## **Appendix B5**

Draft ICCVAM Recommended Protocol for Future Studies Using the Whole Blood (WB)/Interleukin-6 (IL-6) Test Method [This Page Intentionally Left Blank]

1	Draft ICCVAM Recommended Protocol for Future Studies Using the Whole Blood
2	(WB)/Interleukin-6 (IL-6) Test Method
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4	PREFACE
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6	This proposed protocol for the detection of pyrogenicity is based on information obtained
7	from 1) The European Centre for the Validation of Alternative Methods (ECVAM) WB/IL-6
8	Background Review Document (BRD) presented in Appendix A of the draft Interagency
9	Coordinating Committee on the Validation of Alternative Methods (ICCVAM) Pyrogenicity
10	Test Method BRD, which includes ECVAM Standard Operating Procedures (SOPs) for the
11	WB/IL-6 test method, and 2) Information provided to the National Toxicology Program
12	(NTP) Interagency Center for the Evaluation of Alternative Toxicological Methods
13	(NICEATM) by Dr. Thomas Hartung, Head of ECVAM. The ECVAM SOPs are based on
14	the WB/IL-6 methodology first described by Pool et al. (1998). A table of comparison
15	between the draft ICCVAM recommended protocol and the ECVAM SOPs is provided in
16	Table 1. Future studies using the WB/IL-6 test method may include further characterization
17	of the usefulness or limitations of the assay for regulatory decision-making. Users should be
18	aware that the proposed test method protocol might be revised based on any additional
19	optimization and/or validation studies. ICCVAM recommends that test method users
20	routinely consult the ICCVAM/NICEATM website (http://iccvam.niehs.nih.gov/) to ensure
21	that the most current test method protocol is used.
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# 38Table 1Comparison of Draft ICCVAM Recommended Test Method Protocol with the ECVAM SOP for the Whole39Blood (WB)/Interleukin-6 (IL-6) Pyrogen Test Method

Protocol Component	Draft ICCVAM Protocol	ECVAM SOP	
Test Substance	Test neat or at minimal dilution that produces no interference	Same as ICCVAM protocol	
Incubation Plate	NSC (1)	Same as ICCVAM protocol	
(number of control or test groups at n=4	EC (5)	Same as ICCVAM protocol	
each)	TS (14)	Same as ICCVAM protocol	
ELISA Plate	Includes seven point IL-6 SC and blank in duplicate	Same as ICCVAM protocol	
Decision Criteria for Interference	$0.5 \text{ x Median OD}_{450}^{-1} \text{ of } 1 \text{ EU/mL EC} <2 \text{ x Median}$	0.5 x Median $OD_{450}$ of 0.5 EU/mL EC <2x	
Decision Criteria for interference	OD <sub>450</sub> of 1 EU/mL EC	Median OD <sub>450</sub> of 0.5 EU/mL EC	
	$\begin{array}{c} \text{Mean OD}_{450} \text{ of } 0.5 \text{ EU/mL EC} \geq 1.6 \text{X Mean OD}_{450} \\ \text{of NSC} \end{array}$	Same as ICCVAM protocol	
	Mean OD <sub>450</sub> of PPC is 50% to 200% of 0.5 EU/mL EC Same as ICCVAM protoc		
	Mean $OD_{450}$ of NSC $\leq 0.15$	Same as ICCVAM protocol	
	Quadratic function of IL-6 SC $r^2 \ge 0.95$	Same as ICCVAM protocol	
		EC SC satisfies ICH Harmonized Tripartite	
	Not included	Guideline: Validation of Analytical Procedures	
Assay Acceptability Criteria		Methodology; ICH Q2B, Nov 1996	
	EC SC produces OD <sub>450</sub> values that ascend in a sigmoidal concentration response	Same as ICCVAM protocol	
	High responder blood donors (i.e., >200 pg/mL IL-	High responder blood donors (i.e., >200 pg/mL	
	6) may be excluded (need at least 3 donors)	IL-6) may be excluded (need at least 3 donors)	
		Wilcoxon rank-sum test used to show that at	
	Not included	least 3 of 4 replicates at each increasing EC	
	Not included	concentration are higher relative to the next	
		lowest concentration	
		EC SC data transformed to logit responses by in	
		house program and the linear mean square	
Decision Criteria for Pyrogenicity	Mean $OD_{450}$ of TS > Mean corrected $OD_{450}$ of 0.5	calculated. TS pyrogen content is compared with	
	EU/mL EC	the ELC <sup>2</sup> using confidence limits. The	
		preparation being examined must pass the test	
		with blood from three separate donors	
	Not included	Limit test is run to determine whether or not a	

Protocol Component	Draft ICCVAM Protocol	ECVAM SOP		
		TS after correction and dilution contains $< 0.5$		
		EU/mL of endotoxin		

Abbreviations: EC = Endotoxin control; ELC = Endotoxin Limit Concentration; MVD = Maximum Valid Dilution; NSC = Normal saline control; PPC = 40

41 Positive Product Control; SC = Standard curve; TS = Test substance

42 <sup>1</sup> Median or mean  $OD_{450}$  values are corrected (i.e., reference filter reading, if applicable, and NSC are subtracted).

43 44 45 <sup>2</sup> Where unknown, the ELC is calculated (e.g., Based on a rabbit sensitivity of 5 EU/kg, for a product injected at 10 mL/kg, the detection limit is 5 EU/10 mL/kg or 0.5 EU/mL/kg, or an ELC of 0.5 EU/mL).

#### 47 **1.0 PURPOSE AND APPLICABILITY**

48 The purpose of this protocol is to describe the procedures used to evaluate the presence of a 49 pyrogen (i.e., Gram-negative endotoxin) in a test substance. The presence of Gram-negative 50 endotoxin is detected by its ability to induce cytokine IL-6 release from monocytoid cells in 51 WB. The quantity of IL-6 released is obtained using an enzyme-linked immunosorbent assay 52 (ELISA) that includes monoclonal or polyclonal antibodies specific for IL-6. Release of this 53 cytokine is measured by incubation of WB with test substances or controls (i.e., positive, 54 negative). The amount of pyrogen present is determined by comparing the values of 55 endotoxin equivalents produced by cells exposed to the test substance to those exposed to an internationally-harmonized Reference Standard Endotoxin (RSE)<sup>1</sup> or an equivalent standard 56 expressed in Endotoxin Units (EU)/mL. Based on a rabbit threshold pyrogen dose of 0.5 57 58 EU/mL, which was established in a retrospective evaluation of rabbit pyrogen test (RPT) 59 data, a test substance is considered pyrogenic if it induces a level of IL-6 release equal to or 60 greater than 0.5 EU/mL.

61 The focus of this protocol is on the use of the WB/IL-6 test method, specifically for the

62 detection of Gram-negative endotoxin in parenteral pharmaceuticals. The relevance and

reliability for non-endotoxin pyrogens (e.g., lipoteichoic acid) has not been demonstrated in a
formal validation study.

#### 65 2.0 SAFETY AND OPERATING PRECAUTIONS

All procedures for procurement of eligible blood donors and blood donations should follow the regulations and procedures set forth by institutional guidelines for utilization of human substances, which include but are not limited to blood, tissues, and tissue fluids. Standard laboratory precautions are recommended including the use of laboratory coats, eye protection, and gloves. If necessary, additional precautions required for specific study substances or hazardous chemicals will be identified in the Material Safety Data Sheet (MSDS).

<sup>&</sup>lt;sup>1</sup> RSEs are internationally-harmonized reference standards (e.g., WHO *E. coli* Lipopolysaccharide [LPS] 94/580 [0113:H10:K-]; USP RSE Lot G3E069; FDA Lot EC-6). Equivalent endotoxins include commercially available *E. coli*-derived LPS Control Standard Endotoxin (CSE) or other *E. coli* LPS preparations that have been calibrated with an appropriate RSE.

73 The stop solution used in the ELISA kit is acidic and corrosive and should be handled with

the proper personal protective devices. If this reagent comes into contact with skin or eyes,

75 wash thoroughly with water. Seek medical attention, if necessary.

76 Tetramethylbenzidine (TMB) solution contains a hydrogen peroxide substrate and 3, 3', 5, 5'-

77 TMB. This reagent is a strong oxidizing agent and a suspected mutagen. Appropriate

78 personal protection should be used to prevent bodily contact.

79 Bacterial endotoxin is a toxic agent (i.e., can induce sepsis, shock, vascular damage,

80 antigenic response) and should be handled with care. Skin cuts should be covered and

81 appropriate personal protective devices should be worn. In case of contact with endotoxin,

82 immediately flush eyes or skin with water for at least 15 min. If inhaled, remove the affected

83 individual from the area and provide oxygen and/or artificial respiration as needed. Skin

84 absorption, ingestion, or inhalation may produce fever, headache, and hypotension.

#### 85 **3.0** MATERIALS, EQUIPMENT, AND SUPPLIES

#### 86 **3.1** Source of Cells

Leukocytes from fresh WB are the source of cells for cytokine production in the WB/IL-6
test method (Hartung and Wendel, 1996; Pool et al., 1998; Schindler et al., 2006). WB is
obtained from healthy human volunteers who have provided their consent according to
established institutional guidelines. Volunteers are expected not to have taken any drugs
(e.g., prescription drugs, recreational drugs, herbal drugs) and to have been free from illness
for at least two weeks prior to donation.

#### 93 **3.2** Equipment and Supplies

For all steps in the protocol, excluding the ELISA procedure, the materials that will be in
close contact with samples and/or blood cells (e.g., pipet tips, containers, solutions) should be
sterile and free from detectable pyrogens.

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3.2.1	Blood Incubation
3.2.1.1	<ul> <li><i>Equipment</i></li> <li>Centrifuge</li> <li>Hood; Bio-safety, laminar flow (recommended)</li> <li>Incubator; cell culture (37±1°C + 5% CO<sub>2</sub>)</li> </ul>
	• Pipetter, multichannel (8- or 12-channel)
	• Pipetters, single-channel adjustable (20 and 200 µL)
	Repeating pipetter
	• Vortex mixer
3.2.1.2	<ul> <li>Consumables</li> <li>Centrifuge tubes; nonpyrogenic, polypropylene (15 and 50 mL)</li> <li>Combitips; repeating pipetter (1.0 and 2.5 mL)</li> <li>Needle set; Sarstedt multifly, pyrogen-free, 19 mm, 21 gauge for S-Monovette</li> <li>Plates; microtiter, nonpyrogenic, 96-well, polystyrene, tissue culture</li> <li>Reaction tubes; polypropylene (1.5 mL)</li> <li>Reservoirs; fluid</li> <li>Tips; pipetter, sterile, pyrogen-free (20 and 200 μL)</li> <li>Tubes; Sarstedt S-Monovette, 7.5 mL, heparinized for blood collection</li> </ul>
3.2.2	ELISA
3.2.2.1	<ul><li><i>Equipment</i></li><li>Microplate mixer</li></ul>
	<ul> <li>Microplate reader (450 nm with an optional reference filter in the range of 540-590 nm)</li> </ul>
	3.2.1.1 3.2.1.2 3.2.2

121	• Microplate washer (optional)
122	Multichannel pipetter
100	
123	3.2.2.2 Consumables
124	Container; storage, plastic
125	Deionized water; nonsterile
126	• Plates; microtiter, nonpyrogenic, 96-well, polystyrene, tissue culture
127	• Pyrogen-free water (PFW)
128	Reservoirs; fluid
129	• Tips; pipetter, nonsterile
130	• Tubes; polypropylene (12 mL)
131	3.2.2.3 ELISA Kit
132	An ELISA that measures IL-6 release from WB is used. A variety of IL-6 ELISA kits are
133	commercially available and the IL-6 ELISA procedure outlined in this protocol is intended to
134	serve as an example for using an ELISA kit. If the user prefers to prepare an in-house
135	ELISA, then additional reagents would be required. The IL-6 ELISA should be calibrated
136	using an IL-6 international reference standard (e.g., WHO 89/548) prior to use. The IL-6
137	cytokine assay kits do not provide the RSE or endotoxin equivalent; therefore this reagent
138	must be purchased separately. Results obtained using these products are subject to the assay
139	acceptability and decision criteria described in Sections 8.0 and 9.0. IL-6 ELISA kit
140	components may include the following:
141	• ELISA plates coated with anti-human IL-6 capture antibody; monoclonal or
142	polyclonal
143	Buffered wash solution
144	Dilution buffer
145	Enzyme-labeled detection antibody
146	• Human IL-6 reference standard

147		• Pyrogen-free saline (PFS)
148		Stop solution
149		TMB/substrate solution
150	3.3	Chemicals
151		• Endotoxin (e.g., WHO E. coli LPS 2nd International Standard 94/580; USP
152		RSE E. coli LPS Lot G3E069; USP RSE E. coli Lot G; FDA E. coli Lot EC6)
153	3.4	Solutions
154	ELISA s	solutions are listed in Section 3.2.
155	4.0	ASSAY PREPARATION
156	All test s	substances and endotoxin-spiked solutions should be stored at 4°C.
157	4.1	Endotoxin Standard Curve
158	An inter	nationally harmonized RSE or equivalent is used to generate the endotoxin standard
159	curve. T	he use of any other <i>E. coli</i> LPS requires calibration against a RSE using the WB/IL-6
160	test meth	nod.
161	A standa	ard endotoxin curve consisting of a Normal Saline Control (NSC) and five RSE
162	concentr	rations (0.125, 0.25, 0.50, 1.0, and 2.0 EU/mL) are included in the incubation step
163	(refer to	Table 4-1) and then transferred to the ELISA plate. To prepare the endotoxin
164	standard	curve, first obtain a 2000 EU/mL stock solution by addition of PFW to the
165	lyophiliz	zed content of the stock vial by following the instructions provided by the
166	manufac	eturer (e.g., for a vial containing 10,000 EU, 5 mL of PFW is added). To reconstitute
167	the endo	toxin, the stock vial should be vortexed vigorously for at least 30 min or sonicated in
168	a bath so	onicator for 5 min. The stock solution is stable for 14 days when stored at 2 to 8°C.
169	An endo	toxin standard curve is prepared by making serial dilutions of the stock solution in
170	PFS as c	lescribed in Table 4-1.
171		

### 172**Table 4-1Preparation of Endotoxin Standard Curve**

Stock Endotoxin EU/mL	μL of Stock Endotoxin	µL of PFS	Endotoxin Concentration in Tube EU/mL
$2000^{1,2}$	20	1980	$20^{3}$
20	100	900	2.0
2.0	500	500	1.0
1.0	500	500	0.50
0.50	500	500	0.25
0.25	500	500	0.125
0	0	1000	0

173 Abbreviations: EU = Endotoxin units; PFS = Pyrogen-free saline

Each stock tube should be vortexed prior to its use to make the subsequent dilution.

<sup>1</sup>A 2000 EU/mL stock solution of endotoxin is prepared according to the manufacturer's instructions.

<sup>2</sup> The stock solution of USP RSE may be stored in aliquots and kept at -20°C for up to 6 months. Do not store

- 177 the endotoxin at -80°C.
- 178 <sup>3</sup> This concentration is not used in the assay.
- 179

#### 180 4.2 Test Substances

181 Liquid test substances should be tested neat or, if interference is detected (see Section 4.2.1),

diluted in PFS. Solid test substances should be prepared as solutions in PFS or, if insoluble in

183 saline, dissolved in dimethylsulfoxide (DMSO) then diluted up to 0.5% (v/v) with PFS

184 provided that this concentration of DMSO does not interfere with the assay. The test

185 substances should be vortexed vigorously for at least 30 min or sonicated in a bath sonicator

186 for 5 min.

### 187 4.2.1 Interference Testing

188 Interference testing must be carried out on any test sample for which no interference

189 information is available. The purpose of the interference test is to determine the lowest

190 dilution (i.e., highest concentration) of a test substance from which an endotoxin spike can be

- 191 detected (i.e., based on the decision criteria in Section 4.2.1.2). However, to ensure a valid
- 192 test, a test substance should not be diluted beyond its Maximum Valid Dilution (MVD).
- 193 For many marketed products, values for the MVD and the Endotoxin Limit Concentration
- 194 (ELC) are published in the U.S. Pharmacopeia, the European Pharmacopoeia, and/or Food
- and Drug Administration (FDA) guidelines. However if one or both of these values are not

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- available, then calculation of the MVD is dependent on the ELC (see Section 12.3). If
- 197 unknown, the ELC can be approximated by dividing the maximum hourly dose of the
- 198 product by the hourly dose received per patient. For example, if a product were used at an
- hourly dose of 100 mg per patient, then the ELC would be 350 EU/100 mg or 3.5 EU/mg.
- 200 4.2.1.1 Reference Endotoxin for Spiking Test Substances
- 201 The WHO-LPS 94/580 [E. coli O113:H10:K-] or equivalent international RSE (e.g., USP
- 202 G3E069, FDA EC-6) is recommended for preparation of the endotoxin control (EC). If a
- 203 different *E. coli* LPS is used and the potency relative to the RSE is not provided, then each
- 204 lot must be calibrated against the RSE in the WB/IL-6 test method. For interference testing,
- an endotoxin standard curve (see Section 4.1) should be included on each plate.
- 206 4.2.1.2 Spiking Test Substances with Endotoxin
- 207 For interference testing, non-spiked and endotoxin-spiked test substances are prepared in
- 208 microplate wells (n=4 replicates) and an *in vitro* pyrogen test is performed. Either PFS or a
- 209 fixed concentration (a concentration selected from the middle of the EC standard curve) of
- 210 the RSE (i.e., 1 EU/mL) in PFS is added to the test substance in serial two-fold dilutions. An
- 211 illustrative example of endotoxin spiking dilutions is shown in **Table 4-2.** For non-spiked
- solutions, 50  $\mu$ L of PFS is added to a well followed by 50  $\mu$ L of WB and mixed by inversion.
- 213 Then, 50  $\mu$ L of the test substance (neat or at serial dilution) is added followed by 100  $\mu$ L of
- 214 PFS and the well contents are mixed. Endotoxin-spiked solutions are prepared by adding 50
- $\mu$ L of PFS to each well followed by 50  $\mu$ L of WB and mixed by inversion. Then, 50  $\mu$ L of
- 216 the test substance (neat or at serial dilution), 50  $\mu$ L of an endotoxin spike solution (1.0
- EU/mL), and 50  $\mu$ L of PFS are added and the well contents are mixed (see example
- 218 presented in **Table 4-2**).
- 219

222

## 220 Table 4-2 Preparation of Endotoxin-spiked and Non-spiked Solutions for

## 221 Determination of Test Substance Interference in the Incubation and

**ELISA Test Systems** 

Sample Addition	Spiked	Unspiked
1 I	μL/w	ell <sup>1</sup>
Pyrogen-free saline (total volume added)	100 <sup>2</sup>	150 <sup>2</sup>
Endotoxin spike solution <sup>3</sup>	50	0
Test substance (neat and each serial dilution)	50	50
WB	50	50
Total <sup>4</sup>	250	250

223 Abbreviations: WB = Whole blood

224 <sup>1</sup> n=4 replicates each

- 225 <sup>2</sup> 50 µL of WB and 50 µL of PFS are added to each well and mixed by inversion prior to the addition of the
- remaining components and volume of PFS.
- 227 <sup>3</sup> Endotoxin concentration is 1.0 EU/mL in PFS.
- 228  ${}^{4}$ A total volume of 250  $\mu$ L per well is used for the incubation.
- 229 230
- 230 231

The lowest dilution of the test substance that yields an endotoxin spike recovery of 50% to

233 200% in the pyrogen test is determined. The optical density (OD) values of the endotoxin-

spiked and non-spiked test substances are calibrated against the endotoxin calibration curve.

235 The resulting EU value of the non-spiked test substance is subtracted from the corresponding

EU value of the endotoxin-spiked test substance at each dilution. The % recovery for each

237 sample dilution is then determined from the endotoxin spike solution concentration set to

238 100%. For example, consider the following interference test results in **Table 4-3**:

# 239Table 4-3Example of Interference Data Used to Determine Sample Dilution for240Assay

Sample Dilution	% Recovery of Endotoxin Control		
None	25		
1:2	49		
1:4	90		
1:8	110		

241 242

243 Based on these results, the dilution of the test substance used in the *in vitro* pyrogen test

would be 1:4 (i.e., the lowest dilution between 50% and 200% of the 1 EU/mL EC).

#### 245 4.2.2 Interference with ELISA

- 246 If the data obtained from the experiment in **Section 4.2.1** suggests the presence of
- 247 interference, then a subsequent experiment similar to that described in Section 4.2.1 would
- 248 need to be performed to confirm that the test substance(s) does not directly interfere with the
- 249 ELISA. For this experiment, an ELISA would be performed in the absence of PBMCs.
- 250 **5.0 CONTROLS**

#### 251 **5.1** Negative Control

- A negative control (e.g., PFS) is included in each experiment in order to detect nonspecific changes in the test system, as well as to provide a baseline for the assay endpoints.
- 254 **5.2** Solvent Control

255 Solvent controls are recommended to demonstrate that the solvent is not interfering with the 256 test system when solvents other than PFS are used to dissolve test substances.

#### 257 **5.3 Positive Control**

An internationally standardized EC (e.g., WHO 94/580; USP G3E069; 0.5 EU/mL) is

259 included in each experiment to verify that an appropriate response is induced.

260 5.4 Benchmark Controls

Benchmark controls may be used to demonstrate that the test method is functioning properly, or to evaluate the relative pyrogenic potential of chemicals (e.g., parenteral pharmaceuticals, medical device eluates) of a specific class or a specific range of responses, or for evaluating the relative pyrogenic potential of a test substance. Appropriate benchmark controls should have the following properties:

- consistent and reliable source(s) for the chemicals (e.g., parenteral
   pharmaceuticals, medical device eluates)
- structural and functional similarities to the class of the substance being tested
- known physical/chemical characteristics
- supporting data on known effects in animal models

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- 271
- known potency in the range of response

#### 272 **5.5 Positive Product Control (PPC)**

The PPC is a test substance diluted to a level that does not interfere with the test method and does not exceed the MVD. The PPC is obtained by spiking a test substance with a known EC (e.g., 1 EU/mL) and demonstrating that 50% to 200% of the EC is recovered.

#### 276 **5.6** Negative Product Control (NPC)

The NPC is the test substance diluted to the MVD and then spiked with PFS. It is the negative control for the PPC.

279 6.0 EXPERIMENTAL DESIGN

#### 280 6.1 Incubation with Test Samples and Measurement of IL-6 Release

#### 281 6.1.1 <u>Collection of Human Blood</u>

WB is obtained from healthy human volunteers who have provided their consent according to established institutional guidelines. Volunteers are expected not to have taken any drugs and to have been free from illness for at least two weeks prior to donation. The criteria for rejection of data from donors that are low responders or that are suspect due to veracity of health information is addressed in **Section 8.0**.

- Fresh WB is drawn by venipuncture using a multifly needle set and collected in heparinized
- tubes (15 IU/mL lithium heparin). All components of the blood collection system (i.e.,

syringes, tubes, connecting lines) must be sterile and pyrogen-free. Blood should be stored at

290 room temperature (RT) and must be used within 4 hr. Prior to use in the assay, the collection

tubes should be gently inverted 1-2 times. **Do Not Vortex**.

#### 292 6.1.2 Incubation Plate

Test substances are prepared at a level of dilution that did not show interference with the test system or for which it is known that interference does not occur. Each incubation plate can accommodate an endotoxin standard curve, a NSC, and 14 test substances (see Table **6-1**).

296	Table 6.1	<b>Overview of Incubation Plate Preparation in the WB/IL-6 Test Method</b>

Number of Wells	Sample	PFS	EC	Test Sample	WB	Mix the samples; incubate overnight at	samples; incubate incubate incubate incubate incubate	Mix the samples; immediately transfer to an ELISA plate <sup>3</sup>
				μL		37±1°C in a	-	
$20^{1}$	EC	200	20	0	20	humidified	and run	
4	NSC	220	0	0	20	atmosphere	ELISA or	
56 <sup>2</sup>	Test samples (1-14)	200	0	20	20	with 5% CO <sub>2.</sub>	store plate at -20°C or -80°C.	-20°C or

Abbreviations: EC = Endotoxin control; NSC = Negative saline control; PFS = Pyrogen-free saline WB =
 Whole blood

<sup>1</sup> Five EC concentrations (0.125, 0.25, 0.50, 1.0, and 2.0 EU/mL) in quadruplicate.

300 <sup>2</sup> 14 test samples (n=4 each) per plate.

301 <sup>3</sup> An IL-6 standard curve is prepared in Columns 11 and 12 on the ELISA plate. Therefore, 80 wells are

302 available for test samples and controls on the incubation plate.

303

305 Blood samples are prepared in a microtiter plate using a laminar flow hood. All consumables

306 and solutions must be sterile and pyrogen-free. Each plate should be labeled appropriately

307 with a permanent marker. An overview of the incubation plate preparation is shown in Table

<b>6-1</b> . The incubation procedure is outline	d below:
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309 •	,	Step 1. Refer to the incub	pation plate	template j	presented in	Table 6-2.
		1	1	1 1		

- Step 2. Using a pipetter, transfer 150 µL of PFS into each well.
- Step 3. Transfer 50 µL of test sample into the appropriate wells as indicated in
  the template.
- Step 4. Transfer 50 μL of the EC (standard curve) and the NSC controls in
   quadruplicate into the appropriate wells according to the template.
- Step 5. Transfer 50 μL of WB into each well and mix by gently swirling the
  plate.
- Step 6. Mix the contents of the wells thoroughly by gently pipetting up and
   down several times using a multichannel pipetter, changing the tips between
   each row in order to avoid cross-contamination.

320	• Step 7. Place the covered plate in a tissue culture incubator for 10 to 24 hr at
321	$37\pm1^{\circ}$ C in a humidified atmosphere containing 5% CO <sub>2</sub> .
322	• Step 8. Prior to transferring the test samples onto the ELISA plate, mix the
323	contents of the wells by pipetting up and down using a multichannel pipetter,
324	changing the tips between each row in order to avoid cross-contamination.
325	Note: The aliquots may be tested immediately in the ELISA or stored at -20 $^{\circ}$ C or
326	-80 $^\circ\!\mathrm{C}$ for testing at a later time. After transfer to the ELISA plate, freeze the
327	remaining aliquots at -20 $^\circ$ C or -80 $^\circ$ C for subsequent experiments, if necessary (see
328	Assay Acceptability and Decision Criteria in Sections 8.0 and 9.0).
329	

	1	2	3	4	5	6	7	8	9	10	11	12
А	$EC^1$ 2.0	EC 2.0	EC 2.0	EC 2.0	TS3	TS3	TS3	TS3	TS11	TS11	Void <sup>3</sup>	Void
В	EC 1.0	EC 1.0	EC 1.0	EC 1.0	TS4	TS4	TS4	TS4	TS11	TS11	Void	Void
С	EC 0.50	EC 0.50	EC 0.50	EC 0.50	TS5	TS5	TS5	TS5	TS12	TS12	Void	Void
D	EC 0.25	EC 0.25	EC 0.25	EC 0.25	TS6	TS6	TS6	TS6	TS12	TS12	Void	Void
Е	EC 0.125	EC 0.125	EC 0.125	EC 0.125	TS7	TS7	TS7	TS7	TS13	TS13	Void	Void
F	NSC	NSC	NSC	NSC	TS8	TS8	TS8	TS8	TS13	TS13	Void	Void
G	$TS1^2$	TS1	TS1	TS1	TS9	TS9	TS9	TS9	TS14	TS14	Void	Void
Н	TS2	TS2	TS2	TS2	TS10	TS10	TS10	TS10	TS14	TS14	Void	Void

#### 330 Table 6-2 Incubation Plate - Sample and Control Template

331

Abbreviations: EC = Endotoxin control; NSC = Negative saline control; TS = Test substance

 $^{1}$  EC value (e.g., EC 2.0) represents the endotoxin concentration in EU/mL.

<sup>2</sup> TS number (e.g., TS 1) represents an arbitrary sequence for individual test substances.

<sup>3</sup>Columns 11 and 12 are reserved for the IL-6 standard curve on the ELISA plate (see **Table 6-3**).

335336

# 337 6.2 ELISA to Measure IL-6 Release

#### 338 6.2.1 IL-6 Standard Curve

An IL-6 standard, supplied with the ELISA kit, is used. IL-6 standards are typically supplied

in lyophilized form and should be reconstituted according to the manufacturer's instructions.

341 The stock solution should be diluted in PFS to the following concentrations: 0, 62.5, 125,

342 250, 500, 1000, 2000, and 4000 pg/mL in volumes of at least 500 μL. Each well on the

ELISA plate will receive 100 µL of an IL-6 blank or standard.

#### 344 6.2.2 <u>ELISA</u>

345 The manufacturer's instructions provided with the ELISA kit should be followed and a

346 typical experimental design is outlined below. If the user prefers to prepare an in-house

347 ELISA, then appropriate modifications and validation of these changes would be necessary.

348 The ELISA should be carried out at RT and therefore all components must be at RT prior to

349 use. Do *not* thaw frozen specimens by heating them in a water bath. A suggested ELISA

350 plate template is shown in **Table 6-3**, which includes a five-point EC standard curve, a NSC,

351	an eight-point IL-6 standard curve (0 to 4000 pg/mL), and 14 test substances in
352	quadruplicate. The EC standard curve, the NSC, and the test sample supernatants are
353	transferred directly from the incubation plate. The IL-6 standard curve is prepared as
354	described in Section 6.2.1. An overview of the ELISA plate preparation is shown in Table 6-
355	4.
356	Immediately prior to the ELISA procedure, dilute or mix any assay components according to
357	the manufacturer's instructions.
358	Step 1. After pipetting up and down three times to mix the supernatant, transfer 50
359	$\mu$ L from each well of the Incubation Plate (A1-10; H1-10) to the ELISA plate.
360	Step 2. Add 50 $\mu$ L of each IL-6 standard (0 to 4000 pg/mL) into the respective
361	wells on the ELISA plate.
362	Step 3. Add 200 $\mu$ L of the enzyme-labeled detection antibody (neat as supplied, or
363	diluted, if necessary) to each of the wells.
364	Step 4. Cover the microtiter plate(s) with adhesive film and incubate for 2 to 3 hr
365	at 20 to 25°C.
366	Step 5. Decant and wash each well five to six times with 300 mL Buffered Wash
367	Solution and then rinse three times with deionized water. Place the plates upside
368	down and tap to remove water.
369	Step 6. Add 200 $\mu$ L of TMB/Substrate Solution to each well and incubate at RT in
370	the dark for 15 min. If necessary, decrease the incubation time.
371	Step 7. Add 50 µL of Stop Solution to each well.
372	Step 8. Tap the plate gently after the addition of Stop Solution to aid in mixing.
373	Step 9. Read the OD <sub>450</sub> within 15 min of adding the Stop Solution. Measurement
374	with a reference wavelength of 540 to 590 nm is recommended.
375	

	1	2	3	4	5	6	7	8	9	10	11	12
А	$EC^1$ 2.0	EC 2.0	EC 2.0	EC 2.0	TS3	TS3	TS3	TS3	TS11	TS11	IL-6 <sup>3</sup> 0	IL-6 0
В	EC 1.0	EC 1.0	EC 1.0	EC 1.0	TS4	TS4	TS4	TS4	TS11	TS11	IL-6 62.5	IL-6 62.5
С	EC 0.50	EC 0.50	EC 0.50	EC 0.50	TS5	TS5	TS5	TS5	TS12	TS12	IL-6 125	IL-6 125
D	EC 0.25	EC 0.25	EC 0.25	EC 0.25	TS6	TS6	TS6	TS6	TS12	TS12	IL-6 250	IL-6 250
Ε	EC 0.125	EC 0.125	EC 0.125	EC 0.125	TS7	TS7	TS7	TS7	TS13	TS13	IL-6 500	IL-6 500
F	NSC	NSC	NSC	NSC	TS8	TS8	TS8	TS8	TS13	TS13	IL-6 1000	IL-6 1000
G	TS1 <sup>2</sup>	TS1	TS1	TS1	TS9	TS9	TS9	TS9	TS14	TS14	IL-6 2000	IL-6 2000
Н	TS2	TS2	TS2	TS2	TS10	TS10	TS10	TS10	TS14	TS14	IL-6 4000	IL-6 4000

#### 375 Table 6-3 **ELISA Plate - Sample and Control Template**

376

Abbreviations: EC = Endotoxin control; NSC = Negative saline control; TS = Test substance

377 <sup>1</sup> EC value (e.g., EC 2.0) represents the endotoxin concentration in EU/mL.

378 <sup>2</sup> TS number (e.g., TS1) represents an arbitrary sequence for individual test substances.

379  $^{3}$  IL-6 values in columns 11 and 12 are in pg/mL.

380

381

#### 382 **Overview of ELISA Procedure** Table 6-4

Material transfer from Incubation Plate (µL)	Enzyme- labeled Antibody (μL)	Cover the Incubation Plate and incubate for 2 to 3 hr at 20 to 25°C.	TMB/Substrate Solution (µL)	Incubate 15 min at RT in the dark.	Stop Solution (µL)	Read optical density at 450 nm with a 540-590 nm	
50	200		200		50	wavelength reference filter.	

383 Abbreviations: RT = Room Temperature

384

385

#### 386 7.0 **EVALUATION OF TEST METHODS**

#### 387 7.1 **OD** Measurements

- 388 The OD of each well is obtained by reading the samples in a standard microplate
- 389 spectrophotometer (i.e., plate reader) using a visible light wavelength of 450 nm (OD<sub>450</sub>) with

390 a 540 to 590 nm reference filter (recommended). OD<sub>450</sub> values are used to determine assay

391 acceptability and in the decision criteria for detection of endotoxin in a test sample (see

**Sections 8.0** and **9.0**).

#### **393 8.0 CRITERIA FOR AN ACCEPTABLE TEST**

Obtain the PPC and the corresponding NPC by interference testing of a test substance in the presence and absence of a fixed quantity of endotoxin (i.e., 1 EU/mL) in quadruplicate. An EC (five-point standard curve) and a NSC should be included in each experiment. An IL-6 standard curve should be included in each ELISA plate as shown in the template presented in **Table 6-3**. An assay is considered acceptable only if the following minimum criteria are met:

- 399• The quadratic function of the IL-6 standard curve produces an  $r^2 \ge 0.95$  and the400OD<sub>450</sub> of the blank control is below 0.15.
- The endotoxin standard curve produces OD<sub>450</sub> values that ascend in a
   sigmoidal concentration response.

Blood donors are considered to be high responders if their concentration of IL-6 is greater
than 200 pg/mL. High responders should be excluded from analysis. From a set of four
donors, a maximum of one donor may be excluded from the test. Furthermore, the
preparation being examined is required to pass the test with blood donations from at least
three different donors.

**408 9.0** 

#### DATA INTERPRETATION/DECEISION CRITERIA

#### 409 **9.1 Decision** Criteria for Determination of Pyrogenicity

410 The validity of the endotoxin standard curve should be calculated using a four-parameter 411 logistic model. If necessary to satisfy the model, endotoxin concentrations may be modified. 412 Calculate the mean  $OD_{450}$  values of all of the replicates in each experimental group. Calibrate 413 the mean  $OD_{450}$  value for each test substance using the endotoxin standard curve and 414 document the estimated endotoxin concentration. Multiply the estimated endotoxin

415 concentration by the dilution factor, if necessary. This value represents the pyrogenicity of

- 416 the sample in terms of endotoxin equivalents for that particular donor. The *t*-test is used to
- 417 compare the data of a test sample against the data of the EC (0.5 EU/mL) that is performed in

418	parallel.	If this test results in a significant <i>p</i> -value (i.e., smaller than 1%), then the sample is
419		red to be non-pyrogenic, and as pyrogenic if otherwise (Hoffmann et al., 2005), as
420		the assay acceptability criteria in Section 8.0 has been met.
421	9.1.1	Decision Level 1
422		• If all donors show a negative reaction, then the product passes.
423		• If two or more donors show a positive reaction, then the product fails.
424		• If one donor shows a positive reaction, then an additional test with four donors
425		has to be performed (go to Decision Level 2).
426	9.1.2	Decision Level 2
427		• If out of 6 to 8 donors, only one donor shows a positive reaction, then the
428		product passes.
429		• In any other case, the product fails.
430	10.0	STUDY REPORT
431	The test	report should include the following information:
432	Test Sub	ostances and Control Substances
433		• Name of test substance
434		• Purity and composition of the substance or preparation
435		• Physicochemical properties (e.g., physical state, water solubility)
436		• Treatment of the test/control substances prior to testing (e.g., vortexing,
437		sonication, warming, resuspension solvent)
438	Justifica	tion of the Test Method and the Protocol Used
439	Test Me	thod Integrity
440		• The procedure used to ensure the integrity (i.e., accuracy and reliability) of the
441		test method over time
442		• If the test method employs proprietary components, documentation on the
443		procedure used to ensure their integrity from "lot-to-lot" and over time

444 445	• The procedures that the user may employ to verify the integrity of the proprietary components
446	Criteria for an Acceptable Test
447	• Acceptable concurrent positive control ranges based on historical data
448	Acceptable negative control data
449	Test Conditions
450	• Cell system used
451	• Calibration information for the spectrophotometer used to read the ELISA
452	• Details of test procedure used
453	• Description of any modification to the test procedure
454	Reference to historical data of the model
455	• Description of the evaluation criteria used
456	Results
457	• Tabulation of data from individual test samples
458	Description of Other Effects Observed
459	Discussion of the Results
460	Conclusion
461	A Quality Assurance Statement for Good Laboratory Practice (GLP)-Compliant Studies
462	• This statement should indicate all inspections made during the study and the
463 464	dates any results were reported to the Study Director. This statement should also confirm that the final report reflects the raw data.
465	If GLP-compliant studies are performed, then additional reporting requirements provided in
466	the relevant guidelines (e.g., OECD 1998; EPA 2003a, 2003b; FDA 2003) should be
467	followed.

#### 468 **11.0 REFERENCES**

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- 491

492

#### 492 12.0 TERMINOLOGY AND FORMULA

#### 493 12.1 Assay Sensitivity ( $\lambda$ )

For an *in vitro* cell-based assay, the variable  $\lambda$  is defined as the lowest statistically significant point on the standard endotoxin concentration-response curve and represents the relative sensitivity of the test method for the detection of endotoxin (i.e., level of detection).

#### 497 **12.2** Endotoxin Control

The EC is incubated with WB and serves as the positive control for the experiment. The results should be compared to historical values to insure that it provides a known level of cytokine release relative to the NSC.

#### 501 12.3 Endotoxin Limit Concentration (ELC)

502 The ELC is the maximum allowable concentration of endotoxin for a particular product and

503 is expressed in EU per volume (mL) or weight (mg). The ELC is defined by the FDA or

504 specified in the  $USP^2$ . It is calculated as the product of K/M, where:

K is the threshold pyrogen dose for parenteral use in rabbits or humans (5.0 EU/kg). At an
injection volume of 10 mL/kg, K is equal to 0.5 EU/mL.

507 M is the larger of the rabbit dose or maximum human dose administered in one hour as 508 defined below and varies with test substance<sup>3</sup>

#### 509 12.4 Maximum Valid Dilution (MVD)

- 510 The MVD is the maximum dilution of a test substance that can be tolerated in a test system
- 511 without exceeding the ELC, if the test substance must be diluted as a result of assay
- 512 interference. Dilutions beyond the MVD would not be valid for endotoxin detection in the

<sup>&</sup>lt;sup>2</sup> ELC values for most marketed pharmaceutical products are provided in the USP or in other pharmacopoeial or regulatory publications (e.g., European Pharmacopoeia, Japanese Pharmacopoeia, Pharmacopoeial guidelines, FDA publications).

<sup>&</sup>lt;sup>3</sup> Values for most marketed pharmaceutical products are provided in the USP or in other pharmacopoeial or regulatory publications (e.g., European Pharmacopoeia, Japanese Pharmacopoeia, Pharmacopoeial guidelines, FDA publications).

513 514	test system. Calculation of the MVD is dependent on whether or not the ELC for a test substance is published. When the ELC is known, the MVD is:
515	$MVD = (ELC \times Product Potency [PP])/\lambda$
516 517 518	As an example, for "Cyclophosphamide Injection," the ELC is 0.17 EU/mg, PP is 20 mg/mL, and the assay sensitivity is 0.1 EU/mL. The calculated MVD would be 34. The test substance can be diluted no more than 1:34 prior to testing.
519	If the ELC is not known, the MVD is:
520	MVD = PP/Minimum Valid Concentration (MVC)
521	where, MVC = $(\lambda \times M)/K$
522	where, M is the maximum human dose
523 524 525	As an example, for "Cylophosphamide Injection," the PP is 20 mg/mL, M is 30 mg/kg, and assay sensitivity is 0.1 EU/mL. The calculated MVC is 0.6 mg/mL and the MVD is 33.3. The test substance can be diluted no more than 1:33 prior to testing.
526	12.5 Negative Product Control (PPC)
527 528	The NPC is a test sample to which PFS is added. The NPC is the baseline for determination of cytokine release relative to the endotoxin-spiked PPC.
529	12.6 Negative Saline Control (NSC)
530 531	The NSC is WB incubated with PFS (used for dilution of test substance) and is used as the blank.
532	12.7 Non-intrathecal Threshold Pyrogen Dose (K)
533	The value K represents the threshold pyrogen dose for parenteral products for rabbits and
534	humans. Based on experimental data, K is fixed at 5.0 EU/kg. For intrathecal products, K is
535	0.2 EU/kg.
536	12.8 Positive Product Control (PPC)
537	The PPC is a test substance spiked with the control standard endotoxin (i.e., 0.5 EU/mL or an
538	amount of endotoxin equal to that which produces $\frac{1}{2}$ the maximal increase in OD from the B5-25

- endotoxin standard curve) to insure that the test system is capable of endotoxin detection in
- 540 the product as diluted in the assay.

### 541 **12.9 Product Potency (PP)**

542 The concentration for a test substance is the PP typically expressed as µg/mL or mg/mL.

## 543 **12.10** Rabbit Pyrogen Test Dose of Maximum Human Dose (M)

- 544 The variable M represents the rabbit test dose or the maximum human dose in 1 hr. The
- 545 variable M is expressed in mg/kg and varies with the test substance. For
- 546 radiopharmaceuticals, M should be adjusted to account for product activity (radioactive
- 547 decay) at time administration. An average human standard weight of 70 kg is used for the
- 548 calculation. If a pediatric dose should be used and it is higher than the adult dose, then it
- 549 should be used in the formula.
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