

Innovative Preclinical Assessment Tools for Safety and Efficacy of Protein and Peptide

Therapeutics ... Of Peptides and P-ANDAS

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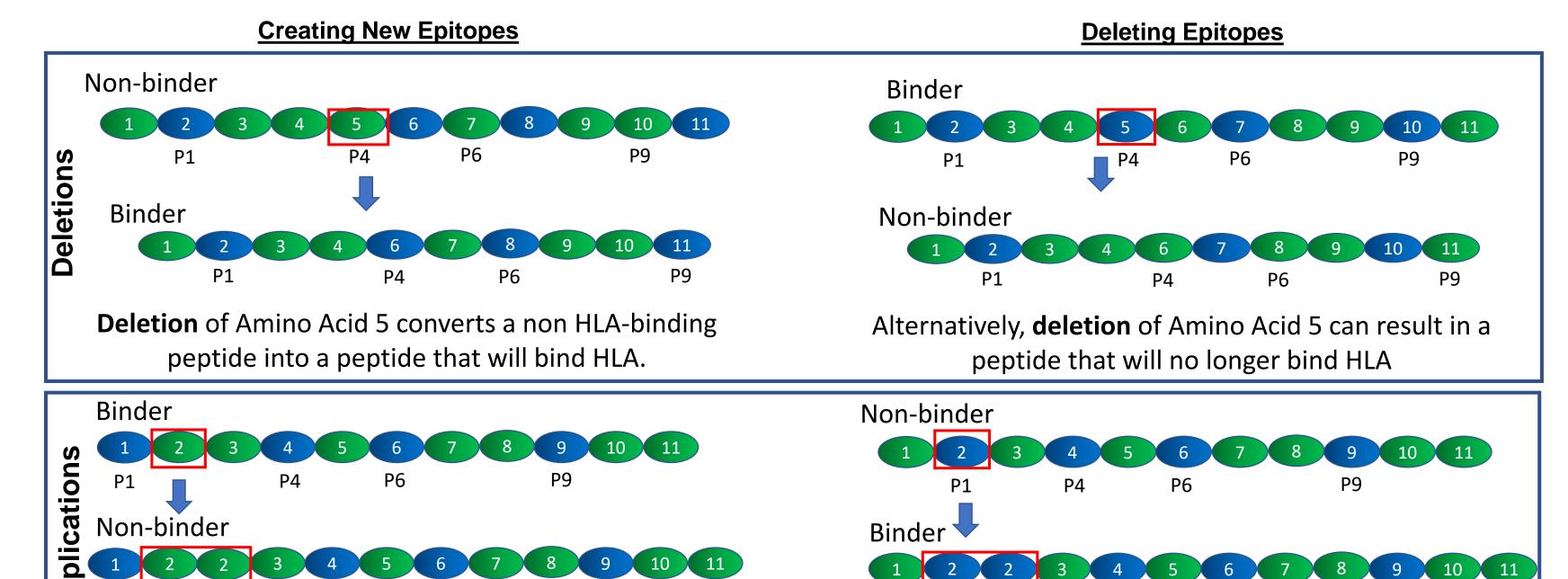
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Abstract

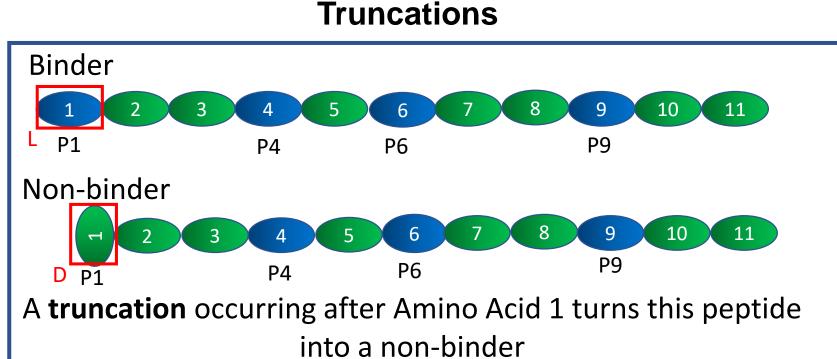
- The US Food and Drug Administration (FDA) recently released a new draft guidance enabling generic manufacturers of peptide drugs to file an Abbreviated New Drug Application (ANDA) for synthetic peptide drug products.
- Processes for manufacturing the generic and reference drug (RLD) are not equivalent, leading to manufacturing related impurities.
- Manufacturers are required to prove that the synthetic peptide product does not contain impurities with an increased risk of immunogenicity that could result in the development of anti-drug antibodies.
- We use both in silico analysis and in vitro validation assays to perform immunogenicity risk assessment of peptide generics. This process is referred to as the **PANDA assay** which can be used to support generic peptide drug equivalency in an ANDA application.

Impact of Manufacturing Impurities on T cell Epitopes

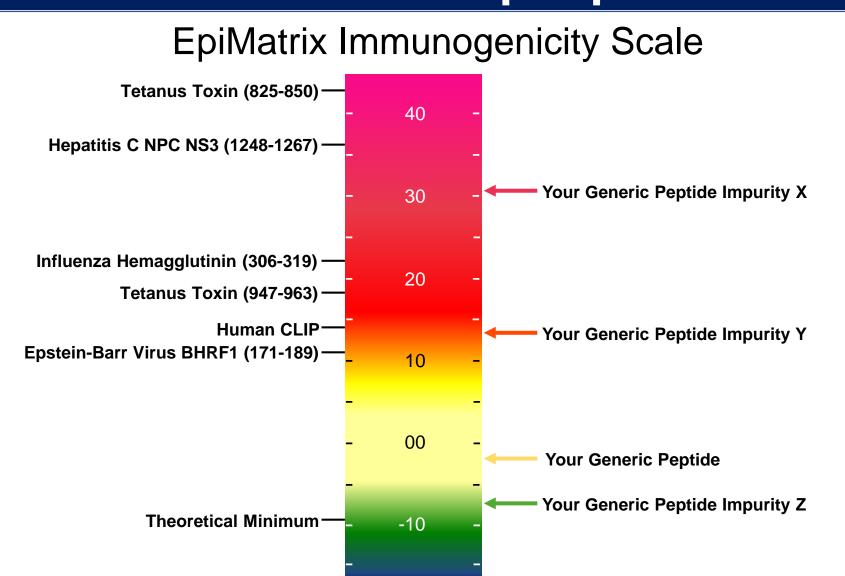


Duplication of Amino Acid 2 results in a peptide thatwill no longer bind HLA by shifting subsequent aminoAlternatively, duplication of Amino Acid 2 can result in aacids out of phasepeptide that will bind HLA

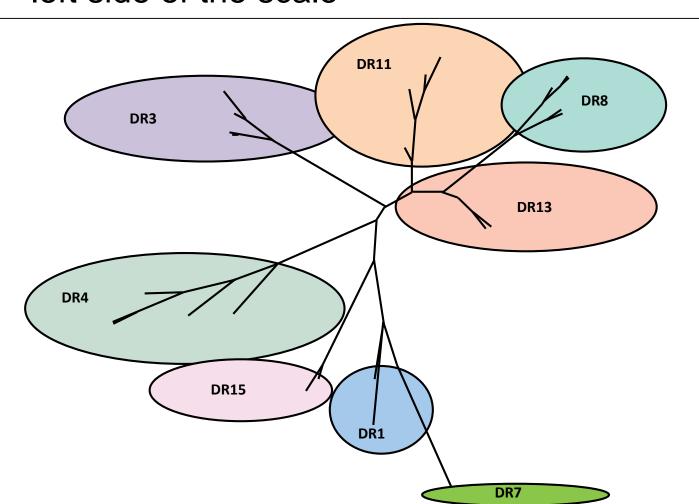
Binder P1 2 3 4 5 6 7 8 9 10 11 P1 P4 P6 P9 Non-binder P1 P4 P6 P9 The incorporation of a **D- amino** acid at Amino Acid 1 turns this peptide into a non-binder



Epitope Prediction by EpiMatrix

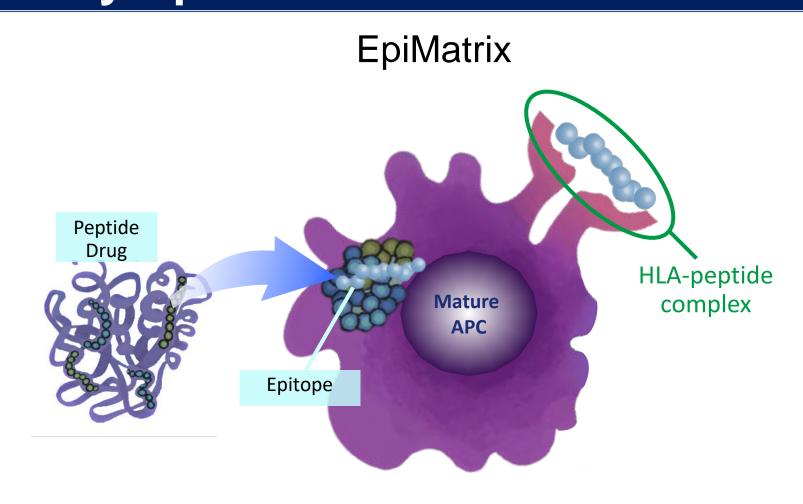


- EpiMatrix excess and shortfall in predicted aggregate immunogenicity relative to a random peptide standard
- EpiMatrix Cluster Scores above ten are comparable to those of known promiscuous Class Il epitopes, commonly used as positive controls in T cell assays and included for reference on the left side of the scale

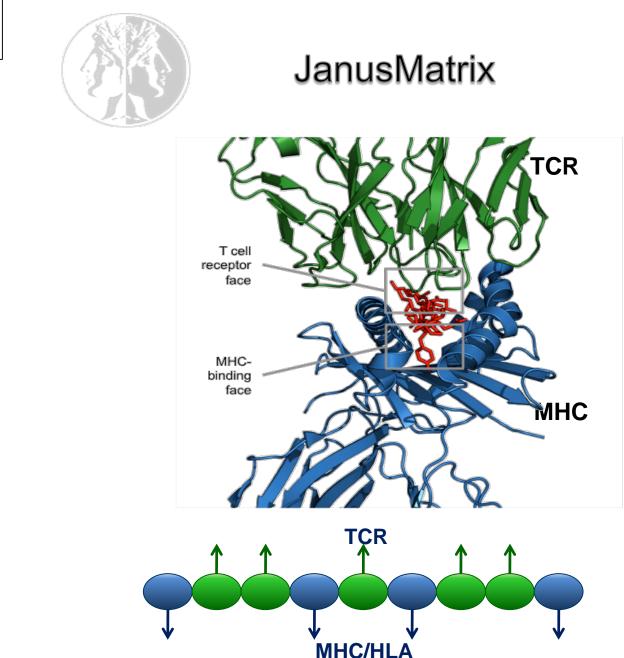


EpiVax tests for binding potential to the most common HLA molecules within each of the "supertypes"* shown to the left.

This allows us to provide results that are representative of >95% of human populations worldwide** without the necessity of testing each haplotype individually.



- 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



JanusMatrix is designed to predict the potential for cross-conservation between epitope clusters and the human proteome, based on conservation of TCR-facing residues in their putative HLA ligands. This results in a more in depth analysis than typical alignment homology.

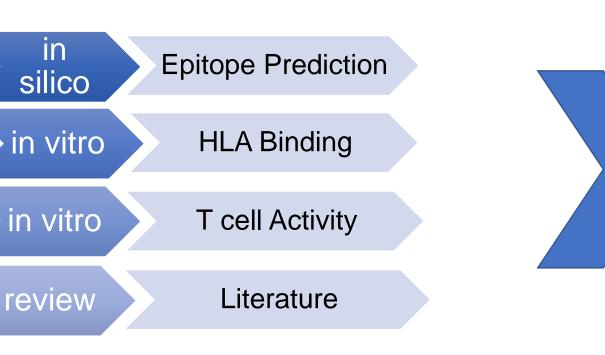
Modeling Unnatural Amino Acids

- When EpiMatrix cannot model HLA binding for modifications found in the impurity, we use a sensitivity analysis to find the best proxy.
- The modified residue is replaced with a neutral placeholder "X". We then replace "X" with each of the natural 20 amino acids.
- The goal is to determine if any residue at these positions can lead to a significant increase or decrease in predicted HLA binding potential.
- We also compare the properties of the chemically modified residues with the naturally occurring amino acids and pick the "best-matched" residue as a proxy

Flank—YLQMT[1Nal]LRTAAA Since EpiMatrix does not predict for unnatural AA, 1-Nal is shown as "?" When 1-Nal is replaced with Phenylalanine, chosen for its structural and chemical similarities to 1-Nal, we find that the peptide can bind across

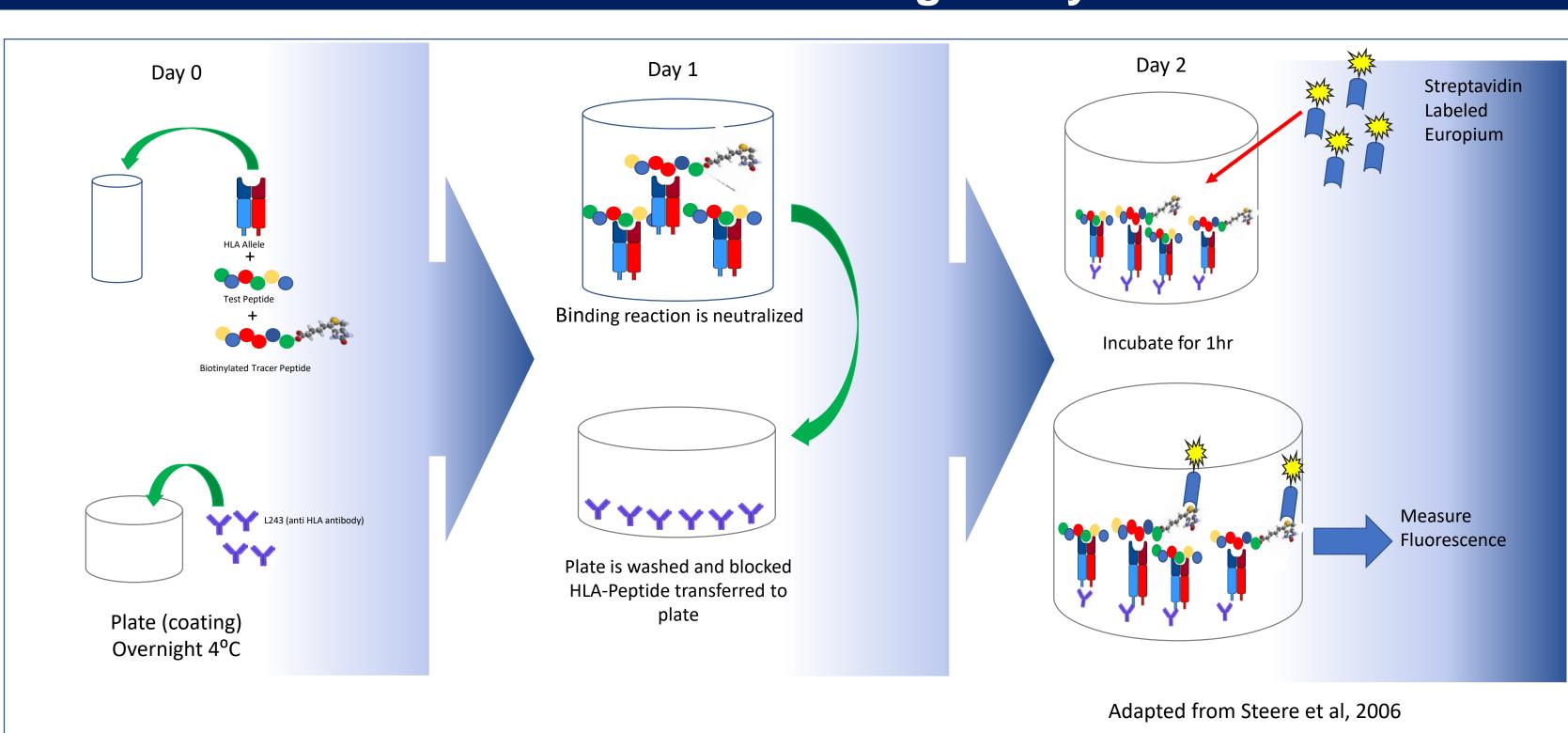
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PANDA Overview



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

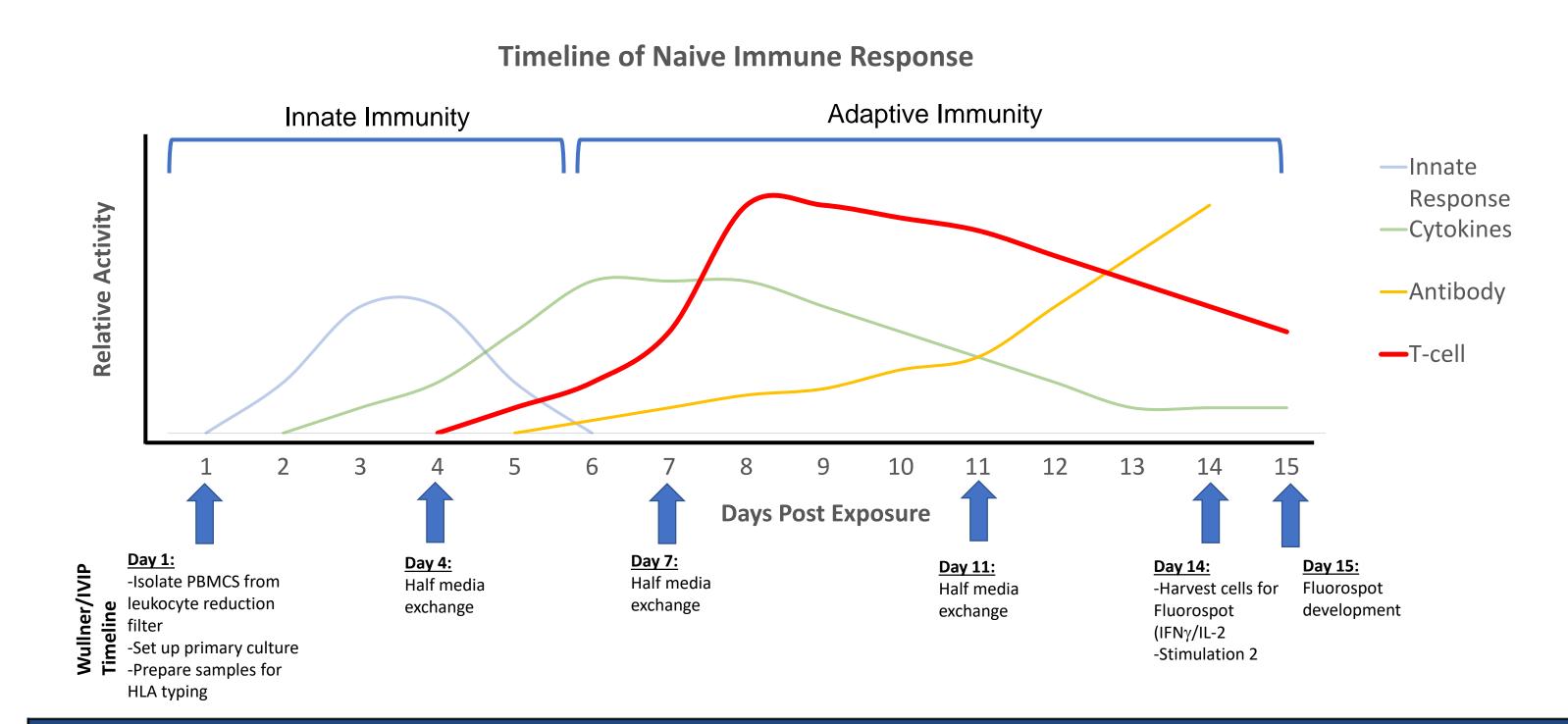
HLA Class II Binding Assay



HLA-Class II Binding Assay: Peptides that are predicted to bind HLA are synthesized and assayed over a range of 7 concentrations in our HLA-binding assay. In brief, 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>

- 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 ELISpot plates. Cells are restimulated and incubated overnight. On day 15, ELISpot plates are developed and sent to Zellnet Consulting Inc. for blind, independent analysis.



Summary of IFNγ Fluorospot responses across donors - RLD B												
	DONOR	1	2	3	4	5	6	7	8	9	10	
	DRB1 Allele		01:01	07:01	03:01	03:01	01:01	03:01	03:01	01:02	03:01	TOTAL # of Positive Responses*
			07:01	07:01	16:01 [†]	07:01	14:01 [†]	13:03 [†]	09:01 [†]	07:01	15:01	
	EpiMatrix Hits: Allele		1	0	0	0	1	0	0	1	0	
			0	0	1	0	NA	NA	1	0	1	
RLD -B	1	+	+	-	-	-	-	-	-	+	-	3/10
	2	+	-	-	+	-	+	-	+	+	-	5/10
	3	+	+	-	-	-	+	-	-	-	-	3/10
Test Articles - B	11	-	+	-	-	-	+	-	-	-	-	2/10
	12	+	-	-	-	-	+	-	-	-	-	2/10
	13	-	+	-	-	-	+	-	-	-	-	2/10
	14	-	-	-	-	-	+	-	+	+	-	3/10

* A response is considered positive with >50 SFC/ 10^6 cells and a stimulation index ≥ 2 † Epitope predictions (EpiMatrix Hits) for HLA DRB1*16:01 were modeled on supertype relative DRB1*1101; predictions for HLA DBR1*14:01 and *13:03 are not available; predictions for HLA DRB1*0901 are available through EpiVax internal models not normally included in PreDeFT analysis.

References

- Steere AC, Klitz W, Drouin EE, et al. Antibiotic-refractory Lyme arthritis is associated with HLA-DR molecules that bind a Borrelia burgdorferi peptide . *J Exp Med* 2006; 203: 961–971.
- Wullner D, Zhou L, Bramhall E, et al. Considerations for optimization and validation of an in vitro PBMC derived T cell assay for immunogenicity prediction of biotherapeutics. *Clin Immunol* 2010; 137: 5–14.
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- **Southwood et al. Several Common HLA-DR Types Share Largely Overlapping Peptide Binding Repertoires. J Immunol. 1998; 160(7):3363–73.

