



**14<sup>th</sup> EBF Open Symposium**  
**Science – Our Universal Language**

**Immunogenicity Strategies: cross-industry, cross-functional approaches to  
understand immunogenicity potential from discovery through launch**

***Michaela Golob, on behalf of the EBF***

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# Current ADA strategy team

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Astrazeneca

Merck KGaA

Sanofi

Novo Nordisk

Formycon

Nuvisan

Leo-pharma

Labcorp Drug Development

Ablynx – a Sanofi Company

Bayer

# Life cycle of Biologics (NBEs)

What bioanalytical scientists support at what stage



Initial Development Plan (IDP)

Participating to dossier writing:

Integrated Risk Assessment (IRA)  
Integrated Summary Immunogenicity (ISI)  
IB, IMPD/IND, BLA/MAA

Interaction with health authorities

# Immunogenicity strategy – key points

Continued support of bioanalysis from discovery to post-approval requires a multidisciplinary approach



- Immunogenicity strategy set-up
- Cross-functional collaboration: Development teams, preclinical teams, clinical teams, review boards
- Risk assessment (IRA)
- Immunogenicity assay strategy based on risk assessment and MoA
- ADA/Nab method development, validation incl. cut-point analysis and trouble-shooting
- Life cycle managements of methods
- CMC support, including CQAs for Immunogenicity
- GLP (if conducted) and GCP sample analysis
- Study design, Immunogenicity assessment, data interpretation, reporting
- ISI; SAP; IB; IMPD/IND; BLA/MAA support
- Safety monitoring support

# Non-clinical Immunogenicity testing strategy

## Guidance for Industry

### S6 Addendum to Preclinical Safety Evaluation of Biotechnology-Derived Pharmaceuticals

*Additional copies are available from:*

*Office of Communications  
Division of Drug Information, WO51, Room 2201  
Center for Drug Evaluation and Research  
Food and Drug Administration  
10903 New Hampshire Ave., Silver Spring, MD 20993-0002  
Phone: 301-796-3400; Fax: 301-847-8714  
druginfo@fda.hhs.gov*

<http://www.fda.gov/Drugs/Guidance/ComplianceRegulatoryInformation/Guidances/default.htm>

*and/or*

*Office of Communication, Outreach and  
Development, HF34-40  
Center for Biologics Evaluation and Research  
Food and Drug Administration  
1401 Rockville Pike, Rockville, MD 20852-1448  
<http://www.fda.gov/Biologics/BioDI/oc/oc/ComplianceRegulatoryInformation/Guidances/default.htm>  
(Tel) 800-835-4709 or 301-827-1800*

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

**May 2012  
ICH**

ICH S6 addendum => need for ADA evaluation in non-clinical studies when there is evidence for

- altered PD
  - unexpected changes in exposure in absence of a PD marker
  - Immune-mediated reactions
- General regulatory position on ADA testing => “Risk based and Fit-for-Purpose”

# Non-clinical Immunogenicity testing strategy

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## A strategic approach to nonclinical immunogenicity assessment: a Recommendation from the European Bioanalysis Forum

Anna Laurén<sup>1\*</sup>, Joanne Goodman<sup>2</sup>, Jonas Blaes<sup>3</sup>, John Cook<sup>4</sup>, Kyra J. Cowan<sup>5</sup>, Madeleine Dahlbäck<sup>1</sup>, Joanna Grudzinska-Goebel<sup>6</sup>, Deborah McManus<sup>7</sup>, Robert Nelson<sup>8</sup>, Susanne Pihl<sup>9</sup>, and Philip Timmerman<sup>10+</sup>

### In majority of new drug projects:

- No confirmatory assay needed
- No titration needed => S/N ratio is an option
- Titre assay may be valuable when you do not have an assay with good drug tolerance
- Neutralization assay is not needed

(Published online March 2021)

# Clinical Immunogenicity testing strategy

## Sampling

- ADA sampling schedule & frequency based on evaluated risk from IRA
- Match ADA sample time point with a PK sample
- Unless risk suggests otherwise, NAb usually requested by Health Auth. from Ph3 onwards
- Aliquot numbers depend on potential use
- Immunogenicity safety including follow-up of positive patients in certain high-risk situations

## Unified cut-point approach across disease states

### Retention of samples

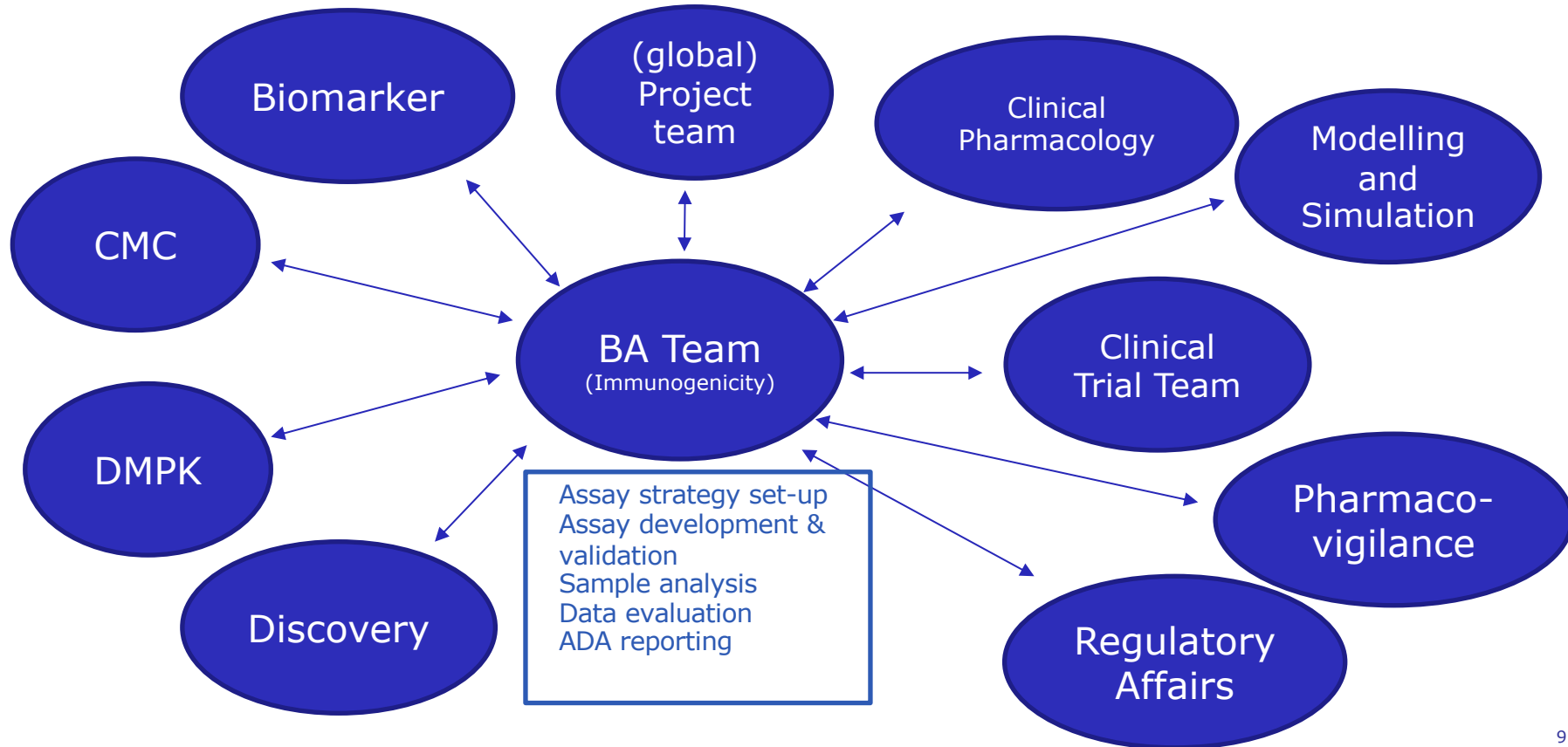
- Due to FDA change in not classifying an assay as validated until they have
- reviewed, for pivotal studies retain samples 1-2 years after submission (may depend on modality type)

### Informed Consent

- templated language important - secondary use of samples



# BA & cross-functional collaboration



# Immunogenicity Risk Assessment (IRA)

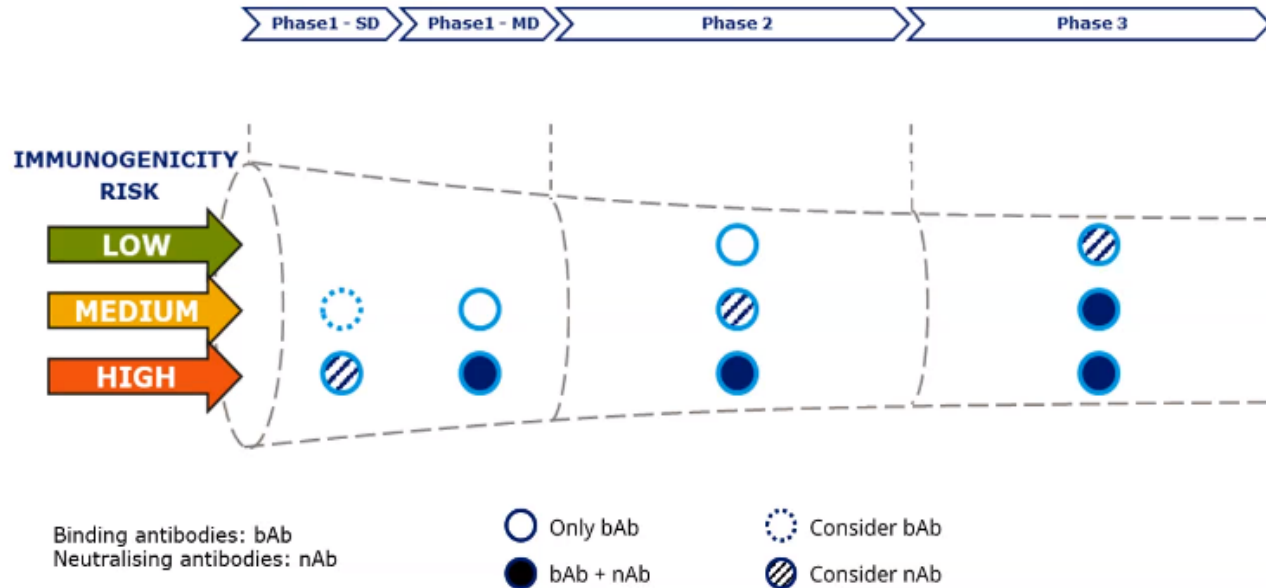
- Document requested by FDA & EMA
- Pre-requisite for immunogenicity testing strategy
- Integrative part of clinical study design
- Reflected in the Label information

## **Key risks for clinical impact (not necessarily just ADA incidence)**

- Risk of IgE-mediated hypersensitivity reactions, incl. anaphylaxis
- Risk of delayed immune complex-mediated hypersensitivity reactions
- Induction of cross-react with endogenous counterpart
- Neutralisation of drug and/or neutralization of endogenous counterpart
- Reduced target engagement and efficacy response
- Altered PK
- Long-term clinical impact

# Risk-assessment linked to testing strategy

A company proposal:



Binding ADAs (can consist of sustaining ADAs, clearing ADAs, neutralizing ADAs or ADAs with no effect)  
Neutralising ADAs (subpopulation of binding ADAs)

# Immunogenicity Plan/Strategy

- Company specific internal document describing the project specific plan for immunogenicity evaluation
- Support overall project strategy and be aligned with other team plans
- Living document to be updated along the project development stages

## **Key topics to be covered:**

- Risk assessment
- Action plan how to manage/mitigate potential safety risks
- Assay strategy – what assays to be used when
- Sampling and analysis plan for non-clinical and clinical studies
- Considerations when to update the Integrated Summary of Immunogenicity (ISI)
- Plans for regulatory interactions

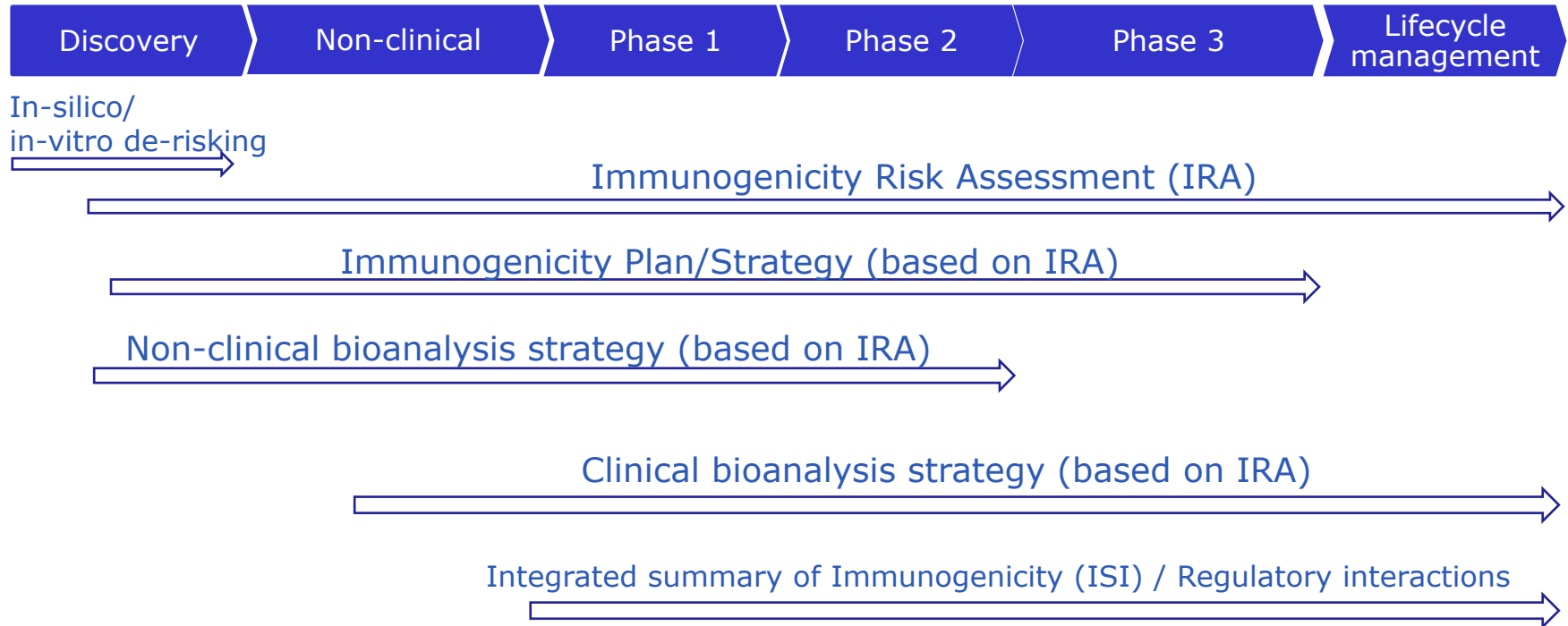
# Integrated Summary of Immunogenicity (ISI)

- Requested by FDA & EMA
- Document integrating all aspects of immunogenicity from development program for easy review by regulatory authorities' (e.g. scientific advice, end-of-ph2 meeting)
- Initial version ready for IND
- Updated along with clinical development
- Full version required for BLA/MAA submission

## **Key topics to be covered :**

- Adapted to the stage of development with the risk assessment being the core component
- Analysis of immunogenicity risk factors for the compound (identify risk, evaluation and mitigation)
- Tiered testing strategy and assay validation summary
- Clinical immunogenicity data analysis
- Overall conclusion for clinical immunogenicity evaluation and risk mitigation
- Assess need for statistical analysis plan
- Identify tables and listings needed for data review (CSR & ISI)

# Building an Immunogenicity strategy – when we do what



# Acknowledgements

**ADA strategy team members**

**EBF Interest Group Macromolecules (IGM)**

**EBF community**

# Contact Information

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