

# HELP WANTED: A Regulatory Perspective on Opportunities for Analytical Methods in Biopharmaceutical Development

Joel Welch, Ph.D.  
Review Chief  
CDER/OPQ/OBP/DBRRIV

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# Disclaimer

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This presentation reflects the views of the author and should not be construed to represent FDA's views or policies.

# Outline

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- Background
- Opportunity for Analytical methods
  - Bridging Gap to Clinical Relevance
  - Providing “Quality” Data in Biosimilar Development
  - Supporting Challenging Product Development
- Conclusions
- Acknowledgements

# #1 Bridging Gap to Clinical Relevance

# The Current Analytical Tool Box

## 1° Sequence/PTMs

AA analysis  
N- and C-term Sequence  
Peptide Mapping and Sequencing  
LC-MS/MS  
Free sulfhydryls  
MALDI-TOF, ESI-QTOF-MS, orbitrap, etc....

## HOS

Near- and Far-UV CD  
FTIR  
DSC  
HDX-MS  
X-ray  
NMR

## Size/ Purity

SEC-HPLC  
HIC-HPLC  
RP-HPLC  
CE-SDS  
CGE  
AUC  
A4F

## Activity

In vitro Bioassays  
Reporter gene assays  
Ag/Receptor Binding assays  
(mAbs – FcR, C1q)  
SPR  
Strength (UV A280)

## Glycan Analysis

ESI- MS  
MALDI-TOF MS  
Labeled, PNGaseF released  
HPAEC-PAD  
HPLC-FD  
HILIC (HPLC, UHPLC)  
CE-LIF (MS)

## Charge

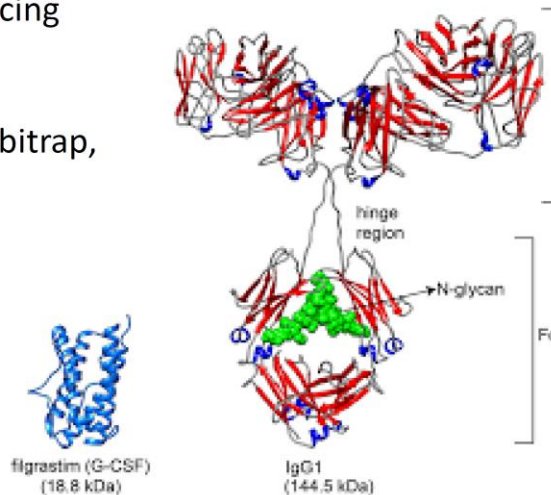
cIEF  
icIEF  
ICE  
IEX- HPLC  
CZE

## Process Related Impurities

DNA, HCP, Protein A, etc.

## Safety

Bioburden  
Sterility  
Endotoxin  
LAL  
KT



Japelj et al Sci Reports 2016



# Evolution in FDA's Approach to Pharmaceutical Quality

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- ICH Q6B: Justification of Specifications:
  - *Specifications are linked to a manufacturing process*
  - *Specifications should account for the stability of drug substance and drug product.*
  - *Specifications are linked to analytical procedures.*
  - *Specifications are linked to preclinical and clinical studies.*
- *Definition of adequate quality: delivers clinical performance described in drug label and is not contaminated*
- *Clinically relevant specifications are based on risk to clinical performance, not what can be achieved by process*
- *Clinically relevant manufacturing standards: deviation should have clear link to risk of substandard clinical performance*

*–Janet Woodcock, CDER, “Evolution in FDA’s Approach to Pharmaceutical Quality”*

# The Use of Process Capability

The types of data and information should be guided by the consideration of clinical impact of impurity levels, as opposed to manufacturing process capability,

For some products, such as certain biotechnology ....for which the relationship to stability, potency, or potential adverse clinical effects is not clear....

...This may be either because the analytical techniques available have not allowed thorough characterization of the impurity, or because data regarding the impact of the impurity on clinical performance are lacking ....may include **greater consideration for manufacturing process capability**

MANUAL OF POLICIES AND PROCEDURES	
CENTER FOR DRUG EVALUATION AND RESEARCH	MAPP 5017.2 Rev. 1
POLICY AND PROCEDURES	
Office of Pharmaceutical Quality	
Establishing Impurity Acceptance Criteria As Part of Specifications for NDAs, ANDAs, and BLAs Based on Clinical Relevance	
Table of Contents	

MAPP 5017.2  
Published 2018

# ~~The Process is the Product~~

- Understanding comes from multiple sources

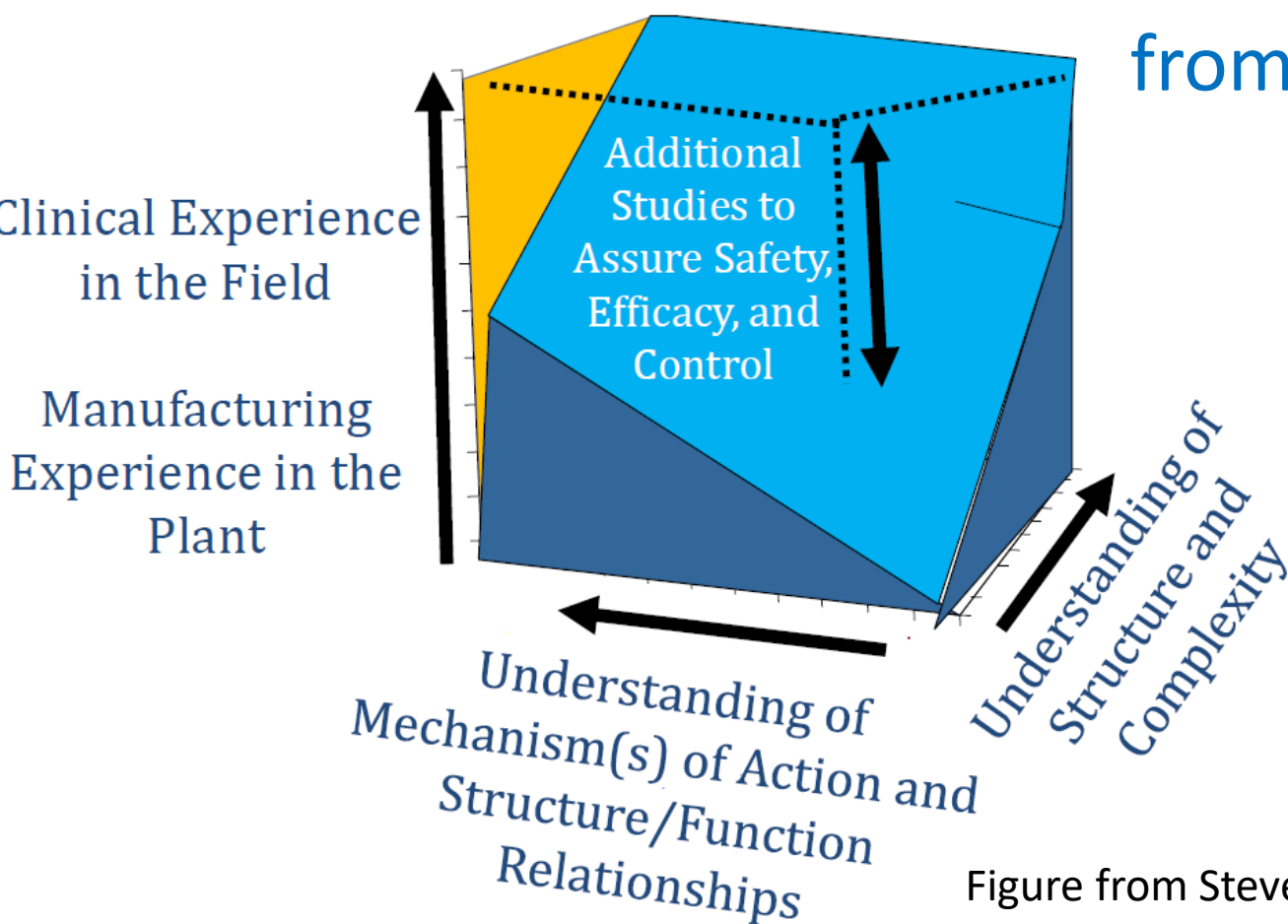


Figure from Steven Kozlowski



# Linking CQAs to Clinical Relevance

## Boyd 1995 Alemtuzumab

Deglycosylation abolishes CDC/ADCC  
Degalactosylation reduces, but does not abolish CDC, no effect on ADCC  
Desialylation no effect on CDC/ADCC

Shields 2002, Shinkawa 2003, Okazaki 2004

Anti-Her2, anti-IgE, anti-IL5R, anti-CD20

Afucosylation improves binding to FcγRIII and enhances ADCC

## Hodoniczky 2005

Rituximab, trastuzumab

Degalactosylation reduces, but does not abolish CDC, no effect on ADCC

Bisecting GlcNac enhances ADCC

*Understanding Evolves....*

## Kanda 2006 Rituximab

Afucosylated complex, hybrid and high mannose glycans had higher binding to both FcγRIIIA variants and higher ADCC activity.

## Yu 2012 (anti-B cell)

mAb with only high mannose forms has greater ADCC and FcγRIII binding than control mAb, but not as high as 100% afuc version. There was also a decrease in CDC activity

## Houde 2010, Kiyoshi, 2018

Hyper gal (G2) affects CH2 domain conformation (more rigid), increases binding to FcγRIII

## Ferrara 2006 and 2011, Shibata-Koyama 2009

Interactions between FcγRIII glycan and Fc glycan

## Chung 2012 anti-CD20

Differences in FcγRIII binding and ADCC activity between 0-10% afuc glycans

## Shatz 2015 anti-CD20

Only 1 afuc glycan per mAb has as good ADCC activity as a fully afuc mAb

Scallan 2007, higher levels of sialylation associated with reduced ADCC

Lin 2015 rituximab Homogeneous disialylated (G2) afuc mAb has enhanced FcγRIII binding and ADCC

# Case Study - Specification Setting

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- Acidic Charge variants for monoclonal antibody
- Sponsor was able to justify acceptance criteria 15% wider than clinical lots
- How? Know thy molecule!
  - Characterization also revealed which site(s) were most susceptible to deamidation (and don't impact potency)
  - Additional characterization of acidic peaks indicate species are non-CQAs (such as deamidation in non-CDR region)
  - Other CQAs identified that coelute in acidic region are controlled by orthogonal methods
  - “Pooling” Data demonstrate no impact on FcRn binding or potency
- Conclusion: Wider acceptance criteria can be established

## #2 Providing “Quality Data” in Biosimilar Development

# Definition: Biosimilarity

**Biosimilar or Biosimilarity** means:

- that the biological product is **highly similar** to the reference product notwithstanding minor differences in clinically inactive components; and
- there are **no clinically meaningful differences** between the biological product and the reference product in terms of the safety, purity, and potency of the product.

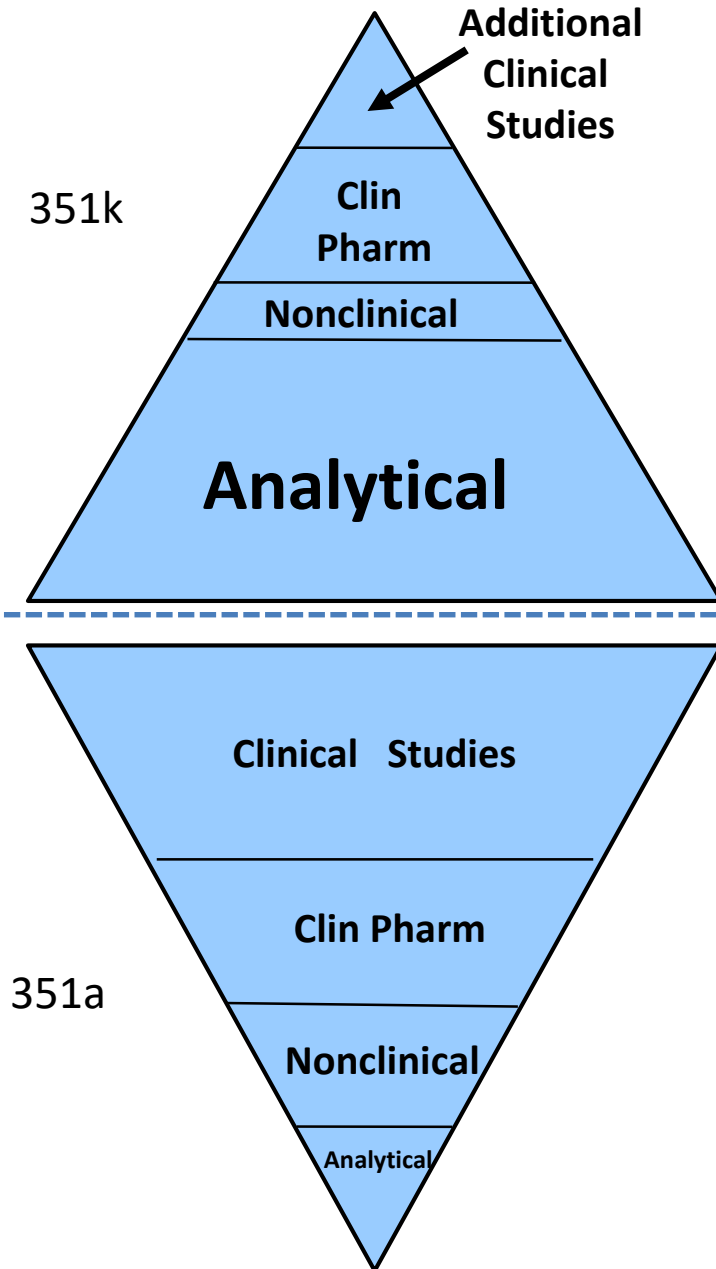
*Highly Similar?*  
**Sequence**

Guidance for Industry  
Quality Considerations in  
Demonstrating  
Biosimilarity to a Reference  
Protein Product

**Expression System**

**Impurities & Excipients**

# Biosimilar Development



Other Indications:

~~Clinical Efficacy  
(and Safety)~~

- Extrapolation from information in 351(k) BLA and FDA's finding for the reference product to other indications previously approved for the reference product, considering for each indication:
  - MOA(s), PK, Immunogenicity, Known toxicities

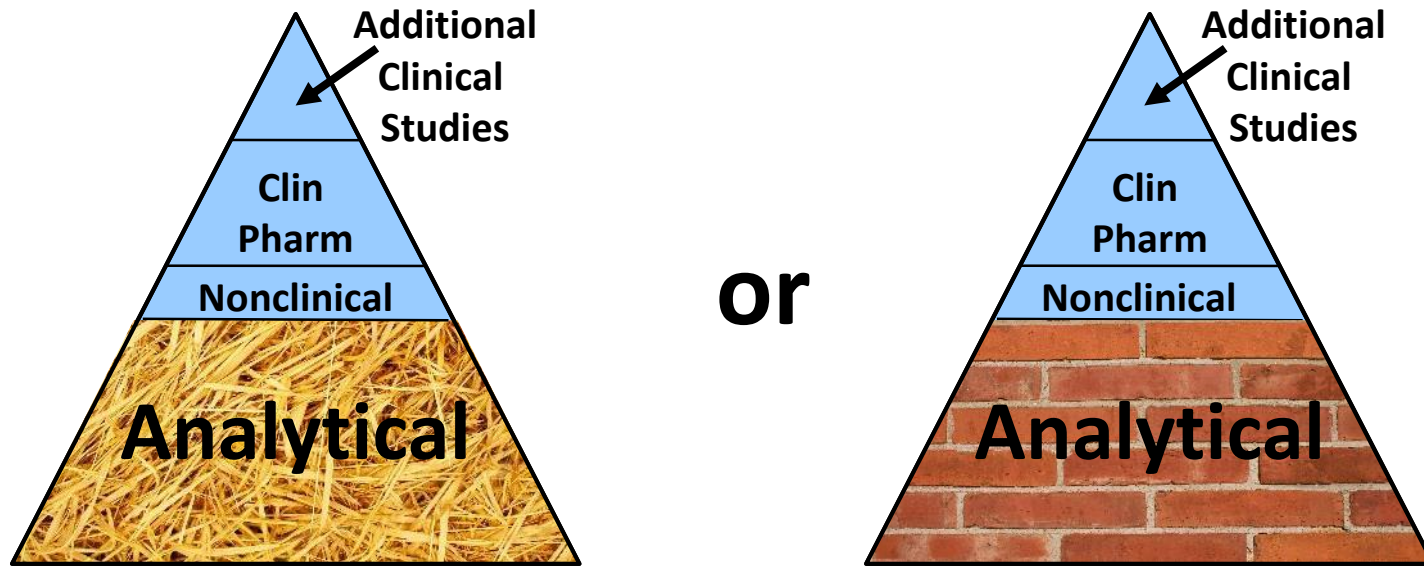
Indication 1

Clinical Efficacy  
(and Safety)  
Clin Pharm  
Pharm Tox  
Analytical

Other Indications

Clinical Efficacy  
(and Safety)

# A Solid Foundation Requires Solid Data



- How solid is the foundation?
- What do we know about the limitations of the analytical methods that generate data?

# A “Typical” Similarity Assessment

## Primary structure

- Intact molecular weight
- Amino acid sequence
- Disulfide bonds

## Higher order structure

- Secondary structure
- Tertiary structure
- Thermal Stability

## Glycosylation

- Afucosylation
- Galactosylation
- High Mannose
- Sialylation

## Drug product attributes

- Protein content
- Sub-visible particles
- Deliverable volume
- Appearance, pH, osmolality

## Biological activities:

### Fab-Mediated

- Inhibition of Human Umbilical Vein Endothelial Cell (HUVEC) Proliferation
- VEGFA binding
- Binding kinetics for VEGFA isoforms (165, 121, and 111)
- Binding Specificity

## Biological activities:

### Fc-Mediated

- FcRn
- Fcg Receptors [RIa, RIla, RIIfb, RIIfa (158V and 158F type), RIIfb]
- C1q
- Antibody-dependent cellular cytotoxicity (ADCC)
- Complement-dependent cytotoxicity (CDC)

## Product related species

- Charge Variants
  - Acidic
  - Main
  - Basic
- Size Variants
  - Dimers and high-molecular weight species (HMW)
  - Heavy chain (HC) and light chain (LC) fragments

## Stability

- Degradation profiles under accelerated and stress conditions

# Analytical Method Qualification

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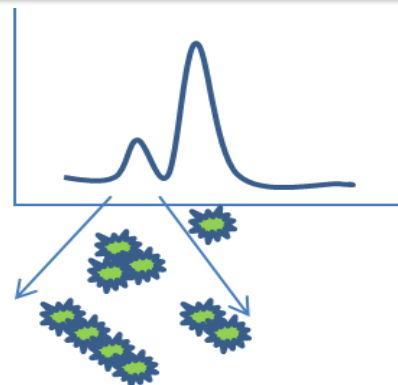
- Why?
  - To ensure that analytical similarity data were generated using methods that are “scientifically sound, fit for their intended use, and provide results that are reproducible and reliable”  
(FDA Guidance on “Quality Considerations in Demonstrating Biosimilarity of a Therapeutic Protein Product to a Reference Product”)
- What does method qualification mean?
  - To demonstrate the suitability of the method for its intended purpose
- Not a new concept or expectation
  - “Validated analytical methods are not necessarily required...when used in characterization studies. Nevertheless, analytical methods should be scientifically sound (e.g., specific, sensitive, and accurate) and provide results that are reliable.” (2011 FDA Guidance on Process Validation)
- Expectation is on Developers and Scientists to make a compelling argument



# Analytical Method Development and Qualification Strategies

Begin with basic understanding of the method

- Should you use SEC or AUC to detect aggregates?



Understand the method purpose to help design the qualification study

- What is the method going to be used for
  - To quantify a critical quality attribute?
  - To reduce residual uncertainty?
  - To confirm a result?

Evaluate method capabilities and limitations

- specificity, precision, accuracy, etc?
- How sensitive is the method to detect differences?
- How critical are reagents to method performance?

# #3 Supporting Expedited and Challenging Program Development

# Alternative Programs

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- **Fast Track**
  - Intended to facilitate the development and expedite the review of drugs to treat serious conditions and fill an unmet medical need:
    - More frequent meetings with FDA,
    - Eligible for priority review or accelerated approval (if respective criteria are met)
    - Eligible for rolling review
- **Breakthrough**
  - With preliminary clinical evidence that the drug may demonstrate substantial improvement over available therapy on a clinically significant endpoint(s)
  - Organizational commitment involving senior managers and experienced review staff
  - “All hands on deck”
- **Accelerated Approval**
  - Accelerated Approval (approval from surrogate or intermediate clinical endpoint, with post-approval confirmatory studies)
- **Priority**
  - (6 month BLA review clock instead of 10)
- **Orphan**
  - Populations of small size (200000 or less)
  - Other requirements per 21 CFR 316.20

# Opportunities (and Challenges)

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- The pace of development does not fundamentally change the content of BLA CMC sections
- Often a question of not doing less, but doing sooner
- Analytical Method validation and transfers are critical to have in place ahead of need (and bridging data as needed!)
- Fewer batches and less clinical experience may be acquired during these programs
- Extensive characterization can “fill in gap” to bridge to specification setting

# Conclusions

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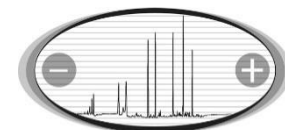
- Opportunity for analytical methods beyond just new technologies
  - Methods can help identify what is clinically relevant to aid in specification setting
  - Demonstrating suitability of intended purpose to facility “Quality” Data in Biosimilar Development
  - Supporting Challenging Product Development
    - Addressing challenges of having fewer lots
    - Providing critical characterization data when needed

# Acknowledgments

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- Marjorie Shapiro
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- Jee Chung

# CE Pharm 2019



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**See you all in... Bethesda, MD**  
**Sep 29 – Oct 2, 2019**

