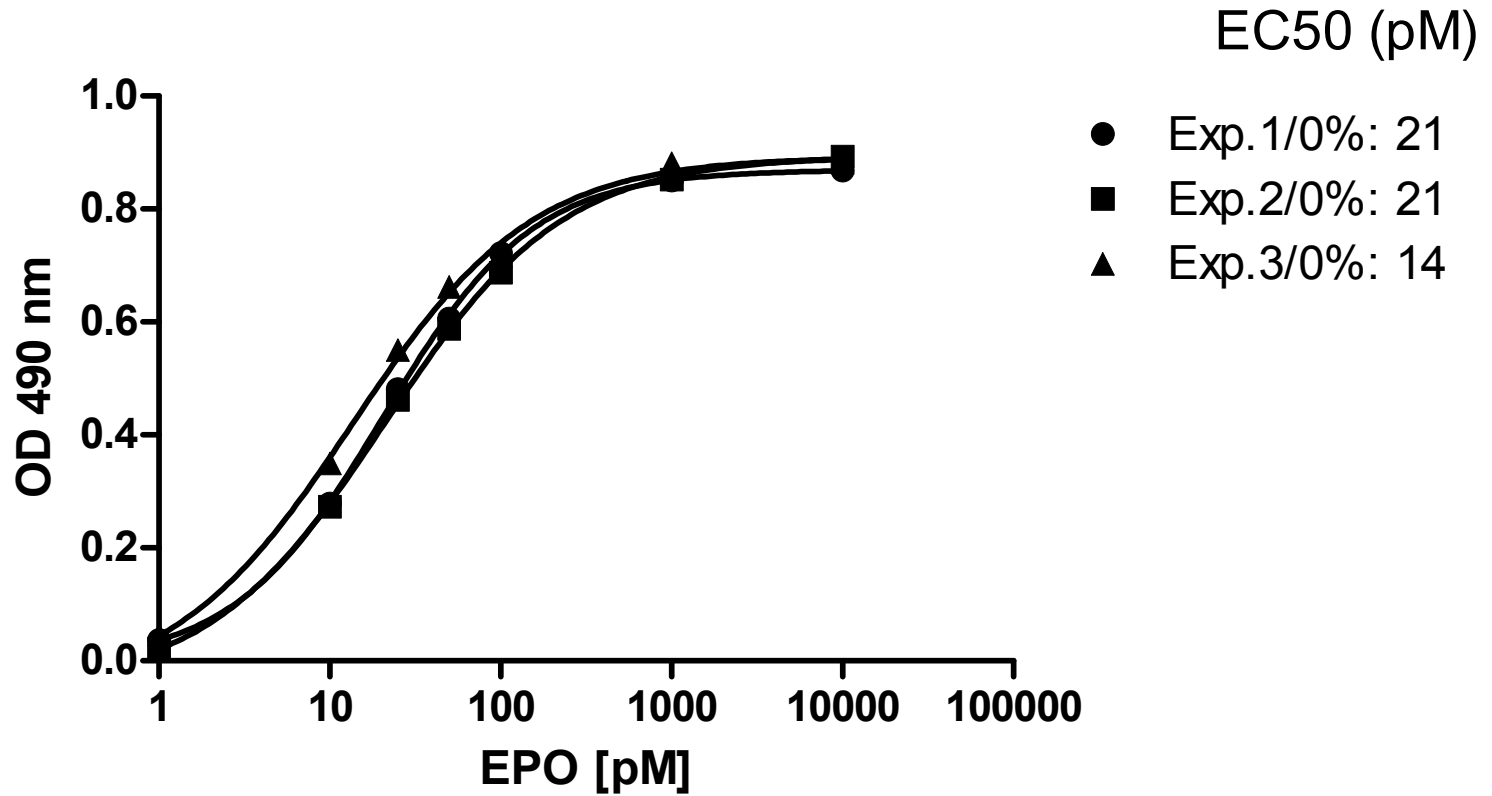
used for the treatment of renal and non-renal anemia

Antibodies against EPO



1. Pure red cell aplasia (PRCA) after initial successful erythropoietin therapy
 - Progressive, transfusion-dependent anemia
 - Almost total loss of erythroid progenitor cells with normal BM
 2. Antibodies against erythropoietin
 3. No endogenous erythropoietin detectable
-

EC50 Determination



EPO receptor expressing cell line (UT7, TF1)

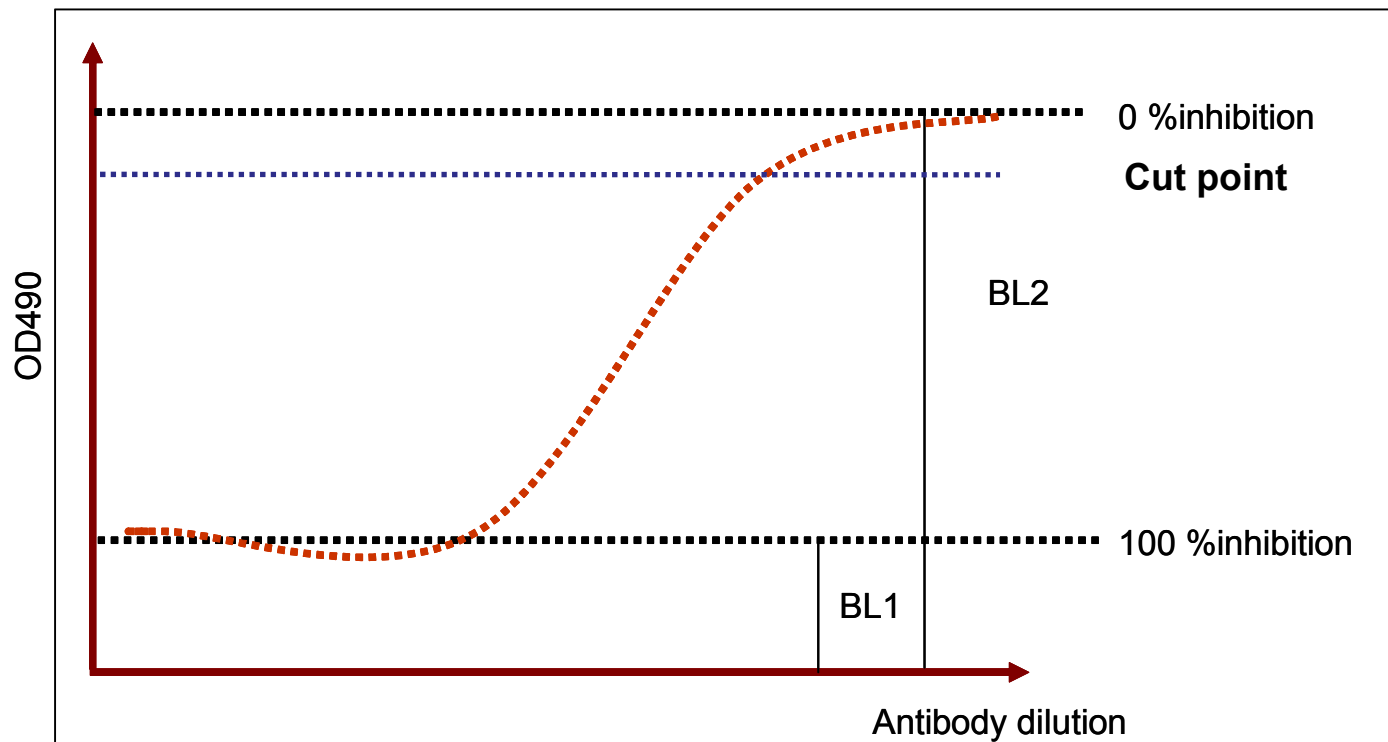
Interference w/ IL-3



	IL-3 [pg/mL]				
	0	50	100	500	1,000
% inhib	95	96	94	82	68
Diff [%]	13%	14%	10%	14%	13%
AC	≤ 30%	≤ 30%	≤ 30%	≤ 30%	≤ 30%

There is no interaction with IL-3 leading to a significant change of inhibitory effect of anti-EPO antibodies. Average IL-3 level in normal healthy subjects is 27 pg/ml

Cut point



Mean inhibition + 3.09 SD of NHC: 17 % inhibition

Sensitivity/LLOD

Monkey anti-EPO (ng/ml)	%Inhibition				SD	%CV	AC
	1	2	3	mean			
200	50.1	52.2	55.3	52.5	2.1	4.1	≤ 30%
100	71.9	70.6	71.9	71.5	0.6	0.9	≤ 30%
50	48.5	52.7	56.8	52.7	3.4	6.4	≤ 30%
25	21.0	17.1	28.3	22.2	4.6	20.9	≤ 30%
12.5	7.3	6.0	13.0	8.7	3.0	34.8	≤ 30%
6.25	6.5	0.3	7.3	4.7	3.1	67.1	≤ 30%
3.13	3.9	6.2	4.9	5.0	1.0	19.0	≤ 30%
1.55	-0.1	4.2	8.0	3.8	3.6	94.9	≤ 30%
0	-5.2	2.4	2.9	0.0	3.7	-	≤ 30%

Precision

Intra-Assay

	1	2	3	4	mean	SD	%CV	AC
PC1	98.6	95.1	100.8	98.0	98.1	2.6	2.1	≤ 30%
PC2	37.2	35.5	37.7	37.1	36.9	0.8	2.6	≤ 30%

Inter-Assay

	1	2	3	mean	SD	%CV	AC
PC1	98	100	99	99	0.9	0.9	≤ 30%
PC2	46	39	37	41	3.7	9.1	≤ 30%

Summary: NAB EPO

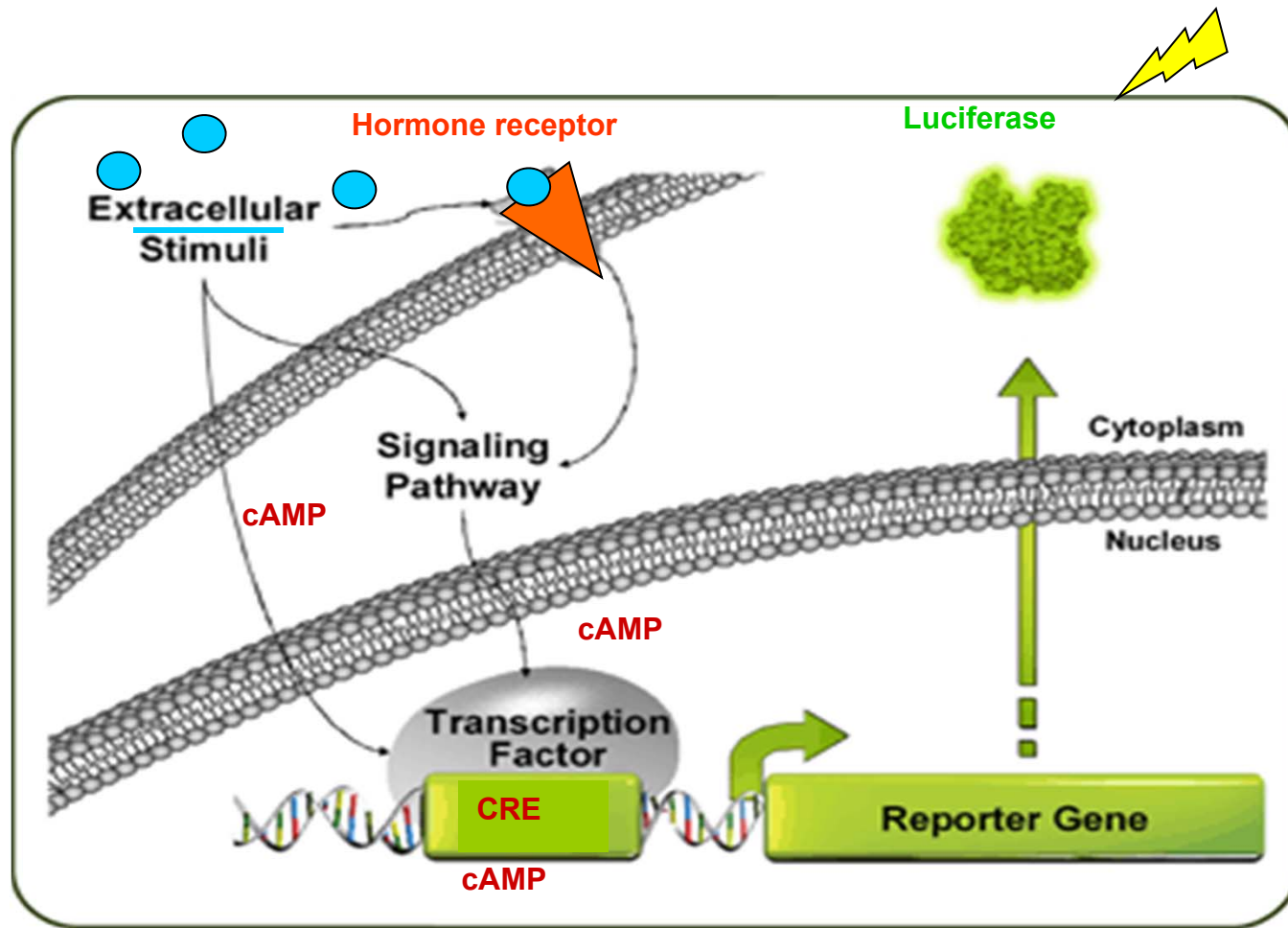


Validation characteristics	Data
Challenging concentration of EPO	20 pM
Intra-assay precision	≤ 2 % CV
Inter-assay precision	≤ 9 % CV
Stability for 3 days at +2-8°C	≤ 8 % deviation
Stability for 3 weeks at -20°C	≤ 12 % deviation
Stability at ≤ -15 °C after 3 Freeze/Thaw cycles	≤ 11 % deviation
Stability at ≤ -70 °C after 3 Freeze/Thaw cycles	≤ 14 % deviation
Drug tolerance	250 mIU/ml
Clinical Specificity	100 %
Cross reactivity against IL-3	none
Screening cut point (% inhibition)	17 %
Sensitivity in 2% serum	25 ng/mL
Sensitivity in undiluted serum	1250 ng/mL
Minimum required dilution (MRD)	1 % serum

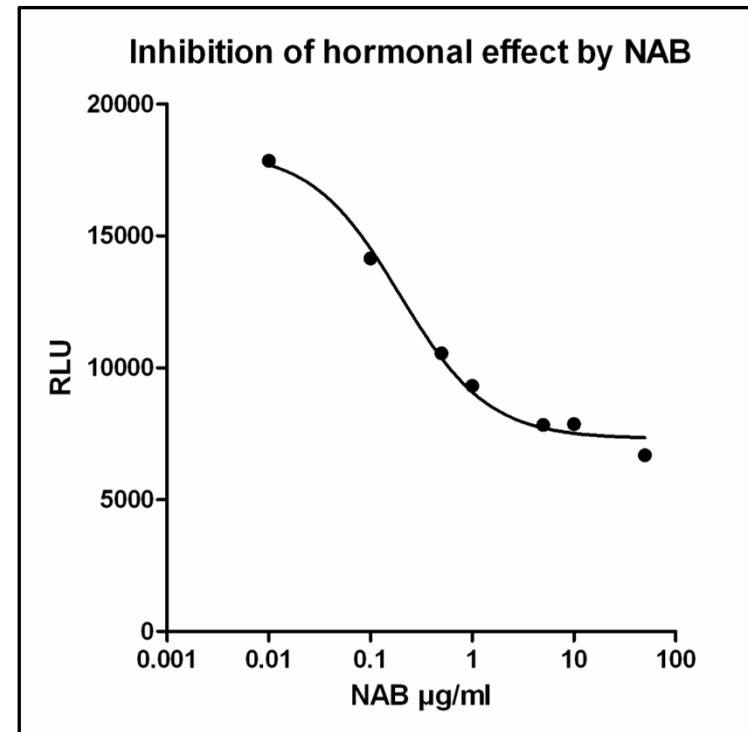
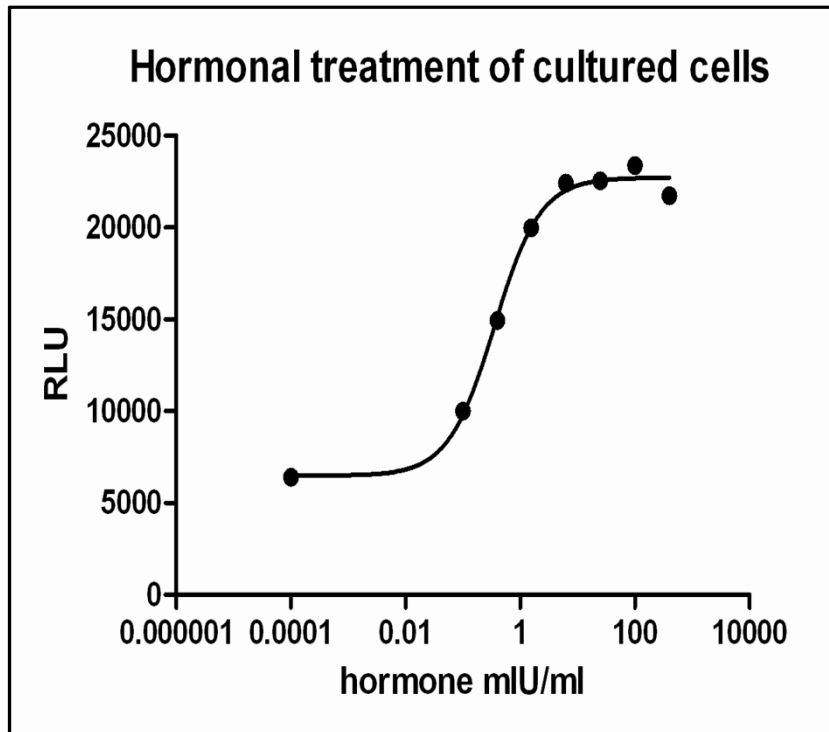
Example: FSH

a recombinant human protein drug with an endogenous counterpart used for the treatment of induction of ovulation/pregnancy and for the development of multiple follicles.

NAB against FSH



NAB FSH



NAB FSH



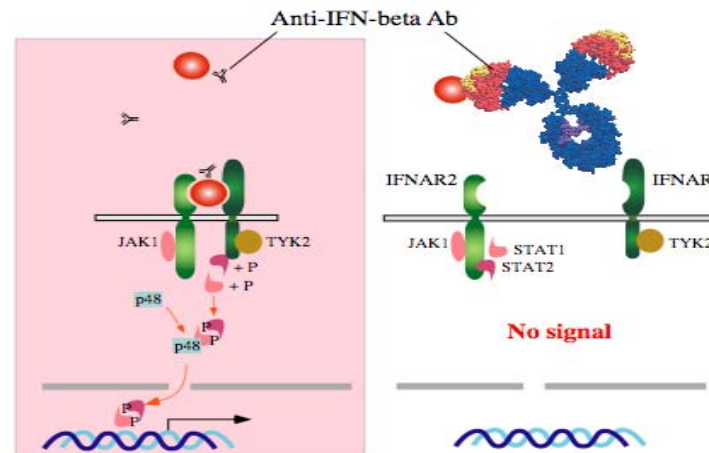
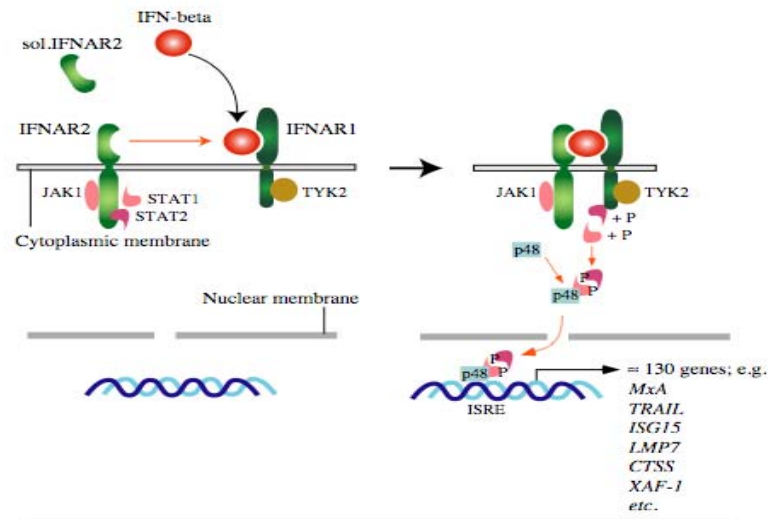
Validation characteristics	Data
Challenging concentration of FSH	1 mIU/ml
Intra-assay precision	≤ 4 % CV
Inter-assay precision	≤ 14 % CV
Stability for 3 days at RT	≤ 11 % deviation
Stability for 3 days at +2-8°C	≤ 5 % deviation
Stability at ≤ -15 °C after 3 Freeze/Thaw cycles	≤ 11 % deviation
Stability at ≤ -70 °C after 3 Freeze/Thaw cycles	≤ 14 % deviation
Drug tolerance at 150 µg/ml	7.5 ng/mL
Drug tolerance at 15 µg/ml	0.75 ng/mL
Clinical Specificity	99 %
Cross reactivity against LH, TSH, CGalpha	None
Screening cut point (% inhibition)	23 % inhibition
Sensitivity	100 ng/ml
Minimum required dilution (MRD)	2 % serum

Example: Interferon

a recombinant human protein drug with an endogenous counterpart
used for the treatment of Multiple Sclerosis (IFN- β) and Hepatitis virus
infection (IFN- α)

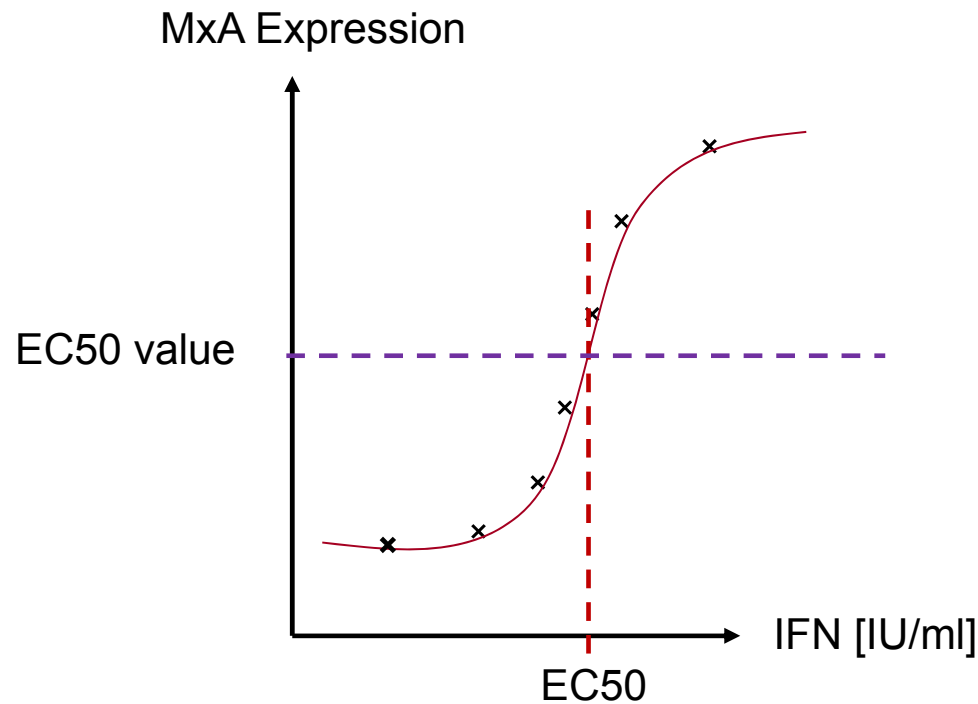
Gene expression assay

NAB against interferon



Gene expression assay

NAB against interferon by MxA analysis

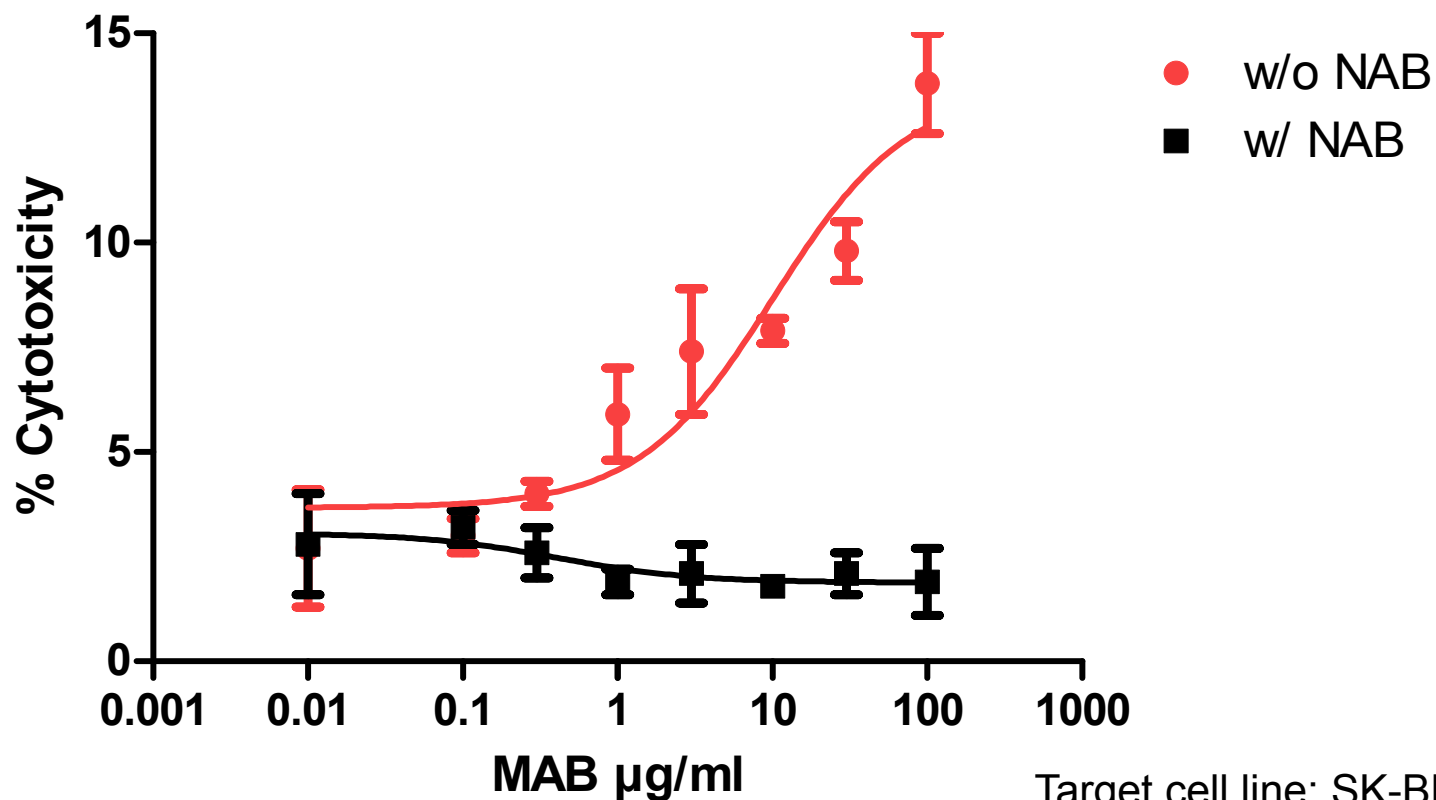


Positive sample: sample signal < EC50

Example: mab

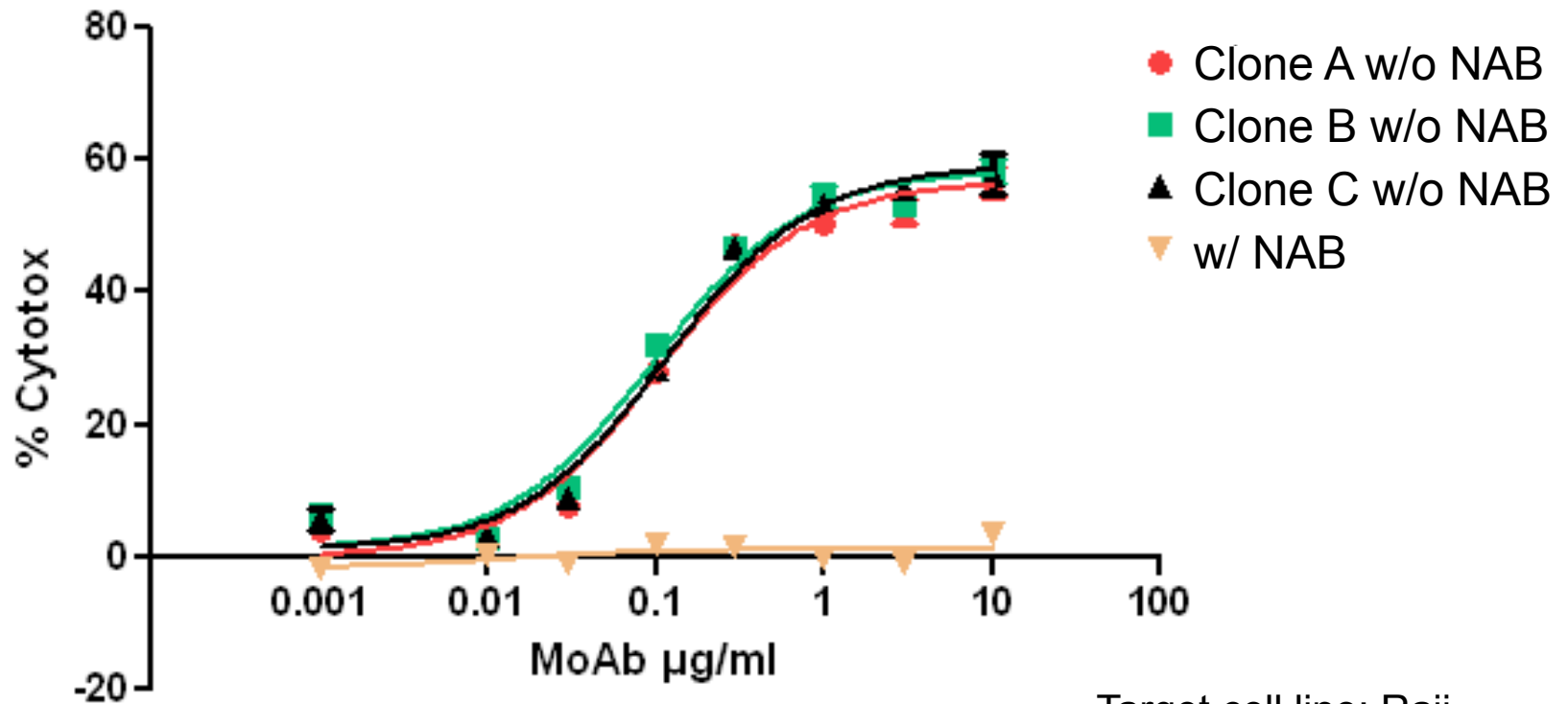


Inhibition of ADCC by anti-IS



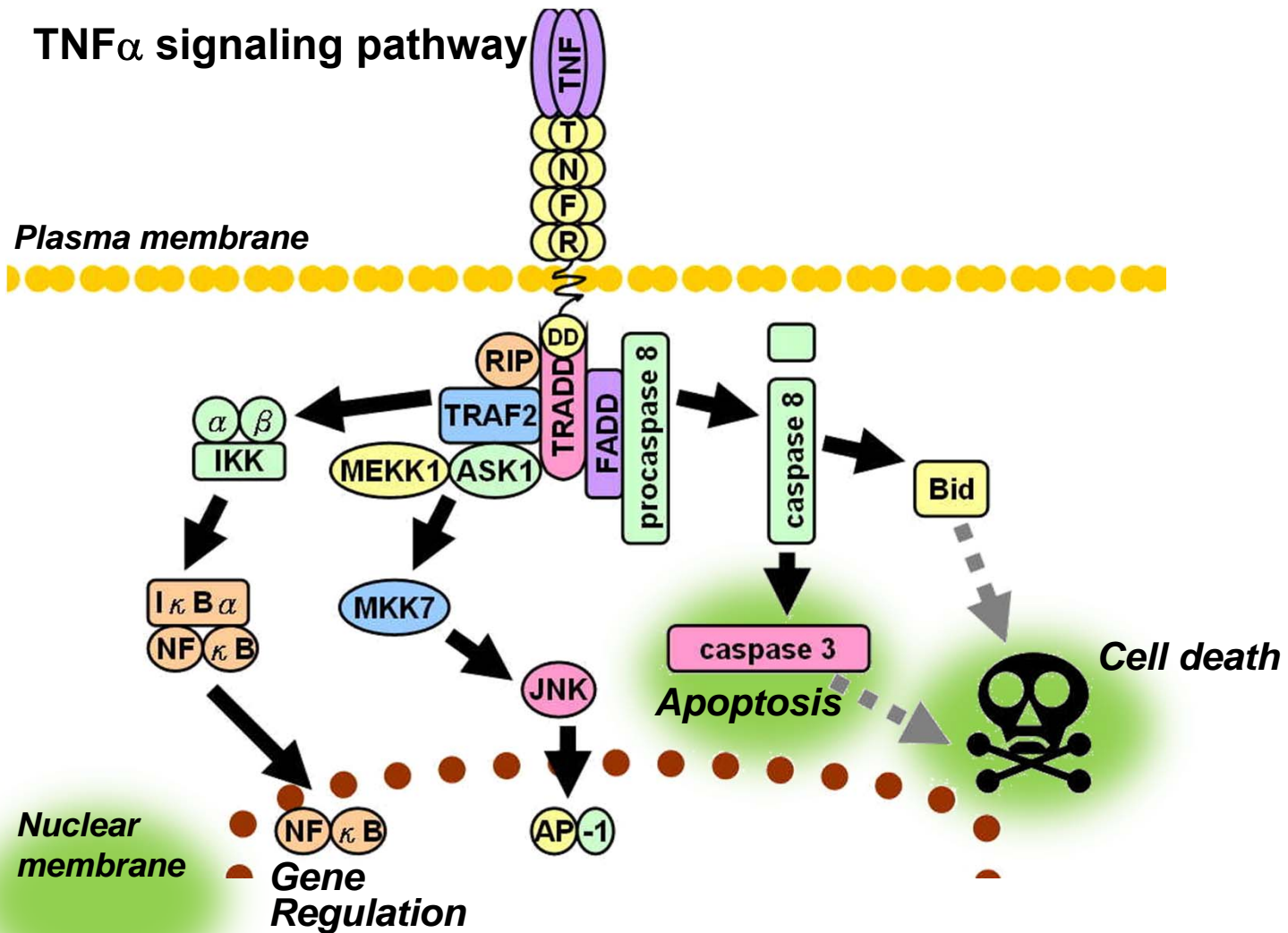
Target cell line: SK-BR3i
MRD: 2 %
Effector cell: CD16-NK
Drug: anti-Her2/neu

Inhibition of CDC by anti-IS



Target cell line: Raji
MRD: 2 %
Effector: complement (10:1)
Drug: anti-CD20

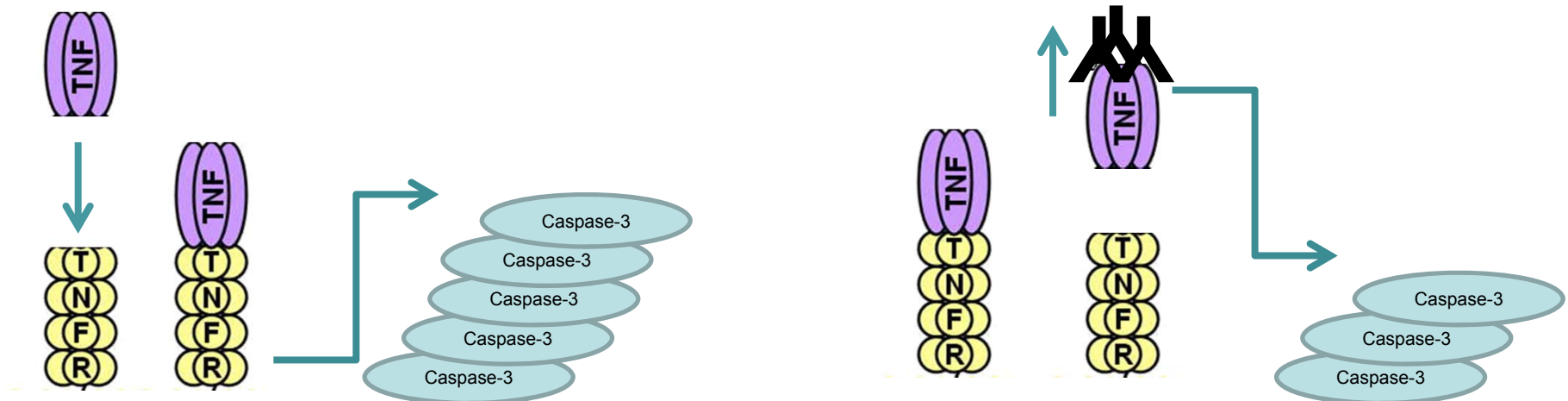
Mechanism of action via TNF α signaling



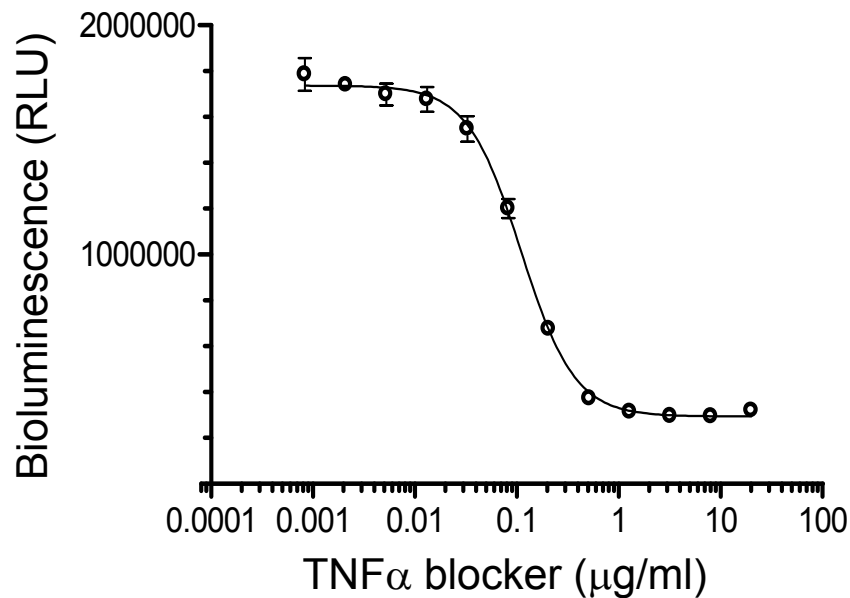
TNF α blocker cell-based bioassay based on caspase 3 activity

TNF α / TNF α receptor signaling
via the apoptosis pathway
increases caspase 3 activity

A TNF α blocker drug dose-
responsively lowers caspase 3
activity of TNF α by blocking TNF α
binding to receptors



Bioluminescent caspase-based bioassay of TNF α blocker drug activity on TNF α signaling

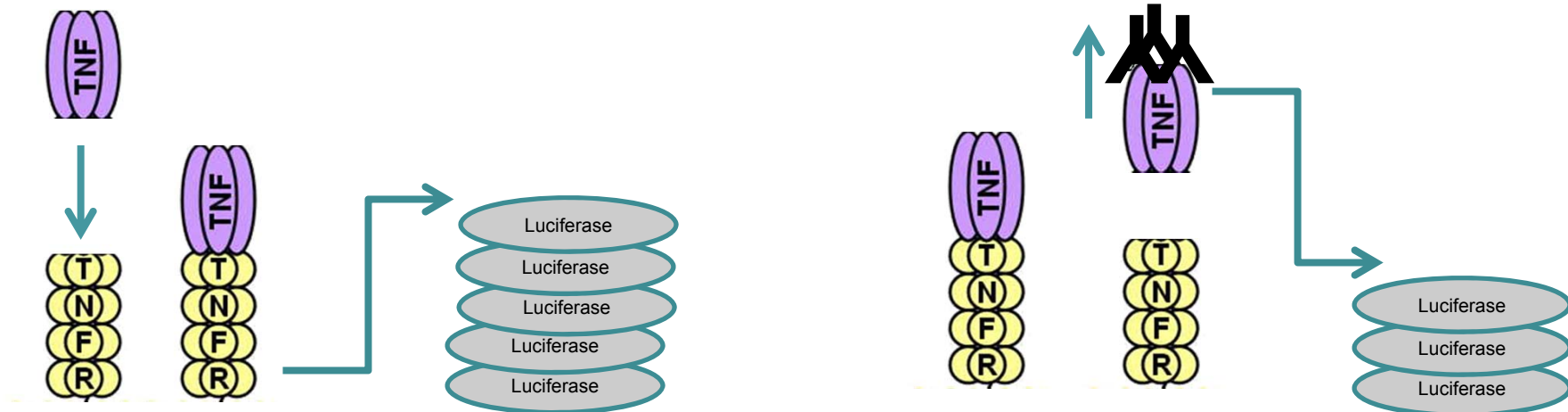


- Rapidly responsive human U937 cells in provide bioassay high consistency
- Bioluminescence readout provides excellent bioassay sensitivity and dynamic range
- Fast assay (2.5 hr response)

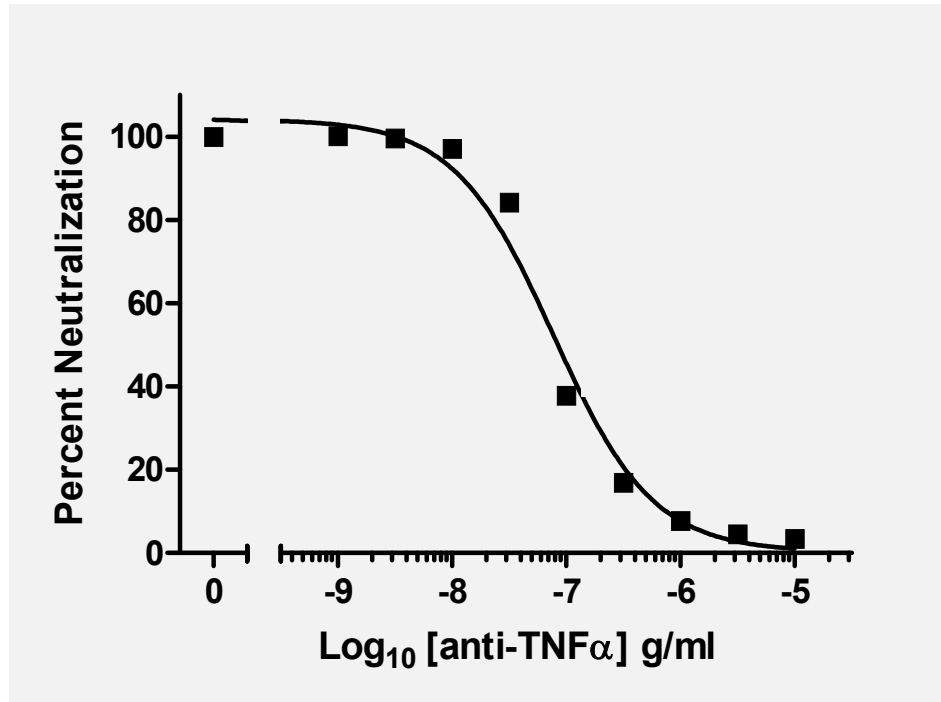
TNF α blocker cell-based bioassay based on NF- κ B luc reporter activity

TNF α / TNF α receptor signaling via the NF- κ B pathway increases gene expression driven by the NF- κ B response element.

A TNF α blocker drug dose-responsively lowers NF- κ B driven luciferase activity of TNF α by blocking TNF α binding to receptors

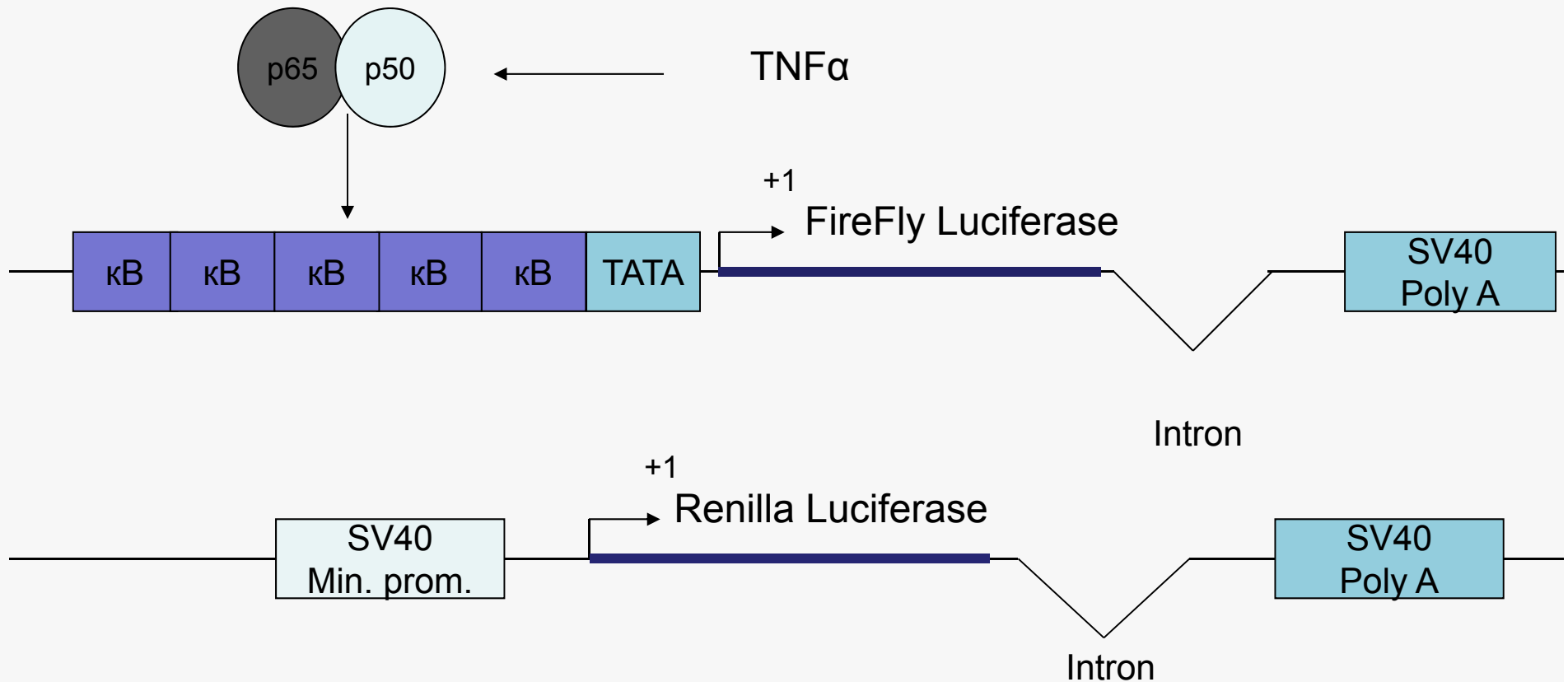


Bioluminescent NF- κ B reporter gene bioassay of TNF α blocker drug activity on TNF α signaling

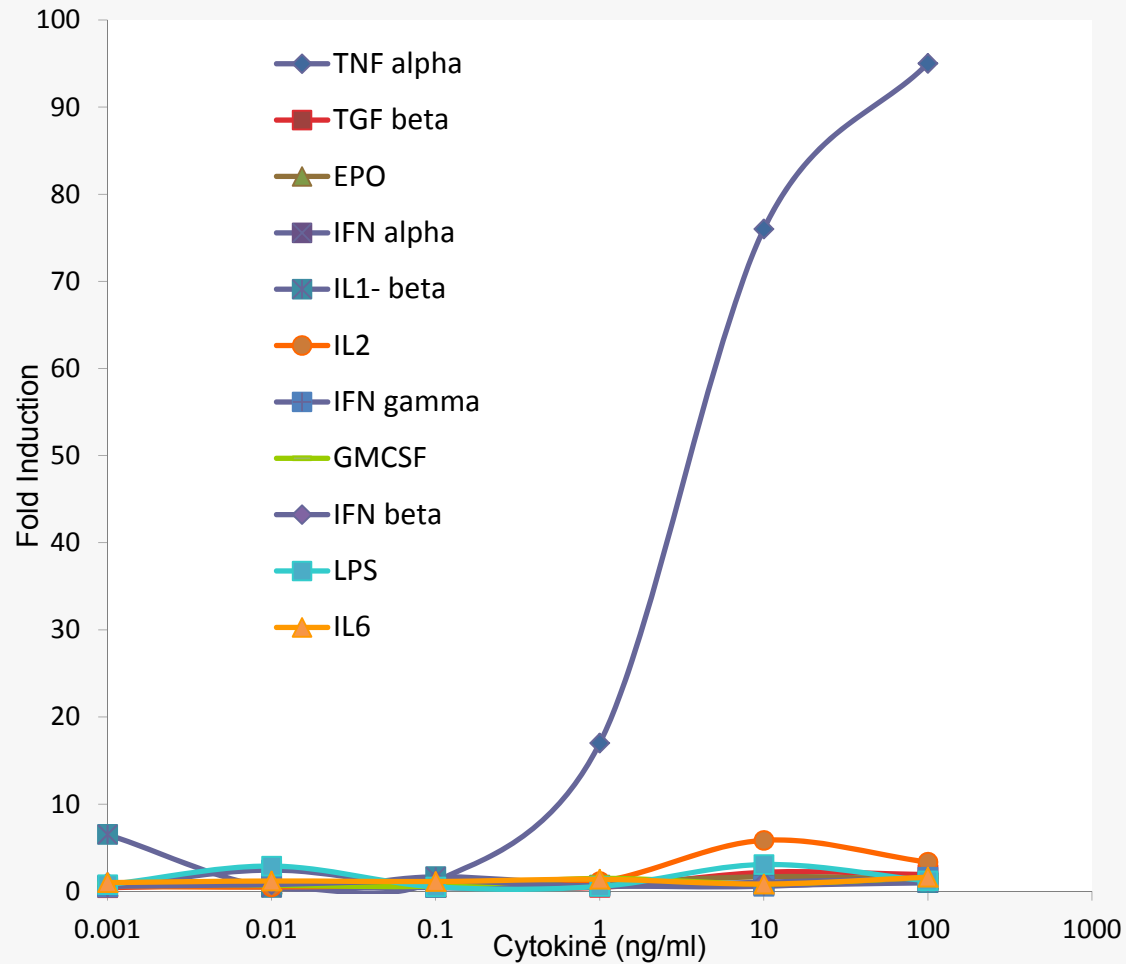


- Stably transfected human NF- κ B HEK-293 cells provide high consistency
- Bioluminescence readout provides excellent bioassay sensitivity and dynamic range
- Fast assay (4 hr induction of NF- κ B driven luciferase expression)

TNF α Resp Reporter Gene Construct

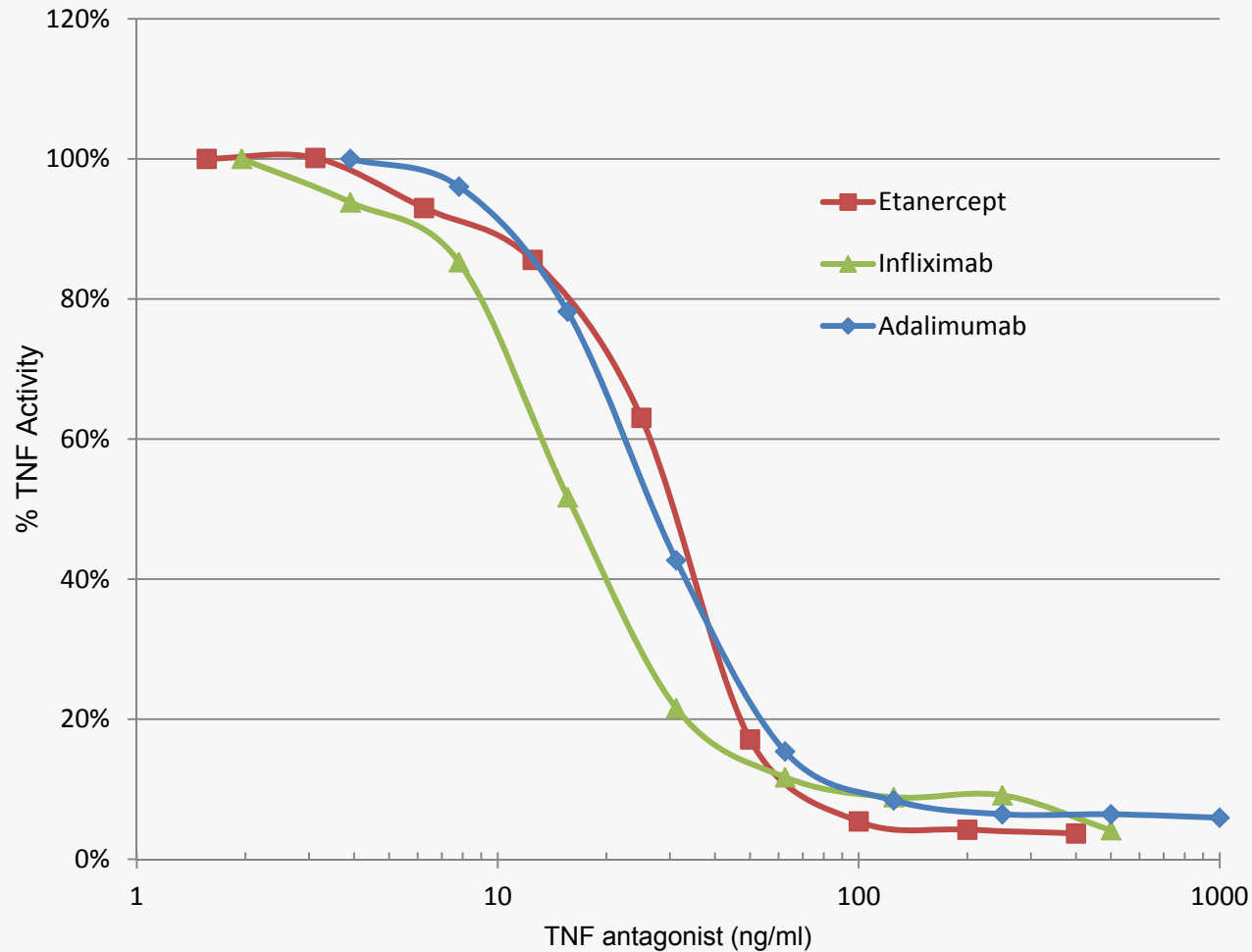


Specificity of TNF α -assay



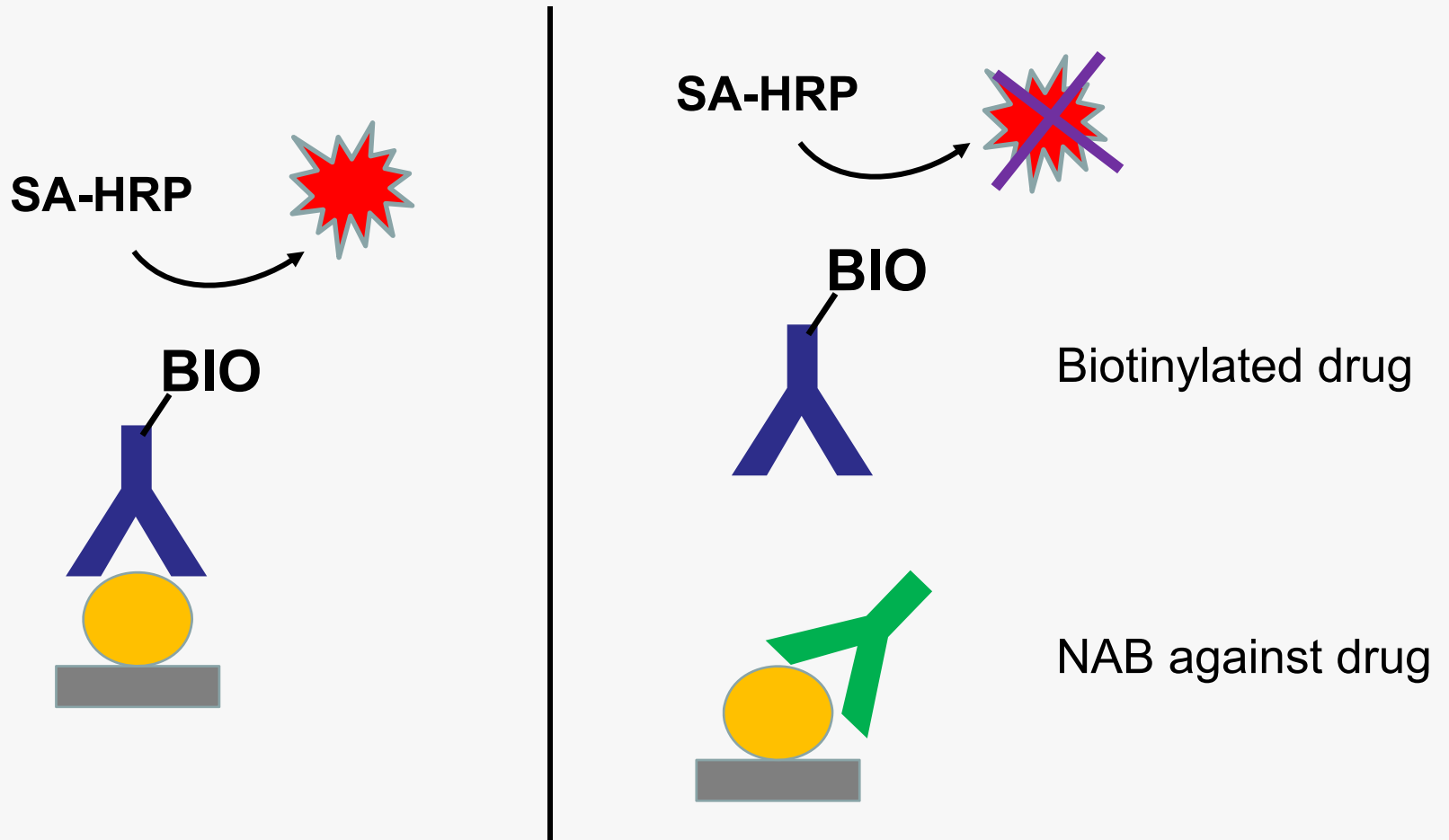
Lallemand C, et al, **Tovey** MG. J Immunol Methods. 2011;373:229-39

Anti-TNF α -NAB analysis



Lallemand C, et al, **Tovey** MG. J Immunol Methods. 2011;373:229-39

Competitive ligand binding assays



Validation data of CLB



NAB	Run1		Run 2		Run 3		Run 4		Mean	
	Signal	%CV	Signal	%CV	Signal	%CV	Signal	%CV	Signal	%CV
125	0.476	4.20	0.802	6.10	0.951	3.1	0.687	13.6	0.729	0.2
31	0.923	2.20	1.056	0.40	1.353	2.8	1.141	6.6	1.118	0.2
16	0.980	2.00	1.066	0.60	1.382	2.7	1.215	3.1	1.161	0.2
8	1.029	1.00	1.121	0.70	1.376	4.0	1.228	3.9	1.189	0.1
2	1.069	0.90	1.194	0.00	1.485	1.0	1.266	3.8	1.254	0.2
0	1.051	1.90	1.154	3.90	1.512	1,1	1.304	2.5	1.255	0.2
NC	1.142	2.60	1.212	1.80	1.476	2,9	1.134	1.2	1.241	0.1
blank	0.012	-	0.015	-	0.016	9.4	0.017	-	0.015	-
bio drug	1.136	2.60	1.713	1.80	1.823	2.7	1.615	3.4	1.572	0.3

Conclusion



- Assays for the detection of neutralizing antibodies should be included in the cascade of immunogenicity assessment.
- Neutralizing antibodies (NAB) are generally of more concern than binding antibodies (BAB).
- The detection of NAB can be performed by cell-based assays (CBA) or by non-cell-based competitive ligand binding assays (CLBA).
- FDA prefers CBA because these more realistically reflect the in vivo situation.
- Sometime cell-based assays are more difficult and tedious to establish. Recombinant cell lines / reporter gene readouts may be an alternative for the NAB analysis if other cell-based assay are not available.

IPM BIOTECH GmbH
Lademannbogen 61-63
22339 Hamburg, Germany

Tel.: +49 40 53805 165
Cell.: +49 179 456 8491

Email: arno.kromminga@ipm-biotech.de
www.ipm-biotech.de