

Innovative Preclinical Assessment Tools for Safety and Efficacy of Protein and Peptide **Therapeutics ... Of Peptides and P-ANDAS A Case Study of Taspoglutide** Brian J Roberts PhD¹, Aimee Mattei, MS¹, Pooja Hindocha, Frances Terry MPH¹, Lenny Moise PhD¹, Christine Boyle PhD¹, William Martin and Anne S. De Groot MD^{1,2}

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Abstract

- The US Food and Drug Administration (FDA) recently released a new draft guidance enabling generic manufacturers of peptide drugs to file an Abbreviated New Drug Application (ANDA) for synthetic peptide drug products.
- Manufacturers are required to show that their synthetic peptide product does not contain process-related impurities that increase the risk of immunogenicity that could result in the development of anti-drug antibodies compared to the Reference Listed Drug (RLD)
- In response to the FDA's draft guidance, EpiVax has developed an innovative multi step protocol for the assessment of generic peptide drugs and their impurities that we call the Peptide Abbreviated New Drug Application or PANDA.
- Taspoglutide is a glucagon-like peptide-1 agonist used for the treatment of type 2 diabetes. In 2010, phase III clinical trials were stopped due to hypersensitivity reactions and GI side effects.
- Follow up analysis identified several manufacturing related peptide impurities believed to result in the observed hypersensitivity in an HLA-dependent manner. Retrospective analysis by EpiMatrix was able to predict increased immunogenic risk of duplication impurities that could contribute to increased risk in HLA DR7 and DR11.

PANDA Process Overview

Synthesis of Baseline Sequence **MUNU** CSNDSTCVDGKDSQEDHKDQTYPRTNTGSGTP C4 C3 C2 C1 N-term 🗸

First cycle CSNLSTCVLGKLSQELHKLQTYPRTNTGSG-P Second cycle CSNUSTCVUGKUSQEDHKUQTYPRTNTGS-TP Third cycle CSNDSTOVDGKDSQEDHKDQDYPRTNTG-GTP

- What if Machine (WhIM)
 - The What if Machine (WhIM) that mimics the process of synthesizing polypeptide drug products and records all possible product impurities created through known failures in the synthesis process.
 - Each identified impurity is scored for putative T cell epitope content (EpiMatrix) and cross conservation with the human proteome (JanusMatrix).
 - Impurities are weighted based on assumed probability of occurrence.
 - The WhIM currently models simple deletions, amino acid insertions (shown here), β -Alanine insertions and β -Alanine + amino acid insertions



Last cycle C-NLSTCVLGKLSQELHKLQTYPRTNTGSGTP CSNLSTCVLGKLSQELHKLQTYPRTNTGSGTSP



EpiVax's Expert Opinion on the Human Immune Response to RLD vs New Drug Candidate Synthetic Peptide Equivalent

Peptide Abbreviated New Drug Application

Epitope Prediction by EpiMatrix



- EpiMatrix excess and shortfall in predicted aggregate immunogenicity relative to a random peptide standard
- EpiMatrix Cluster Scores above ten are comparable to those of known promiscuous Class II epitopes, commonly used as positive controls in T cell assays and included for reference on the above side of the scale
- EpiVax uses EpiMatrix to predict T cell epitopes
 - EpiVax predicts both class I and class II HLA binding
 - HLA binding is a prerequisite for immunogenicity
 - Full suite of HLA-based predictions are available



CSNLSTCVLGKLSQELHKLQTYPRTNTGSSGTP

ECSNUSTCVUGKUSQEDHKUQTYPRTNTGSGSTP

<u><u><u>u</u> CSNUSTCVUGKUSQEDHKUQTYPRTNTGSSGTP</u></u>



Graphic for illustration purposes only

Roche

Taspoglutide Case Study

Roche

C4 C3 C2 C1

C4 C3 C2 C1

C4 C3

Serious Systemic Hypersensitivity: Side Products of Chemical Peptide Synthesis



Scenario 1: Binder \rightarrow Non-binder



Hypersensitivity: Root Cause Analysis HLA Typing









EpiMatrix Cluster Detail Report TASPOGLUTIDE Sequence: 26_ENDO-LYS34_HGLP-1 Cluster: hobicity Z-Score Z-Score Z-Score Z-Score Z-Score

Valine33 Duplication

EpiMatrix Cluster Detail Report File: TASPOGLUTIDE Sequence: 25_ENDO-VAL33_HGLP-1 Cluster: 7



- EpiVax tests for binding potential to the most common HLA molecules within each of the "supertypes"* shown to the left.
- This allows us to provide results that are representative of >95% of human populations worldwide** without the necessity of testing each haplotype individually.

HLA Class II Binding Assay



HLA-Class II Binding Assay

- Peptides that are predicted to bind HLA are synthesized and assayed over a range of 7 concentrations, allowing for the generation of an IC50 value which provides information about the relative binding affinity of the peptide.
- Peptides are incubated overnight with soluble HLA
- and a biotin labeled competitor of moderate affinity. On day 2, the reaction is halted and the mixture is transferred to a plate coated with a pan anti-HLA antibody.
 - On day 3, plates are developed by the addition of streptavidin-Europium and fluorescence is measured.

<u>In Vitro Immunogenicity Protocol (IVIP)</u>



IVIP Assay

- The ability of the test article (new Generic and impurities) and the RLD to stimulate a *de* novo T-cell response is compared to several controls including HSA (protein neg control), KLH (protein positive control) and a CEFT (peptide pool positive control).
- 14 days post exposure, cells are harvested and plated into pre-coated IFN_Y ELISpot plates. Cells are restimulated and incubated



-rame		Frame	Hydro-					DRB1*0801		DRB1*1301		Hits	Different from baseline (Y/N)	Neo-
Start 7	Sequence	Stop 15	-0.91	Z-Score -1.99	Z-Score	Z-Score	Z-Score	Z-Score -1.08	Z-Score -2.78	Z-Score -1.96	Z-Score	0	•	•
-	HAEGTFTSD	15							-2.78		-0.12	0	N	0
8	AEGTFTSDV		-0.09	-0.09 -0.21	-0.87 -1.72	0.00 0.18	0.58 -1.31	-0.91 -1.13	-0.48	-0.13	-0.12	0	N	0
9	EGTFTSDVS	17	-0.38							-0.99		-	N	0
10	GTFTSDVSS	18	-0.08	-0.39	-0.58	0.57	-0.48	-0.16	-0.94	0.24	0.31	0	N	0
11	TFTSDVSSY	19	-0.18	-0.64	0.20	-0.54	-0.54	-1.85	-0.99	-0.23	-1.58	0 5	N	0
12	FTSDVSSYL	20	0.32	2.29	2.83	2.55	2.27	1.52	0.92	1.60	1.75		N	0
13	TSDVSSYLE	21	-0.38	-0.89	-0.84	-0.61	-0.36	-0.16	-0.70	-0.75	-0.61	0	N	0
14	SDVSSYLEG	22	-0.34	-0.31	-0.55	-0.75	-0.85	-1.27	-0.77	-0.72	-0.09	0	N	0
15	DVSSYLEGQ	23	-0.64	-0.70	0.49	-0.12	-0.06	0.05	0.55	-0.31	-0.29	0	N	0
16	VSSYLEGQA	24	-0.06	-0.84	0.02	-0.67	0.37	0.47	0.12	0.25	0.86	0	N	0
17	SSYLEGQAA	25	-0.32	0.75	-0.20	0.31	-0.12	-0.30	-0.08	-1.16	0.35	0	N	0
18	SYLEGQAAK	26	-0.67	-0.17	-0.49	-0.15	-1.15	-1.12	-0.15	-0.48	-1.90	0	N	0
19	YLEGQAAKE	27	-0.97	0.97	1.33	1.24	0.42	1.70	0.96	1.07	0.31	1	N	0
20	LEGQAAKEF	28	-0.51	0.91	0.62	0.90	1.26	0.92	0.97	1.55	0.41	0	Ν	0
21	EGQAAKEFI	29	-0.43	-0.34	0.76	-0.95	-0.44	0.26	-0.28	0.27	-0.15	0	Ν	0
22	GQAAKEFIA	30	0.16	-0.06	0.19	-0.66	0.18	-0.39	0.26	0.11	0.69	0	Ν	0
23	QAAKEFIAW	31	0.1	-1.99	-1.47	-2.16	-0.04	-0.84	-1.41	-1.02	-2.39	0	N	
24	AAKEFIAWL	32	0.91	-0.49	-0.46	-0.33	-0.15	-1.61	-0.69	-0.45	-1.50	0	INEO	-epito
25	AKEFIAWLV	33	1.18	0.70	-0.70	0.26	0.77	-0.70	0.70	-0.01	1.43	0	N for	ד חי
26	KEFIAWLVV	34	1.44	-0.05	-0.87	0.19	1.00	-1.51	-0.10	-0.35	0.79	0	YIOI	DR1
27	EFIAWL <mark>VV</mark> K	35	1.44	-0.85	-0.14	-0.35	-1.00	0.06	0.60	0.16	0.24	<u> </u>	V	0
28	FIAWLVVKA	36	2.03	1.39	1.19	2.73	1.77	0.95	1.36	2.16	0.77	3	Y	3
29	IAWL <mark>VV</mark> KAR	37	1.22	1.19	0.68	0.88	0.98	1.41	0.90	1.11	0.07	0	Y	0
Summarized Results				DRB1*0101	DRB1*0301	DRB1*0401	DRB1*0701	DRB1*0801	DRB1*1101	DRB1*1301	DRB1*1501	Total		Total
Maximum Single Z-score Sum of Significant Z-scores				2.29	2.83	2.73	2.27	1.70	1.36	2.16	1.75			3
				2.29	2.83	5.28	4.04	1.70	0.00	2.16	1.75	20.05		
Count of Significant Z-Scores 1 1					2	2	1	0	1	1	9	-		
					oicity: -0.02	EpiN	Aatrix Score:	: 1.09	EpiMatrix Score (w/o flanks): 1.09]	
Scores Adjusted for Tregitope:						EpiMatrix Score: 1.09			EpiMatrix Score (w/o flanks): 1.09					

EpiMatrix analysis of several Taspoglutide amino acid duplication impurities showed that 10 duplication impurities contained more putative T cell epitopes compare to the baseline sequence. 5 of those impurities contained neoepitopes that are predicted to bind HLA DR7 and DR11. One ore more of these duplication impurities could be contributing to the observed hypersensitivity seen in subjects with DRB1*0701 and DRB1*1104 (two representative impurities are shown here)

References

- Thank you to Dr. Harald Kropshofer for providing the peptide impurity and HLA typing graphs.
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