

Human biological samples were sourced ethically, and their research use was in accord with the terms of the informed consents under an IRB/REC approved protocol



Challenges in human tear analysis: Development of a fit-for-purpose qualitative immunoassay to detect biopharmaceutical exposure in rare matrices

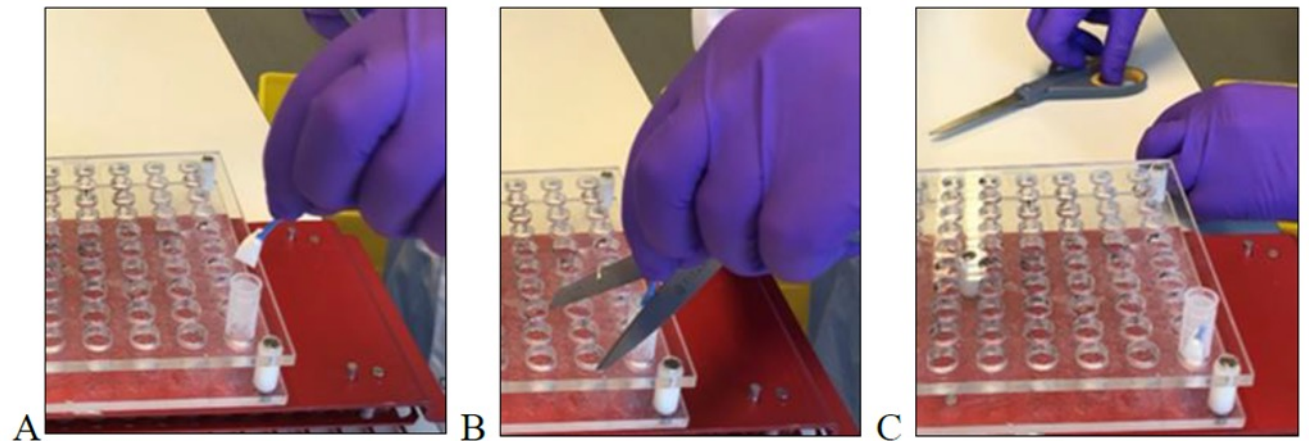
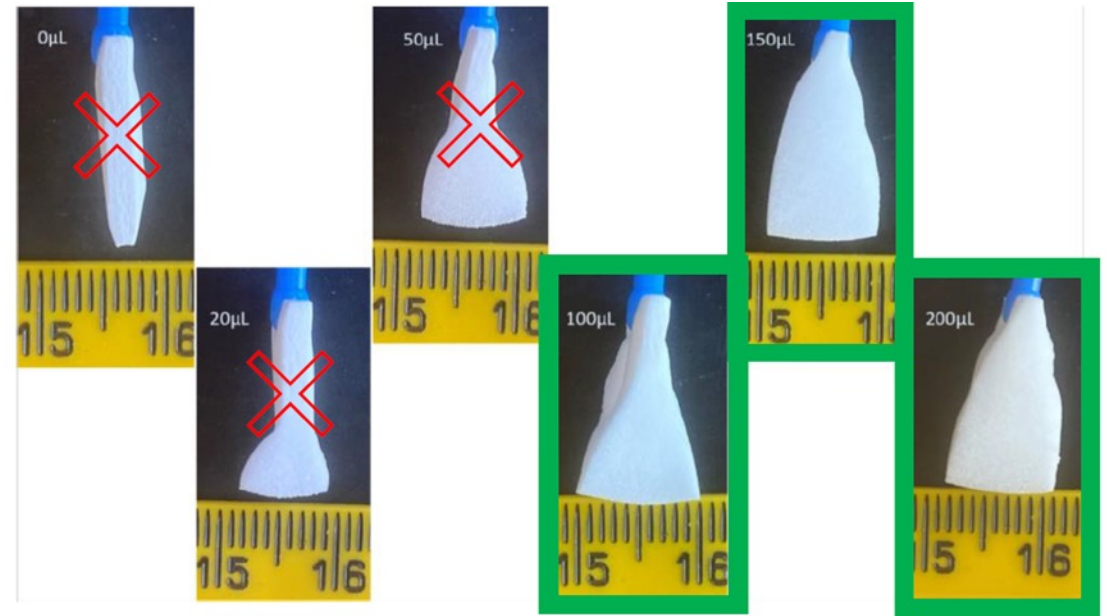
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Introduction

- Evaluating therapeutic antibody exposure at target sites is a critical task in biopharmaceutical development in the clinic
- Clinical study design to understand the pharmacokinetics, safety, tolerability and relationship between exposure in tear fluid and plasma concentration
- Challenges encountered in bioanalytical support of human tear analysis

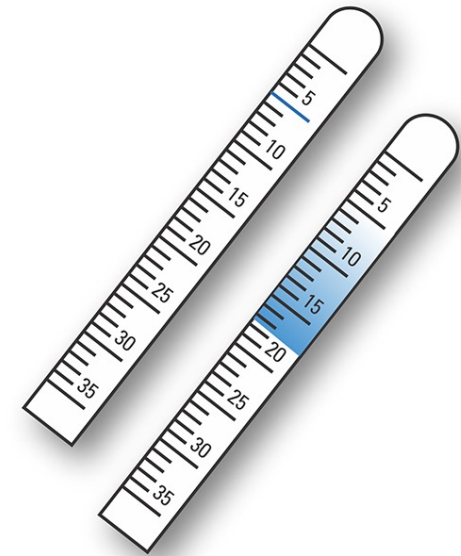
Sampling Device

- PVA eye sponges were selected as tear fluid sample collection devices due to patient comfort, compliance and ease of use
- Request was for a quantitative assay:
 - PVA spear tips stored in CryoTubes and transferred to BIB laboratory
 - Spears centrifuged to collect liquid tear eluate
 - Eluate analysed to provide quantitative data



Quantitative Immunoassay

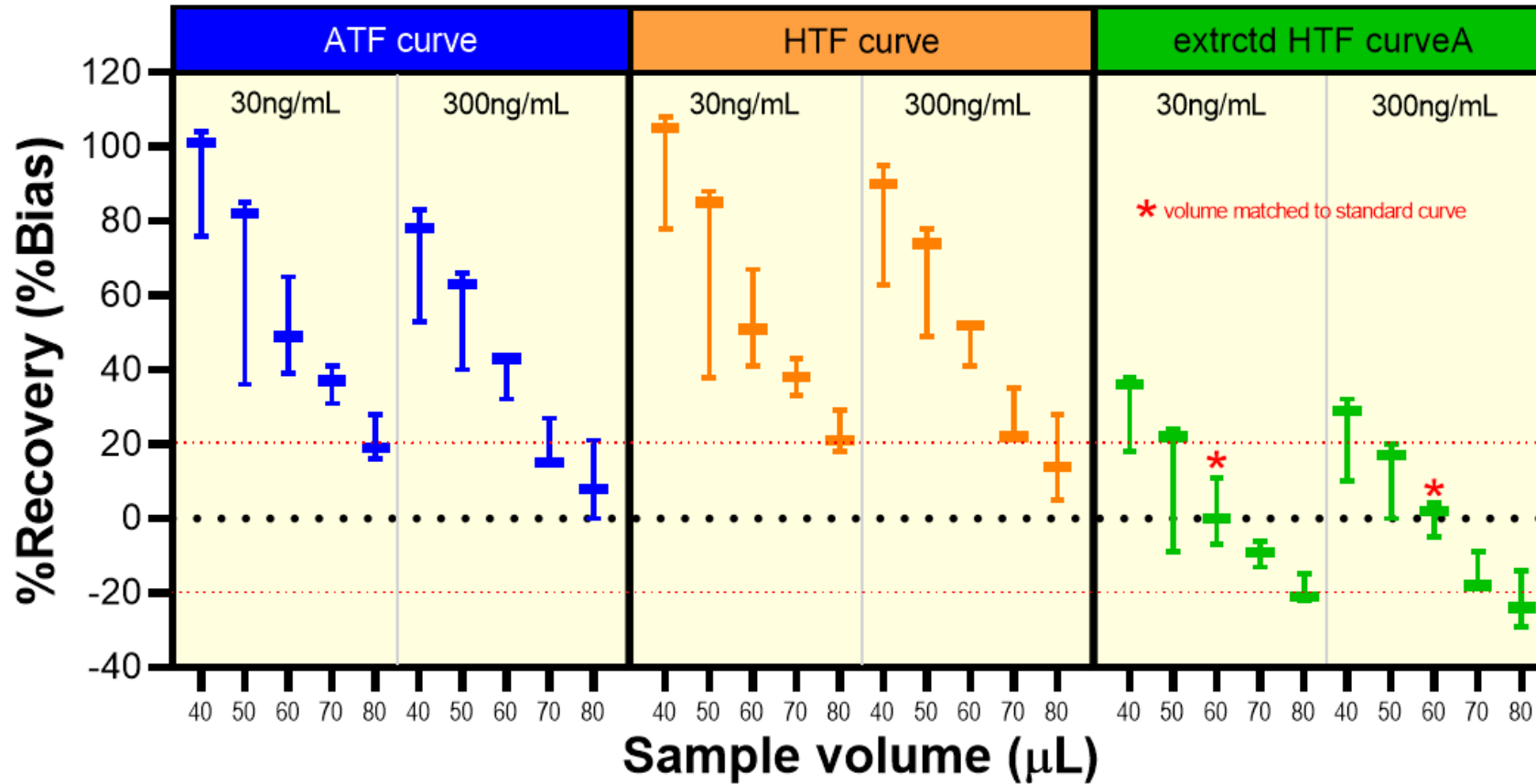
- A quantitative analyte specific immunoassay on both the Gyrolab and MSD platform had already been developed, validated and used extensively both in-house and externally
- Species:
 - Mouse, Rat, Rabbit, Cyno and Human
- Matrices:
 - Plasma, Serum, Blood:Water
 - **Tears** (Schirmer Tear Test Strip)
 - Analyte extracted directly into assay buffer diluent
 - Quantitative result given per volume of tear
- Validation to support these clinical studies
 - Assessment of analyte (QC) recovery from PVA sample collection device



Validation - Assessment of Analyte Recovery

- Challenges once sample analysis began
- Study samples received at BIB laboratory demonstrated a poor and variable recovery of volume
 - Sample range 0 – 100 uL
 - Variable viscosity
- ICH guideline M10 on bioanalytical method validation and study sample analysis:
“The QCs are intended to mimic study samples and should be prepared by spiking matrix with a known quantity of analyte, stored under the conditions anticipated for study samples and analysed to assess the validity of the analytical method.”

Validation - Assessment of Analyte Recovery



- Assessment of analyte recovery across sample volume ranges showed a non-proportional increase in analyte recovery

Validation – What Now?

- Unable to validate quantitative assay which was reflective of study samples
 - Variable sample volume
 - Non-proportional increase in analyte recovery

- Understanding what your data will be used for – generating scientifically meaningful data

Clinical Study Design

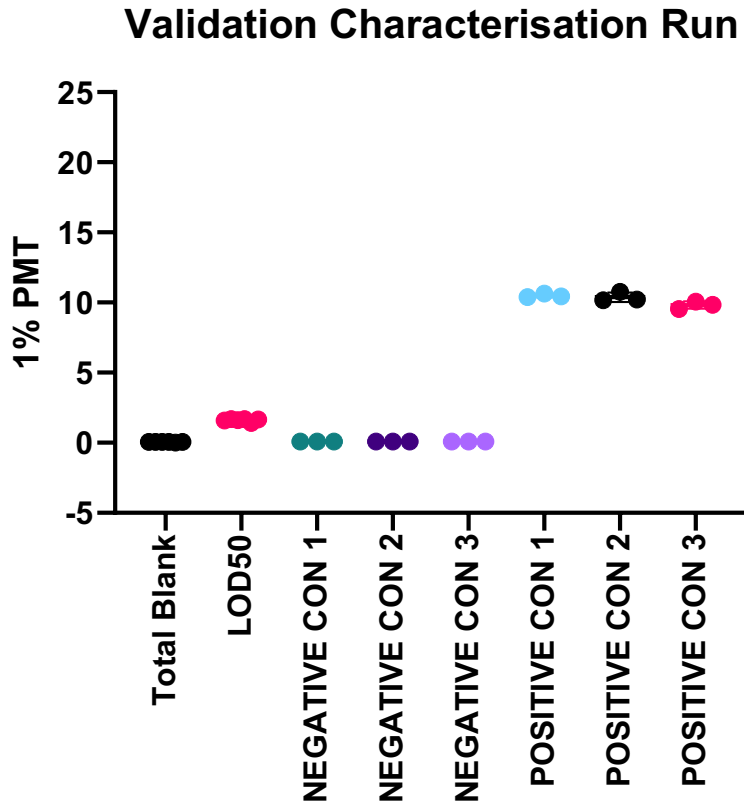
Objectives	Endpoint
Primary	
<ul style="list-style-type: none">To describe the effect of renal impairment on the analyte PK	<ul style="list-style-type: none">Analyte concentration in plasma, PK parameters
Secondary	
<ul style="list-style-type: none">To evaluate safety and tolerability using clinical parameters, including adverse events, vital signs and clinical laboratory assessments	<ul style="list-style-type: none">Change from baseline in vital signs (blood pressure and heart rate), monitoring and incidence of adverse events, toxicity grading of clinical laboratory tests, and physical examinations
Exploratory	
<ul style="list-style-type: none">To evaluate the presence/concentrations of analyte in tear fluid in participants and explore relationship between tear fluid and plasma concentration	<ul style="list-style-type: none">Presence/concentrations of analyte in tear fluid at baseline and on treatment, as data permitsRelationship between tear fluid and plasma concentrations of analyte, as data permits

Taking a different approach – Qualitative Assay

- Designed to minimise the false positive rate for drug naïve individuals by using a floating cut point
- Cut-point based on a Limit of Detection (LoD) calibrator
 - LoD calibrator level established by screening using naïve individual human tears
- Negative and positive control samples were prepared in human tears, stored on the PVA sample collection device and extracted in the same manner as the study samples
- Acceptance criteria set on validation performance

Taking a different approach – Qualitative Assay

- Characterisation:



- Validation:

Validation Experiment	On-Spear				Extract			
	NC1	NC2	PC1	PC2	NC1	NC2	PC1	PC2
Selectivity	x	x	✓	✓	x	x	✓	✓
Combined Short Term Stability with Freeze-Thaw	x	x	✓	✓	x	x	✓	✓
Long Term Stability	x	x	✓	✓	x	x	✓	✓

x - Not Detected

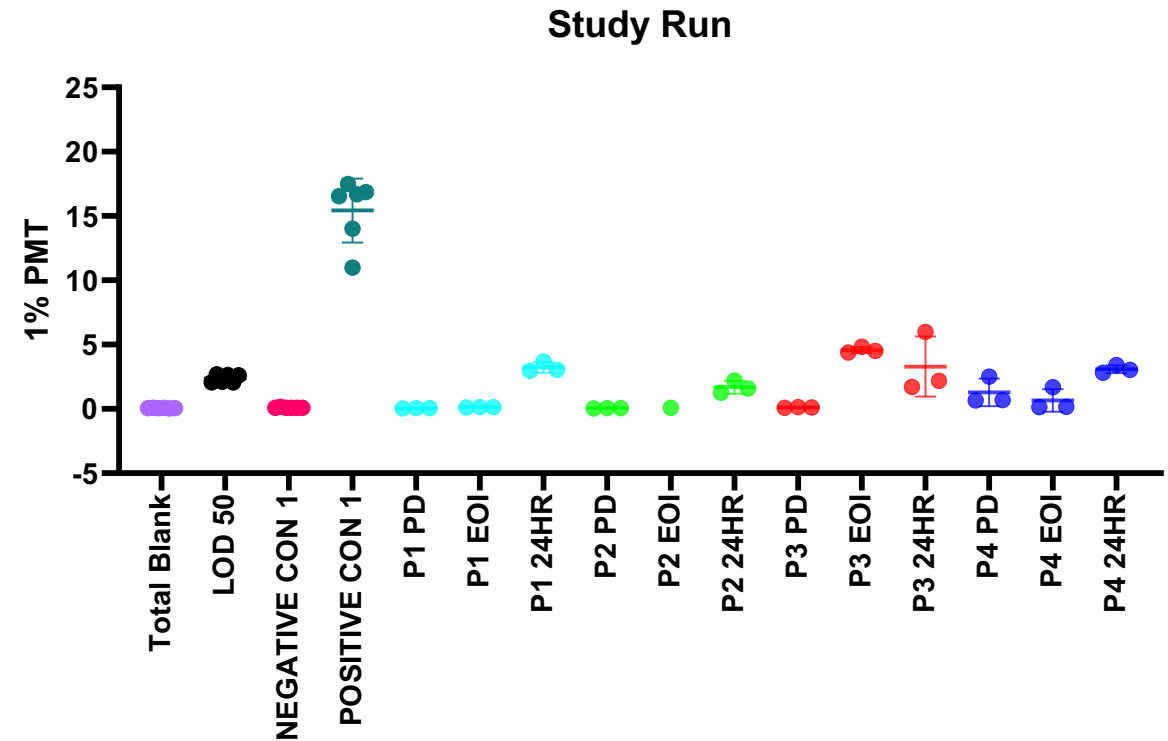
✓ - Detected

Taking a different approach – Qualitative Assay

- Run Acceptance Criteria:

<u>Controls (n=6 replicates)</u>	<u>Samples (n=3 replicates)</u>
<p>PC: 4/6 replicates positive; response greater than mean LoD response</p> <p>NC: 4/6 replicates negative; response less than mean LoD response</p>	<p>Positive: 2/3 replicates positive; response greater than mean LoD response “Detected”</p> <p>Negative: 2/3 replicates negative; response less than mean LoD response “Not Detected”</p>

- In Study Data:



Challenges Working With Unusual Matrices and Sampling Devices

- Artificial Tear Fluid (ATF), evaluated during method development
 - Good concordance with human tears
 - Issue with recovery from sampling device led us away from using as a true surrogate matrix
 - ATF used for initial working stock preparation
- Sample preparation on Echo 525 liquid handler was not compatible with the sponge eluate
- Tears are complex
 - Three layers containing enzymes, lipids, metabolites and electrolytes
 - Inner mucus layer, watery middle layer, outer oily layer
 - Different types: Basal, Reflex and Emotional
- Unknown how the PVA sampling device changes this composition

Summary

- Challenges in-study with sample volume recovery from collection device led us to take a different approach
 - Validation samples must mimic study samples
- Qualitative assay developed which was able to address the question set out in the clinical study design
 - To evaluate the presence/concentrations of analyte in tear fluid in participants and explore relationship between tear fluid and plasma concentration
- Able to demonstrate control in a qualitative assay by using a strategy that minimised the false positive rate and used a floating cut point
- Challenges with unusual and difficult to obtain matrices and sample collection device

Acknowledgements

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