

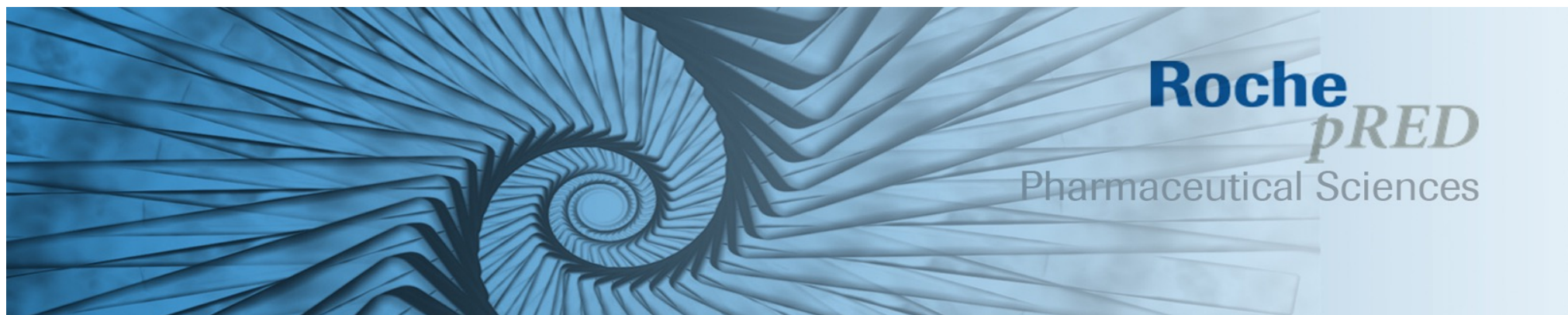
---

# Assay Strategies to Analyse New Antibody Therapeutics in Preclinical and Clinical Studies

**Kay Stubenrauch**

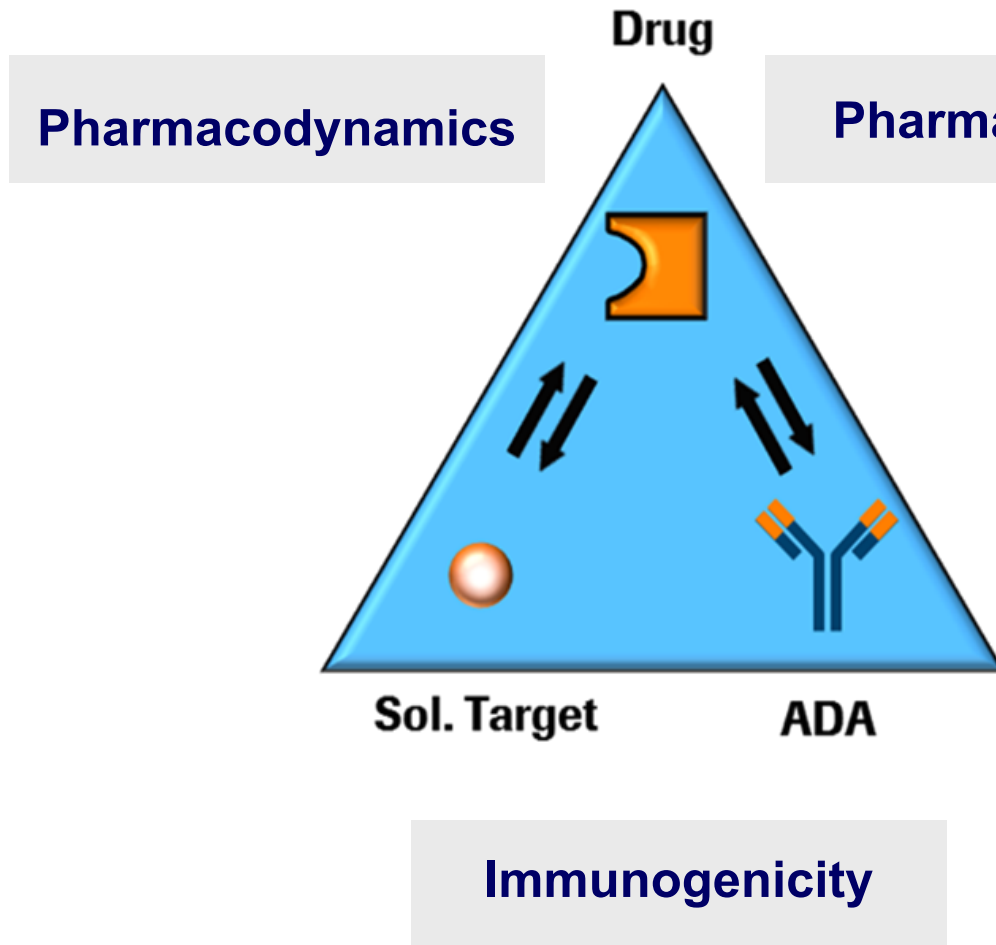
*Roche Innovation Center Munich, Pharma Research & Early Development pRED,  
Pharmaceutical Sciences, Large Molecule Bioanalytical R&D*

9th Open EIP Scientific Symposium – Lisbon, November 14-16, 2017



# Bioanalytical Assays in Biologics Development

## *The Interplay between Drug, Target and ADAs*

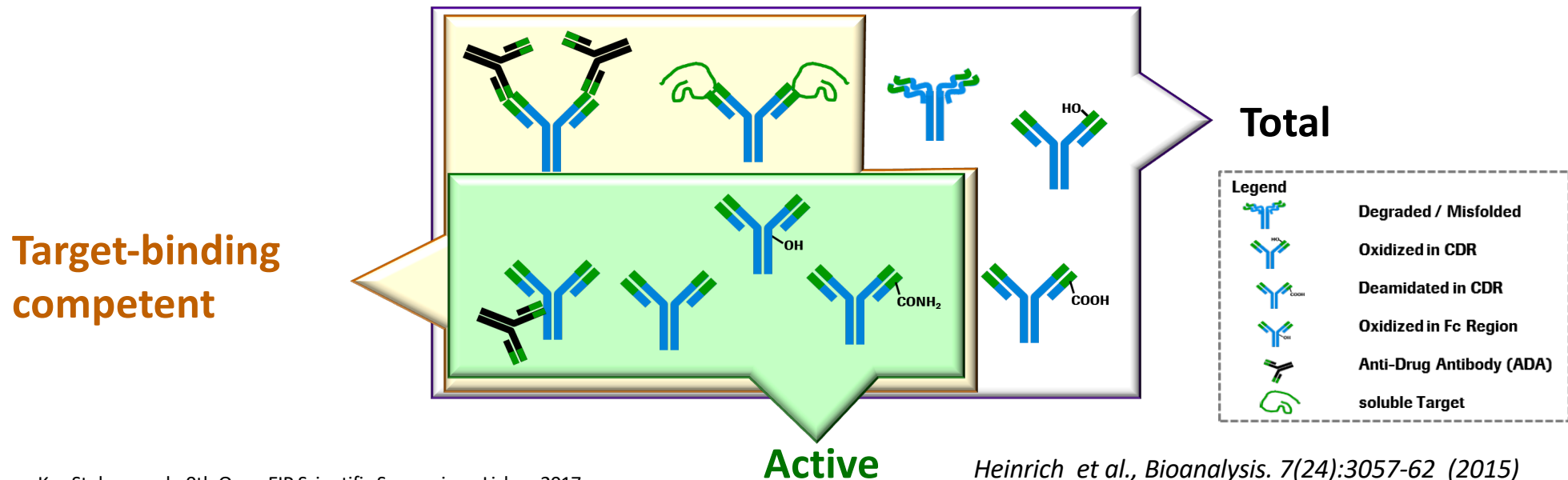


- ↪ Analytes are not independent from each other
- ↪ Interactions have to be considered for
  - Drug exposure assessment
  - Immunogenicity testing
  - Target engagement
  - ... many more

# PK-Assays

## What are we analyzing?

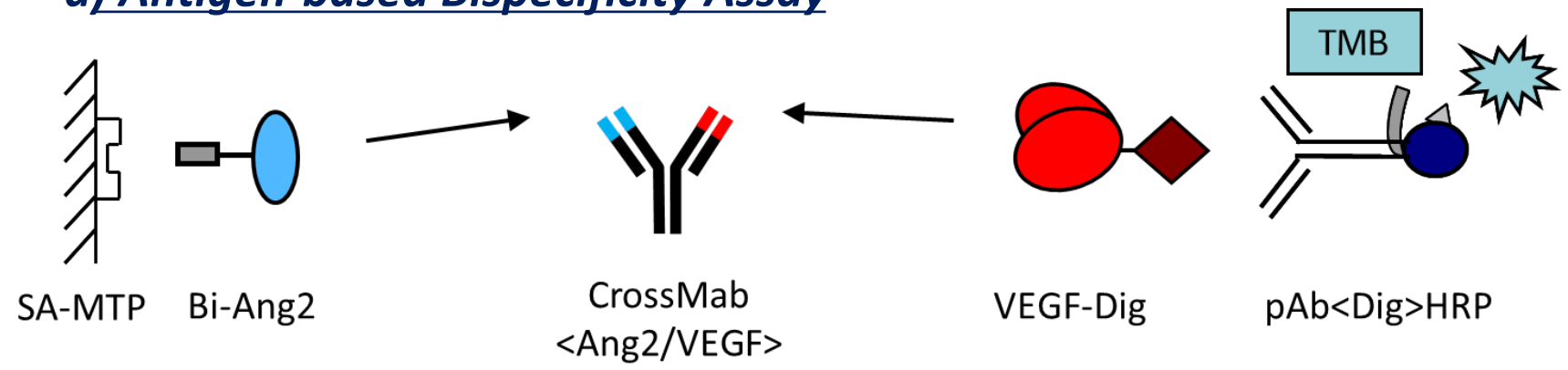
Nomenclature	Description
Total	The total fraction of the drug
Target-binding competent	Is able to bind to its desired binding partner in an assay
Active	Able to bind its target in vivo (in contrast to total) Can be very challenging (disturbance of equilibrium during sample preparation/analysis)
Free	Is not bound to any other protein



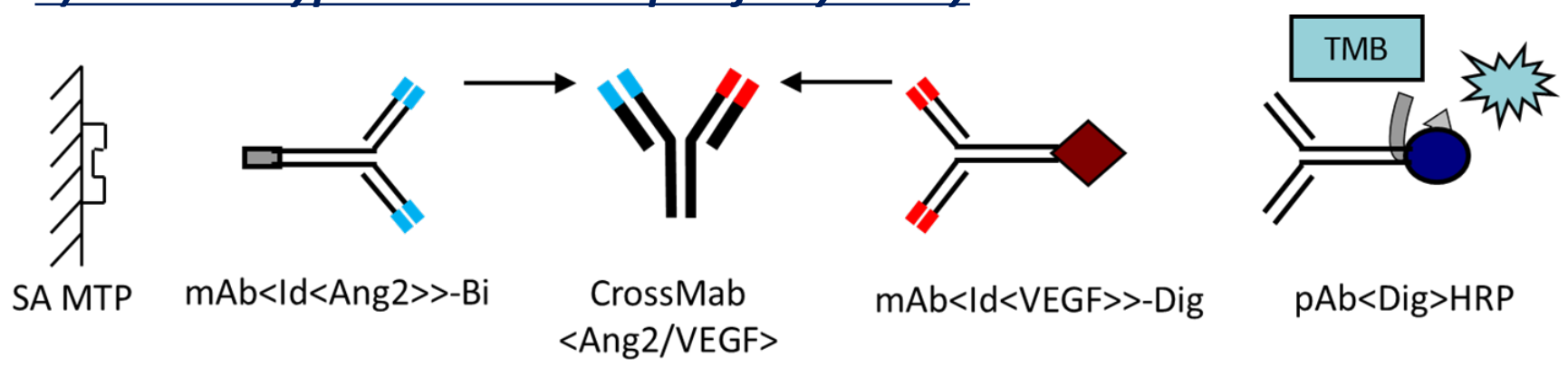
# PK-Assay Options for Antibody Therapeutics

## *Quantification of Active/Target Binding Competent Drug*

### a) Antigen-based Bispecificity Assay



### b) Anti-Idiotypic Ab-based Bispecificity Assay

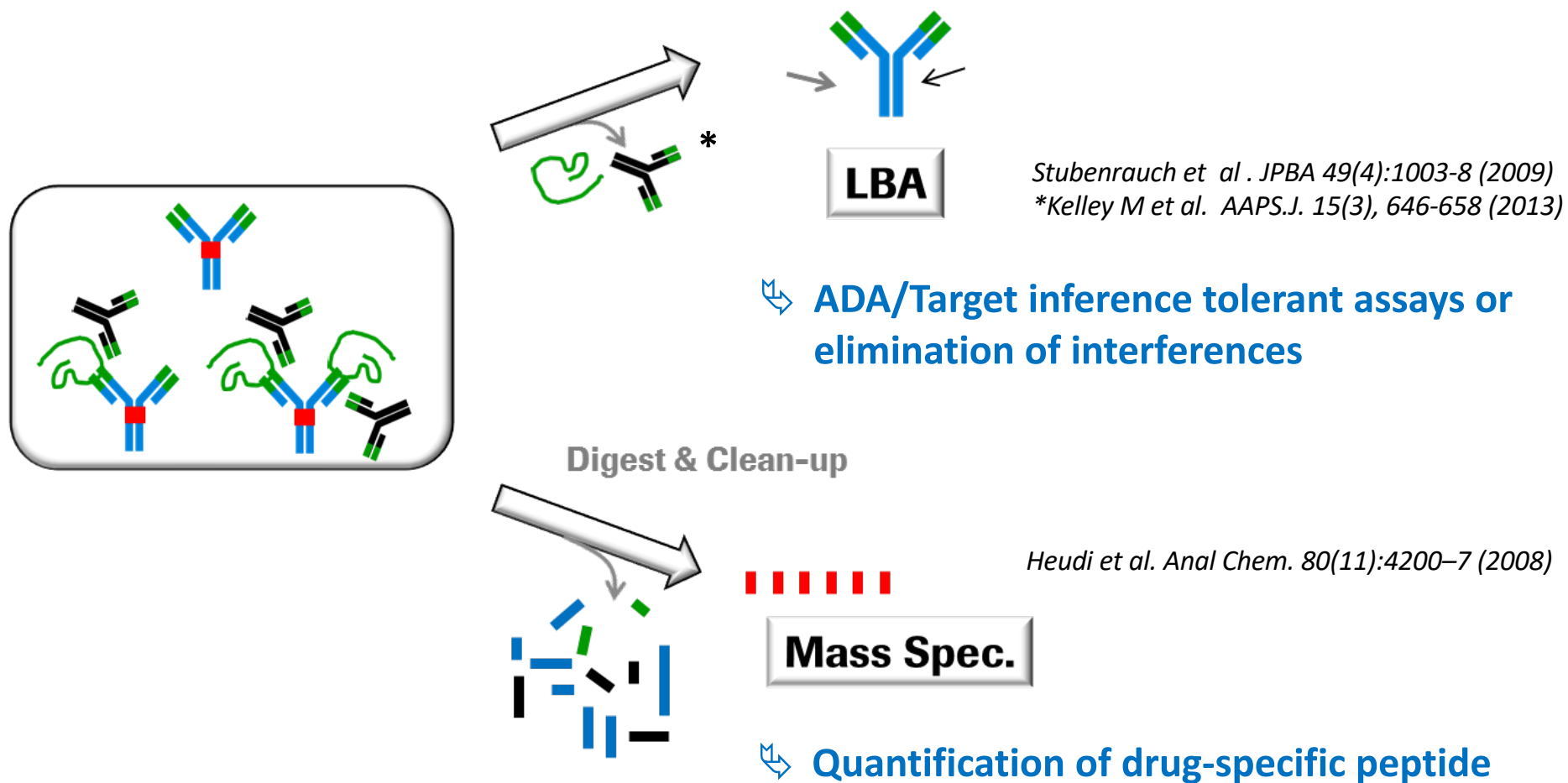


- Disturbance of equilibrium during sample preparation/analysis to be considered for accurate active drug quantification

*Staack et. al., Bioanalysis. 6(4), 485-496 (2014)*

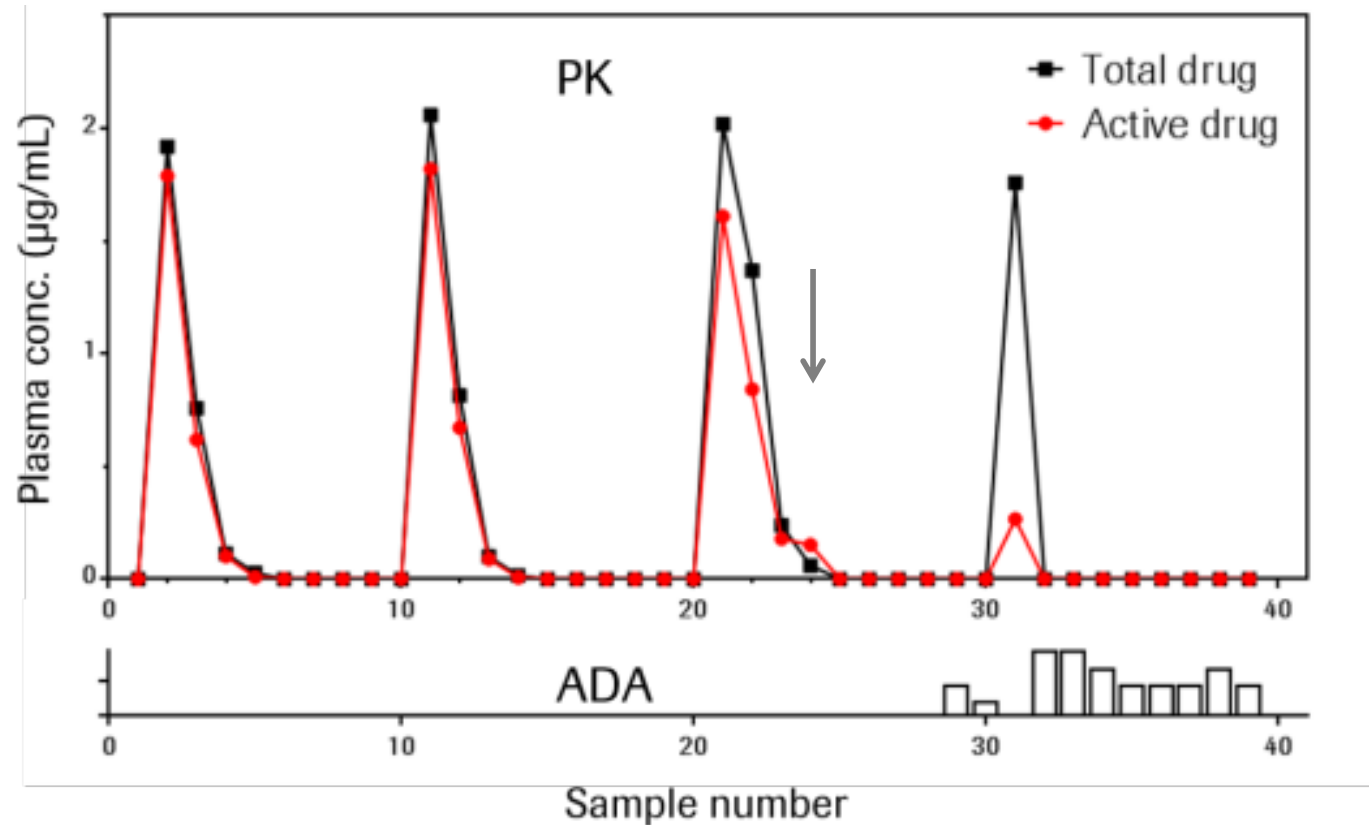
# PK-Assay Options for Antibody Therapeutics

## *Quantification of Total Drug*



# „Active“ vs. „Total“ Drug Exposure

## *When and why does it matter?*

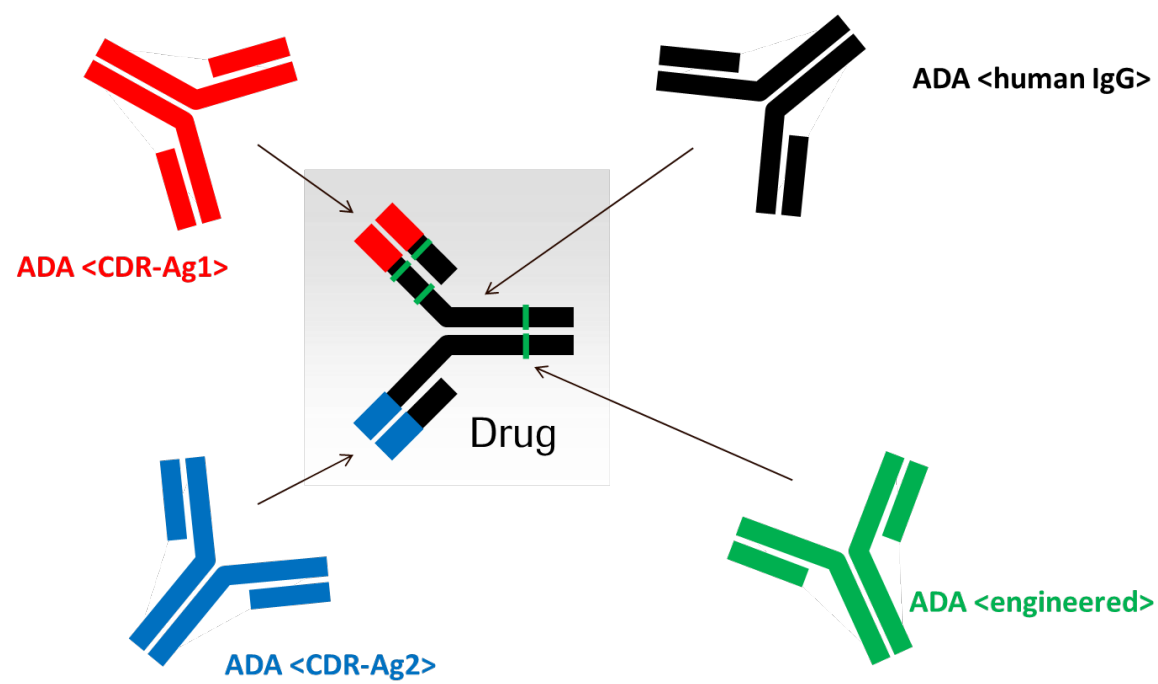


ADA-dependent loss of active exposure (vs. maintained total drug exposure)

- The **interference** of **soluble targets**, extracellular domain of the target **receptors**, or **ADA** on the PK assay need to be considered
- The validity of safety (and efficacy) studies relies upon the demonstration of **active drug exposure**

# ADA Responses are Polyclonal and can be Diverse

*e.g. different Ig isotypes, directed against different epitopes*



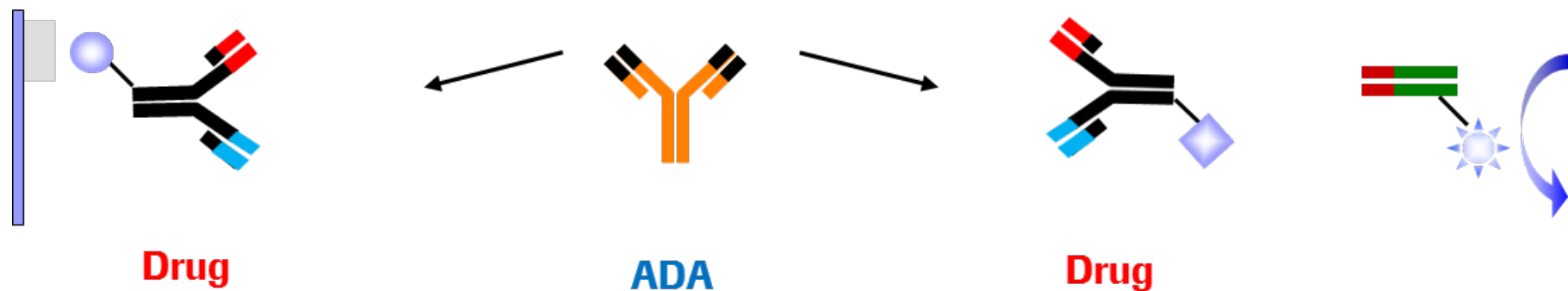
- Diverse specificities
- Different affinity
- Several Ig isotypes
- Different stability

Main Goals for Immunogenicity Testing of New Antibody Therapeutics::

- Detection of whole ADA responses
- ADA characterization, e.g. domain specificity

# Current ADA Assay Gold Standard: Bridging Assay

## Example: Bispecific Antibody

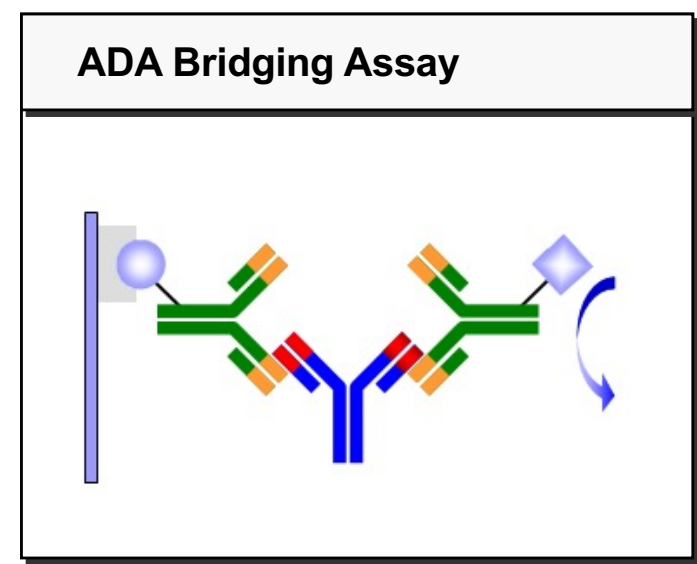
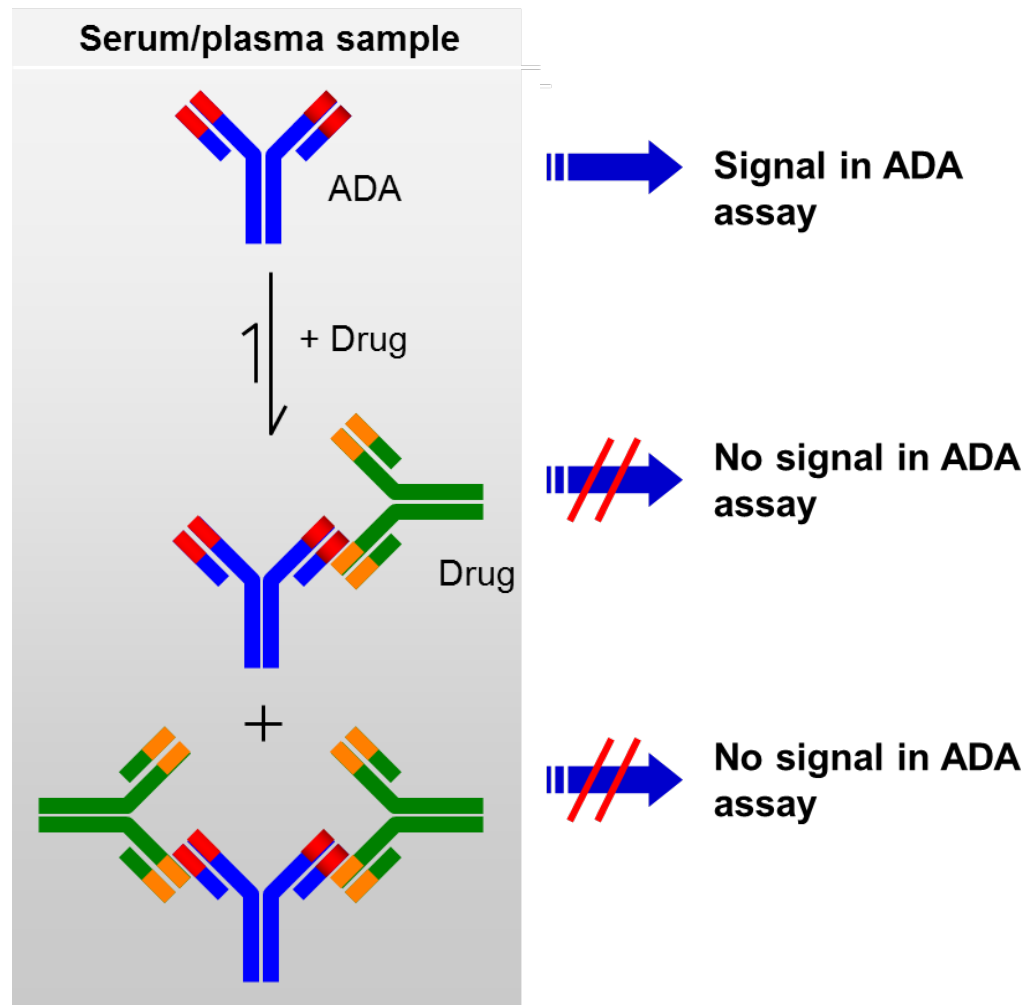


Appropriate assay to detect nearly all ADA isotypes and any ADA specificity:

- Both sets of CDRs („antigen binding regions“)
- Engineered part
- Human IgG framework



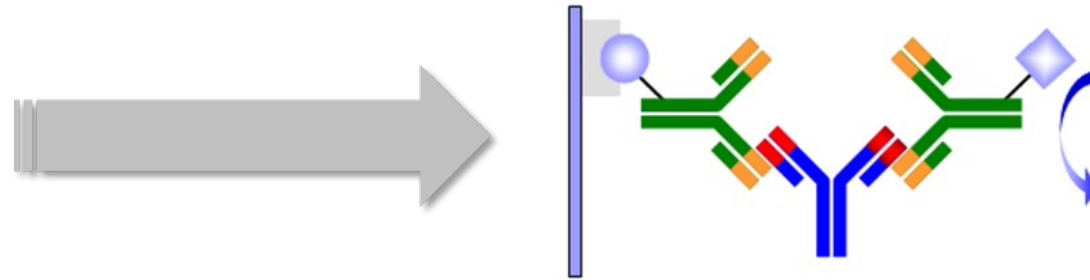
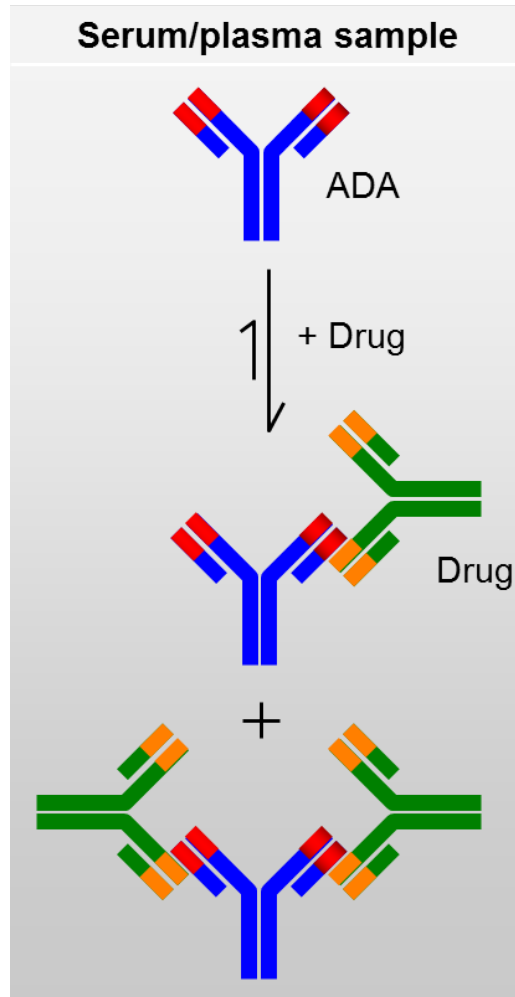
# Issue for ADA Bridging Assays: Drug Interference



## Analytical consequence

Masking of ADA by Drug can result in **ADA False-Negatives**

# Principles to Overcome Drug Interference Issues



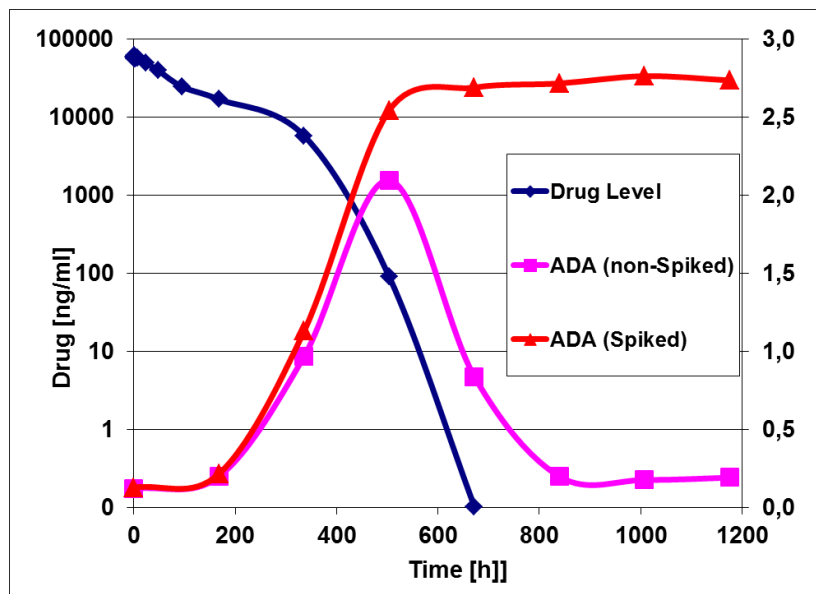
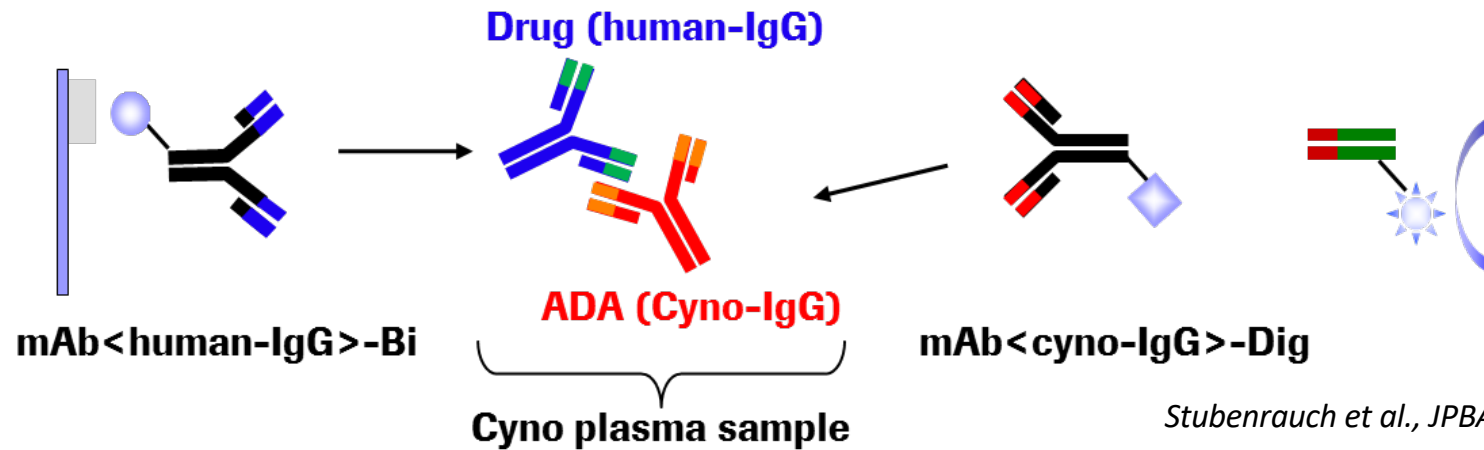
- High assay sensitivity for free ADA
- Shift of the equilibrium towards free ADA
- Dissociation of ADA-drug complexes by sample pre-treatment
- ADA enrichment//separation/purification

and

- Alternative Assay Formats

# Drug-ADA Immune Complex Assays

*Inherently resistant to drug and target interference*

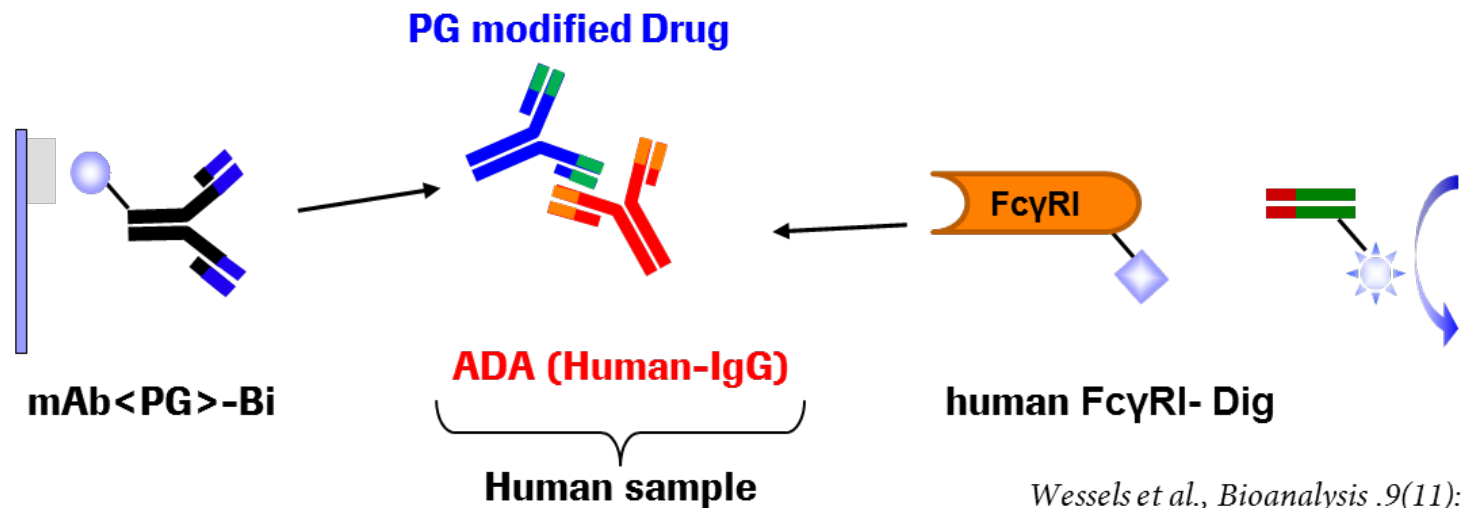


Two assay variants allow:

1. Detection of *in vivo* formed immune complexes (drug bound ADA only, magenta) and
2. By *ex vivo* spiking of drug into samples, **all ADA detected** (*in vitro* formed complexes, red)

# Drug-ADA Immune Complex Assays

*For drugs with PG modified Fc – also applicable in clinical studies*

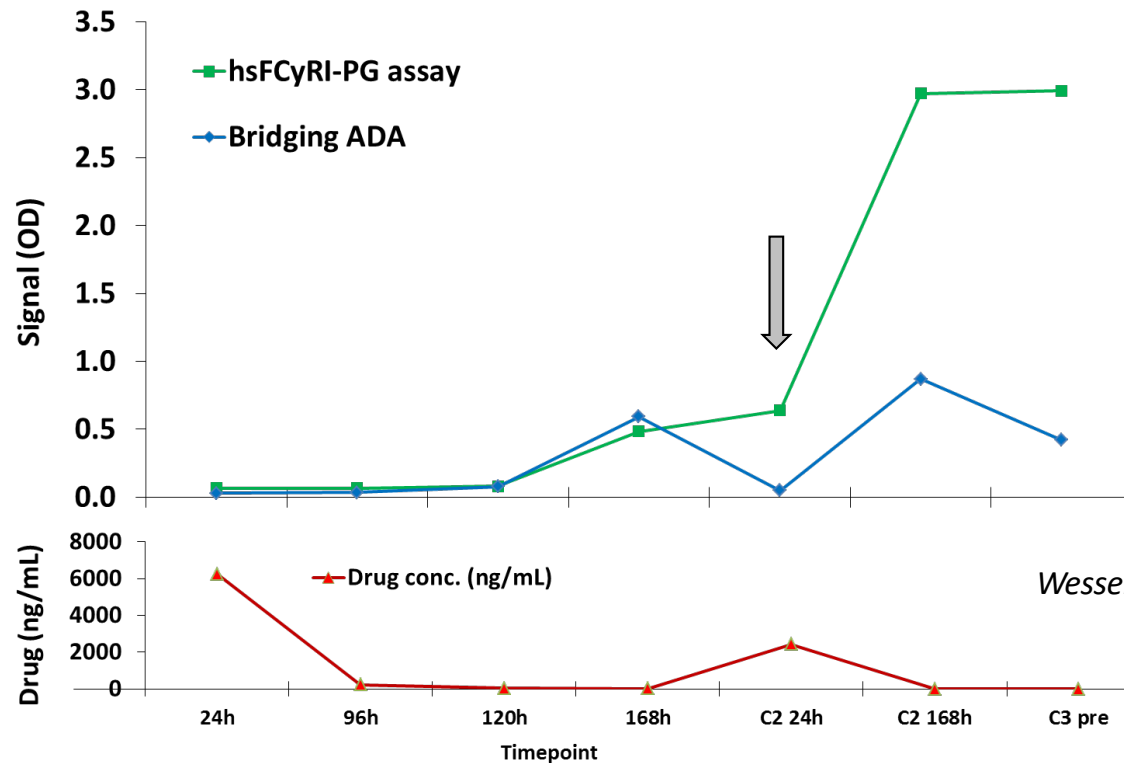


*Wessels et al., Bioanalysis .9(11): 849-859 (2017)*

- Inherent resistance against residual drug
- FcγRI detection provides proof, that signal is indeed caused by an antibody

# Drug-ADA Immune Complex Assays

*For drugs with PG modified Fc – also applicable in clinical studies*

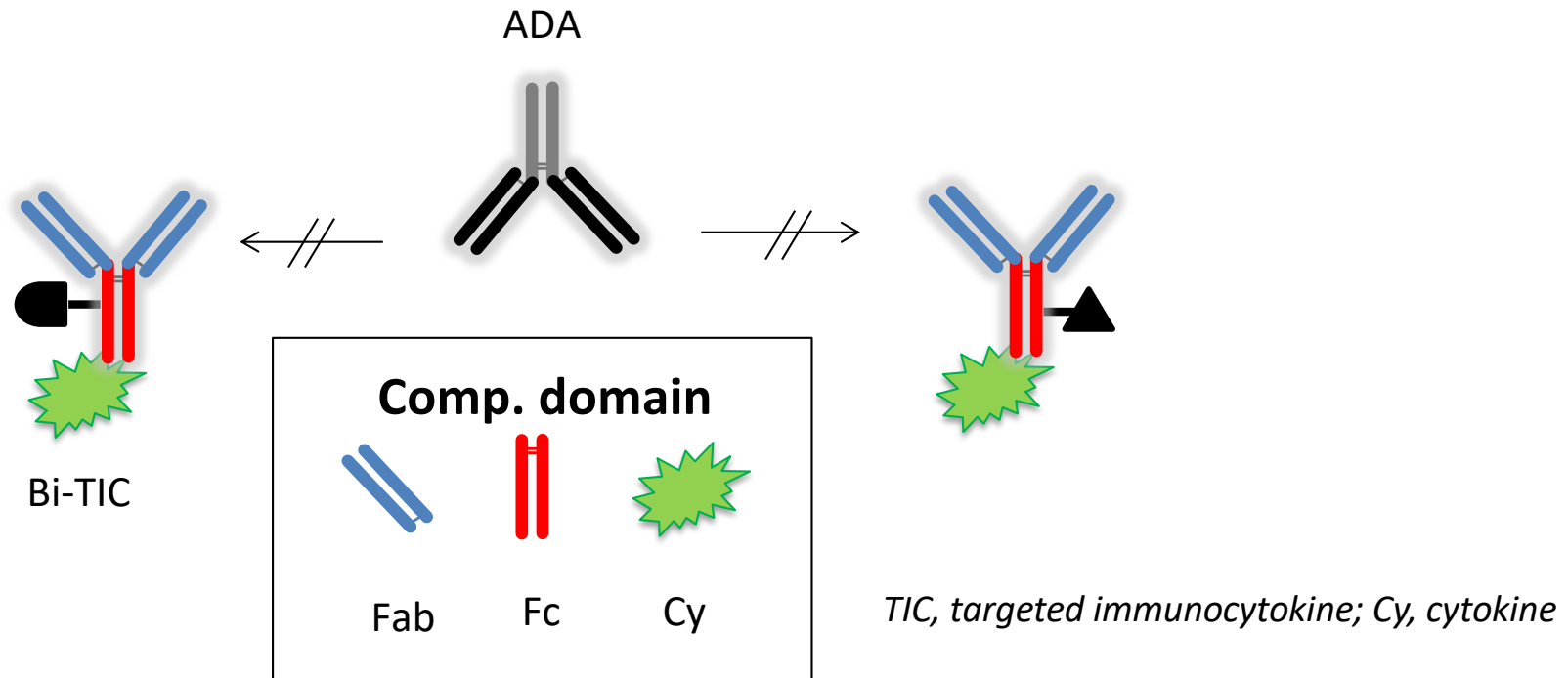


*Wessels et al., Bioanalysis. 9(11):849-859 (2017)*

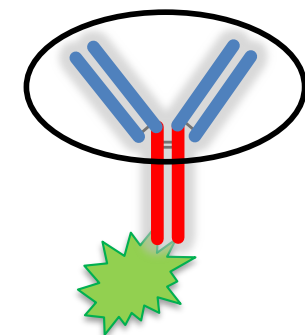
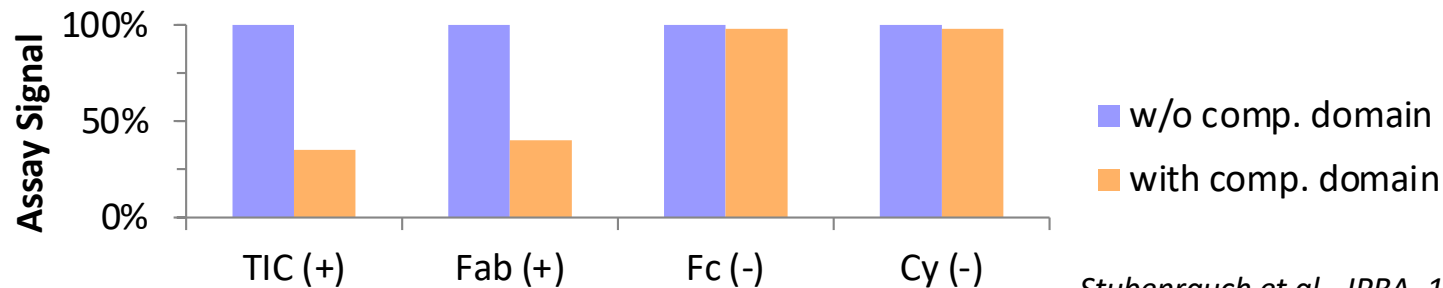
**Pro:** Highly drug-tolerant, appropriate assay format to detect ADA against FcR-effector function suppressed antibody drugs (with engineered Fc part)

**Con:** ADA of other isotypes than IgG 1 (e.g. IgM are not detected and require additional assays)

# ADA Characterization: Domain Competition Assays



## ADA predominantly directed against Fab



Stubenrauch et al., JPBA. 114:296-304 (2015)

# Immunogenicity Testing for Bifunctional Molecules

## *Domain Competition Assay*

### Advantages

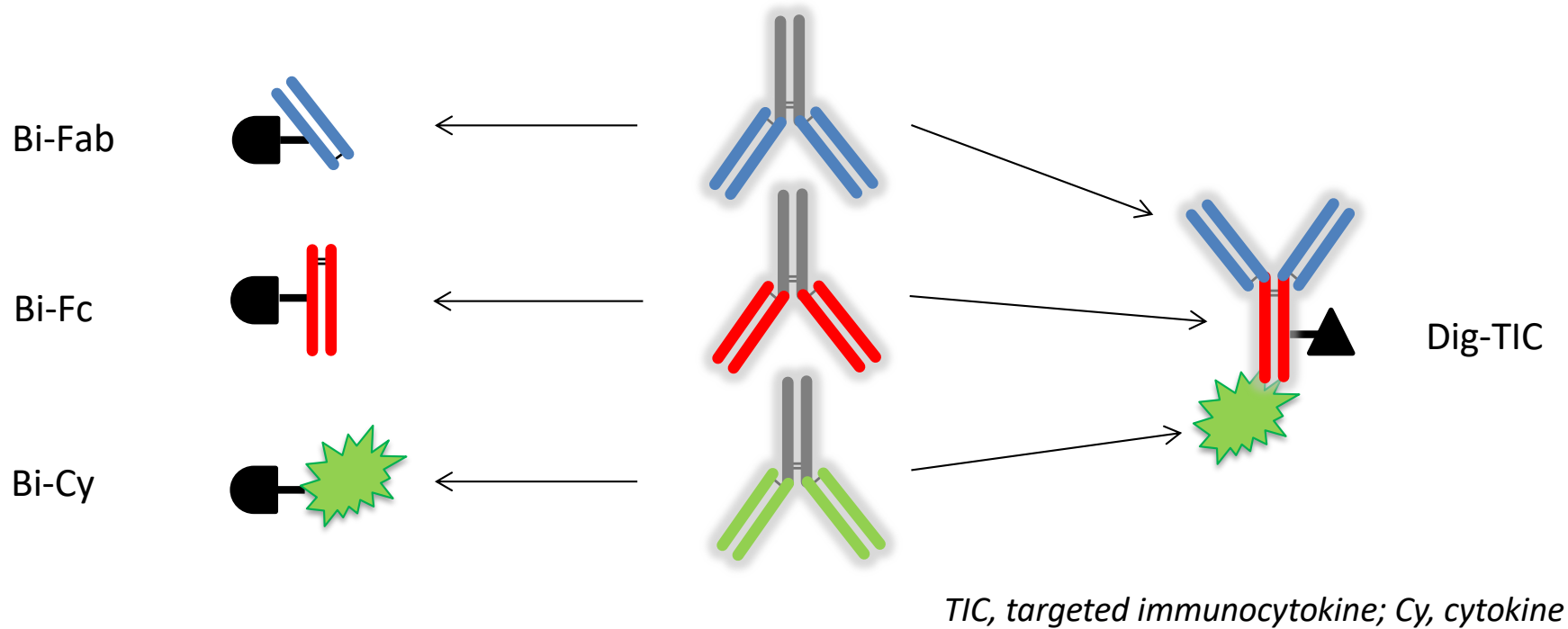
- Method similar to standard confirmation assay
- Require single drug domains only (not conjugated with label)
- Less effort for reagent and assay development
- Relatively fast and easy to implement

### Challenges

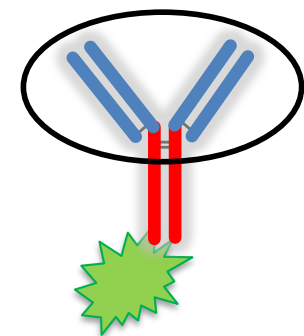
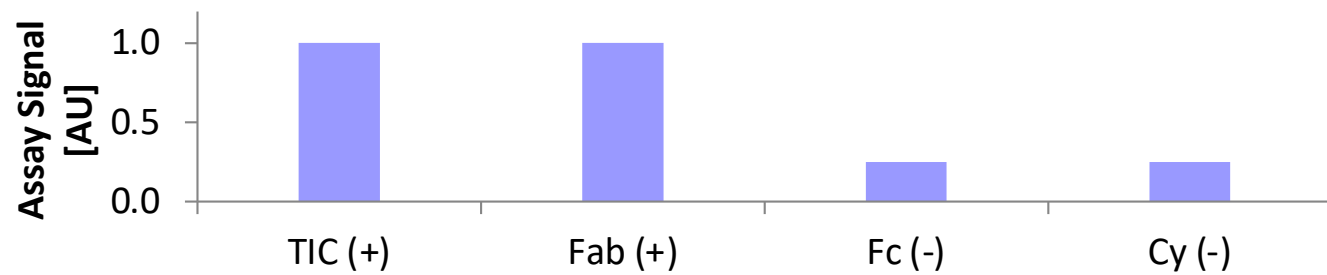
- Production of single drug domains
- Determination of specific confirmation CPs for each domain required
- Higher intrinsic variability (result generated from 2 data points)
- In case of multi-specific ADA responses: Risk to miss low levels of ADAs

 **May be the approach of choice for early development**

# ADA Characterization: Domain Detection Assays



## ADA predominantly directed against Fab



*Stubenrauch et al., JPBA. 114:296-304 (2015)*



# Immunogenicity Testing for Bifunctional Molecules

## *Domain Detection Assay*

### Advantages

- May be superior for detecting minor ADA fractions in multi-specific ADA responses
- Allows titer assessment of each ADA specificity (each domain)
- Better data quality since analytical result is based on a single readout instead of two for DCAs

### Challenges

- More extensive reagent development
- Labelling of drug fragments may increase risk of conformational changes or epitope masking
- Limited accessibility of small domains immobilized on solid phases
- Separate assays to be established for each domain, incl. assay validation

 **May be the approach of choice for later development**

# Bioanalysis of New Antibody Therapeutics

## *Conclusions*

- Understand your drug and targets to develop assay strategies that result in relevant data
- Invest the time to generate appropriate reagents well in advance of clinical studies
- Depending on molecule design, new antibody therapeutics require a bit or significantly more bioanalytical investment
- New antibody therapeutics enable new options for disease treatment – and also new chances for bioanalysis



# Acknowledgement

## pRED Pharmaceutical Sciences, Large Molecule Bioanalytics at Roche Innovation Centers Munich and Basel

Uwe Wessels, Markus Zadak,  
Christian Kuenzel, Klaus Mackeben  
Olaf Broders  
Cordula Jany  
Afsaneh Abdolzade-Bavil & team  
Gregor Lotz & team  
Sabine Lohmann & team  
Thomas Emrich & team  
Martin Schaefer & team  
Gregor Jordan & team  
Janine Tittel & team

Julia Heinrich  
Roland Staack

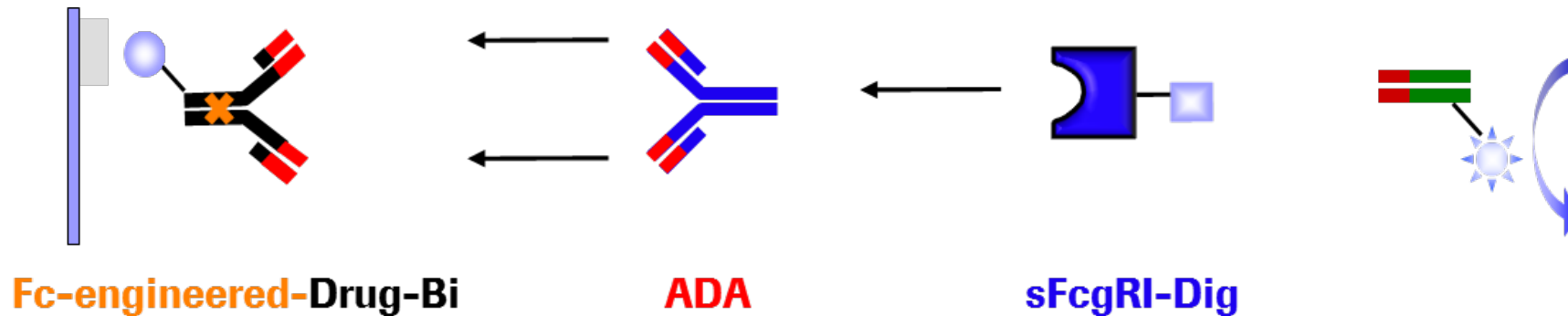
Eginhard Schick and team  
Herbert Birnboeck and BAM team

Lisa Benincosa  
Thomas Singer

Several LMR, PS, RPD and DTA-Teams  
.... and many more

***Doing now what patients need  
next***

# ADA Assay Formats Different to Bridging Assays *e.g. suitable for Fc engineered antibody drugs*



*Wessels et al., Bioanalysis. 8(20):2135-45 (2016)*

**Pro:** Highly drug-tolerant, appropriate assay format to detect ADA against FcR-effector function suppressed antibody drugs (with engineered Fc part):

**Con:** ADA of other isotypes than IgG 1, e.g. IgM, are not detected and require additional assays

***Doing now what patients need  
next***