# Biológiai készítmények és génterápia (alapkoncepciók)

- fehérjék
  - "engineered" fehérjék
  - antitestek
- nukleinsavak
- sejtek

előállítás nem kémiai szintézissel!

- biológiai terápia
  - in vitro előállítás → in vivo alkalmazás
- génterápia
  - élő szomatikus sejtek "átprogramozása"
  - in vivo vagy ex vivo

#### "Biopharmaceuticals"

(Biológiai készítmények)

- nagy komplex molekulák → farmakokinetika!
  - fehérjék
    - "engineered"/rekombináns fehérjék
      - pl. antitestek / fehérje hormonok
    - vakcinák
    - vér, vérkészítmények
    - allergének
  - nukleinsavak
    - antiszensz oligonukleotidok
    - "siRNA"
    - génterápia
- sejtek, szövetek
  - szomatikus

#### "Biopharmaceuticals"

(Biológiai készítmények)

#### • Előállítás?

- a kémiai szintézissel ellentétben, ahol
  - jól definiált a kémiai szerkezet
  - nagyfokú a tisztaság
  - nincs mikrobiális kontamináció
- itt: izolálás / biotechnológia / sejtek általi megtermeltetés
  - nem pontosan meghatározott kémiai szerkezet
  - keverékek
  - mikrobiális szennyeződésre fogékony
- in vitro előállítás ↔ in vivo felhasználás

# Fehérjék

- pl. inzulin / növekedési hormon
  - kezdetben
    - forrás: állat / ember
    - problémák: kis mennyiség / immunreakciók / infekciók
  - jelenleg
    - forrás: transzfektált expressziós rendszer (sejtek)
    - előny: elegendő mennyiség
    - problémák: endotoxin / glycosylatio / költség

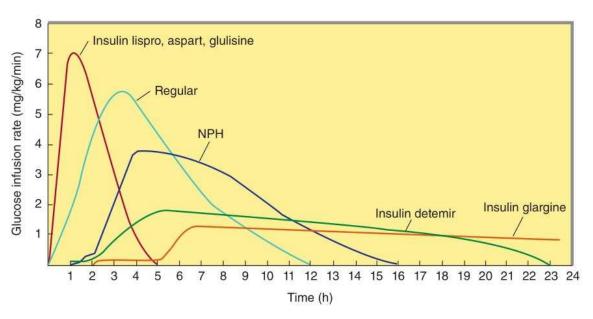
# Fehérjék

- endogén fehérjék másolatai (első gen.)
- módosított fehérjék (második gen.)
  - kedvezőbb farmakokinetika
    - "pegylálás" / inzulin
  - fúziós fehérjék új funkció
    - etanercept / immunotoxinok
  - csökkent immunogenitás (humanizálás)
- megtervezett fehérjék (harmadik gen.)
  - a jövő

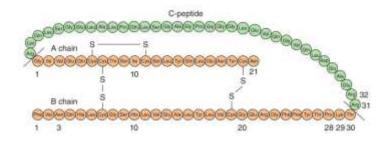
# Néhány biológiai készítmény

- hormonok
  - inzulin
  - növekedési hormon
  - pegvisomant
    - GH receptor antagonista acromegalia kezelésére, mutáns GH polyethylen glycol (PEG) származéka
- növekedési faktorok / citokinek
  - erythropoietin (pl. epoetin alfa / darbepoetin)
  - granulocyte colony stimulating factor (G-CSF, (peg)filgrastim)
  - interferonok (IF- $\alpha$ , IF- $\beta$ , IF- $\gamma$ )
  - interleukinok (pl. IL-2)
- antitestek

#### **Insulin preparations**

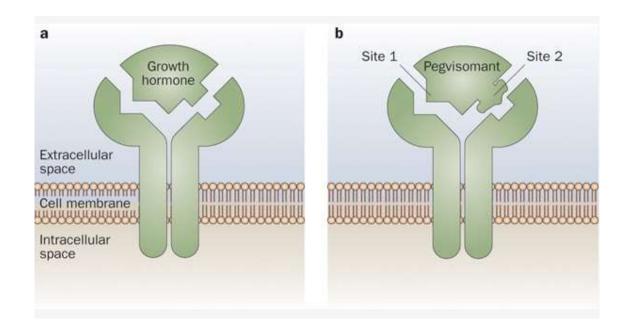


- rapid acting
  - lispro B28 Pro ↔ B29 Lys
  - aspart B28 Pro → Asp
  - glulisine B3 Asn  $\rightarrow$  Lys + B29 Lys  $\rightarrow$  Glu
- long-acting
  - detemir terminal Thr ↔ myristic acid
  - glargine add 2 Arg to B carboxy + A21 Asn → Gly
  - degludec similar to detemir (Thr ↔ hexadecanedioic acid)



#### **Pegvisomant**

- PEG derivative of a mutant GH
- used/effective in acromegaly
- increases circulating GH conc.



#### **Antitestek**

- poliklonális antitestek
- monoklonális antitestek hybridoma
  - egér
  - kiméra
  - humanizált
  - humán

#### **Humanized antibodies**

### human amino-acid sequences:

chimeric: F<sub>c</sub> part

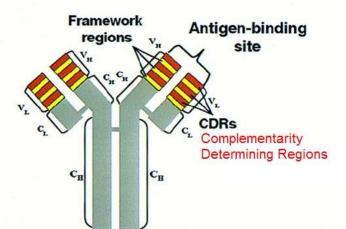
humanized: F<sub>ab</sub> part also, with the exception of the *complementarity determining region* (CDR)

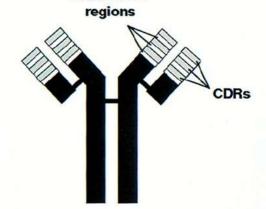
human: completely human

#### **Mouse Antibody**

#### **Human Antibody**

Framework





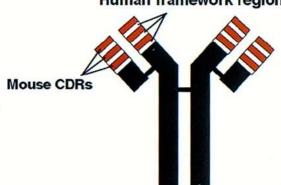
ximab Chimeric Antibody

#### zumab

#### **Humanized Antibody**

**Human framework regions** 





	CURRENT MONOCLONAL ANTIBODY NOMENCLATURE								
	UNIQUE PREFIX	TARGET TISSUE		SOURCE ORGANISM		CONSERVED SUFFIX			
		-o(s)-	bone	-u-	human				
		-vi(r)-	viral	-0-	mouse				
		-ba(c)-	bacterial	-a-	rat				
		-li(m)-	immune	-е-	hamster				
		-le(s)-	infectious lesions	- <i>j</i> -	primate				
		-ci(r)-	cardiovascular	-xi-	chimeric				
		-mu(I)-	musculoskeletal	-zu-	humanized				
		-ki(n)-	interleukin	-axo-	rat/murine hybrid				
	variable	-co(I)-	colonic tumor			-mab			
		-me(I)-	melanoma						
		-ma(r)-	mammary tumor						
		-go(t)-	testicular tumor	÷					
		-go(v)-	ovarian tumor						
		-pr(o)-	prostate tumor						
		-tu(m)-	miscellaneous tumor						
		-neu(r)-	nervous system						
		-tox(a)-	toxin as target						
ples:	Beva	ci		zu		mab			
	Ri	tu		xi		mab			
	Ala	ci		zu		mab			
	Glemba	tum		u		mab			

#### Nomenclature of monoclonal antibodies

			prefix	substem A and B		suffix: monoclonal	
		name	unique name, distinct syllable	target class, (therapeutic use)	biological origin murine, human	antibodies and fragments <b>mab</b>	
immune	murine	muromonab-CD3		pefore the acceptance of the present rules of nomenclature			
	chimeric	infliximab	inf	lim	хi	mab	
		basiliximab	basi	li <mark>m</mark>	хi	mab	
	humanized	daclizumab	dacli	lim	zu	mab	
		omalizumab	oma	lim	zu	mab	
		efalizumab	efa	lim	zu	mab	
		natalizumab	nata	lim	zu	mab	
	fully human	adalimumab	ada	lim	u	mab	
						mab	

#### A humanizált antitestek előnyei

- hosszabb felezési idő
- csökkent immunogenitás
- a human effektor mechanizmusok hatékonyabb aktiválása
  - ADCC (Antibody Dependent Cellular Cytotoxicity)
  - komplement aktiváció

#### **Immunotoxin**

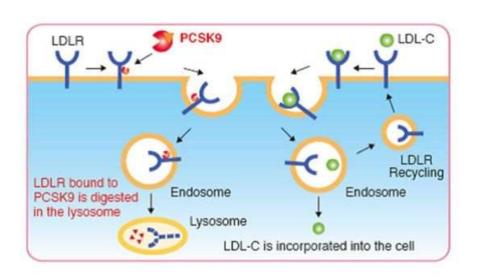
- brentuximab vedotin (target: CD30)
  - anti-CD30 chimeric IgG1 + MMAE
    - binding → internalization → release of MMAE → blockade of tubulin polymerisation
  - indication (but only after failure of other therapies)
    - anaplastic large cell lymphoma
    - Hodgkin's disease
  - risk of progressive multifocal leukoencephalopathy (PML)

#### Biologic therapy for hyperlipidemia

#### **PCSK9** inhibitors

(proprotein convertase subtilisin/kexin type 9)

PCSK9 protease  $\rightarrow$  binds to LDL rec.  $\rightarrow$   $\uparrow$  degradation  $\rightarrow$   $\uparrow$  LDL





**Expensive** – 14100 USD/year (2015)

"On October 26, 2018 Amgen announced a 60% cut in price (5850 USD/year)"

#### Biologic therapy for hyperlipidemia

#### **PCSK9** inhibitors

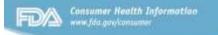
(**p**roprotein **c**onvertase **s**ubtilisin/**k**exin type **9**)

- PCSK9
  - protease → binds to LDL rec. →  $\uparrow$  degradation →  $\uparrow$  LDL
- alirocumab / evolocumab
  - fully human monoclonal antibodies against PCSK9
- SC. biweekly  $\rightarrow$  up to 70% LDL  $\downarrow$  + triglycerides, apo B-100 and Lp(a)  $\downarrow$
- adjunctive to diet and maximally tolerated statin and/or ezetimibe
- indications
  - familial hypercholesterolemia
  - est. atherosclerotic cardiovascular disease requiring additional LDL lowering
- adverse effects
  - inj. site reactions
  - ↑ infection risk (upper resp. / urinary)
  - hypersensitivity (rare)
  - neurocognitive effects ?
  - no ↑ risk of myopathy

### Biologikumok fejlesztése

- gyártás
  - minőségbiztosítás
  - aszeptikus technológia
- preklinikai / klinikai fejlesztés
  - "biosimilarity" = biohasonlóság (nem generikus)
    - a gyártási folyamat változásaira fokozottan érzékeny
  - biztonság
    - jelentős specificitás lásd TGN1412

#### **Biosimilars**



# Biosimilars: More Treatment Options Are on the Way

- Zarxio: First US FDA approved biosimilar
  - -06.03.2015
  - EU approval: 06.02.2009
- Neupogen (filgrastim) → Zarxio

### Biological therapy ≠ targeted therapy

- anticancer molecularly targeted therapy
  - non-biologicals
    - tyrosine kinase inhibitors
      - e.g. imatinib, dasatinib, nilotinib (BCR-ABL kinase, CML)
    - epidermal growth factor receptor inhibitors
      - e.g. lapatinib (HER2+ breast cancer)
      - e.g. erlotinib (metastatic non–small cell lung cancer)
  - biologicals
    - epidermal growth factor receptor inhibitors
      - e.g. trastuzumab (HER2+ breast cancer)
      - e.g. cetuximab (EGFR+ metastatic colorectal cancer)
- DMARDs
  - non-biologicals
    - e.g. methotrexate, hydroxychloroquine, leflunomide
  - biologicals
    - e.g. infliximab, adalimumab, etanercept

# Génterápia

- szomatikus sejtek genetikai módosítása
  - rekombináns nukleinsavak bejuttatása a célsejtekbe
  - in vivo  $\leftrightarrow$  ex vivo
- cél
  - megelőzés
  - csillapítás
  - gyógyítás
- potenciális alkalmazás
  - monogénes betegségek gyógyítása
    - pl. cisztás fibrosis, hemoglobinopathiak
  - genetikai hátterű (+nem genetikai is) betegségek enyhítése
    - pl. malignus, neurodegenerativ
- nehézségek
  - célbajuttatás (kapacitás-hatékonyság-szelektivitás PK)
  - biztonság
  - perzisztencia
  - klinikai hatékonyság

### Requirements of gene delivery systems

- capacity of the system
  - how much DNA it can carry
- transfection efficiency
  - ability to enter and become utilised by cells
- lifetime of the transfected material
  - determined by the lifetime of the targeted cells
- safety
  - especially in the case of viral delivery systems

### **Gene delivery**

#### in vivo

- vector is injected into the patient
- iv. (targeting) or directly into the target tissue

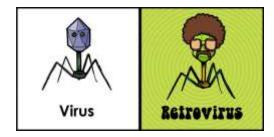
#### ex vivo

- remove cells from the patient
- treat them with the vector
- inject the genetically altered cells back

ideal vector: safe, efficient, selective, results in persistent expression

### **Gene delivery**

- viral vectors (modified 'replication defective')
  - retroviruses
    - incorporated randomly into host DNA
    - only infect dividing cells
    - persistence (if into stem/progenitor cells)
    - little specificity (ex vivo use)



#### adenovirus

- high transgene expression
- not inserted into the host genome > do not replicate > only temporary effect
- low dose inefficient while high dose elicit immune response

#### other viruses

adeno associated virus / herpesvirus / disabled HIV

### **Gene delivery**

- non-viral vectors
  - liposomes
    - positively charged lipids ('lipoplexes')
    - improved delivery into the cell nucleus
    - much less efficient than viruses
  - microspheres
    - made from polyanhydride co-polymers of fumaric and sebacic acids
    - loaded with plasmid DNA
    - possibility of oral gene therapy
  - plasmid DNA
    - much less efficient / cannot be targeted
    - no risk of viral replication and is not usually immunogenic

### **Gene expression control**

- control the activity of gene
  - e.g. hemoglobinopathies appropriate balance of normal  $\alpha$  and  $\beta$ -globin chain synthesis
- inducible expression system
  - e.g. doxycycline-inducible promoter

# **Safety**

- general
  - related to the nature of vectors
- specific
  - e.g. polycythaemia from overexpression of erythropoietin
- viral vectors
  - acquire virulence
  - immunogenic viral proteins
  - elicit inflammatory response
  - damage host genome and interfere with the cell cycle > provoke malignancy

### **Example for problem of persistence**

#### cystic fibrosis

- autosomal recessive
- airway epithelium malfunction
- missing membrane Cl⁻ transporter
  - cystic fibrosis transport regulator (CFTR)
- continuous replacement of epithelial cells
  - periodic need for treatment
    - unless the gene is inserted into progenitor/stem cells

### **Gene therapy in Parkinson's disease**

- three completed Phase 1 trials in the US
  - vector: adeno associated virus type 2
  - genes
    - glutamic acid decarboxylase GABA synthesis ↑ into subthalamic nucleus
    - aromatic acid decarboxylase (AADC) levodopa → dopamine ↑ in putamen
    - neurturin neurotrophic factor, may ↑ survival of dopaminergic neurons
  - results: safe and possibly effective
  - Phase 2 trials are under way

### Suicide gene therapy for GvHD

- background
  - in high-risk hematological diseases
    - allo-SCT from HLA-matched donor is potentially curative
  - antileukemic efficacy is determined by
    - conditioning regimen + alloreactivity
- problem
  - alloreactivity → graft-versus-host-disease (GvHD)
- solution
  - suicide gene → donor T cells ex vivo
    - thymidine kinase gene / caspase-9
  - later posttreatment to eliminate T cells
    - ganciclovir / AP1903 (dimerizing drug)
- result
  - promise for control GvHD

