

*The sense and nonsense of quantitative  
analysis of biologics*

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Why should we care?*

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# Introduction

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*A reflective essay on the role of (quantitative) PK analysis in the development of biologic drugs*

- New drugs are evaluated based on their PK profiles
- Analytical trend: from Ligand Binding Assays toward LC-MS technology
- What is the driving force?
- Is this based on biochemical attributes of the analytes or does it emulate small molecule technology?
- Should we consider alternatives, more suited for biologic drugs?
- What do regulatory authorities require?
- Can we formulate recommendations for essential analytical platforms?

# Why PK analysis?

- Determination of the fate of a substance (drug) administered externally to a living organism (LADME):
    - Liberation - release of a drug from the formulation
    - Absorption - process of the drug entering the circulation
    - Distribution - dispersion throughout the fluids and tissues of the body
    - Metabolism - transformation of a drug into metabolites
    - Excretion - elimination (or accumulation) of the drug from the body
  - The rate at which a drug action begins and the duration of the effect (formulation of optimum dosing) - Study of *efficacy*
  - Population PK - personalized medicine - personalized *efficacy*
- PK analysis helps to understand and predict clinical efficacy

# What is current practice?

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## (Pre-)Clinical development of biologics:

- PK analysis (what are we analyzing?)
- Emphasis on target binding and efficacy
- Immunogenicity (ADA) testing - effects on safety and efficacy

## Physicians practice:

- *"If it doesn't work we give a little more; if it has adverse effects we stop medication"*
- Focus on the actual therapeutic dose range - 'safety and efficacy window'

# Regulatory requirements?

Do regulatory authorities actually require PK testing?

- Traditional small molecule drugs: Guidelines *how to validate PK assays when you perform them...*
  - ICH Topic S6 - CPMP/ICH/302/95: *"It is difficult to establish uniform guidelines for PK studies for biologics"*  
*"PK in SAD/MAD can be useful ... however (in tox studies) routine mass balance is not useful"*
  - WHO 2009 - Guidelines on evaluation of similar biotherapeutic products:  
*"The PK profile should always be investigated ... Special emphasis should be given to selection of analytical method, as assay methodologies suffer from limiting usefulness"*
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- What are the strengths and limitations of current analytical methods?
  - Do regulatory authorities require the use of specific analytical methods?

# Analytical methods for PK

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## Common methods for PK analysis of biologics

- Immunoassays (ELISA, RIA, IRMA, MSD-ECL, Luminex, Gyros)
    - Proteins, Peptides, Conjugated proteins, Antibody drugs
  - Hybridization assays
    - Oligonucleotide Therapeutics (asRNA, siRNA)
  - Chromatography assays (HPLC, LC-MS/MS)
- Trend to shift from Immunoassays to LC-MS/MS
- Is this shift based on biochemical attributes of the analytes or is it an attempt to emulate small molecule technology?

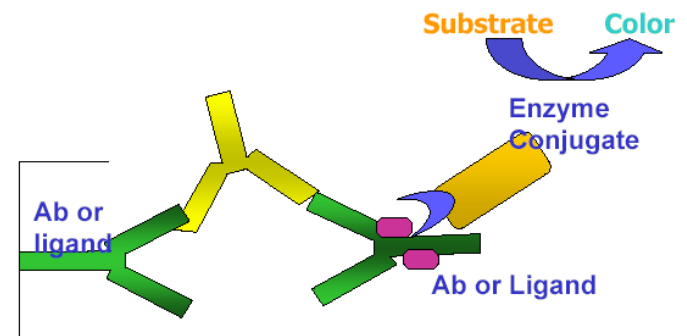
# Driving force for analytical shift?



# Strengths and limitations

## Ligand Binding Assays

- + Sensitivity
- + Specific for structural conformation - correlation with efficacy
- + Combination of epitope recognition
- + Idiotypic specific (Antibody drugs)
- + Avidity - synergy of the affinity sites
- + Specific assays for total, target-bound or free analyte
- Relative variability/imprecision - no internal standard
- Dependent on availability (and changes) of critical reagents
- Sensitive to structural changes
- Influence of anti-drug antibodies
- Time consuming assay optimization

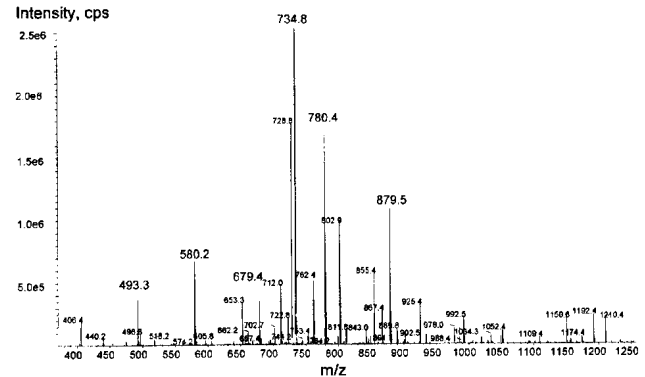




# Strengths and limitations

## Chromatography assays - LC-MS/MS

- + Quantitative assays
- + Good precision - use of internal standards
- + Relatively fast assay optimization
- Sensitivity
- Focused on primary structure and signature peptides - digestion
- Limited association between concentration and activity
- Sensitive to biotransformation of the parent drug
- Analysis of free drug only
- Production of internal standard

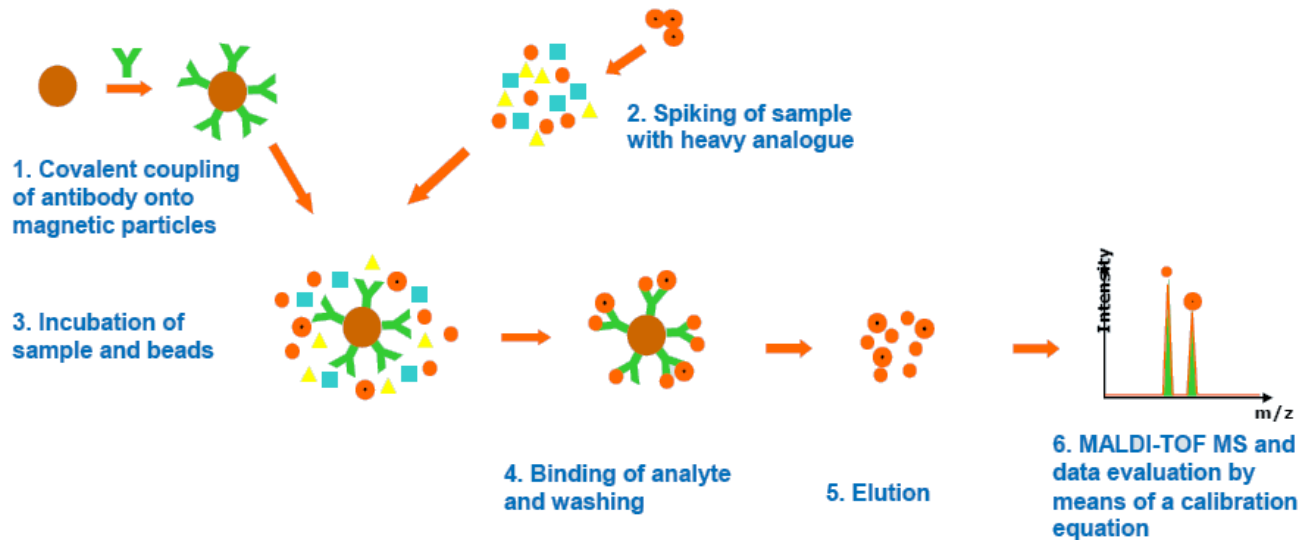


# Best of both worlds?

## Quantitative Immuno-MALDI-TOF MS

(K. Sparbier, et al.; Association of Biomolecular Research Facilities 2008, Salt Lake City, Utah)

- + Quantitative assay
- + Internal standard (precision)
- + Detection of structural epitopes
- Sensitivity
- Specific antibody reagents required

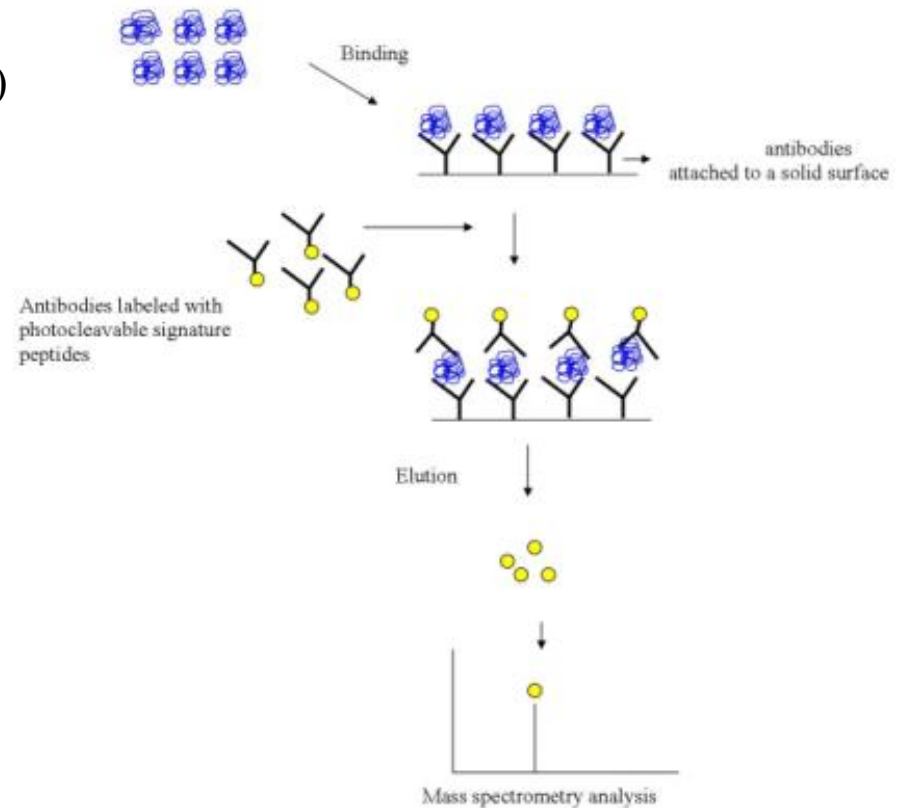


# Best of both worlds?

## Universal Immuno-MS method

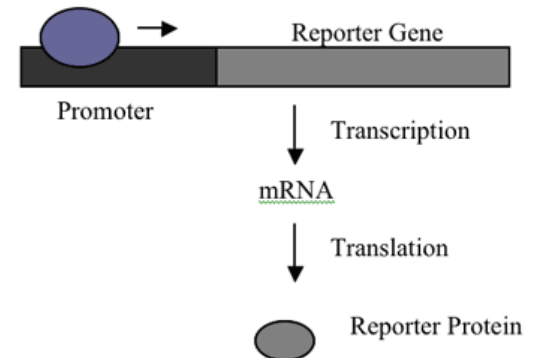
(Proteora; SciClips Open Innovation Vol. 1, 2009, page 2B)

- + Quantitative assay
- + No digestion or purification (precision)
- + Universal reagent
- + Detection of structural epitopes
- No internal standard
- Specific antibody reagents required



# Alternative methods

- Binding to target (circulating antigen, cells, receptors)
  - Immunoassays for total, bound and free analyte
  - Flow Cytometry (receptor binding assays)
- Potency assays → **investigating actual efficacy of the drug**
  - Classical cell based assays
  - Reporter gene expression
  - Establish PK profile based on elicited effect



# Regulatory requirements

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- Regulatory authorities actually *require* potency/efficacy assays for research of biosimilar drugs
- Examples of guidelines:
  - ICH Topic S6 - CPMP/ICH/302/95 - Focus on safety, biological activity and immunogenicity
  - EMEA/CPMP/3097/02 - Guideline on comparability of medicinal products containing biotechnology-derived proteins as active substances
  - FDA 21 CFR 610.10 - Regulatory requirement for determining potency - Unique to biologics!
- Focus on purity, safety and potency

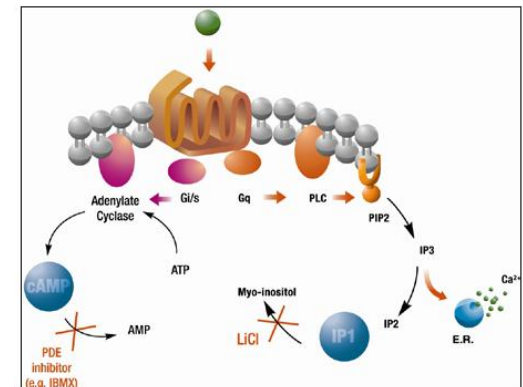
# Bioactivity assays

## Bioactivity/Potency methods

- Can be used for 'total' PK profiling
- Detect active biotransformations - alternations, modifications, metabolites with impact on bioactivity
- Useful for biocomparability studies
- Functional for neutralizing antibody detection

- + Relevance to drug bioactivity
- + Cell-based: binding + signal transduction
- + Normalized to internal standards and International Reference standards

- Less sensitive than LBAs
- Relatively more variable



# Bioactivity of isomers

## Antiviral potency of monopegylated Interferon alpha-2a (PEGASYS)

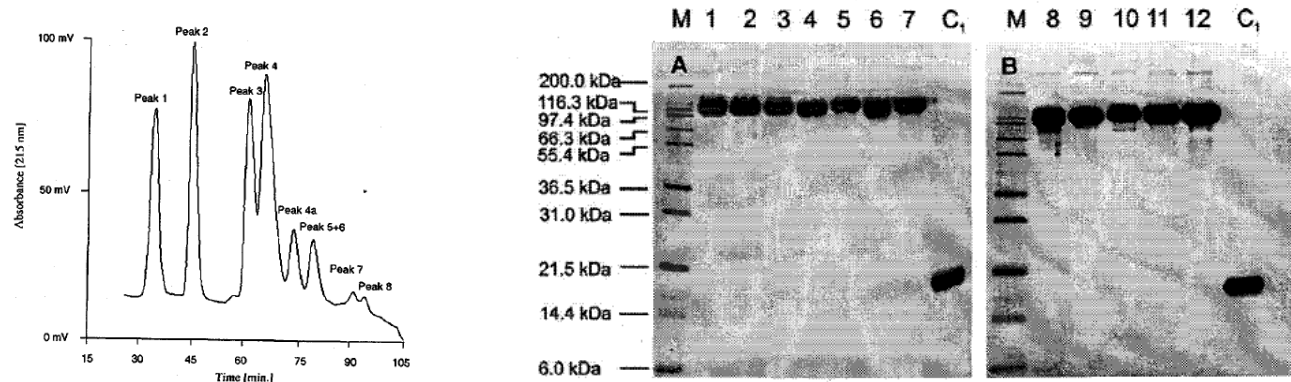


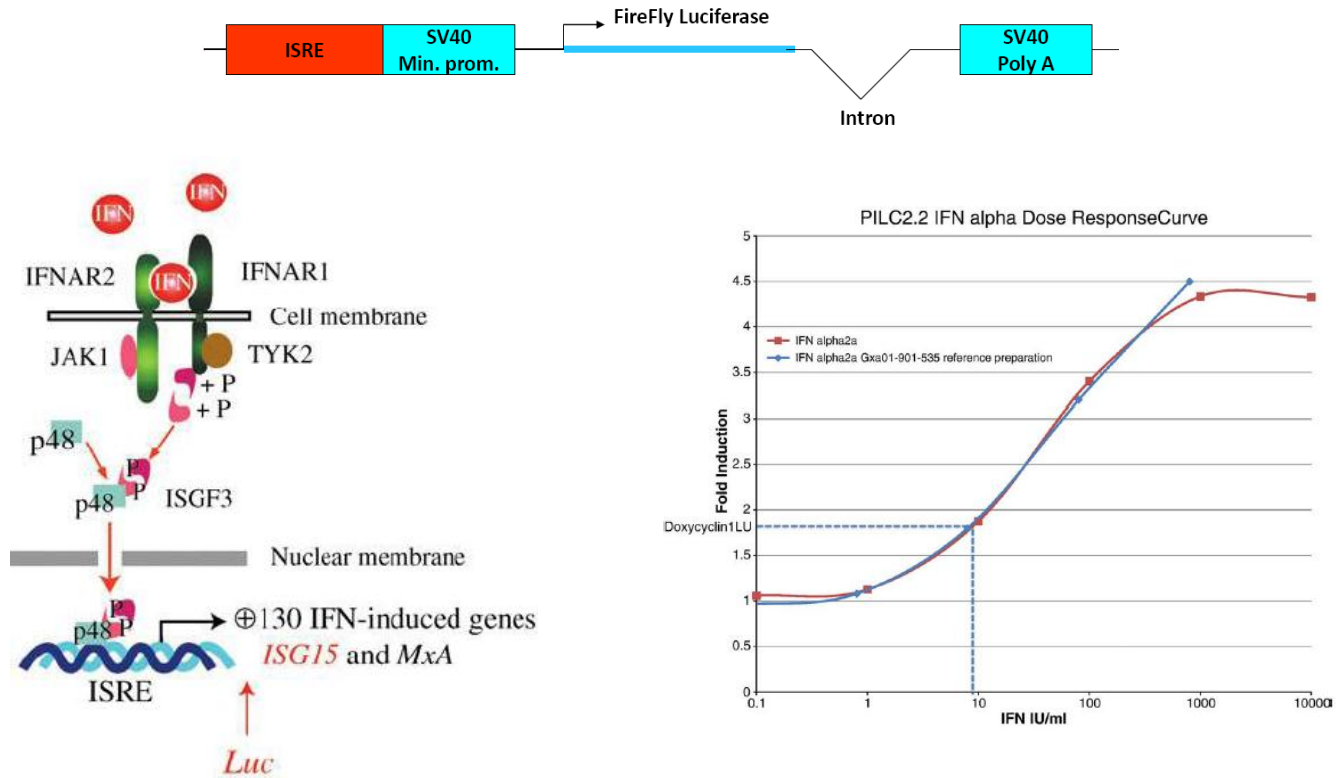
Fig. 1. Analytical IEC-HPLC of 180 µg PEG-IFN.

### Identified PEG-peptides and the antiviral activities of individual positional isomers

	Identified PEG sites in peptide map			Antiviral activity
	PEG site	Missing peaks	Sequence	U/µg
PEG-IFN				1061 ± 50
Peak 1	K31	A, E	24-49	1818 ± 127
Peak 2	K134	I, I'	134-164	1358 ± 46
Peak 3	K131	C	122-131 <sup>a</sup>	761 ± 97
Peak 4	K121	B, C	113-131	339 ± 33
Peak 4a	K164	<sup>b</sup>	134-164 <sup>a,b</sup>	966 ± 107
Peak 5	K70	D, F	50-83	600 ± 27
Peak 6	K83	D, H	71-112	463 ± 25
Peak 7	K49	E, F	32-70	513 ± 20
Peak 8	K112	B, H	84-121	468 ± 23

# Reporter gene technology

Reporter gene Potency assay for Interferon alpha: PK and NAb assays



Ch. Lallemand et al., J Immunol Meth 356 (2010), 18-28

K. Bendtzen, J Interferon & Cytokine Research, Vol 30 (2010), 759-766



# Recommendations

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## Recommendations for PK assays for biologics:

- Bioactivity/Potency assays - activity-based PK profile
- Receptor binding assays - target bound drug
- Immuno-MS - structural epitopes + internal standard
- Immunoassays (LBA) - structural epitope recognition
- LC-MS/MS assays - precision through internal standard



**Thank you!**

**You have so much  
potency!**