



available at www.sciencedirect.com

Clinical Immunology

www.elsevier.com/locate/yclim



REVIEW

T-cell dependent immunogenicity of protein therapeutics: Preclinical assessment and mitigation



Vibha Jawa^a, Leslie P. Cousens^{b,1}, Michel Awwad^{c,2}, Eric Wakshull^d, Harald Kropshofer^e, Anne S. De Groot^{b,f,*}

^a Amgen, USA

^b EpiVax, USA

^c Pfizer, USA

^d Genentech, USA

^e Roche, Switzerland

^f University of Rhode Island, USA

Received 8 July 2013; accepted with revision 14 September 2013

Available online 25 September 2013

KEYWORDS

Quality-by-Design;
T cell;
Immunogenicity;
Cell-mediated immunity

Abstract Protein therapeutics hold a prominent and rapidly expanding place among medicinal products. Purified blood products, recombinant cytokines, growth factors, enzyme replacement factors, monoclonal antibodies, fusion proteins, and chimeric fusion proteins are all examples of therapeutic proteins that have been developed in the past few decades and approved for use in the treatment of human disease. Despite early belief that the fully human nature of these proteins would represent a significant advantage, adverse effects associated with immune responses to some biologic therapies have become a topic of some concern. As a result, drug developers are devising strategies to assess immune responses to protein therapeutics during both the preclinical and the clinical phases of development. While there are many factors that contribute to protein immunogenicity, T cell- (thymus-) dependent (Td) responses appear to play a critical role in the development of antibody responses to biologic therapeutics. A range of methodologies to predict and measure Td immune responses to protein drugs has been developed. This review will focus on the Td contribution to immunogenicity, summarizing

Abbreviations: Td, T-cell dependent, thymus dependent; T, thymus; ADA, anti-drug antibodies; Ti, T-cell independent; APC, antigen-presenting cells; HLA, human leukocyte antigen; MHC, major histocompatibility complex; TCR, T cell receptor; Treg, regulatory T cells; FVIII, factor VIII; nTregs, natural regulatory T cells; aTreg, adaptive regulatory T cells; iTreg, induced regulatory T cells; IEDB, Immune Epitope Database Analysis Resource; IC₅₀, 50% inhibitory concentration; ELISpot, enzyme-linked immunosorbent spot-forming; ELISA, enzyme-linked immunosorbent assay; CFSE, carboxyfluorescein succinimidyl ester; PBMC, peripheral blood mononuclear cells; ALN, artificial lymph node; ORG, unmodified original epitopes; FPX, recombinant Fc fusion protein; SFC, spot-forming cells.

* Corresponding author at: 146 Clifford Street, Providence, RI USA. Fax: +1 401 272 7562.

E-mail address: annied@epivax.com (A.S. De Groot).

¹ Denotes equal first-authorship.

² Present affiliation: Merrimack Pharmaceuticals, USA.

current approaches for the prediction and measurement of T cell-dependent immune responses to protein biologics, discussing the advantages and limitations of these technologies, and suggesting a practical approach for assessing and mitigating Td immunogenicity.

© 2013 The Authors. Published by Elsevier Inc. Open access under [CC BY-NC-ND license](#).

Contents

1.	Introduction	535
1.1.	The immunogenicity of protein therapeutics	535
2.	The central role of T cells in immunogenicity	537
2.1.	The T cell contribution to antibody responses	537
2.2.	T cell epitope stability and immunogenicity	537
2.3.	Td immunity to therapeutic proteins	538
2.4.	The role of central and peripheral tolerance to biologics	538
3.	Methods for predicting Td immune responses	538
3.1.	In silico T cell epitope-screening methods	538
3.2.	Strengths and limitations of in silico analysis.	539
3.2.1.	Antigen processing	539
3.2.2.	MHC affinity	539
3.2.3.	T cell phenotype	540
3.2.4.	Individual versus population-level predictions	540
3.2.5.	Post-translational factors	540
3.3.	HLA binding assays	540
3.3.1.	Competition binding assays	540
3.3.2.	Direct binding assays.	541
3.3.3.	Real-time kinetic measurements	541
3.4.	Strengths and limitations of HLA binding assays	541
3.5.	In vitro T cell assay methods for Td immunogenicity analysis.	541
3.5.1.	Measurement of T cell cytokine responses.	541
3.5.2.	T cell proliferation.	542
3.5.3.	Tetramers.	542
3.5.4.	Naïve T cell in vitro assays	542
3.5.5.	T cell assays using whole antigens	542
3.5.6.	T cell re-stimulation assays using “exposed” donors	542
3.5.7.	Reconstitution of T cell immune responses in vitro.	542
3.6.	Strengths and limitations of in vitro T cell assays for Td immunogenicity analysis	543
3.7.	Mouse models of in vivo Td immunogenicity of human therapeutic proteins	543
3.7.1.	HLA transgenic mice	543
3.7.2.	Humanized mouse models.	544
3.8.	Strengths and limitations of mouse models of in vivo Td immunogenicity	544
4.	Applied Td immunogenicity prediction	545
4.1.	In silico prediction supported by subsequent clinical data	545
4.2.	Clinical link between MHC class II haplotype and IFN- β immunogenicity	545
5.	Mitigation of T cell-dependent immunogenicity	546
5.1.	Deimmunization	547
5.2.	Tolerization	547
6.	Considerations: assessing immunogenicity of therapeutic proteins.	547
7.	Conclusion	548
	Conflict of interest statement	549
	References.	549

1. Introduction

1.1. The immunogenicity of protein therapeutics

Since the approval of the first recombinant biological therapeutic, insulin, in October 1982, more than 165 biotherapeutic

agents have entered the marketplace and have generated an estimated \$99 billion in sales worldwide [1–4]. Therapeutic biologics offer the advantages of increased specificity and reduced toxicity compared to small molecules. However, when administered to patients, these protein-based drugs have the potential to elicit immune responses that may directly impact drug safety, efficacy, and potency. For example, anti-drug

Download English Version:

<https://daneshyari.com/en/article/6087594>

Download Persian Version:

<https://daneshyari.com/article/6087594>

[Daneshyari.com](https://daneshyari.com)