

Sandra Ribes
Sandoz Global Development
16th EIP Symposium

**A retrospective
analysis of clinical
immunogenicity
data: time for
singlicate change?**

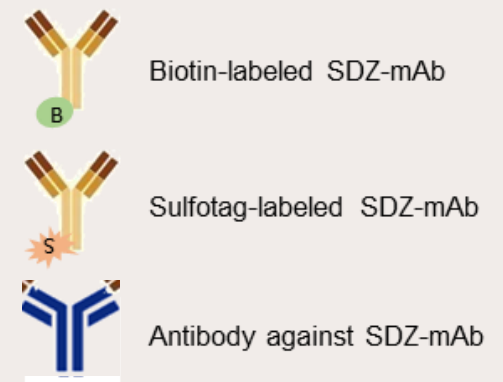
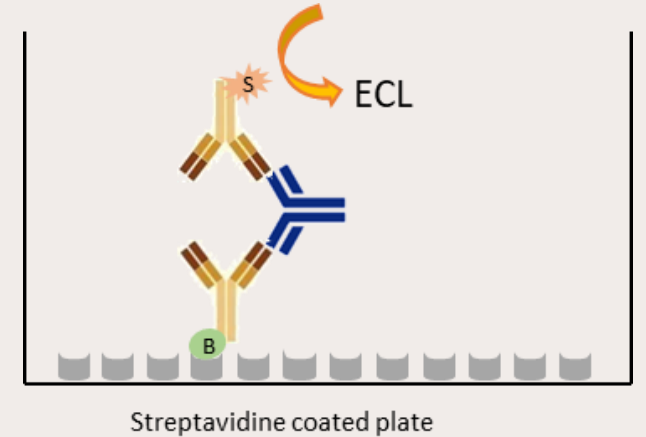
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Background

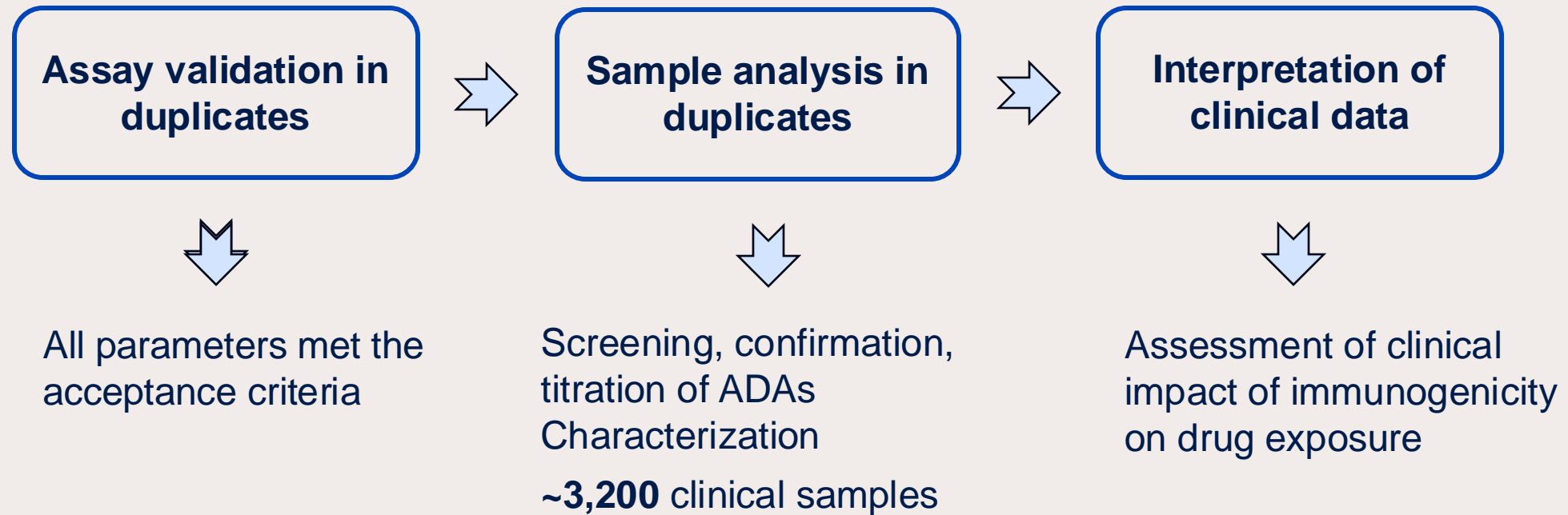
- Immunogenicity testing in biosimilar development
- (Technical) duplicate vs singlicate analysis
- Health Authority requirements/expectations

Case study

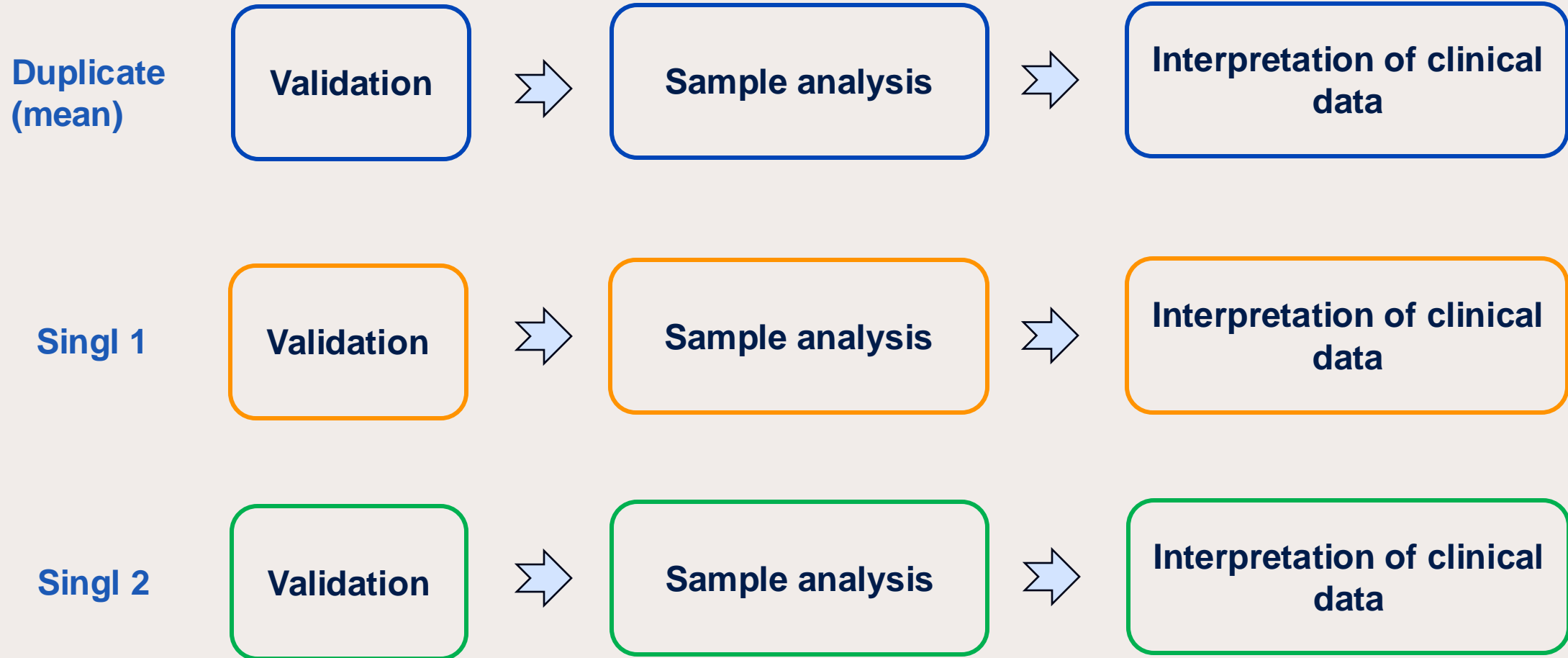
- Monoclonal IgG1 antibody biosimilar (SDZ-mAb)
- Single dose PK study in HV
 - Primary endpoints: C_{max} , AUC_{0-inf} , and AUC_{0-360}
 - Safety and immunogenicity as secondary endpoints
- ADA Assay:
 - MRD 1:2
 - Sensitivity <100 ng/mL
 - LPC: ~ 100 ng/mL
 - Adequate drug tolerance



Evaluation of clinical immunogenicity



Retrospective evaluation of clinical immunogenicity



Comparability of singlicate to duplicate in Assay Validation

Cut-points for ADA method based on duplicate and singlicate values

	Duplicate	Singlicate 1	Singlicate 2
Screening CP	1.15	1.19	1.16
Confirmatory CP	18.9%	20.4%	20.9%
Titer CP	1.27	1.32	1.29

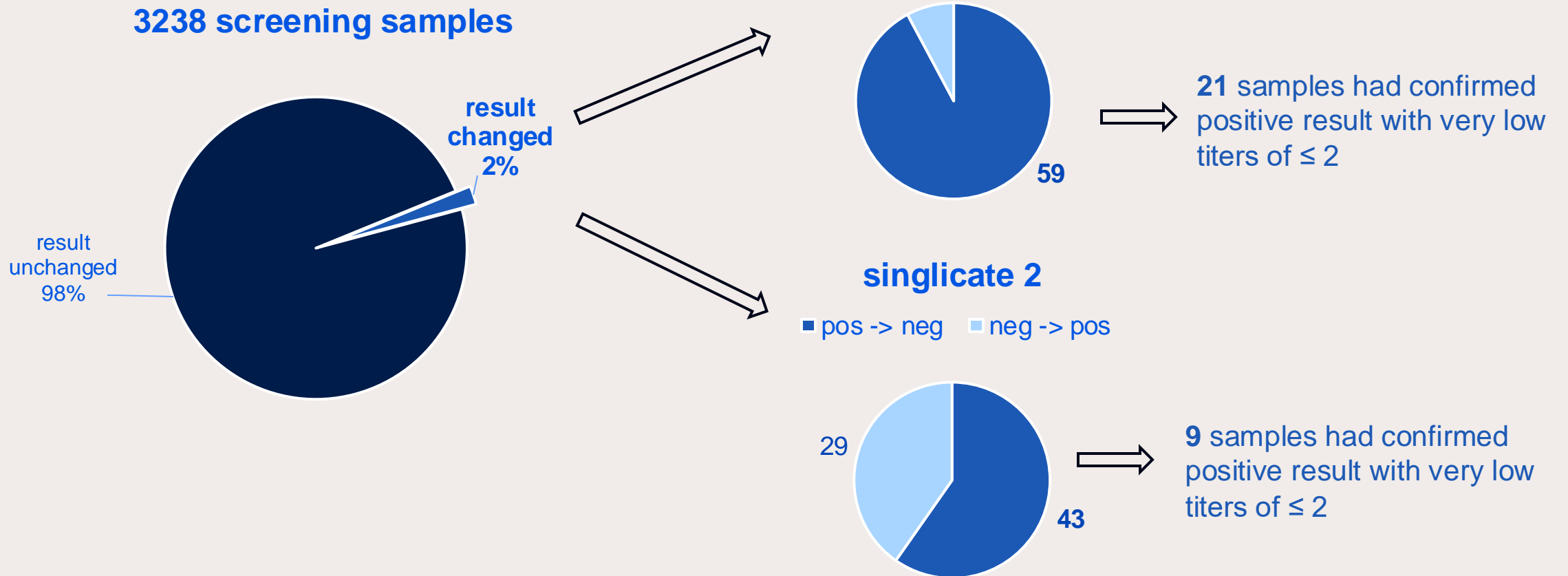
CP: cut-point

Precision of ADA method validation using duplicate versus singlicate data

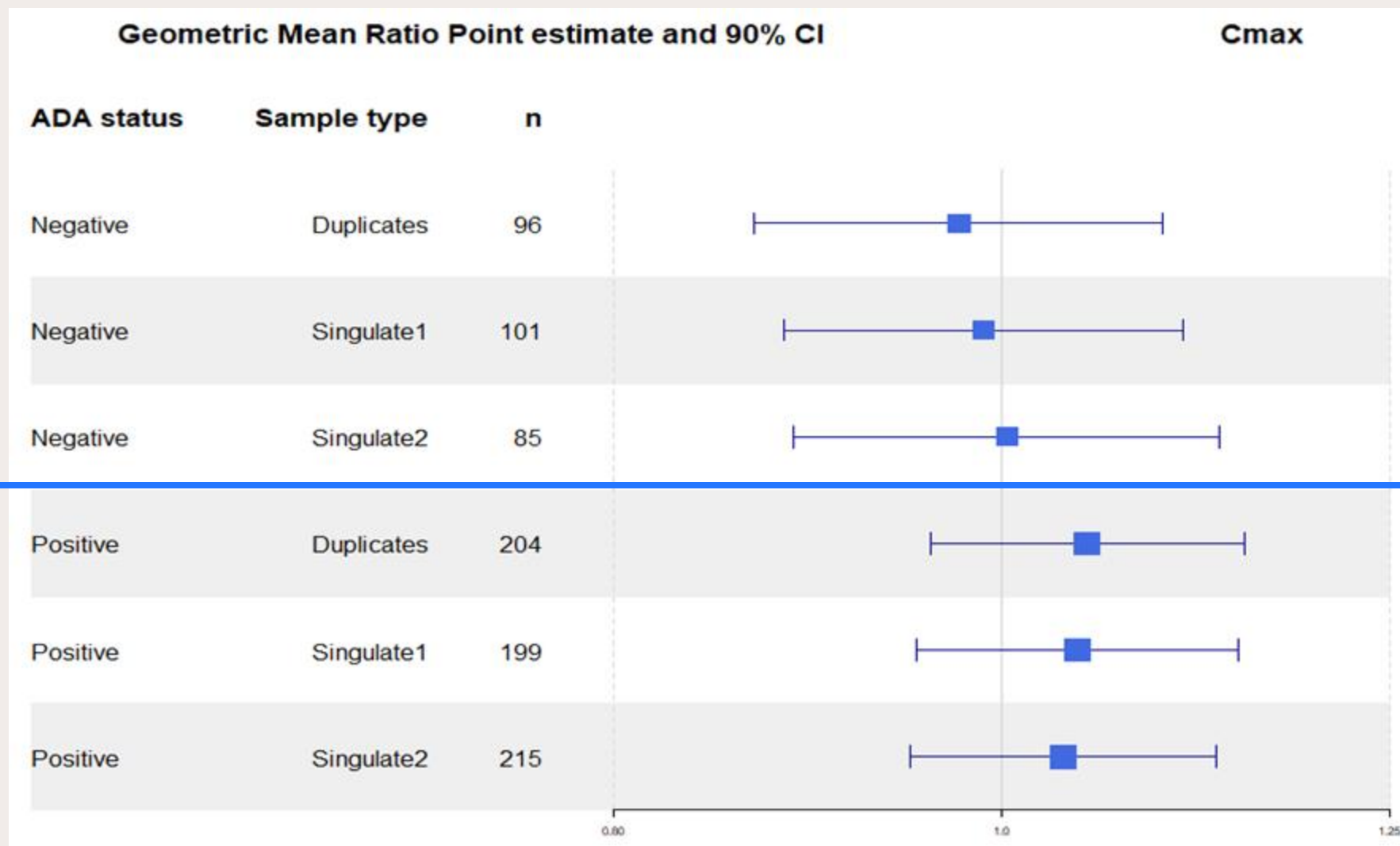
	Duplicate	Singlicate 1	Singlicate 2
Intra-assay precision (%CV)	3-8%	4-10%	3-9%
Inter-assay precision (%CV)	5-6%	4-6%	6-7%

CV: coefficient of variation

Comparability of singlicate to duplicate in Sample Analysis



Retrospective evaluation of clinical immunogenicity



Conclusions

- A singlicate-based ADA assay:
 - would have been equally suitable for method validation based on assay performance
 - would have delivered similar clinical immunogenicity data
 - would have delivered the same interpretation of the impact of immunogenicity on drug exposure
- **All together, ADA singlicate analysis would have been adequate to show comparable immunogenicity in our biosimilar program**
- Additional evaluation of clinical immunogenicity data from other biosimilar programs is ongoing

The team

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Thank you

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