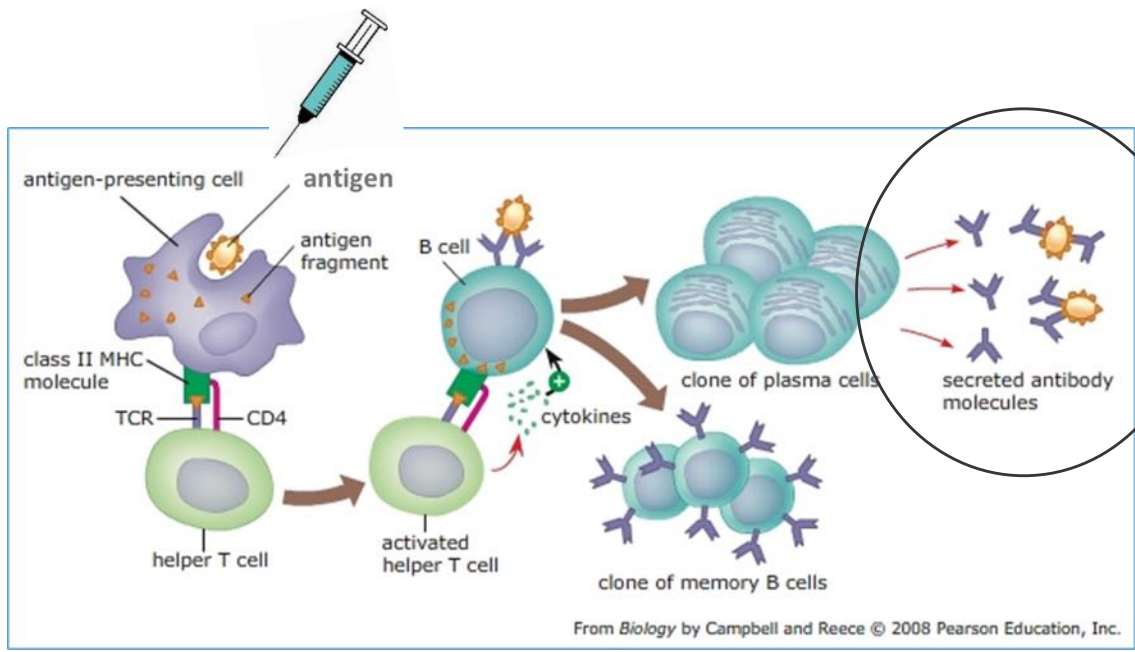

Introduction to in vitro Immunogenicity

SOFIE PATTIJN, IMMUNXPERTS

EIP WORKSHOP

Immunogenicity

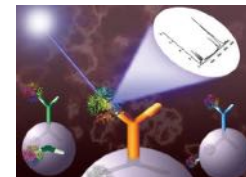
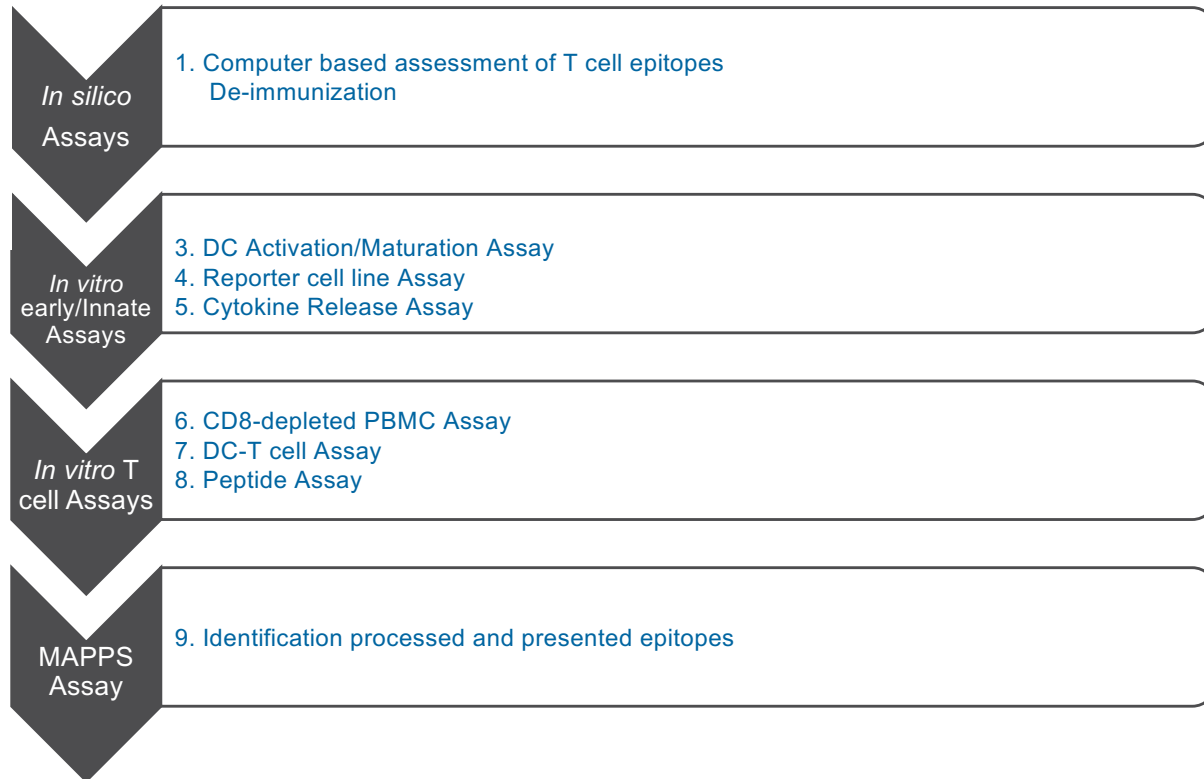
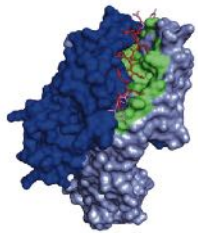
“The ability of a particular substance, such as an antigen or epitope, to induce an immune response”



WANTED	UNWANTED	
<p>Vaccines</p>	<p>Therapeutic protein</p>	<p>Stem Cells and Gene Therapy products</p>
<p>Immune response against the pathogen (virus, bacteria) aiming at protecting the organism</p>	<p>Production of antidrug- antibodies (ADAs) possibly neutralising the therapeutic effects of the treatment and, in rare cases, inducing adverse effects</p>	<p>Cellular and humoral responses Anti HLA antibodies Immune rejections Potential safety effect</p>

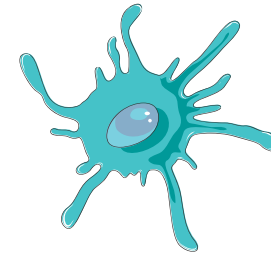
Unwanted Immunogenicity

Early Immunogenicity Assessment Tools

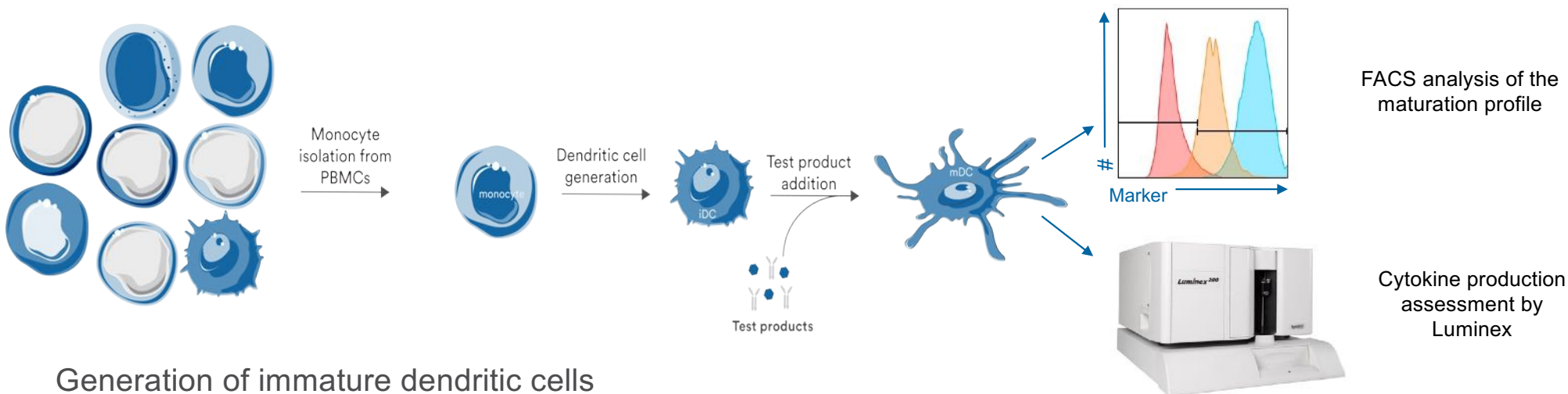


In vitro tools: Early/Innate Assays

- 3. DC Activation/Maturation Assay
- 4. Cytokine Release Assay
- 5. Reporter cell line Assay



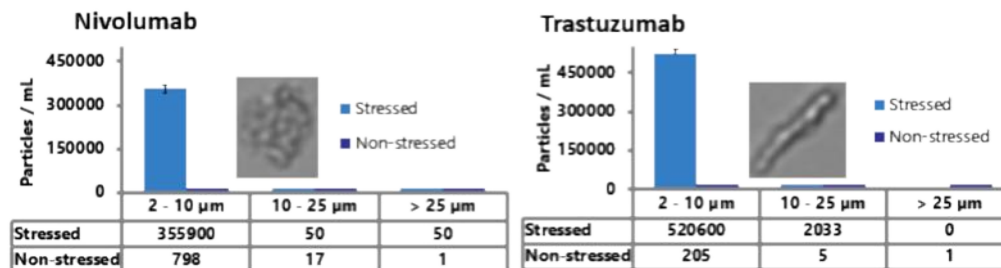
3. DC Activation/Maturation Assay



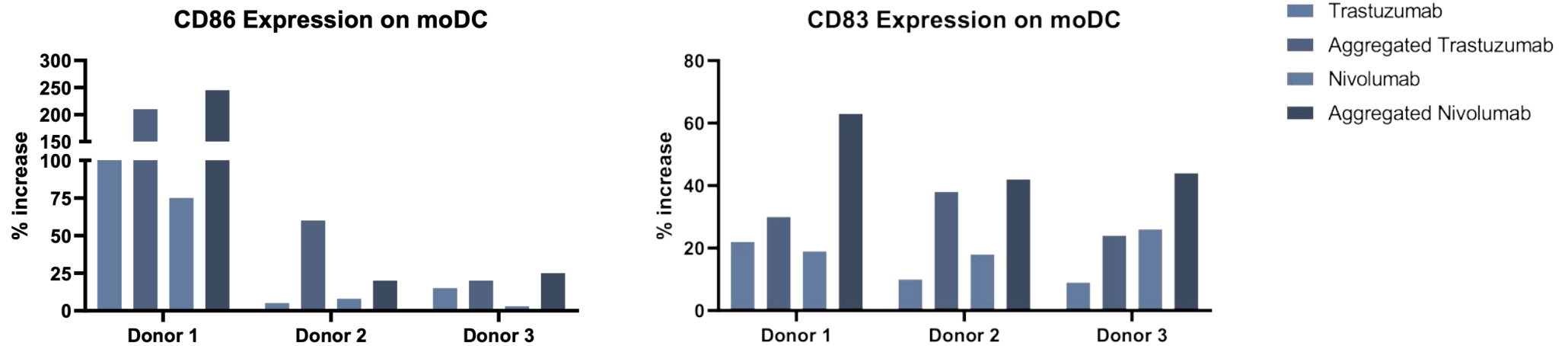
Generation of immature dendritic cells
 Incubation with aggregated and reference therapeutics or test products

RO:

- Measurement of cytokines/chemokines in the supernatant (Elisa/Luminex/HTRF)
- Evaluation of maturation markers (Flow cytometry)

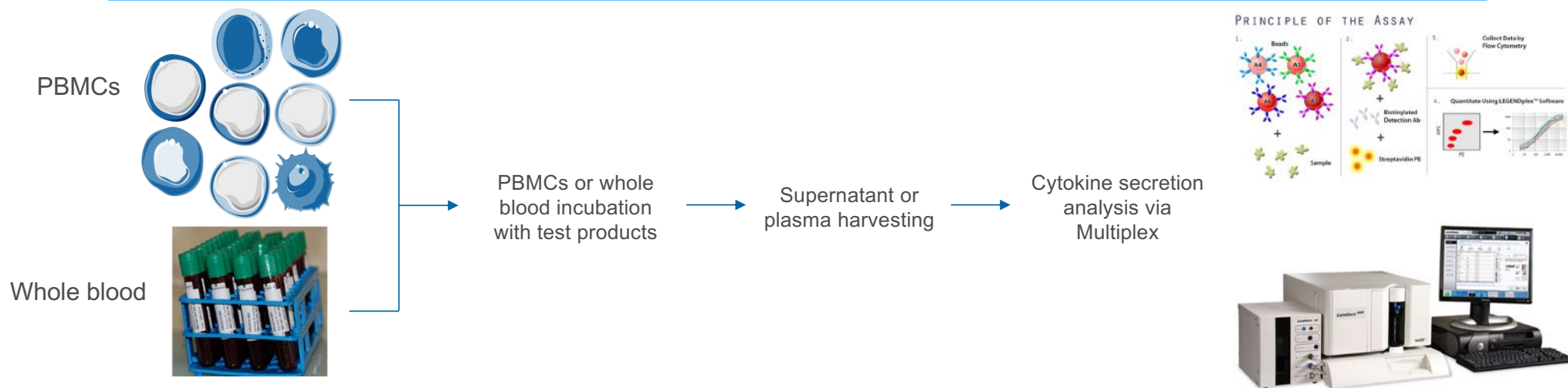


3. DC Activation/Maturation Assay



Increased expression of CD86 and CD83 upon incubation with aggregated therapeutics

4. Cytokine Release Assay



Test molecules' potential to induce a cytokine release response assessment using:

Whole Blood Cytokine Release Assay

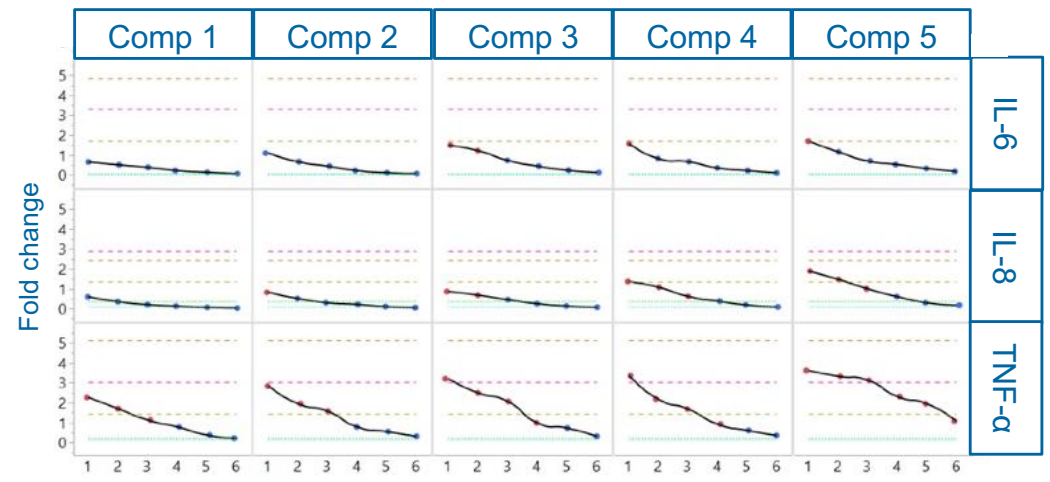
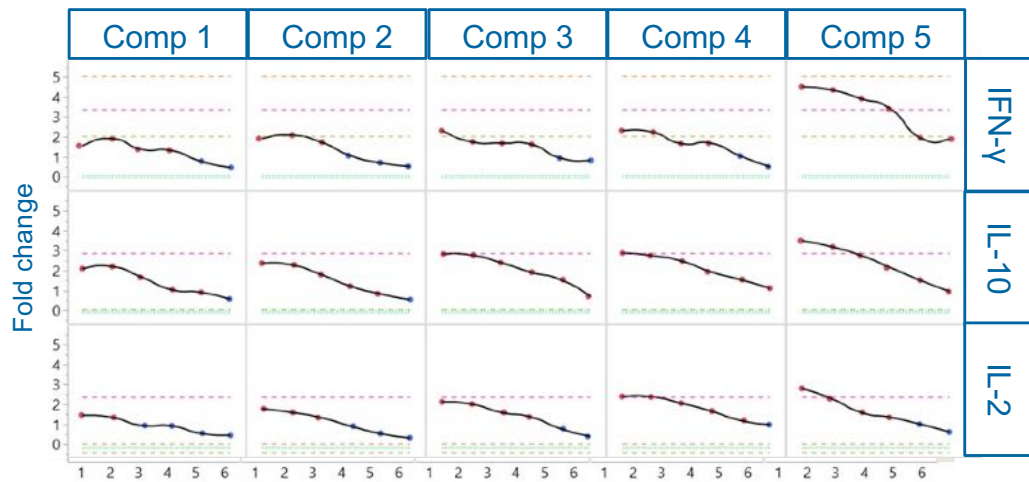
PBMC Cytokine Release Assay

RO: Measurement of cytokines/chemokines in supernatant or plasma (Luminex, LegendPLex)

Early phase cytokines: TNF- α , IL-2, IL-8

Late phase cytokines: IFN- γ , IL-6, IL-10

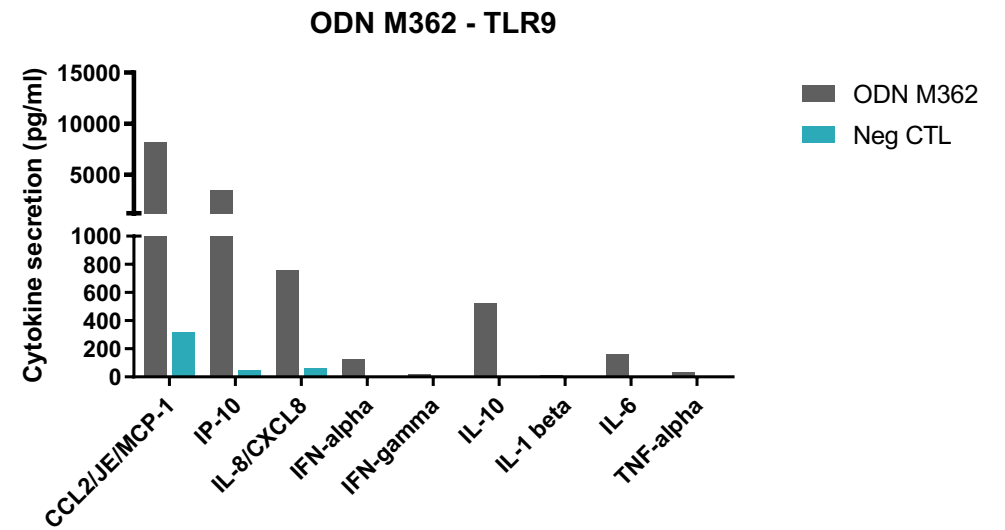
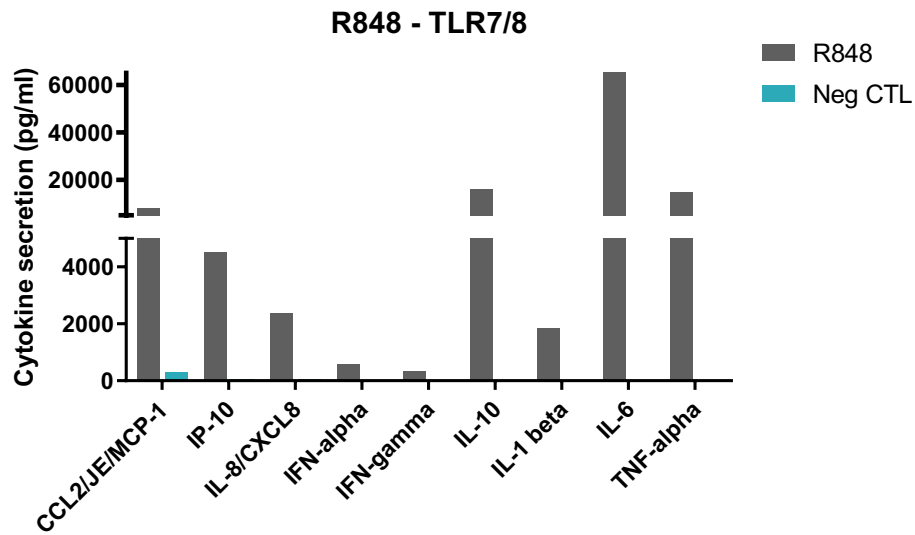
4. Cytokine Release Assay



Stimulation of whole blood/PBMCs with antigens/cytokines, evaluation of test compounds

- $p > 0.001$
- $p < 0.001$
- Medium
- Erbitux
- LPS
- Campath
- CD28

4. Cytokine Release Assay



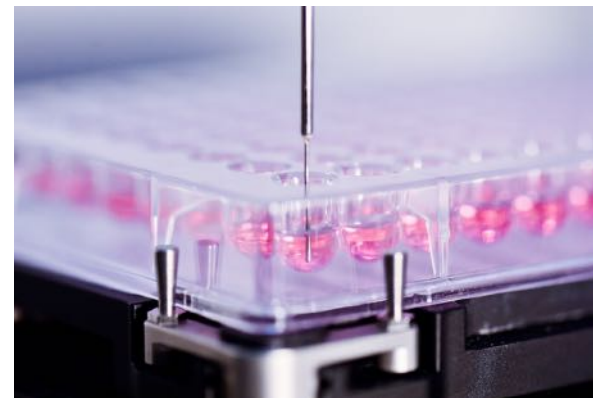
Stimulation of whole blood/PBMCs with antigens/cytokines, evaluation of TLR stimulating test compounds

5. Reporter Cell line Assay

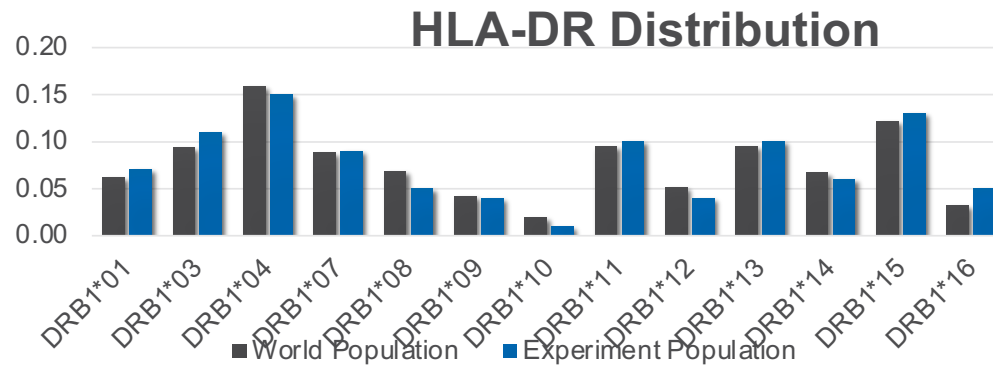


In vitro tools: T Cell Assays

- 6. CD8-depleted PBMC Assay
- 7. DC-T Cell Assay
- 8. Peptide Assay



Importance of Donor Selection



PBMCs = critical reagent

Need for high quality and functionality

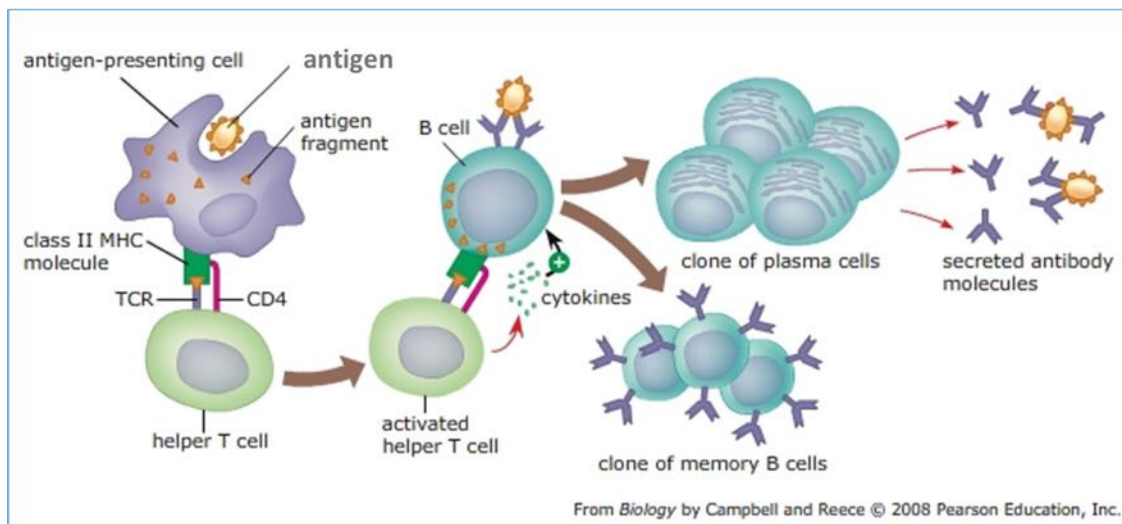
4-digit HLA-typed donor samples

Plus 1000 cell preparations

Immunogenicity

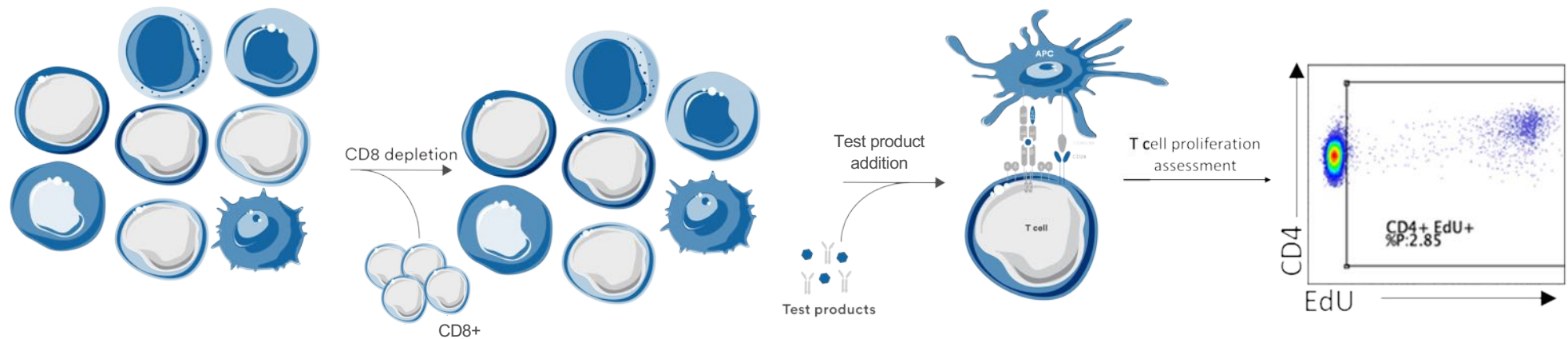
“The ability of a particular substance, such as an antigen or epitope, to induce an immune response”

T cell activation/proliferation assays using human PBMC can be used as a **surrogate marker** for antibody responses: good correlation between **T cell activation assays** and reported **ADA responses** (when clinical products are tested in T cell activation/proliferation assays).



UNWANTED	
Therapeutic protein	Stem Cells and Gene Therapy products
Production of antidrug-antibodies (ADAs) possibly neutralising the therapeutic effects of the treatment and, in rare cases, inducing adverse effects	Cellular and humoral responses Anti HLA antibodies Immune rejections Potential safety effect

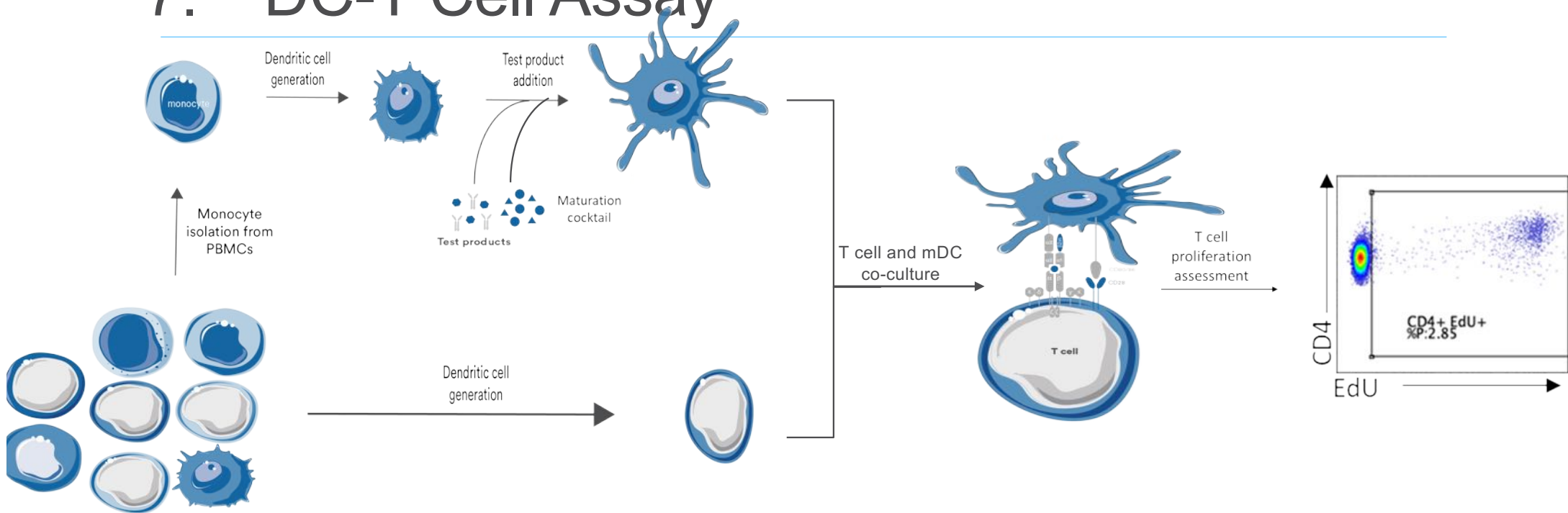
6. CD8-depleted PBMC Assay



T cell activation and proliferation assays to assess and compare the immunogenicity potential of test molecules
Format depends on the nature and function of the test products:

CD8-depleted PBMC format is used for test products with non-immuno-modulatory functions.

7. DC-T Cell Assay

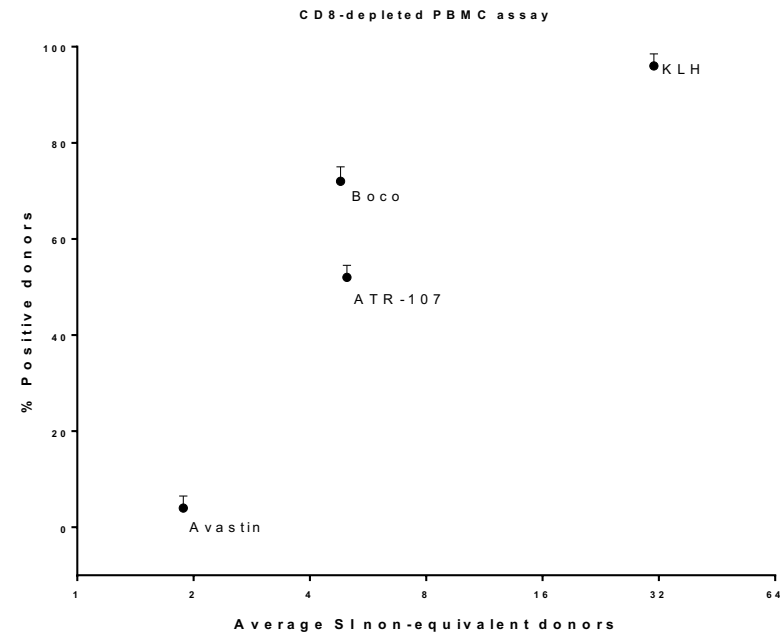
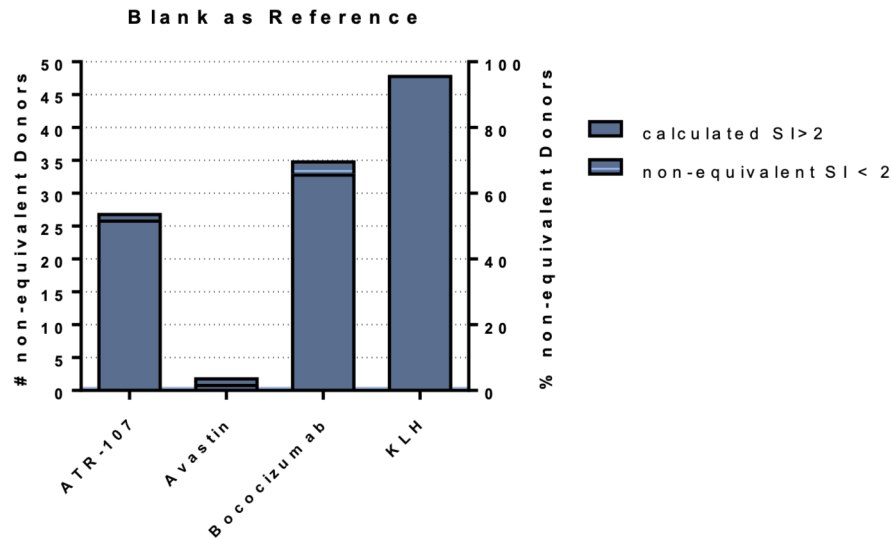


T cell activation and proliferation assays to assess and compare the immunogenicity potential of test molecules

Format depends on the nature and function of the test products:

DC-T Cell format is used for test products with immuno-modulatory functions.

In vitro tools – T Cell Assays: Outcome

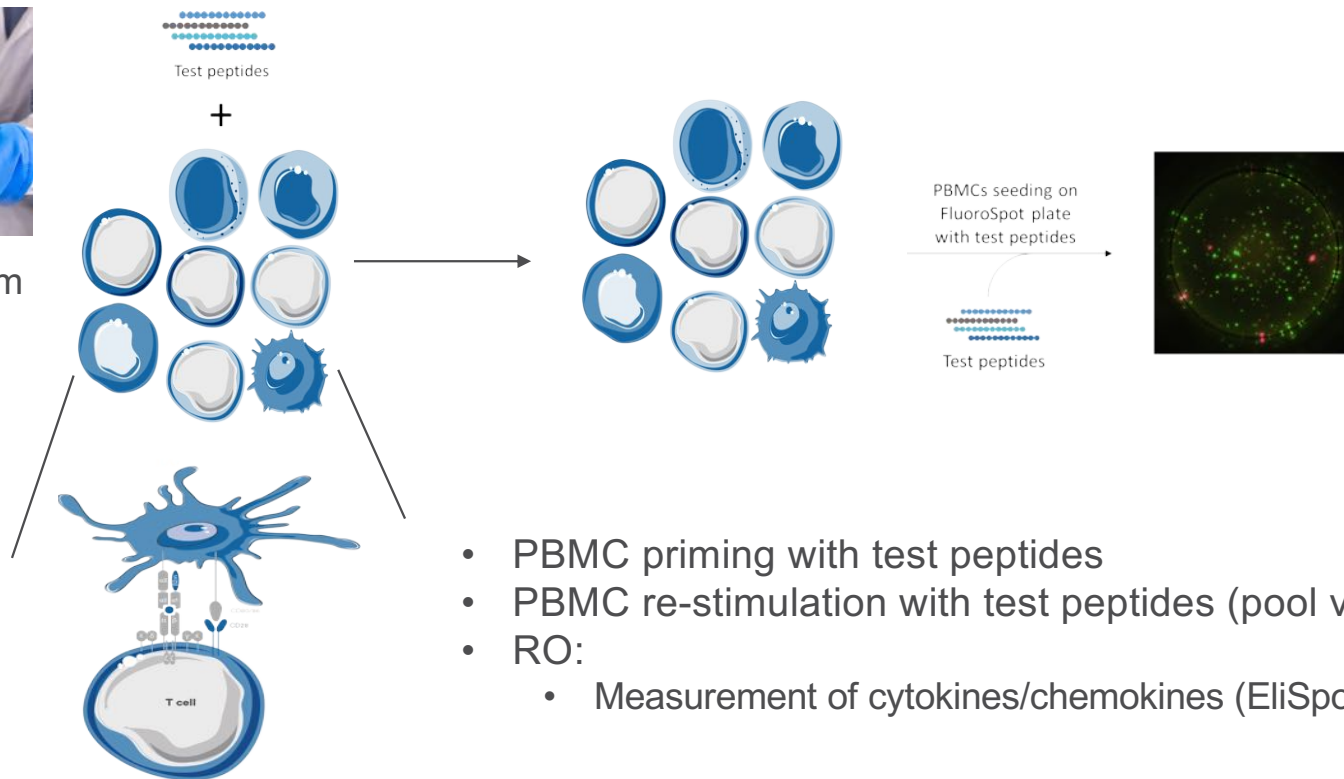


Per donor, a stimulation index (mean response in test condition/mean response in blank condition) is calculated. All reactions with a calculated SI > 2 are considered positive.

8. Peptide Assay

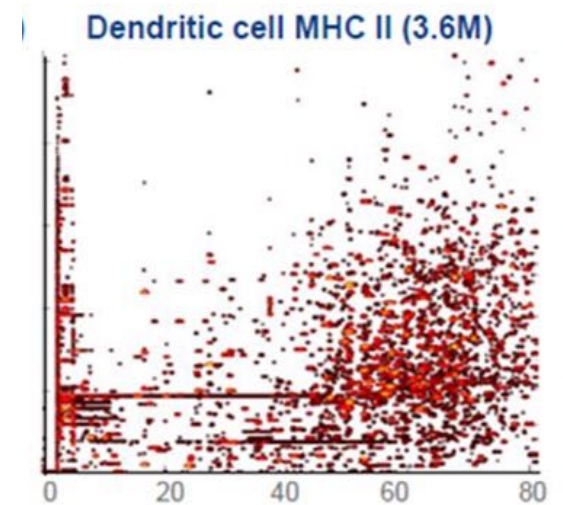


Sample PBMC from test population



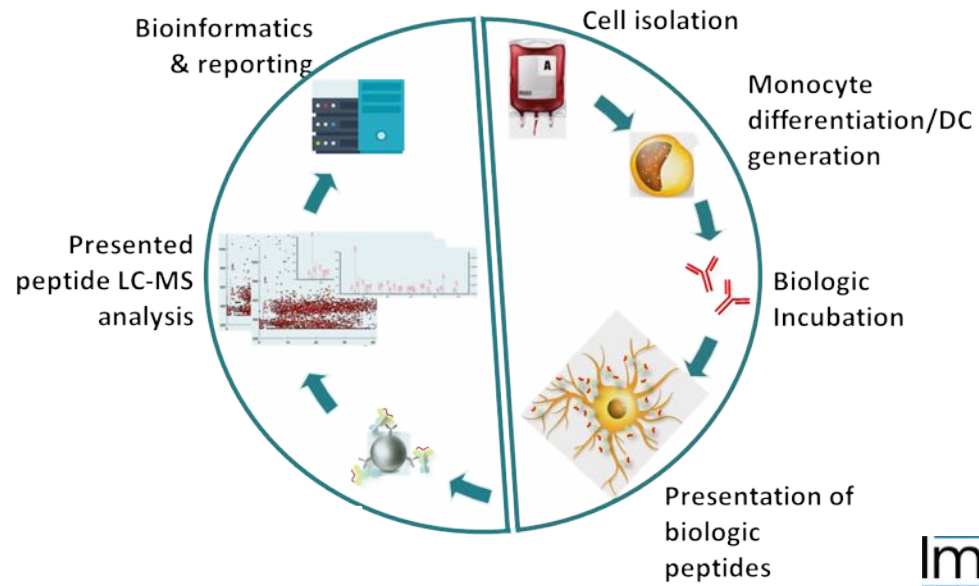
In vitro MAPPs Assay

9. Identification processed and presented epitopes using MHC associated peptide proteomics



9. MAPPS Assay

PARTNER



ImmunXperts
a Q²Solutions Company

9. MAPPS Assay – Outcome

Infliximab peptides	10	20	30	40	50	60	70	80	90	100	110
Infliximab	EVKLEESGGG	LVQPGGSMKL	SCVASGFIFS	NHWMNWRQS	PEKLEWVAE	IRSKSINSAT	HYAESVKGRF	TISRDDSKSA	VYLQMTDLRT	EDTGVVYCSR	NYYGSTYDYW
Donor 1								██████████	██████████	██████████	██████████
Donor 2								██████████	██████████	██████████	██████████
Donor 3								██████████	██████████	██████████	██████████
Donor 4				██████████	██████████	██████████					
Donor 5				██████████	██████████	██████████					
Donor 6								██████████	██████████	██████████	
Donor 7											

Infliximab_VL	10	20	30	40	50	60	70	80	90	100	110
Infliximab_VL	DILLTQSPAI	LSVSPGERVS	FSCRASQFVG	SSIHWYQQRT	NGSPRLLIKY	ASEMSGIPS	RFSGSGSGTD	FTLSINTVES	EDIADYYCQQ	SHSWPFTFGS	GTNLEIKRTV
Donor 1											
Donor 2	██████████	██████████									
Donor 3											
Donor 4											
Donor 5											
Donor 6											
Donor 7											

In vitro Assays using Primary Cells

Quality of the primary cells:

- Variability and reproducibility of the results highly depends on the initial quality
- Quality = viability and functionality
- Most critical reagent
- Standardized procedures for sampling, shipping, isolation, cryopreservation, thawing, handling, ...
- Need for a large number of HLA-typed donors in order to represent the wide range of responders (strong-responders versus medium-low responders)



Reference Panel, controls



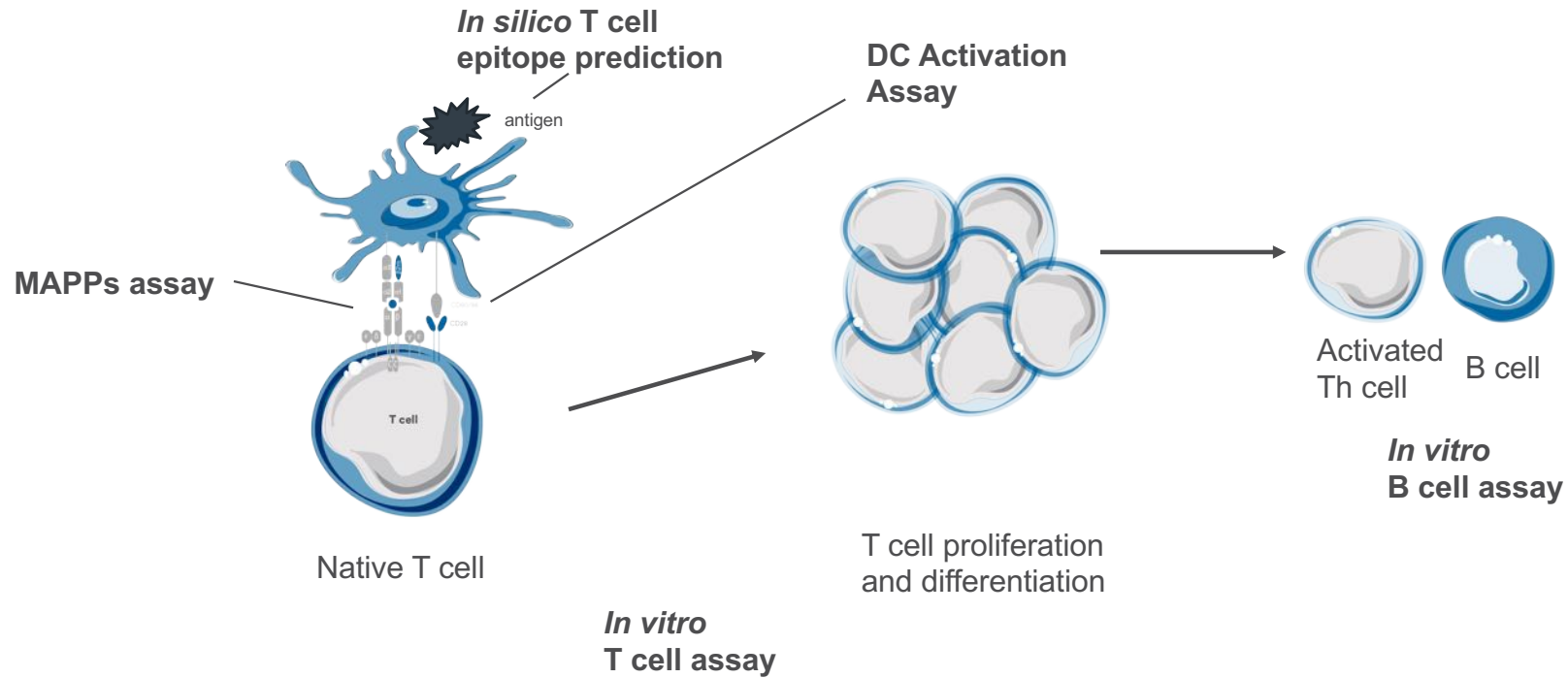
Help Develop a Reference Panel for Therapeutic Proteins Used For In Vitro T-Cell Immunogenicity Assays

Join the AAPS-HESI Collaboration

Therapeutic protein drugs such as monoclonal antibodies (mAbs) carry an inherent risk of triggering unwanted immune responses. Therapeutic protein-induced antidrug antibodies (ADA) can alter drug pharmacokinetics and pharmacodynamics leading to impaired efficacy and occasionally serious safety issues. Interest has grown in the past decade in developing in vitro assays to assess the risk of unwanted immunogenicity during preclinical drug development. One of the challenges for the development and comparison of preclinical in vitro immunogenicity risk assays is the lack of availability of standard positive and negative control therapeutic proteins for use in assay qualification (T-cell proliferation assays; cytokine production) and as benchmarks for comparison of relative immunogenicity

To address the issue of lack of availability of standard positive and negative control therapeutic proteins used for in vitro T cell immunogenicity assays, AAPS in collaboration with HESI proposes the development of a reference panel of lyophilised mAbs known to elicit ADA response in clinic: human anti-PCSK9 manufactured according to the respective published sequences of bococizumab, human anti-IL21R mAb, IgG2- λ and ATR-107, IgG1 mutated, as well as negative control human anti-PCSK9, manufactured according to the respective published sequence of evolocumab, IgG2- λ .

Early Immunogenicity Assessment Tools



Your partner in Immunology projects

“We think with You”

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