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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 October 2013 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 the mathematical modeling of anti-drugs antibodies formation proposed by Chen et al. in the AAPS Journal.

In addition, you will find in this issue some news from the regulatory field together with a selection of forthcoming scientific conferences of interest.

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

Enjoy reading !

Best wishes

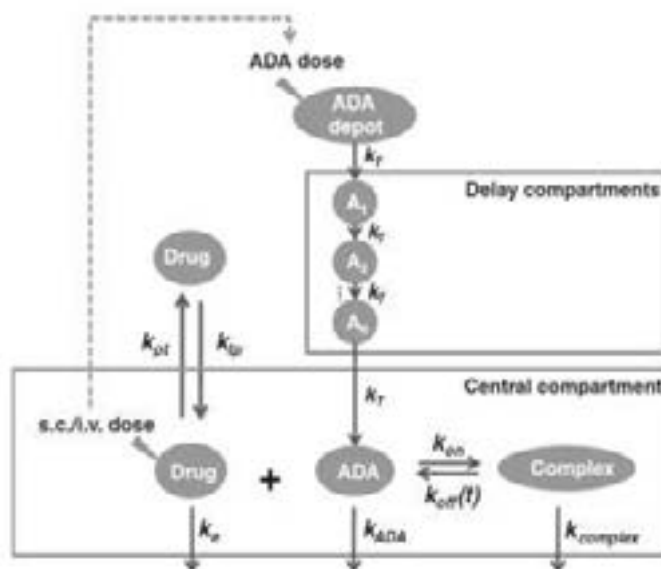
The ABIRISK management team

LITERATURE

This month's selected article

In this paper published in the AAPS Journal in October, Chen et al. propose a mathematical pharmacokinetic/anti-drug-antibody (PK/ADA) model, which could serve as a new tool for predicting immunogenicity of therapeutic proteins.

The authors took advantage of two PK data sets from adapted multiple and repeated dose toxicokinetic studies conducted in preclinical species, to construct a mathematical model based on a traditional one-compartment pharmacokinetic/pharmacodynamic (PK/PD) model, which they adapted to reflect the kinetics of ADA formation and maturation through the addition of so-called 'delay' compartments:



The hypothesis forming the basis of the model is that altered drug PK data contains information about the extent and timing of ADA formation, providing that ADA-mediated drug clearance through ADA-drug complex formation can account for variations in PK data.

Drug PK variables (*e.g.* K_p , K_{tp}) were determined experimentally in absence of ADA (after first drug dosing), whereas some drug-non specific ADA variables (K_{on} , K_{ADA}) were acquired from the literature.

Then, by fitting drug PK profiles while accounting for ADA mediated drug clearance, the authors could estimate or derive from the model protein-specific ADA parameters of interest such as : maximum ADA response, sensitivity of ADA response to drug dose level, affinity maturation rate, time lag to observe an ADA response, and the elimination rate for ADA–drug complex. Interestingly, by simulating ADA responses to various drug dose levels, bell-shaped curves reminiscent of that of antigen dose-response, were generated.

Taken together, these results suggest that this new PK/ADA model could be applied to predict immunogenicity of therapeutic proteins. However, further experimental validation will be needed , requiring the development of reliable quantitative ADA assays to allow determining empiric ADA absolute concentrations.

A Mathematical Model of the Effect of Immunogenicity on Therapeutic Protein Pharmacokinetics.

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REGULATION

EMA

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Revision: 30, Authorised
September 2013

[Pending EC decision: Cimzia, certolizumab pegol](#)

Opinion date: 19-Sep-2013

[Pending EC decision: NovoEight, turoctocog alfa](#)

Opinion date: 19-Sep-2013

[Pending EC decision: Kineret, anakinra](#)

Opinion date: 19-Sep-2013

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

Therapeutic area: Immunology-Rheumatology-Transplantation (updated)
September 2013

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

Therapeutic area: Immunology-Rheumatology-Transplantation (updated)
September 2013

CONFERENCES & MEETINGS

2013

October		
ACR/ARHP joint meeting	25-30, San Diego, USA	http://acrannualmeeting.org/
November		
Annual meeting of the French Society for Immunology	4-7, Paris, France	http://www.alphavisa.com/sfi/2013/
AAPS	10-14, San Antonio, Texas, USA	http://www.aaps.org/annualmeeting/
December		
British Society for Immunology Annual Congress	2-5, Liverpool, UK	http://www.bsicongress.com/

2014

January		
Keystone Symposium: Inflammatory Diseases: Recent Advances in Basic and Translational Research and Therapeutic Treatments	17-22, Vancouver, Canada	http://www.keystonesymposia.org
2nd Immunogenicity and Immunotoxicity Conference	29-31, San Diego, CA, USA	http://www.gtcbio.com
February		
Sixth Open Scientific EIP Symposium	24-26, Lisbon, Portugal	http://www.e-i-p.eu/
AAAI	28-4 March, San Diego, USA	http://annualmeeting.aaaai.org/
March		
PEGS 10th summit	5-9, Boston, Massachusetts, USA	http://www.pegsummit.com/
<i>ABIRISK General Assembly</i>	<i>12-13, Brussels, Belgium</i>	ABIRISK
15th Annual Immunogenicity for Biotherapeutics conferer	17-20, Baltimore, USA	http://www.iirusa.com/immunogenicity
World Immune Regulation Meeting VIII	19-22, Davos, Switzerland	http://www.wirm.ch/WTM/HOME.html
Biotherapeutics Analytical Summit	24-28, Baltimore, USA	http://www.biotherapeuticsanalyticalsummi
9th Congress on Autoimmunity	26-30, Nice, France	http://www2.kenes.com