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INTRODUCTION

A growing number of medicines are based on biological molecules such as proteins and monoclonal antibodies. These novel drugs have resulted in new, more effective treatments for a number of serious conditions. Yet sometimes these medicines trigger a response from the patient's immune system, which can decrease the effectiveness of the drug or cause severe side effects.

The aim of the IMI-founded **ABIRISK** project "**Anti-Biopharmaceutical Immunization: Prediction and Analysis of Clinical Relevance to Minimize the Risk**", is to shed new light on the factors behind this immune response. The project, which represents the first concerted effort to solve this problem, officially kicked off March 1st, 2012. ABIRISK project will aid in the creation of new, safer **biopharmaceuticals (BPs)** and also generate tools to determine how individual patients are likely to respond to them both in clinical trials and after release to the market.

The ABIRISK consortium (presently made up of thirty-five partners, twenty-four of which are academic institutions, nine are EFPIA member companies and two are small and medium enterprises, with thirteen countries represented), has been designed to meet all of these requirements in order to target three types of disorders: **Hemophilia A, Multiple sclerosis and Inflammatory diseases: inflammatory rheumatism (including rheumatoid arthritis) and inflammatory bowel diseases.**

ABIRISK Project will collect data both retrospectively from patients suffering from various types of diseases and treated with various BPs at European centers with a high level of experience in clinical research and will prospectively recruit additional patients in dedicated studies during the 5 years of this program. Guidelines and Standard Operating Protocols for the study of anti-drug immunization will be established and used to standardize the collection of prospective data from these patients.

ABIRISK Project thus represents a unique opportunity to create an interdisciplinary task force of clinical centers especially designed to study immune responses against biopharmaceuticals.

WELCOME

Dear Reader,

We would like to welcome you to the **June 2014** issue of the **ABIRISK Scientific Newsletter**. The Scientific Newsletter gives you a monthly update on the most relevant literature related to ABIRISK topics published around the globe, both inside and outside ABIRISK consortium.

This month, we chose to draw your attention to a paper by the AIRE-MB group exploring the practical application of acid dissociation of adalimumab/anti-adalimumab complexes in monitoring drug-related immunogenicity in adalimumab-treated patients.

In addition, you will find in this issue some regulatory news on biopharmaceuticals from EMA..

We look forward to your visit on **ABIRISK** website for more information and updates on the program.

Enjoy reading !

Best wishes

The ABIRISK management team

LITERATURE

This month's selected article

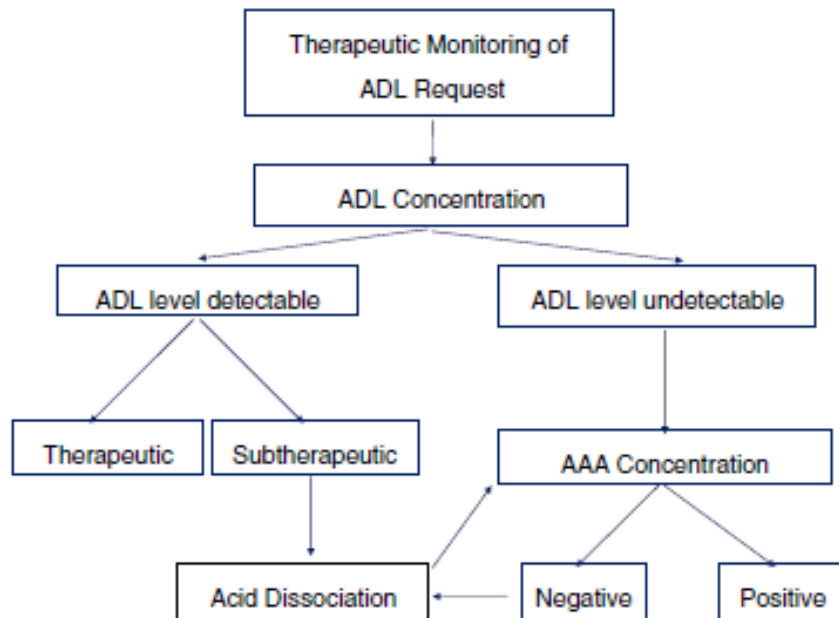
A growing body of evidence suggests that the development of anti-Drug Antibodies (ADA) may alter bioavailability and thus clinical efficacy of biotherapeutics (BPs). Timely determination of ADA status of BP-treated patients is therefore expected to gradually become an inherent part of overall patient monitoring. Indeed, when a patient appears resistant to treatment, clinicians could benefit from this additional piece of information in their decision making process : increase the BP dose, switch to a different BP, abandon the use of BPs altogether and revert to small molecule drugs only, or else. But this means ADA measurement needs accuracy.

Reliable ADA measurement comes against the issue of drug interference in immunogenicity assays. Most assays routinely used in the clinic will only detect free ADA, but not those in complex with the drug present in the serum of treated patients. Hence, a patient would be found positive for ADA only if ADA production exceeds drug through levels. Acid dissociation of serum ADA-drug complexes prior to measurement of ADA is known to improve assay sensitivity and thereby limit false negative results.

In the current publication, Llinares-Tello and collaborators on behalf of the AIRE-MB group implemented acid dissociation when monitoring ADA in rheumatoid arthritis and ankylosing spondylitis patients treated with adalimumab, an anti-TNF α therapeutic antibody.

In patients exhibiting a subtherapeutic adalimumab serum concentration (<3mg/L), no ADA could be detected using the conventional ELISA Promonitor® assay. However, when prior acid dissociation was applied, 55% of those same patients exhibited detectable levels of ADA. Acid dissociation-enhanced assay sensitivity was confirmed in drug tolerance parallel experiments.

Based on these results, the authors went on to propose the following analytical algorithm for monitoring drug bioavailability in adalimumab-treated patients :



Legend : ADL = adalimumab; AAA =anti-adalimumab antibodies

Practical application of acid dissociation in monitoring patients treated with adalimumab.

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REGULATION

EMA

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Revision: 13, Authorised
May 2014

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Consultation starts : 01 June 2014
Consultation ends : 31 August 2014



Draft concept paper
on the need for revisi

[Pending EC decision: Plegridy, peginterferon beta-1a](#)

Opinion date: 22-May-2014

[Pending EC decision: Nuwiq, simoctocog alfa](#)

Opinion date: 22-May-2014

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Therapeutic area: Haematology-Hemostaseology
Updated
May 2014

[Scientific guideline: Draft guideline on clinical investigation of medicinal products for the treatment of juvenile idiopathic arthritis.](#)

Consultation open : 15 May 2014

Consultation ends : 30 November 2014



Draft guideline on
clinical investigation o

[Opinion/decision on a Paediatric Investigation Plan \(PIP\): Simponi, Golimumab](#)

Therapeutic area: Immunology-Rheumatology-Transplantation

Updated

May 2014