

**Pharmaceutical aspects of subvisible particles in protein formulations** Weinbuch, D.

### Citation

Weinbuch, D. (2016, December 13). *Pharmaceutical aspects of subvisible particles in protein formulations*. Retrieved from https://hdl.handle.net/1887/44780

Version:	Not Applicable (or Unknown)
License:	<u>Licence agreement concerning inclusion of doctoral thesis in the</u> <u>Institutional Repository of the University of Leiden</u>
Downloaded from:	https://hdl.handle.net/1887/44780

Note: To cite this publication please use the final published version (if applicable).

Cover Page



## Universiteit Leiden



The handle <u>http://hdl.handle.net/1887/44780</u> holds various files of this Leiden University dissertation.

Author: Weinbuch, D. Title: Pharmaceutical aspects of subvisible particles in protein formulations Issue Date: 2016-12-13

# **CHAPTER 1**

**G**ENERAL INTRODUCTION

#### Immunogenicity of therapeutic proteins

Since the introduction of insulin as the first protein-based pharmaceutical product in the 1920s, the market for and the number of biopharmaceutical drugs has been rapidly growing. At present, about 100 different therapeutic proteins have been approved for clinical use by the US Food and Drug Administration (FDA) and they have acquired a key role in the treatment of various diseases such as several types of cancer, autoimmune and inflammatory diseases, and metabolic disorders (1). The first therapeutic proteins originated from non-human sources, such as equine antisera and insulin from bovine or porcine pancreas. Even though effective for therapy in humans, the large drawback of such proteins was their low purity and foreign structure to the human immune system, resulting in immune reactions in patients against the therapeutics (2). Extensive research has been performed in the past 30 years to improve safety and efficacy of biopharmaceuticals. With the development of improved molecular biology methods, recombinant expression techniques and better purification protocols, it has become possible to obtain highly pure recombinant human proteins. It was believed that those recombinant human proteins will not be recognized as foreign by the human immune system and will therefore not reveal the immunogenicity-related problems of former therapeutic proteins. However, clinical and post-market studies show that even these "human" products still induce immune responses in patients, suggesting that not just "foreignness" alone is responsible for the unwanted immunogenicity (3–5).

As we know now, unwanted immunogenicity of therapeutic proteins is a complex issue depending on patient-related factors (e.g., type of disease, genetic background), treatment-related factors (e.g., administration route, dosage regime), and product-related factors (e.g., product modifications, contaminants, and impurities) (6–8). An introduction of biological mechanisms potentially underlying unwanted immunogenicity can be found in Chapter 3. While it is still not entirely clear how each factor contributes to a drug product's potential for immunogenicity, it is generally recognized that the presence of aggregates is one of the main product-related risk factors for inducing immune reactions in patients (9–12).

#### Protein degradation and aggregation

Protein degradation can occur throughout the life cycle of a drug product, including manufacturing, storage, handling and administration to patients. The protein can thereby undergo various ways of degradation (13). Chemical modification for example include reactions such as deamidation, oxidation, isomerization, and peptide bond cleavage.

These can compromise the primary structure and thereby the conformational stability of a protein. Conformational stability can also be influenced by physical degradation including exposure to elevated temperatures, solid-liquid and liquid-air interfaces. In many instances, protein degradation results in protein aggregation.

Protein aggregation can follow a number of different mechanisms and pathways (Figure 1). These mechanisms are not mutually exclusive and can occur in parallel within the same product. The predominant mechanisms depends not only on the protein itself, but also on a variety of other factors, such as the formulation, the presence of impurities or contaminants, and the exposure to chemical or physical stress mentioned above (14–16). It is currently not fully understood how different aggregation mechanisms and the thereby resulting structural differences of aggregates influence their potential immunogenicity.

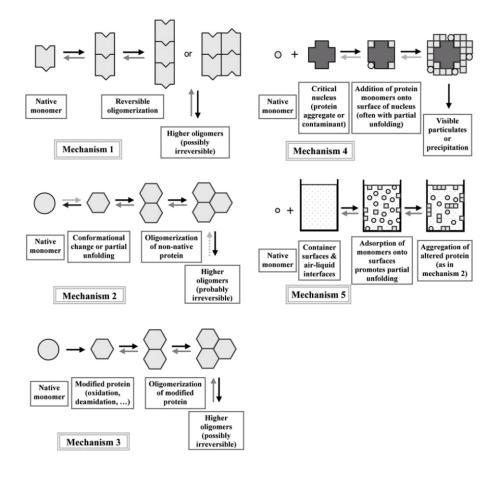


Figure 1: Schematic illustration of five common aggregation mechanisms (14).

Formulation development, an integral part of every biopharmaceutical drug product development program, aims to obtain a product that, amongst other things, maintains the stable and functional state of a therapeutic protein throughout the intended shelf life, while suppressing the potentially harmful degradation pathways. A detailed introduction into formulation development can be found in Chapter 2.

#### **Analytical challenges**

One major challenge during protein formulation development is the reliable characterization and quantification of potential degradation products, particularly aggregates and particles in the size range between around 0.1 to  $10 \ \mu m$  (17,18). Importantly, proteinaceous particles in this size range are potentially the most immunogenic class of protein aggregates and are thus generally considered a critical quality attribute (19–22). While instrument manufacturers have worked on providing new analytical techniques to overcome an analytical gap in the subvisible size range identified in 2009 (19), there is a large demand of their critical scientific evaluation (23-26). Additionally, subvisible particles can be composed of non-proteinaceous material, such as particle sheds from pumps or primary packaging materials (including silicone oil droplets in prefilled syringes) or particles formed by degradation of excipients (e.g., polysorbate). While those are not necessarily harmful themselves, they can negatively impact protein stability and thereby compromise product quality (27-32). The presence of nonproteinaceous particles can also be indicative of problems during the production process (33). Unlike the compendial specification for particles  $\geq$  10  $\mu$ m and  $\geq$  25  $\mu$ m (34,35), there are currently no specifications for particle concentrations in the size range < 10  $\mu$ m. It is therefore necessary for developers of innovator as well as biosimilar products to assess the nature and criticality of potentially present aggregates and particles case-by-case.

#### Aim and outline of this thesis

The aim of the work presented here was to evaluate and improve established and emerging analytical techniques for the characterization of aggregates and particles in the nm- and  $\mu$ m-size range, which are to be employed during research and development of biopharmaceutical drug products. These analytical techniques are then applied:

- (i) to characterize particles in the nm- and  $\mu\text{m-size}$  range present in protein formulations and
- (ii) to study the effect of nanoparticulate impurities from excipients on the stability of therapeutic proteins.

**Chapter 2** is an introduction into the field of protein formulation development. It reviews literature on current protein formulation development strategies and summarizes current challenges formulation scientists are facing. Chapter 3 is an introduction into the concept and underlying mechanisms of unwanted immunogenicity, as well as a review of various models currently employed to predict immunogenicity during the different stages of research and development of biopharmaceutical drug products. In Chapter 4, an improved version of the commonly applied subvisible particle counting technique light obscuration is investigated for its applicability to analyze formulations with high protein concentrations. The influence of sample viscosity on the results of different system setups is studied using highly concentrated drug products and model solutions with enhanced viscosity, which are spiked with polystyrene beads. Chapter 5 is a comparative evaluation of Micro-Flow Imaging and Resonant Mass Measurement as emerging techniques for the differentiation of protein particles and silicone oil droplets in biopharmaceutical formulations. Artificially formed protein aggregates and silicone oil droplets in various concentrations and size ranges are analyzed individually and in different combinations by both systems. Furthermore, a novel mathematical filter, differentiating the particle types based on morphology, is developed and evaluated in comparison to currently used algorithms. In Chapter 6, four of the most relevant flow-imaging microscopy instruments are compared with the goal of identifying their differences, benefits and shortcoming. Artificially formed protein aggregates and silicone oil droplets as well as counting and sizing standards are used to test the instruments with respect to their accuracy and precision regarding size and concentration determination as well as their capability of differentiating particles of different morphology. In Chapter 7, an interference of sugarcontaining formulations with light scattering based detection of nm-sized protein aggregates is investigated. The root cause of this interference is studied by using various different sugars, purification techniques and analytical instruments. In Chapter 8, nanoparticulate impurities found in pharmaceutical-grade sucrose are investigated and their effect on the stability of four therapeutic monoclonal antibodies currently on the market is studied in a time and concentration dependent fashion. In Chapter 9, the main findings are summarized and perspectives for further developments of analytical techniques and improvements of scientific knowledge in the field of subvisible particle analysis are briefly discussed.

#### References

- 1. Kinch MS. An overview of FDA-approved biologics medicines. Drug Discov Today. 2015;20(4):393-8.
- 2. Fineberg SE, Galloway JA, Fineberg NS, Goldman J. Effects of species of origin, purification levels, and formulation on insulin immunogenicity. Diabetes. 1983;37(7 I):592–9.
- Greenfield JR, Tuthill a, Soos Ma, Semple RK, Halsall DJ, Chaudhrya, et al. Severe insulin resistance due to anti-insulin antibodies: response to plasma exchange and immunosuppressive therapy. Diabet Med. 2009 Jan;26(1):79–82.
- Renard E, Scheen AJ. Circulating insulin antibodies : influence of continuous subcutaneous or intraperitoneal insulin infusion, and impact on glucose control. Diabetes Metab Res Rev. 2009;(June):491–501.
- 5. Bertolotto A, Deisenhammer F, Gallo P, Sölberg Sørensen P. Immunogenicity of interferon beta: differences among products. J Neurol. 2004 Jun;251 Suppl (S2):II15–24.
- 6. Schellekens H. The immunogenicity of therapeutic proteins and the fabry antibody standardization initiative. Clin Ther. 2008 Jan;30(SUPPL.2):S50–1.
- 7. Schellekens H. Factors influencing the immunogenicity of therapeutic proteins. Nephrol Dial Transplant. 2005;20(SUPPL. 6).
- Sauerborn M, Brinks V, Jiskoot W, Schellekens H. Immunological mechanism underlying the immune response to recombinant human protein therapeutics. Trends Pharmacol Sci. 2010 Feb;31(2):53–9.
- 9. Ratanji KD, Derrick JP, Dearman RJ, Kimber I. Immunogenicity of therapeutic proteins: Influence of aggregation. J Immunotoxicol. 2013 Aug 6;6901(2012):1–11.
- Rosenberg AS. Effects of protein aggregates: a nimmunologic perspective. AAPS J. 2006 Jan;8(3):E501–
  7.
- 11. Wang W, Singh SK, Li N, Toler MR, King KR, Nema S. Immunogenicity of protein aggregates--concerns and realities. Int J Pharm. Elsevier B.V.; 2012 Jul 15;431(1-2):1–11.
- 12. Moussa EM, Panchal JP, Moorthy BS, Blum JS, Joubert MK, Narhi LO, et al. Immunogenicity of Therapeutic Protein Aggregates. J Pharm Sci. Elsevier Ltd; 2016;105(2):417–30.
- 13. Mahler HC, Friess W, Grauschopf U, Kiese S. Protein aggregation: Pathways, induction factors and analysis. J Pharm Sci. Els evier Masson SAS; 2009;98(9):2909–34.
- 14. Philo JS, Arakawa T. Mechanisms of protein aggregation. Curr Pharm Biotechnol. 2009;10:348–51.
- Roberts CJ. Protein aggregation and its impact on product quality. Curr Opin Biotechnol. 2014;30:211–
  7.

- 16. Morris AM, Watzky Ma, Finke RG. Protein aggregation kinetics, mechanism, and curve -fitting: a review of the literature. Biochim Biophys Acta. Elsevier B.V.; 2009;1794(3):375–97.
- 17. Narhi LO, Schmit J, Bechtold-Peters K, Sharma D. Classification of protein aggregates. J Pharm Sci. 2012 Feb;101(2):493–8.
- Zölls S, Tantipolphan R, Wiggenhorn M, Winter G, Jiskoot W, Friess W, et al. Particles in therapeutic protein formulations, Part 1: overview of a nalytical methods. J Pharm Sci. 2012 Mar;101(3):914–35.
- Carpenter JF, Randolph TW, Jiskoot W, Crommelin DJA, Middaugh CR, Winter G, et al. Overlooking subvisible particles in therapeutic protein products: gaps that may compromise product quality. J Pharm Sci. 2009 Apr;98(4):1201–5.
- Singh SK, Afonina N, Awwad M, Bechtold-Peters K, Blue JT, Chou D, et al. An industry perspective on the monitoring of subvisible particles as a quality attribute for protein therapeutics. J Pharm Sci. 2010;99(8):3302–21.
- 21. Narhi LO, Jiang Y, Cao S, Benedek K, Shnek D. A critical review of a nalytical methods for subvisible and visible particles. Curr Pharm Biotechnol. 2009 Jun; 10(4):373–81.
- 22. Kirshner LS. Regulatory expectations for analysis of aggregates and particles. In: Colorado Protein Stability Conference. Breckenridge, CO; 2012.
- 23. Filipe V, Hawe A, Jiskoot W. Critical evaluation of Nanoparticle Tracking Analysis (NTA) by NanoSight for the measurement of nanoparticles and protein aggregates. Pharm Res. 2010 May;27(5):796–810.
- 24. Nishi H, Mathäs R, Fürst R, Winter G. Label-Free Flow Cytometry Analysis of Subvisible Aggregates in Liquid IgG1 Antibody Formulations. J Pharm Sci. 2013 Nov11;103(1):1–10.
- 25. Narhi LO, Corvari V, Ripple DC, Afonina N, Cecchini I, Defelippis MR, et al. Subvisible (2 -100 μm) particle analysis during biotherapeutic drug product development: Part 1, considerations and strategy. J Pharm Sci. 2015;104(6):1899–908.
- 26. Weinbuch D, Zölls S, Wiggenhorn M, Friess W, Winter G, Jiskoot W, et al. Micro-flow imaging and resonant mass measurement (archimedes) complementary methods to quantitatively differentiate protein particles and silicone oil droplets. J Pharm Sci. 2013;102(7):2152–65.
- 27. Mehta SB, Lewus R, Bee JS, Randolph TW, Carpenter JF. Gelation of a monoclonal antibody at the silicone oil-water interface and subsequent rupture of the interfacial gel results in aggregation and particle formation. J Pharm Sci. 2015;104(4):1282–90.
- 28. Ludwig DB, Carpenter JF, Hamel J-B, Randolph TW. Protein adsorption and excipient effects on kinetic stability of silicone oil emulsions. J Pharm Sci. 2010 Apr;99(4):1721–33.
- 29. Britt KA, Schwartz DK, Wurth C, Mahler HC, Carpenter JF, Randolph TW. Excipient effects on humanized monoclonal antibody interactions with silicone oil emulsions. J Pharm Sci. 2012 Sep 16;101(12):4419 32.
- 30. Li Y, Hewitt D, Lentz YK, Ji J a, Zhang TY, Zhang K. Characterization and stability study of polysorbate 20 in therapeutic monoclonal antibody formulation by multidimensional ultrahigh -performance liquid

chromatography-charged aerosol detection-mass spectrometry. Anal Chem. 2014 May 20;86(10):5150–7.

- 31. Siska CC, Pierini CJ, Lau HR, Latypov RF, Fesinmeyer RM, Litowski JR. Free fatty acid particles in protein formulations, Part 2: Contribution of polysorbate raw material. J Pharm Sci. 2015 Sep 5;104(2):447–56.
- 32. Kerwin BA. Polysorbates 20 and 80 used in the formulation of protein biotherapeutics: structure and degradation pathways. J Pharm Sci. 2008 Aug;97(8):2924–35.
- Saller V, Matilainen J, Grauschopf U, Bechtold-Peters K, Mahler HC, Friess W. Particle Shedding from Peristaltic Pump Tubing in Biopharmaceutical Drug Product Manufacturing. J Pharm Sci. 2015;104(4):1440–50.
- 34. Ph.Eur. 2.9.19. General, particulate contamination: sub-visible particles. In: The European Pharmacopoeia, 7th ed. 2011.
- 35. USP <787>. Subvisible particulate matter in therapeutic protein injections. In: The United States Pharmacopoeia, National Formulary.