

# Lokalisering av din kliniska prövning

## “Biopharmaceuticals”

Karin Sewerin, NDA Regulatory Service

SwedenBIO Clinical Trials Day

2 oktober 2008

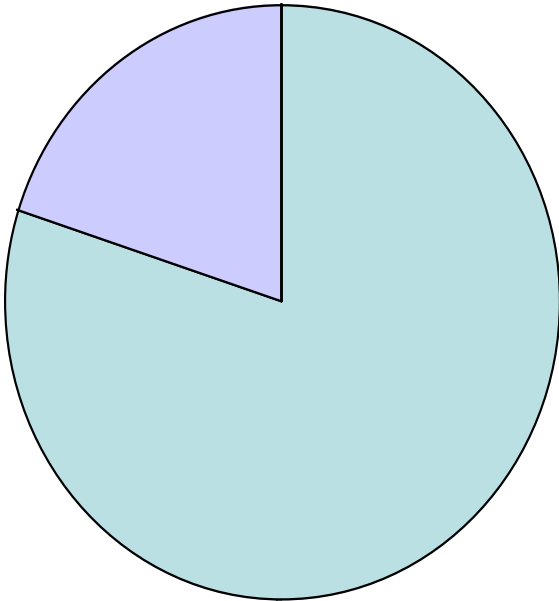
# Presentation Outline

- Strategy for Biopharmaceuticals
- Risk factors
  - Transition from non-clinical to clinical trials
  - Immunogenicity
  - Biosimilars

# The Biotech Industry

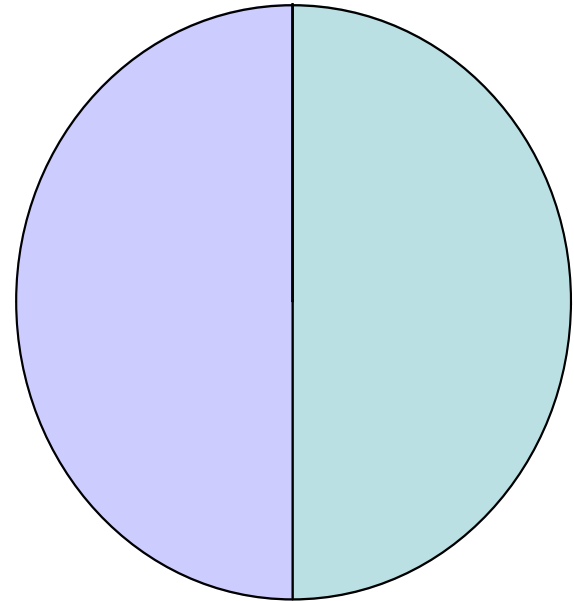
Products on the Market

Biotech 20%



Products in Development

Biotech 50%



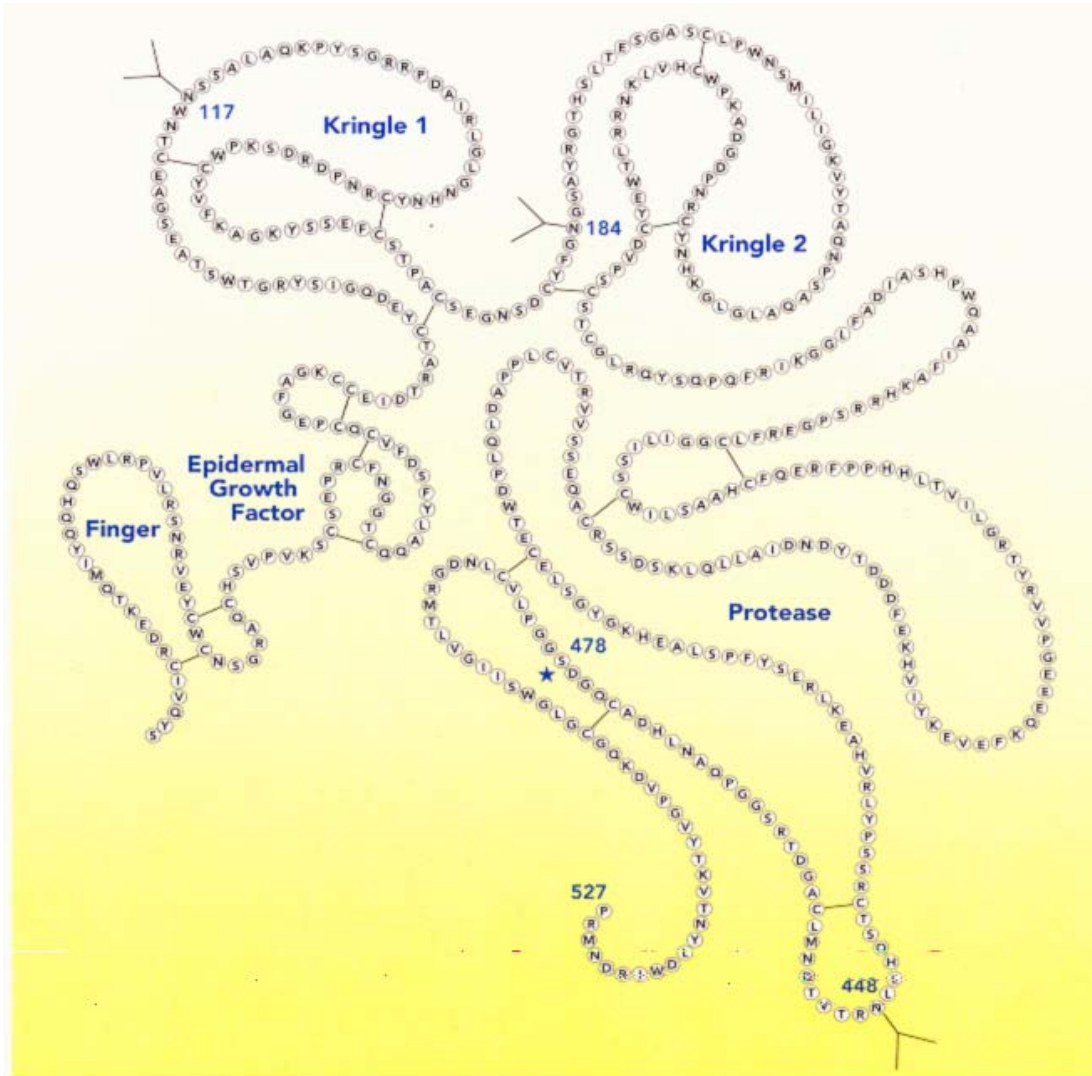
# Biotech Products in Development

AIDS/ HIV infections etc	22
<b>Autoimmune disorders</b>	44
Blood disorders	10
<b>Cancer and related conditions</b>	210
Cardiovascular diseases	22
Diabetes and related conditions	15
Digestive disorders	14
Eye conditions	6
Genetic disorders	9
Growth disorders	4
<b>Infectious diseases</b>	50
Neurologic disorders	17
Respiratory disorders	13
Skin disorders	7
Transplantation	4
Other	18

# Evolution of Protein Therapeutics

1985		1990		1995		2000		2005
Hormones – <i>E coli</i> hGH, Insulin		Activase, Epo – <i>Mammalian cell</i>		Chronical treatment Enbrel, Remicade		Monoclonal antibodies Rituximab, Herceptin...		
<b>Replacement Therapy</b> Acute				<b>Disease Intervention and Treatment</b> Chronical				

# Example of Design: tPA to TNK



## Changes:

- T103N
- N117Q
- KHRR296-299AAAA

## Result of product redesign:

- Biological activity the same
- Prolonged T1/2
- Increased specificity for fibrin

# Transition from non-clinical to clinical studies

- TGN1412 - TeGenero
  - Protein type: Monoclonal antibody (IgG4)
  - Indication: B-cell chronic lymphocytic leukemia
  - Non-clinical: “Safe”
  - Phase 1 : 8 volunteers (6/2)
    - 1/500 of safe dose in animals
  - Serious adverse Event:
    - Systemic Inflammatory Response/  
CytokineReleaseSyndrome

# Investigation of TGN1412

- No dosing error
- No formulation issue
- No contamination
- An unpredicted biological effect NOT seen in the adequate non-clinical studies

# Recommendation based on TGN1412

- Special considerations in the Transition between non-clinical and first in man (FIM) phase 1
  - Biologic with novel mechanism of action
  - New agents with a highly species-specific action
  - Drugs towards the immune system targets

# Immunogenicity

- Most biopharmaceuticals induce antibodies
- The immune system can detect alterations in products missed by analytical methods
- Immunogenicity of biopharmaceuticals may have serious clinical consequences
- Two mechanisms
  - Reaction to foreign proteins
  - Breakdown of immune tolerance

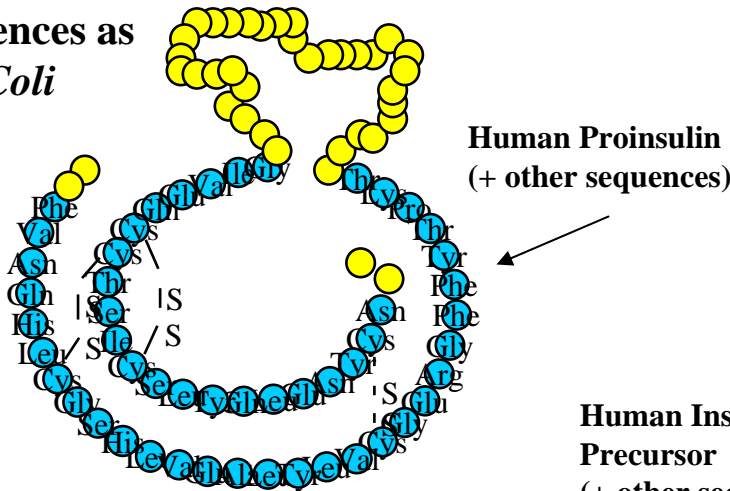
# Different potential for immunogenic impurities

## Eli Lilly & Co:

Expression system: *E. Coli*

Expressed molecule:

- Pro-Insulin (35 AA bridge)
- + Leader sequence
- + other sequences as needed in *E. Coli*

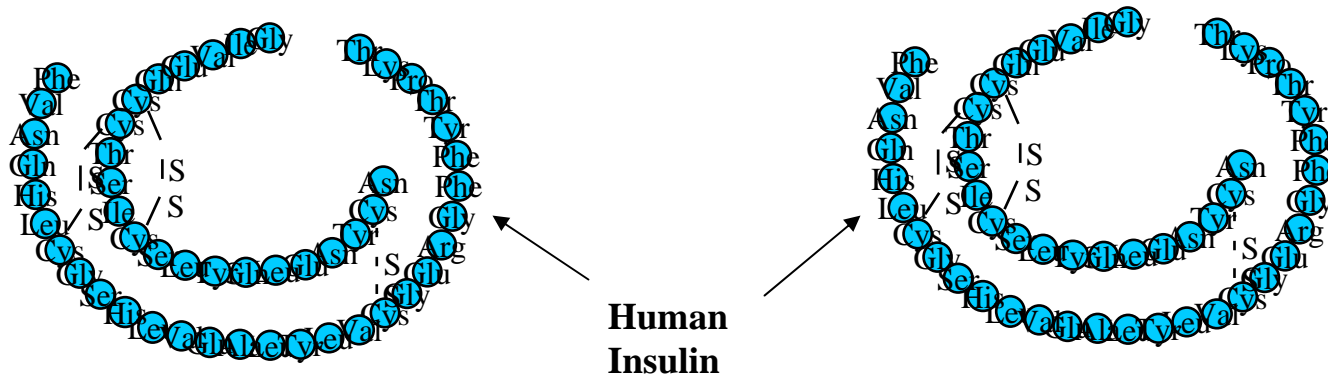
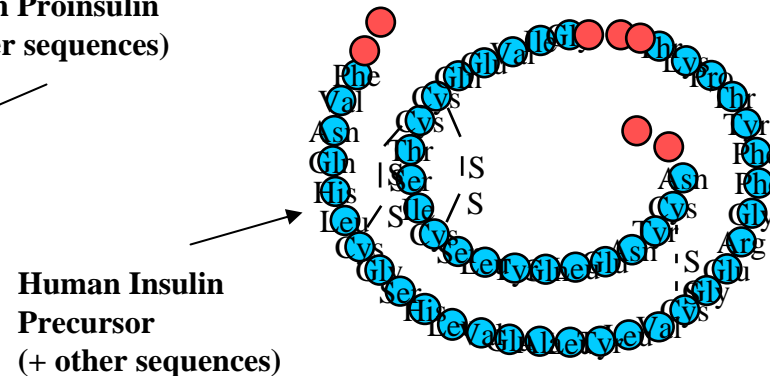
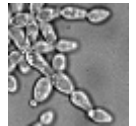


## Novo Nordisk:

Expression system: *S. Cerevisiae*

Expressed molecule:

- Insulin precursor (3 AA bridge)
- + Leader sequence
- + other sequences as needed in *S. Cerevisiae*



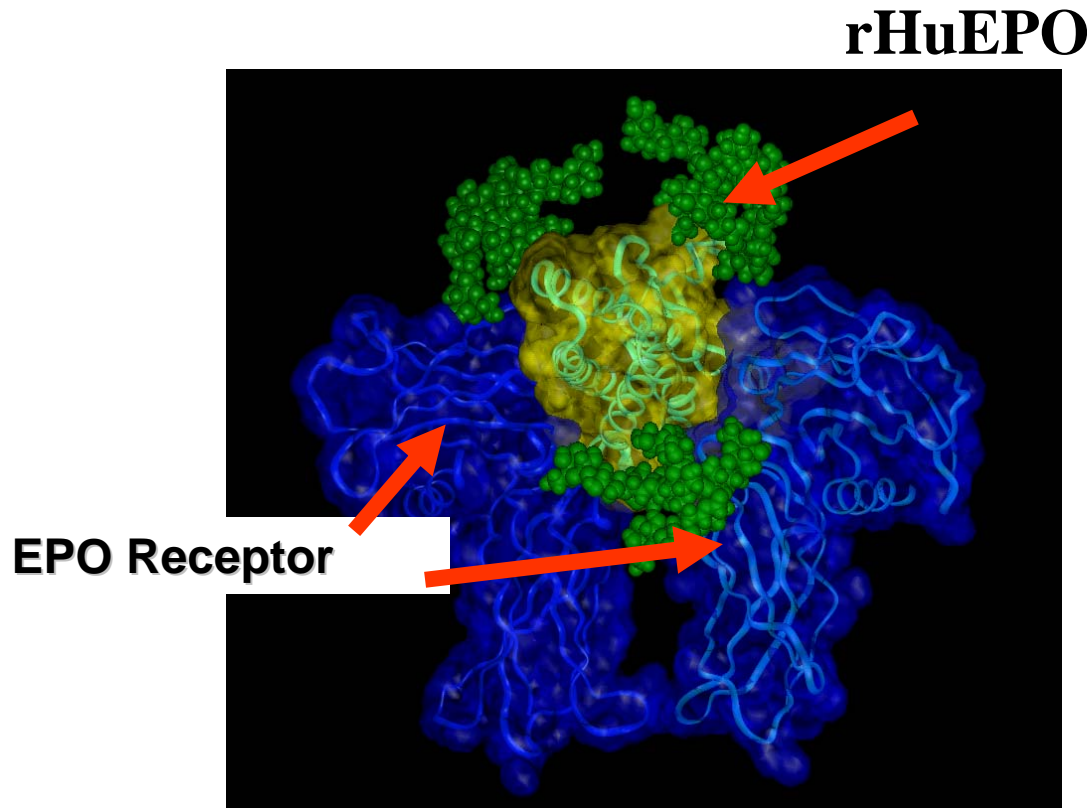
# Consequences of formation of antibodies

- Loss of efficacy
  - FVIII, Interferon, Insulin, G-CSF/IL3...
- Enhancement of efficacy
  - Growth hormone
- Neutralization of native protein
  - MDGF, EPO...
- General immune effects
  - Allergy, Anaphylaxis, etc

# Other factors influencing immunogenicity

- Route of administration
  - S.c.>i.m.>i.v.>local
- Type of disease
- Genetic background of patients
  - MHC?
  - Hemophilia
- Unknown factors

# Case Study: Erythropoietin



Several innovator products  
Multiple copies in some  
regions of world

Clinical use:

- Correction or prevention of anemia
- Renal disease
- Chemotherapy induced anemia
- Pre-donation
- Pre-surgical
- Pediatric

Adapted from: Elliott et al. 2003  
Nature Biotechnology 21: 414-421.

# EPO-induced PRCA

## The New England Journal of Medicine

---

Copyright © 2002 by the Massachusetts Medical Society

---

VOLUME 346

FEBRUARY 14, 2002

NUMBER 7



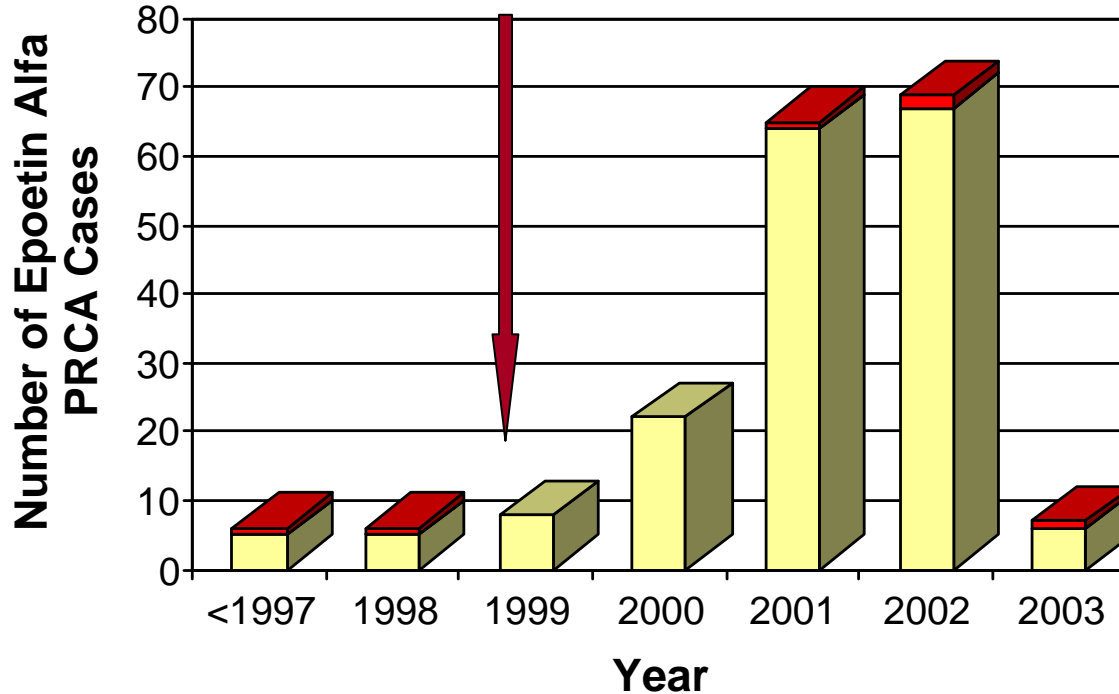
---

### PURE RED-CELL APLASIA AND ANTIERYTHROPOIETIN ANTIBODIES IN PATIENTS TREATED WITH RECOMBINANT ERYTHROPOIETIN

NICOLE CASADEVALL, M.D., JOELLE NATAF, M.D., BÉATRICE VIRON, M.D., AMIR KOLTA, M.D.,  
JEAN-JACQUES KILADJIAN, M.D., PHILIPPE MARTIN-DUPONT, M.D., PATRICK MICHAUD, M.D., THOMAS PAPO, M.D.,  
VALÉRIE UGO, M.D., IRÈNE TEYSSANDIER, B.S., BRUNO VARET, M.D., AND PATRICK MAYEUX, Ph.D.

# Epoetin Alfa PRCA Cases - Neutralizing of native protein

Removal of human serum albumin stabilizer from epoetin alfa (outside USA)

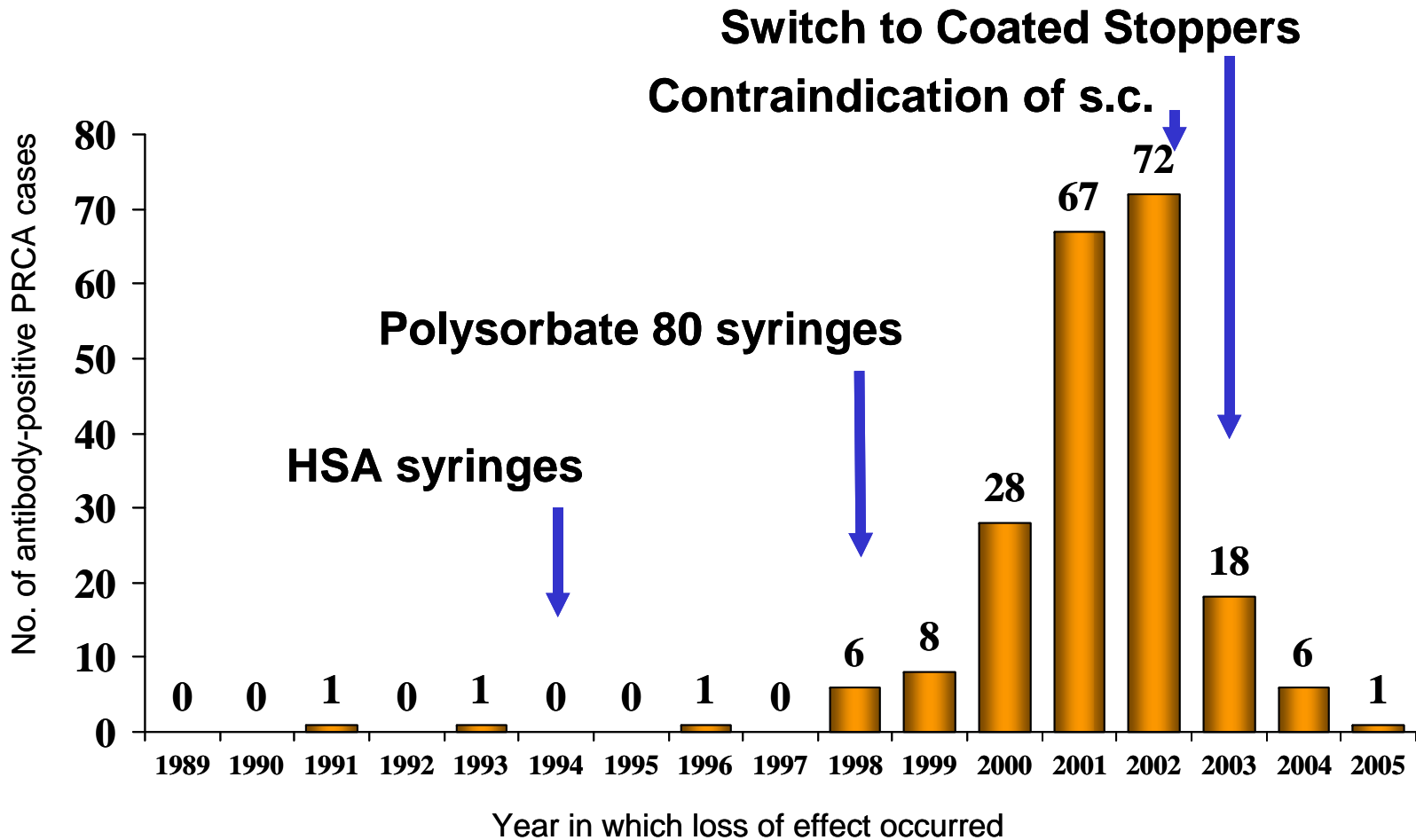


As of Sept.  
2003

■ EPO alfa (Eprex®) outside USA ■ EPO alfa (Epogen®/Procrit®) in USA

Johnson & Johnson Pharmaceutical Research & Development LLC. Summary of PRCA case reports.  
Available at: [http://www.jnj.com/news/jnj\\_news/1021024\\_095632.htm](http://www.jnj.com/news/jnj_news/1021024_095632.htm). Accessed December 15, 2003.

# Reporting of PRCA Correlates with the 1998 Formulation Change in EPREX



From Dr. A. Thomas (2006)

# Factors potentially contributing to the immunogenicity of Eprex<sup>®</sup>

- Formation of micelles associated with Epo  
(Hermeling et al, 2003)
- Tween 80-epo interaction  
(Bruce Kerwin, 2004)
- Silicon droplets in the prefilled syringes
- Leachates from rubber stoppers
- Mishandling

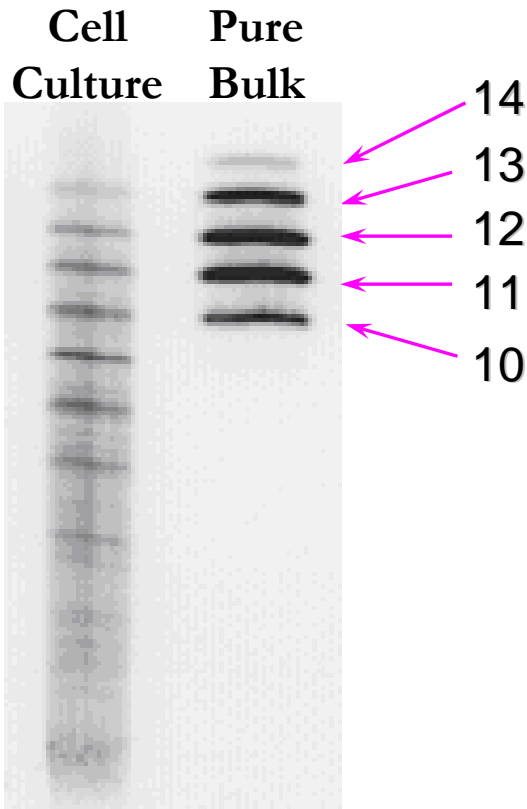
Why is Clinical Testing  
Necessary?

What Clinical Testing is  
Necessary?

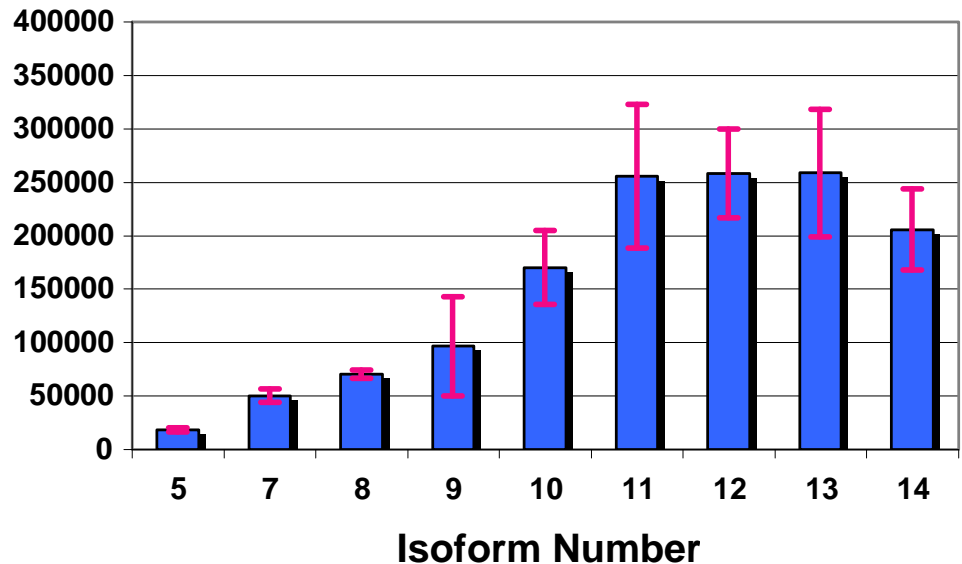
Similar Efficacy and Safety

# EPO is a heterogeneous mix of charged forms

Isoelectric Focusing: epoetin alfa product is subfraction of cell culture isoforms



*In-vivo* Bioactivity



# What looks the same may be different

IEF pattern and sialic acid content of the two EPOs are very similar

... but the biological activity is very different

The carbohydrate structures of the two EPO isoforms are different

huEPO - 1

huEPO - 2



8  
7  
6  
5  
4  
3  
2  
1



8  
7  
6  
5  
4  
3  
2  
1

isoform 2

isoform 2

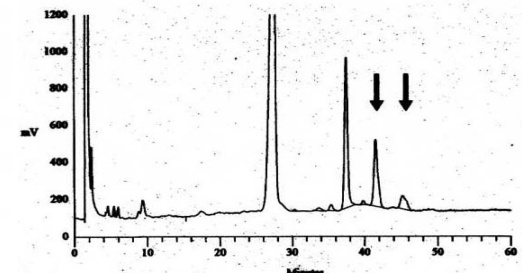
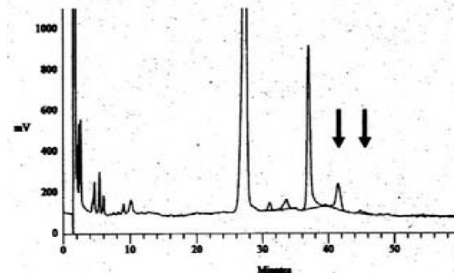
Sialic acid  
Activity  
(U/mg)

14.0

**226,000**

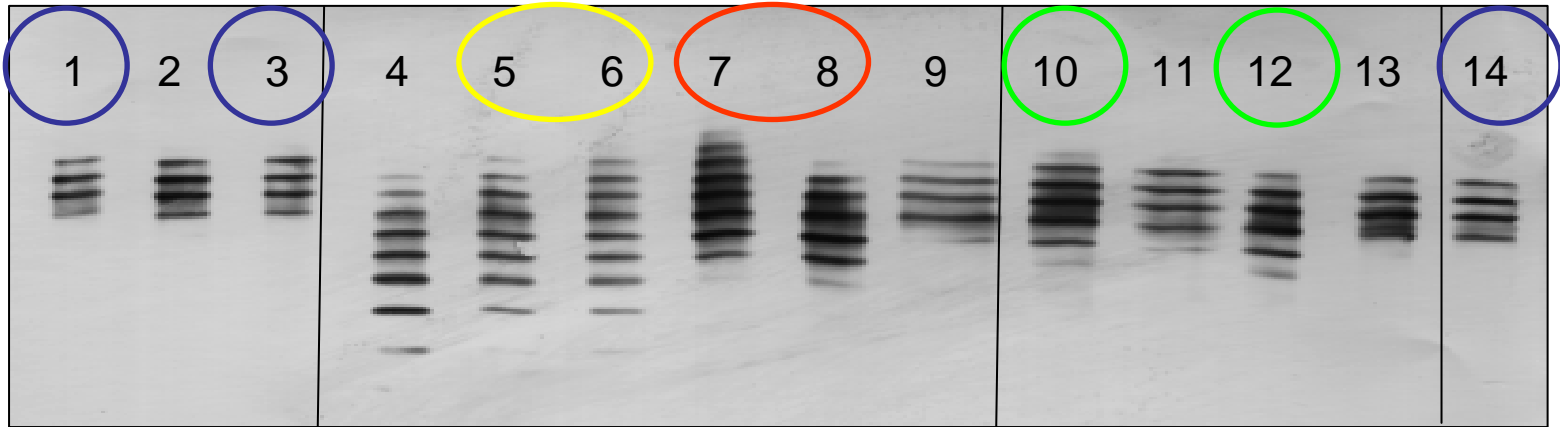
14.2

**400,000**



Adapted from Kresse  
(Burg, J. et al. 1998 PCT/EP/98/07876)

# Different cell lines and processing affect isoform distribution in the product



Lane number	Company
1	Amgen Epogen, 2K
2	rHuEPO #1, 2K
3	Amgen Epogen, 3K
4	rHuEPO #2, 3K
5	rHuEPO #3, 3K
6	rHuEPO #3, 3K
7	rHuEPO #4, 5K
8	rHuEPO #4, 5K
9	rHuEPO #5, 4K
10	rHuEPO #6, 4K
11	rHuEPO #7, 4K
12	rHuEPO #6, 10K
13	rHuEPO #8, 10K
14	Amgen Epogen, 10K

Isoform distribution of rHuEPO determined by IEF-Western Blots

# Regulation – views and definitions

## Generic Products

- ”Approval based on abbreviated testing and/or filing scheme”
  - The application is based on knowledge (published or comparative testing) of a previously approved (innovator) product.
    - Biochemical testing
    - Clinical testing – bridging studies, PK trials

## Biosimilars

- Challenge is to demonstrate that the quality, safety and efficacy of the biosimilar product is comparable to those of innovator products

# Conclusion

- Biopharmaceuticals increased volume of new medicines on the market
- Careful in transition from non-clinical to clinical studies, due to species-specificity
- Immunogenicity can have serious clinical consequences
  - It is not yet possible to fully predict the induction of antibodies
  - The relative immunogenicity of therapeutic proteins can only be evaluated in clinical studies