

# Mastering Immunity

## Whole Blood Cytokine Release Assays to Assess the Risk of Innate Immune Activation to Generic Peptide Products

Dr. Jeremy Fry

26 January 2021



# Key Challenges

<p><b>Generic peptide</b></p>			
<p><b>Impurities</b></p>		<p><b>Insertions</b></p>	<p><b>Impurities arising</b> ...during synthesis? ...during storage?</p>
		<p><b>Deletions</b></p>	
		<p><b>Modifications:</b> oxidation, reduction, methylation, acetylation, glycosylation</p>	
		<p><b>Host cell proteins</b></p>	
		<p><b>Other:</b> solvents, metals, leaching</p>	

**What is the impact of these impurities on immunogenicity?**

# We can learn from vaccines

- Peptides are known to be generally poorly immunogenic
- BUT, when delivered with immuno-stimulatory adjuvants, potent responses can be initiated

Malonis *et al* (2020) DOI:10.1021/acs.chemrev.9b00472



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## Recombinant Nanoparticle Vaccine

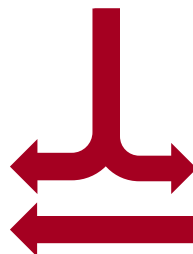
- Examples:
  - link to VLP, nanoparticle, carrier protein, PADRE (pan-DR epitope)
  - in conjunction with poly LCIC (TLR3), imiquimod (TLR7)



# What is the Risk of Clinical Immunogenicity?

## Adaptive Immunity

- Impurities may have increased affinity for MHC binding
- Inadvertent incorporation of T cell epitopes
- Helper CD4+ T cell responses ultimately leading to ADA formation



## Innate Immunity

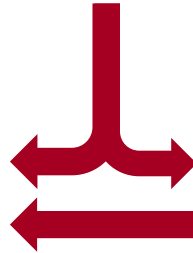
- Product aggregation
- Interaction of impurities with pattern recognition receptors (PRRs) leading to activation of adaptive immunity
- Inadvertent adjuvant effect breaking tolerance



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## Innate Immunity

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- Interaction of impurities with pattern recognition receptors (PRRs) leading to activation of adaptive immunity
- Inadvertent adjuvant effect breaking tolerance

**If any generic peptide impurity behaves inadvertently as an *adjuvant*, then there is elevated risk of immunogenicity**



# ANDAs for Certain Highly Purified Synthetic Peptide Drug Products That Refer to Listed Drugs of rDNA Origin Guidance for Industry


*Additional copies are available from:  
Office of Communications, Division of Drug Information  
Center for Drug Evaluation and Research  
Food and Drug Administration  
10001 New Hampshire Ave., Hillandale Bldg., 4<sup>th</sup> Floor  
Silver Spring, MD 20993-0002*

*Phone: 855-543-3784 or 301-796-3400; Fax: 301-431-6353  
Email: [druginfo@fda.hhs.gov](mailto:druginfo@fda.hhs.gov)*

*<http://www.fda.gov/Drugs/GuidanceComplianceRegulatoryInformation/Guidances/default.htm>*

**U.S. Department of Health and Human Services  
Food and Drug Administration  
Center for Drug Evaluation and Research (CDER)**

**October 2017  
Generics**



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*<http://www.fda.gov/Drugs/GuidanceComplianceRegulatoryInformation/Guidances/default.htm>*

**U.S. Department of Health and Human Services  
Food and Drug Administration  
Center for Drug Evaluation and Research (CDER)**

**October 2017  
Generics**

“The data should demonstrate that the proposed generic synthetic peptide ... does not contain impurities or contaminants that produce a greater or distinct stimulation of innate immune activity as compared to the RLD”

# Selection of Assay Format

Cell lines	PBMCs	Fresh Whole Blood
<ul style="list-style-type: none"> <li>• Reproducible</li> <li>• Good for mechanistic characterisation: TLR agonists</li> <li>• Easy to procure</li> </ul>	<ul style="list-style-type: none"> <li>• Broad representation of population</li> <li>• Somewhat clinically relevant</li> </ul>	<ul style="list-style-type: none"> <li>• Broad representation of population</li> <li>• Most cell types included</li> <li>• Highly clinically relevant</li> </ul>
	<ul style="list-style-type: none"> <li>• Donor variability</li> </ul>	<ul style="list-style-type: none"> <li>• Donor variability</li> </ul>
<ul style="list-style-type: none"> <li>• Not clinically directly relevant</li> <li>• Limited receptor array</li> <li>• Poor response to aggregates</li> </ul>	<ul style="list-style-type: none"> <li>• Moderately challenging to source</li> <li>• Under-representation of some key cell types due to purification process</li> <li>• Cannot use for mechanistic pathway determination</li> </ul>	<ul style="list-style-type: none"> <li>• Very challenging to source</li> <li>• Cannot use for mechanistic pathway determination</li> </ul>



# Selection of Assay Format

- Fresh Whole Blood assay takes the whole picture into account
- Perform first to complete broad risk assessment whether any issues
- Cell lines can then be deployed for mechanistic characterisation as required

## Fresh Whole Blood

- Broad representation of population
- Most cell types included
- Highly clinically relevant
- Donor variability
- Very challenging to source
- Cannot use for mechanistic pathway determination

# Key Study Design Challenges & Considerations

- By definition any impurities under investigation are at a low level (0.1 – 0.5%)
  - Quantity of impurity available for analysis can be challenging
  - ~5mg of each impurity may be required depending on number of donors and selected test concentrations
  - if provided as solution, for whole blood assays, stock test material should be supplied as 50x the top concentration required
- Max number of test articles that can be tested per donor (blood volume)
- Batch comparison analyses
  - Stability batches
  - Batches of RLD from different geographic regions (i.e. EU vs US)
  - Number of batches to compare
- Most appropriate cytokine panel / flexibility

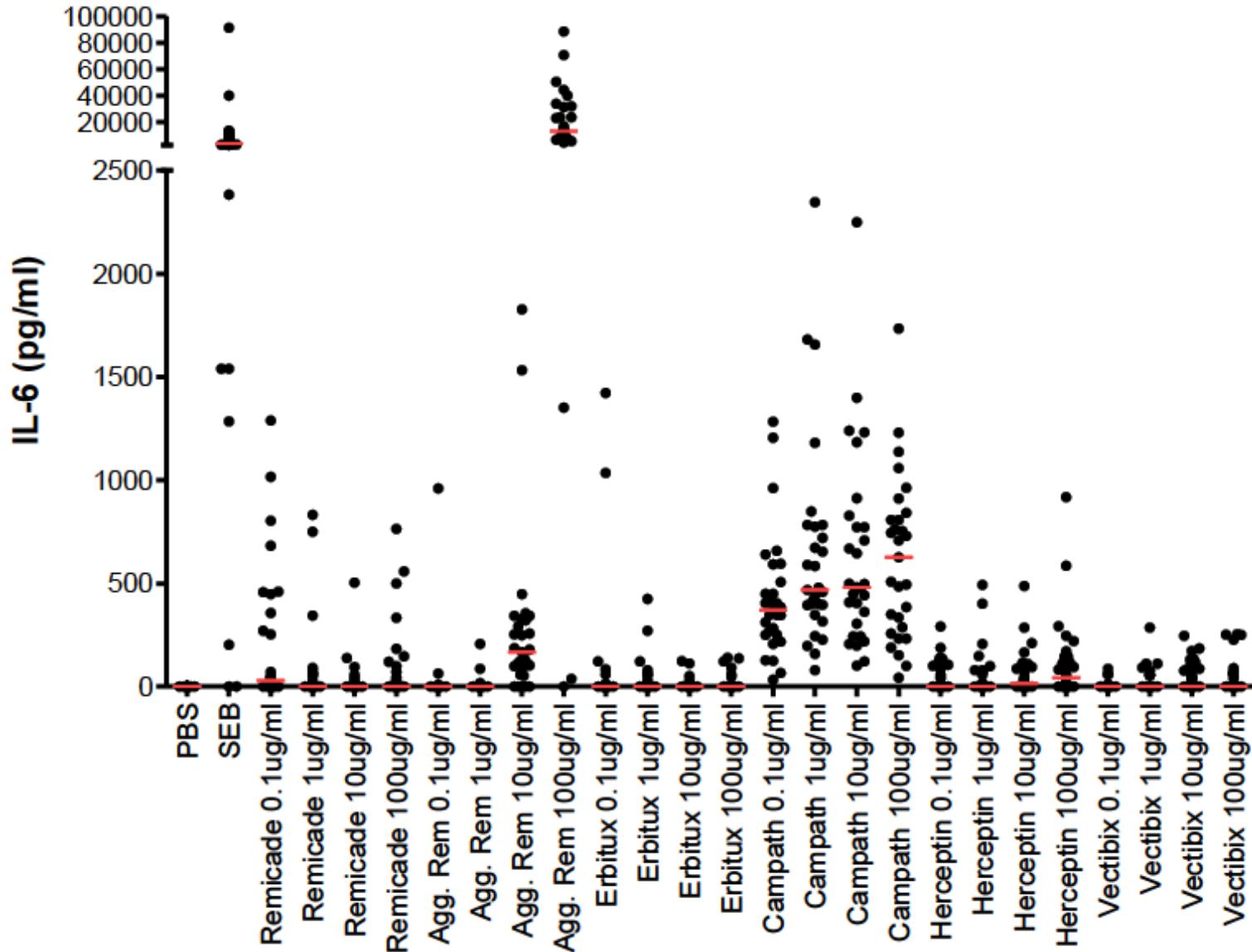
# ProImmune ProStorm<sup>®</sup> Study Design

- Unmanipulated and undiluted fresh whole blood assay
- ~20-30 healthy donors are specifically recruited for study
- Healthy adult donors are screened to meet a number of key criteria including:
  - being free from symptomatic viral and bacterial infections
  - not taken steroidal for 7 days or non-steroidal anti-inflammatory medication for 3 days before donating
- 50mL blood is drawn into sodium heparin Vacutainers<sup>®</sup>
- Within 3 hours of draw (typically 1-2 hours), blood samples from each donor are incubated in triplicate with test material at the required range of concentrations

# Typical ProStorm<sup>®</sup> format for analysis of ANDA

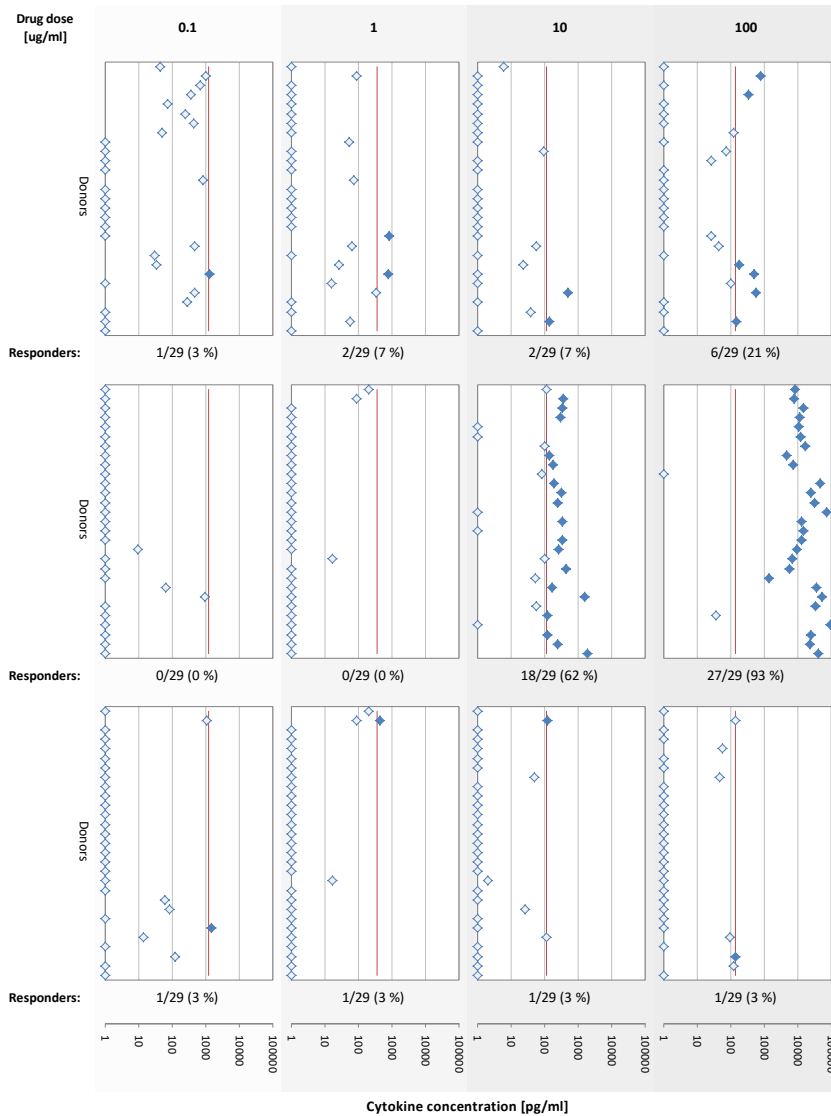
- Assay controls:
  - PBS negative; SEB positive
- Test articles:
  - Impurities (can range from 1 to several depending on manufacturing process)
  - Reference Listed Drug (RLD)
  - Drug Product (DP)
  - Active Pharmaceutical Ingredient (API): DP minus impurities if possible
  - Formulation buffer / excipients control?
  - Add test articles: minimum of 4 doses (depending on drug typically 0.01-100 µg/mL)
- Incubate 24 hours, isolate plasma and quantify **IFN $\gamma$ , TNF $\alpha$ , IL-2, IL-4, IL-6, IL-8, IL-10** levels by multiplex cytokine immunoassay
  - (*Optional*: IL-1 $\beta$ , IL-3, IL-5, IL-7, IL-9, IL-11, IL-12p70, MIP1 $\alpha$ , IP-10, MCP-1)

# Example: IL-6 Cytokine Response

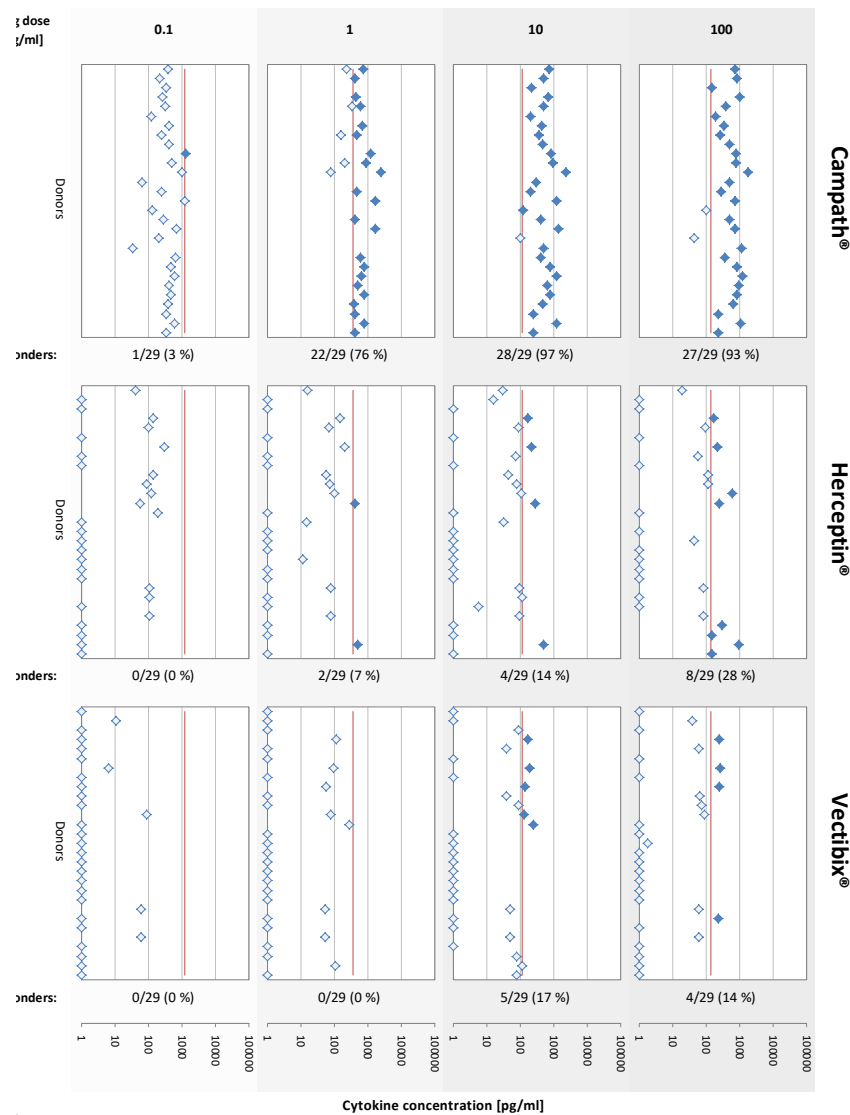




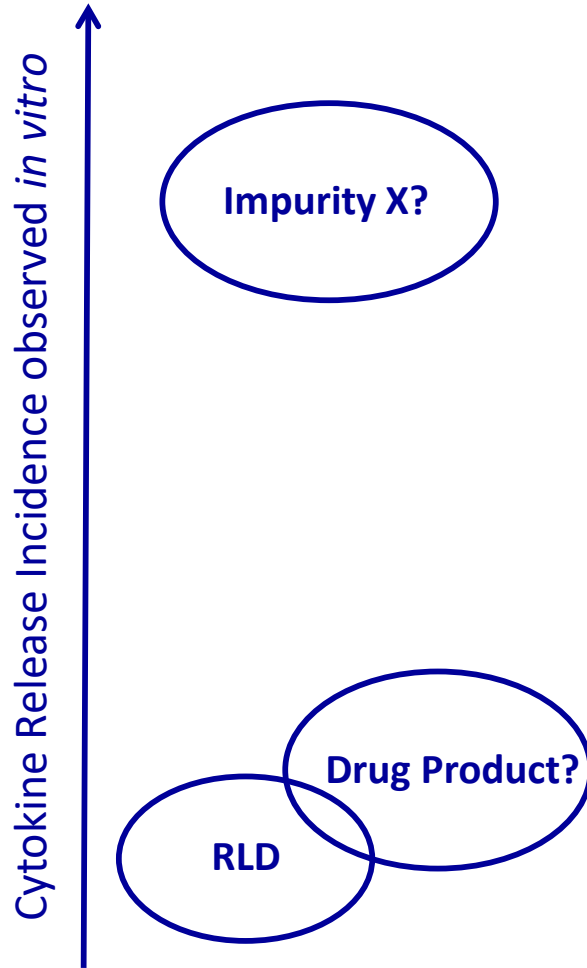
## Cytokine Response - IL-6



## Cytokine Response - IL-6



# Study analysis



- Cytokine release assay for hazard identification and risk management
- Simple whole blood assay minimizing test system interference
- Most commonly observed responses to impurities by IL-2, IL-6, IL-8, IFN $\gamma$  and TNF $\alpha$
- Flexible study design (test article concentrations, cyto/chemo-kines analyzed)
- Rapid project delivery (~4 weeks)

# Summary

- Innate immune receptors can recognize process-related impurities
- Fresh whole blood cytokine assays enable the efficient and robust identification of innate immunogenicity risk
- Additional mechanistic characterization (i.e. specific TLR agonism) using cell lines may be required if risks observed
- ProImmune has extensive experience of analyzing a wide range of these synthetic peptide products of rDNA origin delivering full assay turnaround in just 4 weeks
- Outsourcing to an expert lab overcomes the significant challenges in sourcing fresh blood from a panel of healthy donors



# Thank you for your attention!

[jfry@proimmune.com](mailto:jfry@proimmune.com)

T: (888) 505 7765

[www.proimmune.com](http://www.proimmune.com)

