

# Life Cycle Management of ADA and NAb assays during Clinical Development of a Monoclonal Antibody with Focus on Drug Tolerance Improvement – Nice to Have or Must Have?

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Dermatology  
beyond the skin



# Overview

- MAb – patient population A **and B**
- Population A:
  - ADA assay versions: 1 to 4
  - NAb assay version 1
- **Population B** (focus of this presentation):
  - ADA assay versions: 5 to 7
  - NAb assay version 2 and 3
- Many assay versions:
  - Improvement of drug tolerance – why and how?
  - “Nice to” or “must” have?



# Population A, ADA assay version history

Phase	ADA Assay version	Sensitivity	Drug tolerance	Assay format
Phase 1	Version 1	1.0 µg/mL	HPC at ≥5 µg/ml drug	<ul style="list-style-type: none"> <li>• Bridging assay</li> <li>• Capture: drug coated on 96-well plate</li> <li>• Detection: biotin-labelled drug + HRP-labelled Streptavidin + TMB</li> </ul>
Phase 2	Version 2 (changed format)	644 ng/mL	488 ng/ml PC at 1 µg/ml drug 1,953 ng/ml PC at 10 µg/ml drug	<ul style="list-style-type: none"> <li>• Bridging assay</li> <li>• Capture: biotin-labelled drug captured on streptavidin coated plate</li> <li>• Detection: Rh-(S-tag) drug</li> <li>• 1 acid dissociation step</li> </ul>
Phase 2	Version 3 (version 2 optimized)	150 ng/mL	250 ng/ml PC at 2.5 µg/ml drug	
Phase 2/ Phase 3	Version 4 (transfer to CRO and further optimization)	76 ng/mL	150 ng/ml PC at 10 µg/ml drug	


# Nab assay, Population A

Phase	Assay version	Sensitivity	Drug tolerance	Assay format
Phase 3, Population A	Version 1	195 ng/mL	400 ng/ml PC at 0.08 µg/ml drug	<ul style="list-style-type: none"><li>• Binding assay,</li><li>• Capture (of labelled drug): Commercial Mab + Antigen (target)</li><li>• Detection: Labelled drug</li><li>• 1 acid dissociation step</li></ul>

# Population A – assay versions

- Only ADA assay versions 3 and 4 met current regulatory requirements → optimizations of versions 1 and 2 appeared to have been a “must have”
- Nab assay version 1:
  - very poor Drug Tolerance (0.08 µg/mL)

# Population B, ADA assay version history

Phase	Assay version	Sensitivity	Drug tolerance	Assay format
Phase 2	Version 4	76 ng/ml	150 ng/ml PC at 10 µg/ml drug	<ul style="list-style-type: none"><li>• Bridging assay</li><li>• Capture: biotin-labelled drug added to streptavidin coated plate</li><li>• Detection: s-tag drug</li><li>• 1 acid dissociation step</li></ul>
 Intended for Phase 3	<b>Version 5 (new critical reagents + validation in new population)</b>	150 ng/ml	150 ng/ml PC at 5 µg/ml drug	

# Considerations on Clinical Development

## Question from Project team:

- *"Is it possible to improve Drug Tolerance of the ADA assay?"*
- Scope:
  - If the drug tolerance could be improved substantially, a long (16-week) safety follow up might not be needed for Phase 3
  - Direct transfer into a long-term extension trial could be allowed
  - Benefit for the patients: no off-treatment period and thus no transient reduction in treatment effect
- Answer: *"we will give it a try!"*

# Bead Extraction Step in ADA Assays



Drug

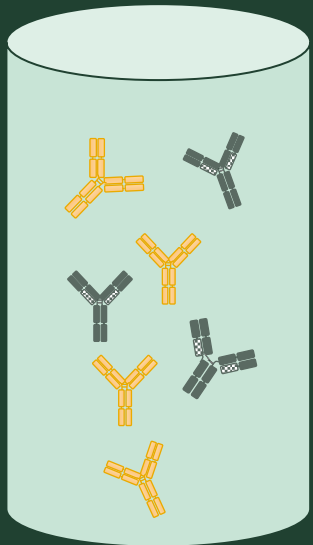


ADA



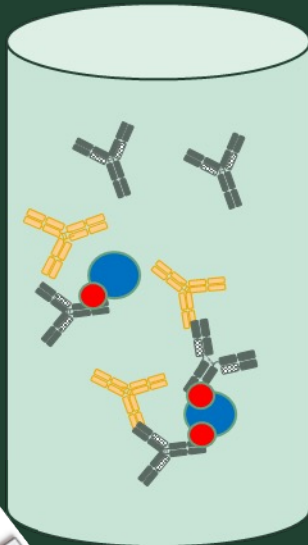
Streptavidine coated magnetic beads with biotin-Drug

Acidic condition



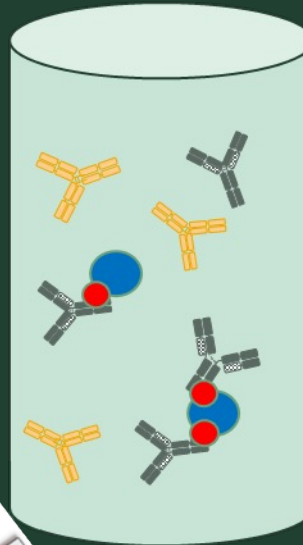
+beads  
Neutralisation

ADA complexes formed



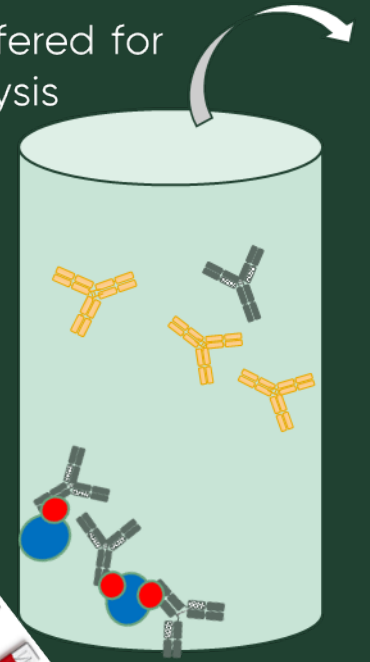
Wash\*  
2nd acid step

ADA released



ADA transferred for analysis

+ magnet



\* Wash to remove free Drug (prior to 2nd acid step) while ADA Complexes trapped with a magnet




# Population B, ADA assay version history

Phase	ADA Assay version	Sensitivity	Drug tolerance	Assay format
Phase 2	Version 4	76 ng/ml	150 ng/ml PC at 10 µg/ml drug	<ul style="list-style-type: none"> <li>• Bridging assay;</li> <li>• Capture: biotin-labelled drug added to streptavidin coated plate</li> <li>• Detection: s-tag drug</li> <li>• 1 acid dissociation step</li> </ul>
Intended for Phase 3	Version 5 (new critical reagents + validation in new population)	150 ng/ml	150 ng/ml PC at 5 µg/ml drug	
Phase 3	<b>Version 6 – introduction of bead extraction</b>	50 ng/ml	<b>50 ng/ml PC at 200 µg/ml drug</b> <b>20 – 40 fold improvement</b>	<ul style="list-style-type: none"> <li>• Bridging assay format;</li> <li>• Capture: biotin-labelled drug added to streptavidin coated magnetic beads</li> <li>• Detection: s-tag drug</li> <li>• 2 acid dissociation steps</li> </ul>



# Nab assay version history

Phase	NAb Assay version	Sensitivity	Drug tolerance	Assay format
Phase 3, Population A	Version 1	195 ng/mL	400 ng/ml PC at 0.08 µg/ml drug	<ul style="list-style-type: none"> <li>• Binding assay,</li> <li>• Capture (of labelled drug): Commercial Mab + Antigen (target)</li> <li>• Detection: Labelled drug</li> <li>• 1 acid dissociation step</li> </ul>
 Intended for Phase 3, Population B	Version 2 (validation in new patient population)	3,000 ng/ml	3,000 ng/ml PC at 0.9 µg/ml drug	

# Considerations on Clinical Development

**Add-on question from Project team when ADA assay was optimized successfully:**

- *“Will it be possible to improve the drug tolerance for the Nab assay, too?”*
- Scope: in principle the same as for the ADA assay
- Answer: *“we will give it a try!”*

# Nab assay version history

Phase	NAb Assay version	Sensitivity	Drug tolerance	Assay format
Phase 3, Population A	Version 1	195 ng/mL	400 ng/ml PC at 0.08 µg/ml drug	<ul style="list-style-type: none"> <li>• Binding assay</li> <li>• Capture (of labelled drug): Commercial Mab + Antigen (target)</li> </ul>
Intended for Phase 3, Population B	Version 2 (validation in new patient population)	3000 ng/ml	3000 ng/ml PC at 0.9 µg/ml drug	<ul style="list-style-type: none"> <li>• Detection: Labelled drug</li> <li>• 1 acid dissociation step</li> </ul>
Phase 3, Population B	<b>Version 3 – change of format compared to versions 1 +2 and introduction of bead extraction</b>	250 ng/ml	<b>750 ng/ml PC at 25 µg/ml drug</b> <b>25 – 300 fold improvement</b>	<ul style="list-style-type: none"> <li>• Binding assay</li> <li>• Capture (of ADA): Biotin drug on streptavidin coated magnetic beads</li> <li>• Detection: Labelled Antigen (target)</li> <li>• 2 acid dissociation steps</li> </ul>



# Population B – assay versions not used

- **ADA assay version 5:**
  - Full validation for was deemed necessary due to:
    - change of basically all lots of critical reagents
    - need for selectivity assessment and cut point determination in matrix from population B
  - Sensitivity and drug tolerance of ADA assay version 5 was poorer than for version 4 which had already been used for Phase 2B
- **Nab assay version 2:**
  - Development + full validation for NAb assay version 2 was necessary since NAb assay version 1 was not set up at the CRO
  - Drug tolerance of NAb assay version 2 was improved ~10 fold, but still low (0.9 µg/mL).
  - Sensitivity of was much poorer than expected also compared to NAb assay version 1

# Additional ADA assay version, population B

Phase	ADA Assay version	Sensitivity	Drug tolerance	Assay format
Intended for Phase 3	Version 5 (new critical reagents + validation in new population)	150 ng/ml	150 ng/ml PC at 5 µg/ml drug	<ul style="list-style-type: none"> <li>• Bridging assay:</li> <li>• Capture: biotin-labelled drug added to streptavidin coated plate</li> <li>• Detection: s-tag drug</li> <li>• 1 acid dissociation step</li> </ul>
Phase 3	Version 6 – introduction of bead extraction	50 ng/ml	50 ng/ml PC at 200 µg/ml drug 20 – 40 fold improvement	<ul style="list-style-type: none"> <li>• Bridging assay format;</li> <li>• Capture: biotin-labelled drug added to streptavidin coated magnetic beads</li> <li>• Detection: s-tag drug</li> <li>• 2 acid dissociation steps</li> </ul>
Phase 3/ Phase 4	Version 7 Optimization to improve robustness + full re-validation	50 ng/ml	50 ng/ml PC at 50 µg/ml drug 100 ng/ml PC at 150 µg/ml drug	



# Summing up

- **ADA assay version 6 and Nab assay version 3:**

- In principle, both “Nice to” have, because you could take samples after ~5 half-lives with the older assay versions
- However: great benefits from clinical development and patient perspectives
- Potentially, less regulatory risk

- **ADA assay version 7:**

- Change of critical reagents + Need for **robustness improvements**

- **Conclusion:**

- Current ADA and Nab assay versions have acceptable Drug tolerance and sensitivity and have proven to be robust during sample analysis
- **The many assay optimizations have been worth all the efforts!**

