

ADA Assay Life-Cycle Management During Clinical Development

A Case Study

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- **Asset Background/Program Overview**
- **Immunogenicity Risk Assessment**
- **Evaluation of 1st Generation ADA Assay**
- **Development of 2nd & 3rd Generation ADA Assays**
- **Summary of 3rd Generation ADA Assay**
- **Integrated Immunogenicity Summary**

➤ **Biologic:**

Fully human mAb

➤ **Administration:**

IV multiple dose

➤ **Therapeutic area:**

Oncology (multiple indications)



Immunogenicity Risk Assessment

| | | | | | |
|-------------------------|------------|-----------------------|-----------|--------------|---------|
| Degree of Foreignness | Low | Medium | High | | |
| “Endogenous” version | Low | Medium | High | | |
| Target | Soluble | Cell Surface Receptor | | | |
| Production | Mammalian | Bacterial | | | |
| Impurities | Low | High | | | |
| Aggregation | Low | Medium | High | | |
| Dosing Frequency | Single | Multiple | Chronic | Intermittent | |
| Dosing amount | Very High | Low -Average | | | |
| Route of Administration | Oral | i.v. | i.p. | s.c. | Inhaled |
| Clearance ($t_{1/2}$) | Fast | Slow | | | |
| Patient Immune Status | Suppressed | Normal | Activated | | |

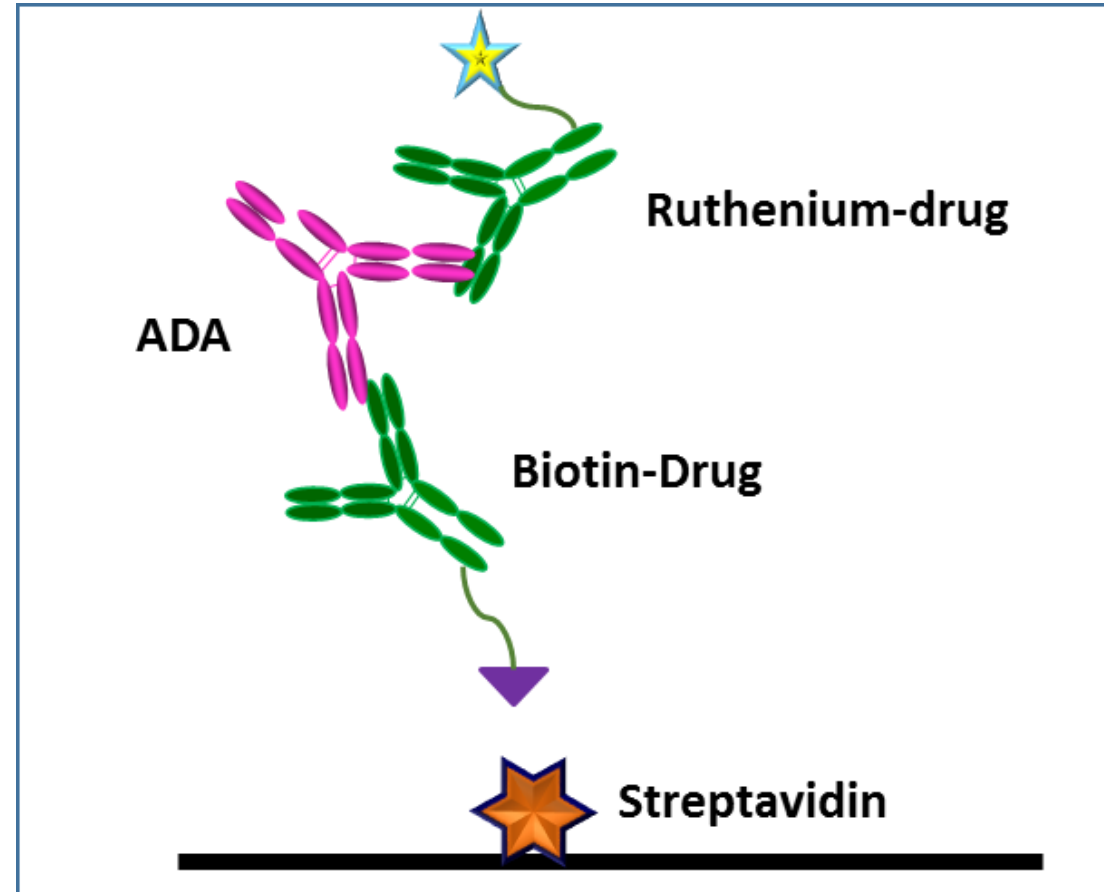
➤ **Assay suitability:**

The ability to detect biologically meaningful levels of ADA in the presence of competing amounts of the biologic.

➤ **ADA Assays for Early Clinical Development:**

- **FIH (Ph1b)**
 - **ADA assay used a screen tier with cut-point (CP) = 1.5*negative control**
 - **Data reported as “potentially positive” or negative**
- **Study A (Ph1b/2a)**
 - **ADA assay used 3-tiered testing (1st generation assay)**
 - **Tier 1 CP and Tier 2 Confirmatory CP established with disease state individuals**

- **Format: bridging ECL**
- **3-Tiered testing for ongoing studies :**
 - **Screening assay:** based on a statistically defined cut point (CP) at 95%
 - **Confirmatory/Specificity assay:** based on a statistically defined specificity/confirmation CP (CCP) at 99% (*latest FDA guidance 99.9%*)
 - **Titer:** the reciprocal of the largest dilution which produces a response above a predefined CP

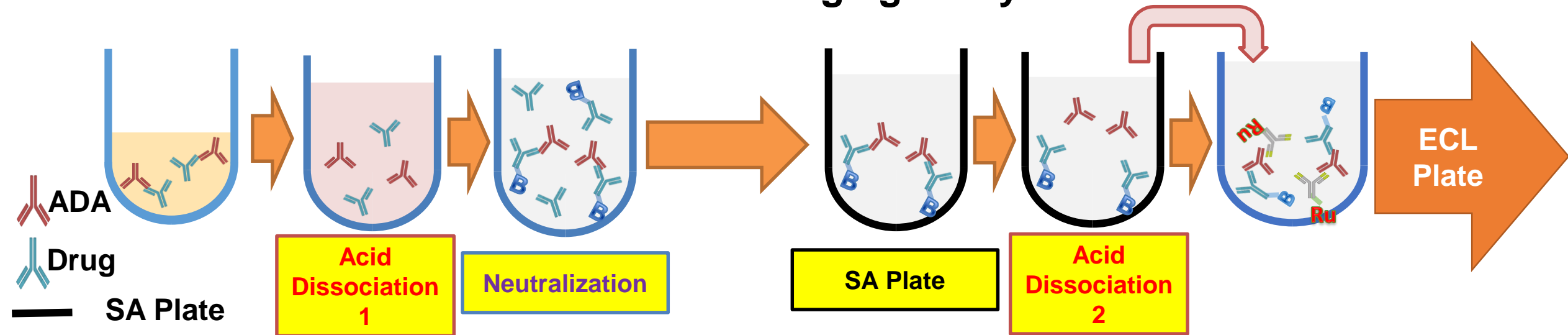


- **Gaps in IMG assessment:**
 - **Poor Drug Tolerance (DT, 1 µg/mL drug at 250 ng/mL ADA)**
 - **C_{min} at steady state as high as 189 µg/mL of drug**
 - **[drug] at 100-day Follow Up greater than assay DT**
- **Clinical relevance:**
 - **No apparent drop in Cmin or Cmax at steady state**
 - **No apparent association of immunogenicity and infusion related reactions**

- **Mitigation provided to clinical team:**
 - **Develop 2nd generation ADA assay with targeted DT
~ 150 µg/mL drug**
 - **Place all ADA analysis on-hold while improved assay is developed**
 - **Samples from on-going study A would be analyzed / reanalyzed using the new method**

➤ 2nd Generation:

- **Solid Phase Extraction / Acid Dissociation (SPEAD)**
 - capture of biotinylated drug/ADA complexes on **streptavidin solid phase**
 - dissociation of ADA from solid phase by acid dissociation
 - Detection of ADA in ECL bridging assay



Development of 2nd Generation ADA Assay

| ADA Sensitivity (ng/mL) | [Drug] Tolerance ($\mu\text{g/mL}$) | |
|----------------------------|---------------------------------------|-------------------------|
| | 1st Generation ECL | 2nd Generation SPEAD |
| 250 | 1 | 12.5 |
| 2000 | 10 | 60 |

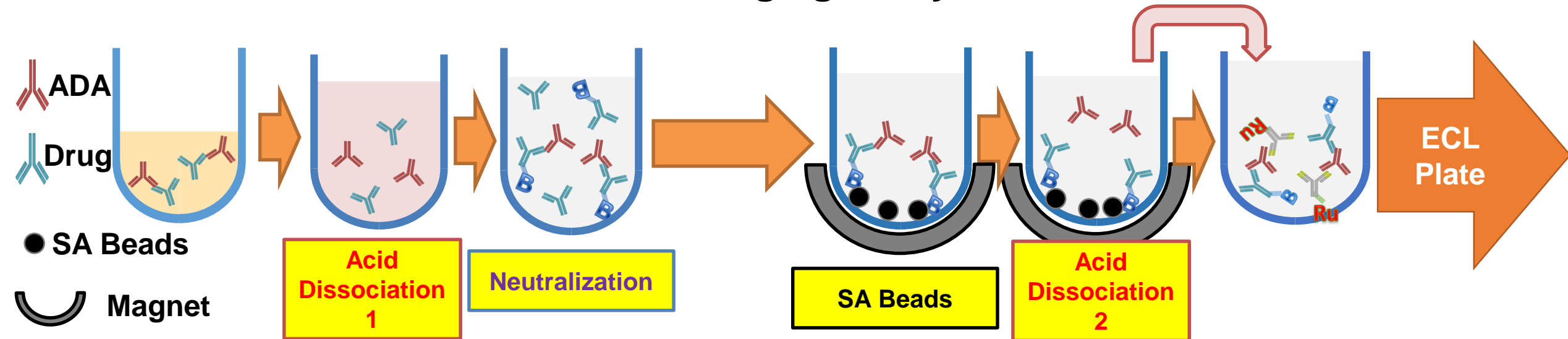
➤ 2nd Generation:

- Used for ADA analyses for 2 studies (A and B), as team needed immunogenicity data for (Annual Investigator Brochure & IND report filing)
- Marked improvement in DT over original assay, but not sufficient to address requirements

- **Mitigation provided to clinical team:**
 - **Continue development of ADA assay (3rd generation)**
 - Further improve DT
 - Establish CPs for multiple tumor types
 - **All new studies' sample analysis remained on-hold**

➤ 3rd Generation:

- **Bead Extraction / Acid Dissociation (BEAD)**
 - capture of biotinylated drug/ADA complexes on **magnetic streptavidin beads**
 - dissociation of ADA from beads by acid dissociation
 - Detection of ADA in ECL bridging assay



Drug Tolerance Comparison Across the ADA Assays

| [Pos. Control] (ng/mL) | [Drug] Tolerance (µg/mL) | | |
|---------------------------------|--------------------------|----------------------------|---------------------------|
| | 1st Generation ECL | 2nd Generation SPEAD | 3rd Generation BEAD |
| 250 | 1 | 12.5 | 800 |
| 2000 | 10 | 60 | 1000* |
| *: highest concentration tested | | | |

3rd generation ADA assay implemented throughout the program moving forward

➤ Comparison of RLU's for Cancer Population 1, 2 & 3

| Cancer Population | n* | Mean (SD) RLU | Minimum, Maximum RLU |
|-------------------|----|---------------|----------------------|
| Population 1 | 20 | 173 (34) | 131, 250 |
| Population 2 | 20 | 187 (57) | 116, 310 |
| Population 3 | 20 | 160 (32) | 108, 229 |

*Assay results averaged over analyst for each donor sample. Individual outliers were excluded prior to averaging within each donor sample.

➤ **No mean difference in RLUs (p=0.15) supports the calculation of a combined CP**

- Comparisons of Percent Inhibitions for the 3 donor populations

| Cancer Population | n* | Mean (SD) % Inhibition | Minimum, Maximum % Inhibition |
|-------------------|----|---------------------------|----------------------------------|
| Population 1 | 20 | 45.6 (8.4) | 29.2, 63.4 |
| Population 2 | 20 | 42.0 (13.2) | 21.1, 67.7 |
| Population 3 | 20 | 37.7 (7.9) | 21.9, 52.4 |

*Assay results averaged over analyst for each donor sample. Individual outliers were excluded prior to averaging within each donor sample.

- **No overall mean difference in % Inhibition (p=0.06) supports the calculation of a combined CCP**

| Populations 1, 2 & 3 | n* | Mean (SD) RLU and Sample to NC ratio | Min. – Max. RLU and Sample to NC ratio |
|-------------------------|-----|--|--|
| In-study | 388 | 103 (22) 1.02 (0.18) | 63 – 175 0.67 – 1.57 |
| Pre-Study | 55 | 116 (23) 1.00 (0.19) | 88 – 187 0.76 – 1.62 |

*Outliers excluded

- **No overall mean difference in RLUs for the populations in - study (p=0.55) supports the calculation of a combined CP**
- **High degree of overlap from validation data to in- study data**

Integrated Immunogenicity Summary

| Study | Assay ID | # Subjects | ADA positive at Baseline | ADA positive Rel. to Baseline |
|-------------------------------|---------------------------|-------------|--------------------------|-------------------------------|
| | | | n (%) | |
| B | 2nd Gen | 243 | 7 (2.9) | 21 (8.6) |
| C | 3rd Gen | 109 | 8 (7.3) | 21 (19.3) |
| D | 3rd Gen | 181 | 9 (5.0) | 13 (7.2) |
| E | 3rd Gen | 251 | 18 (7.2) | 43 (17.1) |
| F | 3rd Gen | 101 | 11 (10.9) | 12 (11.9) |
| G | 3rd Gen | 107 | 3 (2.8) | 6 (5.6) |
| H | 3rd Gen | 288 | 10 (3.5) | 33 (11.5) |
| Combined (Studies B-G) | 3rd Gen | 1037 | 59 (5.7) | 128 (12.3) |
| Validation | 3rd Gen | 60 | 3 (5) | not applicable |

Immunogenicity has no clinically meaningful effect on the safety, efficacy, or pharmacokinetics, of the drug

- ***Safety: No observed association between ADA status and hypersensitivity or infusion site reactions.***
- ***Efficacy: ADA was not associated with loss of efficacy***
- ***Pharmacokinetics: The presence of ADA did not significantly alter PK.***



- ***Through the course of the program, ADA methodology evolved with the primary focus to improve drug tolerance***
- ***Mitigation consisted of re-analysis of in-study samples during Ph1, banking of samples and implementation of fit-for purpose validated assay***

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