

2nd EMA Workshop on Biosimilar Monoclonal Antibodies, 24 October 2011

Session 4.3: Immunogenicity of mAbs
*«Risk based approach – What are the risk
factors»*

Innovator Industry Presentation

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Immunogenicity Assessment of Monoclonal Antibodies Using a Risk-Based Approach

On behalf of EBE, we consider unwanted immunogenicity of mAbs to be an important clinical concern and appreciate the opportunity to participate in the development of this guideline

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Risk-Based Immunogenicity Assessments

- EBE welcomes a clinical risk-based approach
 - Which should be applied for each novel and biosimilar mAb
 - Each indication may require a separate risk assessment
- Likelihood of an immune response is related to product, process and patient specific risk factors; unique risk factors for mAbs include:
 - More micro-heterogeneity than other biologics
 - Higher dosing and longer half-life, therefore, significant exposure to low level product variants and process impurities can occur
 - Idiotypes that may appear foreign to the immune system
- Severity of an immune response is often limited to loss of efficacy and/or hypersensitivity; unique risk factors for mAbs include:
 - Immune complex formation in the presence of high drug and anti-drug antibody (ADA) concentrations which leads to enhanced clearance and/or adverse events
 - ADA cross-linked mAbs may induce unexpected agonistic or antagonistic activity

Perceived Risk Drives the Extent of Clinical ADA Testing and Characterization

- Appropriate methods and sampling strategies should be used to detect ADA responses in studies where high drug concentrations are expected
- Impact of ADA on PK, PD and efficacy may be used as a surrogate for neutralizing activity in some circumstances
- Drug-specific IgE assays may be needed if allergic reactions are observed and there is an identified potential for hypersensitivity
- Post-authorization monitoring of ADA (and potential impact) may be necessary if pivotal studies are not adequately powered for rare events

Other Recommendations for Clarification in Final Guidance Document

- Immunogenicity strategy may be different for biosimilar mAbs
 - Primary goal is to establish similarity with sufficient clinical data pre-approval, acknowledging that post-authorization monitoring may also be necessary
 - Data should be generated in a direct comparison of innovator and biosimilar mAbs using state-of-the-art assays and appropriate sampling
 - Extrapolation considerations should include a risk-based assessment, however, more experience is necessary to validate this approach
- Immunogenicity strategy may be different for mAb analogues
 - Fc-fusions, mAb conjugates, mAb fragments and mAbs with multi-functional domains may require ADA epitope characterization and/or multiple assays to define binding and neutralizing activities
- Sponsors should determine whether to conduct *in silico* / *in vitro* T cell assays to predict immunogenicity potential, since they are not yet clinically validated

Immunogenicity Risk Based Approach Summary

- EBE welcomes a risk-based approach for immunogenicity assessment of mAbs, acknowledging:
 - Likelihood risk factors are predominantly related to product, process and patient, but also include extensive micro-heterogeneity of mAbs and high circulating drug levels
 - Severity risk factors are predominantly loss of efficacy and hypersensitivity, but also include unexpected activity due to cross-linking and enhanced clearance due to immune complex formation
 - Post-authorization monitoring may be necessary in some cases
 - Assessment of neutralizing potential and allergic reactions requires careful consideration of assay capabilities
- Clarification is requested for:
 - Differences in strategy for biosimilars and novel mAb-based analogues
 - Whether it is a choice or a requirement for the sponsor to conduct immunogenicity prediction assays