

# *Perspectives on Potency Assays for Complex Biological Products*

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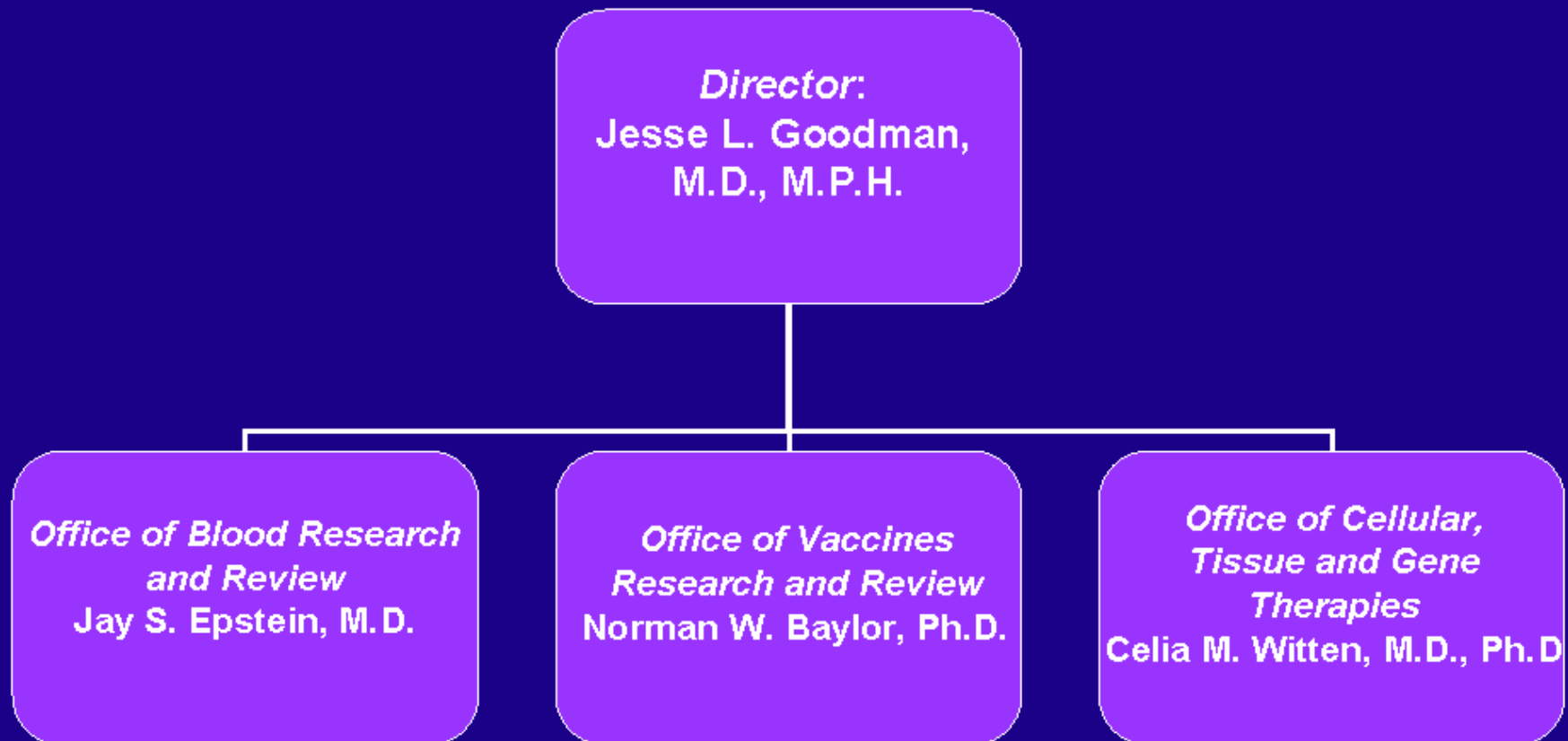
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# *Center For Biologics Evaluation And Research: Product Review Offices*



# *Successful Product Development*

- Demonstrate product to be safe, pure, potent, effective and stable
- Full product characterization
- Demonstration of manufacturing and product consistency (e.g. adherence to cGMPs)



# *Characterization for Product Release*

## *21 CFR 610*

- Sterility
- Safety
- Purity
- Identity
- Potency

# *Potency Regulations*

## **21 CFR 600.3 (s):**

The word potency is interpreted to mean the specific ability or capacity of the product...to effect a given result.

## **21 CFR 610.10:**

Tests for potency shall consist of either in vitro or in vivo tests, or both, which have been specifically designed for each product so as to indicate its potency...



# *Potency Assay Attributes for Licensed Biological Products*

- Indicate biological activity (s) specific/relevant to the product
- Results available for lot release
- Provide quantitative readout
- Meet predefined acceptance and/or rejection criteria (demonstrate lot to lot consistency)
- Include appropriate reference material/controls
- Validated for licensure
- Measure activity of all components DEEMED necessary for activity
- Indicate product stability

# *Progressive Assay Implementation*

- During preclinical and early clinical development:
  - Characterize biological activity of the product
    - Wide variances and no (or widely-set) specifications
  - One assay may not capture all critical attributes
    - Determination of product consistency
- Phase II:
  - Potency assay further developed with relationship to biological activity
  - As product development proceeds -- assays evolve:
    - Assays added, deleted, refined
    - Specification modified as needed
- By Phase III
  - Assay well-characterized
  - Specifications should be defined and justified
  - Generally fully qualified, validation on going
- For BLA: validated potency assay
  - used for in process testing, release of DS/DP and drug product stability

# *Approaches for Potency Measurements*

- **Direct measure of biological activity**
  - Biological assay methods: unique and specific product characteristics
    - *In vivo*:
      - Animal models or clinical data
        - e.g. structural repair, gene function, immune response and/or protection, cell survival, neutralization of venoms, toxins, and viral infections
    - *In vitro*:
      - Cell & tissue culture
        - e.g. signaling pathways, proliferation, immunogenicity, enzymatic activity, neutralization of venoms, toxins, and viral infections



# *Approaches for Potency Measurements*

- **Indirect measure of biological activity**
  - Analytical assay methods: non-bioassay method directly correlated to a unique and specific activity of the product
    - Immunochemical Procedures
      - e.g. ELISA, ELISPOT, Q-flow cytometry, quantitative western blots
    - Molecular and Biochemical Procedure
      - e.g. Q-PCR, RT-PCR, microarray/genomics, proteomics

# *Approaches for Potency Measurements*

- **Multiple Assay Approach (Assay Matrix)**
  - May not be possible or feasible to develop a single assay that encompasses all elements of an acceptable potency assay:
    - Limited knowledge of product and mechanism of action
    - Product has multiple components with multiple biological activities
    - Time constraints due to limited product stability (e.g. cellular therapy)
    - Biological assay is not quantitative
  - Combination of assays where the combined results, constitute an acceptable potency assay
    - e.g. a quantitative physical assay along with a qualitative bioassay
  - Assay refinement

# *Approaches for Potency Measurements: Surrogate Measures of Potency*

- Use of indirect assays as indicators of biological activity
- Substantiated by direct correlation with results obtained from relevant biological assays
  - Sufficient, statistically sound data
  - e.g by comparison to:
    - preclinical/proof of concept data
    - *In vivo* animal or clinical data
    - *in vitro* cellular or biochemical data

# *Products Regulated by the OBRR*

- **Blood Products:**
  - Whole blood, RBC, leukocytes, plasma, platelets
  - Blood collection/processing establishments
  - Blood testing kits
- **Blood Related Products:**
  - Antibody Products
    - Immune Globulin Intravenous (e.g. Human IGIV)
    - Hyperimmune globulins (e.g., Rho(D)IG, Hepatitis B IG, rabies IG, tetanus IG, botulism IG)
    - Antitoxins & Antivenoms (equine & ovine)
  - Coagulation Factors
  - Hemostatic Agents
  - Anti-coagulants

# *Example Potency Assays: OBRR Products*

- Blood Products
  - *In vivo* survival
  - Biochemical analyses
- Protein Replacement assays:
  - Factor IX (Clotting assay)
  - Thrombin (Clotting assay)
  - von Willebrand Factor (Ristocetin Cofactor Activity assay)
- Antibody products:
  - Tetanus IG, botulism IG (Toxin neutralization assays)
  - Measles IG (Plaque reduction neutralization test)

# *OBRR General Expectations*

- Manufacturers should validate their potency assays according to ICH and FDA guidance documents
- The unitage assigned to their products should be traceable to an international standard when available
- They should have a plan in place to maintain the unitage when they change reference standards
- Testing laboratories should demonstrate good control of their assay methods, and track the consistency of their assays over time

# *Products Regulated by OVRR*

- Preventive vaccines
- Therapeutic vaccines for infectious disease indications (i.e. HIV)
- Toxins & allergenic products

# *Preventive Vaccines*

- **Live, attenuated viral vaccines:**
  - *e.g. MMR, oral polio, varicella, yellow fever*
- **Inactivated viruses:**
  - *e.g. Hepatitis A, influenza, inactivated polio, rabies*
- **Crude or purified antigens derived from living or killed cells:**
  - *e.g. Diphtheria and tetanus toxoids, pertussis, anthrax*
- **Subunit vaccines:**
  - *e.g. Hepatitis B, influenza, HPV*
- **Conjugate vaccines:**
  - *e.g. Haemophilus and pneumococcal ps-protein conjugate*
- **Recombinant virus and plasmid DNA vaccines**
  - *e.g. HIV, Influenza, Ebola*



# *Expectations for Vaccine Potency Tests*

**A potency assay should be predictive of immune protection.**

- Correlation of a laboratory assay or animal immune response to the expected human immunological response in a dose-dependent manner
- Antigen quantitation in the final formulation
- Direct quantitation of replicating immunogen

# *Example Potency Assays: OVRR Products*

- In vivo
  - Response in immunized animals (e.g. acellular pertussis vaccine)
  - Mouse, Guinea Pig protection assays (e.g. anthrax vaccines)
  - Toxin neutralization assay (e.g. diphtheria and tetanus vaccines)
- In vitro
  - Viable counts (e.g. live viral and bacterial vaccines)
  - Antigen characterization
    - Structural integrity, presence of epitopes
      - e.g. pneumococcal conjugate vaccines, pneumococcal polysaccharide vaccines, HPV vaccine

# *Challenges to Vaccine Potency Assays*

- Fall 2005 NIAID workshop for novel vaccines
  - [http://www3.niaid.nih.gov/research/topics/HIV/vaccines/reports/meeting\\_Oct11\\_2005.htm](http://www3.niaid.nih.gov/research/topics/HIV/vaccines/reports/meeting_Oct11_2005.htm)
  - Epitope determination:
    - MHC Class restrictions (culture, animal models), intracellular processing
  - Correlates of protection (e.g. HIV, malaria)
- Malaria Vaccine Initiative: Correlates of protection
  - <http://www.malariavaccine.org/>
- 2005 CaSSS CMC FORUM
  - Multivalent vaccines
    - Specificity, interference, dilution bias, reference materials
    - [http://www.casss.org/cmc/PDFs/2006MAY\\_BioProcess\\_Part2.pdf](http://www.casss.org/cmc/PDFs/2006MAY_BioProcess_Part2.pdf)

# *Products Regulated by OCTGT*

- **Gene Therapy Products**
  - **e.g. Recombinant and Oncolytic vectors**
    - plasmids, retro-, adeno-, AAV, HSV, pox, paramyxo-, alpha, rhabdo, reo-viruses
- **Cellular Therapy Products**
  - **e.g. stem, differentiated, tumor cells**
    - e.g. embryonic, hematopoietic, cord blood, mesenchymal, neural, pancreatic islets, chondrocytes, myocytes, stromal, dendritic cells, lymphocytes
- **Therapeutic Vaccines**
  - **e.g. cancer, Alzheimer's Disease, addiction**
    - cellular products, gene therapy products, cell lysates, cells and cell lysates pulsed with peptides, proteins or vectors, peptides, proteins, adjuvants
- Tissues, Tissue Engineered Products, Xeno-transplantation Products
- Other Novel Products

# *Challenges-Assay Characteristics*

- Variability
- Validation
- Limited availability of reference standards and controls
  - Patient specific therapies
  - Novel vectors
- Time constraints

# *Challenges-Product Characteristics*

- **Complex mechanism of action**
  - e.g. Multiple steps involved in vector transduction
- **Multiple active components with multiple activities**
  - e.g. multiple cell types, vector types, multiple gene products
  - Potential for interference or synergy
- **Product variability due to variability in starting cells or tissue**
  - e.g. patient specific tumor vaccine
- **Limited material to test**
  - e.g. patient specific tumor vaccine
- **Product stability**
  - Many products administered within hours of harvest
  - Storage/holding may effect viability, potency, etc.

# *Gene Therapy Potency Assay Development*

- **Challenge:**
  - Can a single direct or indirect, biological or analytical assay encompass all elements of an acceptable potency assay?
  - Complex multi-step mechanism of action
    - Dose is based on titer (viral vectors) or mass (plasmids)
    - Efficient transduction: binding/entry into cell, uncoat, expression gene product)
    - Functional gene product (e.g. translational modifications, transport, secretion)
- **Development strategy: Use matrix approach**
  - Develop a combination of assays where the combined results constitute an acceptable potency assay

# *Potential Example Potency Assays: Gene Therapy Products*

- **Cytokine-producing viral vector**
  - Viral titer (genomes/particles and infectious)
  - ELISA: measure cytokine quantitatively relative to titer
    - Functional activity by Phase 3 investigation
      - e.g. Cell proliferation assay
- **Oncolytic virus/vector:**
  - Viral titer (genomes/particles and infectious)
  - Measure tumor specific cytopathic effect or differential viral replication





# *Cellular Therapy Potency Assay Development*

- **Challenge:**
  - Product stability
  - Variable, poorly characterized product
- **Development Strategy:**
  - Cross-Over Between Product Characterization Parameters
    - Assays intended to measure one parameter may be relevant to another parameter

# *Cellular Therapy Characterization*

- Cellular impurities profile: identify and enumerate cell types
- Identity: HLA, other unique markers
  - Examples:
    - Flow cytometric assessment of cell phenotype for purity may link to identity and/or potency
    - Morphological evaluation: cell type and state
- Key parameters?
  - Unique biochemical markers
  - Gene and protein expression analysis
  - Secreted proteins

# *What to measure for potency?*

- Simple identity markers may not change under conditions that affect cell function
- Need to identify functional biomarkers
  - e.g. Correlate with in vitro differentiation
  - e.g. Detect unacceptable behavior of cultured cells
  - e.g. Detect functional cells in complex mixture
- Develop genomic or proteomic techniques to identify functional biomarkers??

# *Potential Example: Cellular Therapy Product*

## *A Case study: Is a bioassay necessary?*

- **T-cell product: Tumor Infiltrating Lymphocytes (TIL)**
- Potential Potency Assay Matrix:
  - Viable cell number
  - Phenotype characterization (e.g. Flow cytometry)
  - Tumor specific cytotoxicity assay
    - Without CTL experiment: do not know the amount of tumor specific T-cells in complex mixture of expanding T-cells
  - Functional biomarker and/or correlation studies

# Summary

- **Potency Measurements**
  - **Directly: Biological assay**
  - **Indirectly: Surrogate assay(s) directly correlated to biological activity**
  - **One of many assays that measure product quality**
- **Progressive assay refinement**
  - **Start Potency Assay Development Early!**
    - Recognize challenges to meeting requirements
    - Evaluate more than one assay
    - Collect correlation data
- **A well characterized product is important when interpreting clinical data!**

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# *Obtaining Information from CBER*

- <http://www.fda.gov/cber/publications.htm>
  - Guidance Documents
  - ICH Guidelines
- Email:
  - Manufacturers assistance:
    - [MATT@CBER.FDA.GOV](mailto:MATT@CBER.FDA.GOV)
    - Consumers: [OCTMA@CBER.FDA.GOV](mailto:OCTMA@CBER.FDA.GOV)