

Hypersensitivity reactions (HSRs) to nano-biopharmaceuticals and COVID vaccines

**Pseudo-allergic reactions to
nano-biopharmaceuticals and COVID vaccines
mediated by complement activation**

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Budapest, Hungary**

Tuesday, June 16, 2021

Outline

- **Medical relevance of the Biosafety project's focus on HSRs and complement pathology**
 - ⇒ i.e., complement activation-related pseudoallergy (**CARPA**)
- **CARPA: features**
- **Symptoms**
- **Mechanisms**
- **Prediction of reactions In vitro and in vivo**
- **Recent Progress**
 - **Experimental: Use of pigs for immunogenicity assessment and developing safe administration protocols**
 - **Hypothesis, that CARPA may be a contributing factor to the HSRs to mRNA vaccines**
 - **Conceptual: Immune stimulatory vicious cycle and CARPA as a stress reaction**

Medical relevance

(of the Biosafety project)



Biosafety - HORIZON 2020 EU
project
SEMMEWEIS UNIVERSITY, INSTITUTE OF
TRANSLATIONAL MEDICINE

[HOME](#) [BIOSAFETY](#) [ABOUT THE PROJECT](#) [PARTICIPANTS](#) [EVENTS](#)

PROJECT TITLE: BIOSAFETY ASSAYS FOR THE DIAGNOSIS AND PREDICTION OF DRUG-RELATED COMPLEMENT PATHOLOGY

- HSRs represent a major safety issue, a potential biological barrier to the use of many useful drugs and contrast agents.
- One contributing cause is complement (C) activation (according to the CARPA theory)
- Expanding the arsenal of C activation tests and establishing their predictive value for HSRs requires further studies and increased dissemination of the concept.

Why vaccines?

- Safety has become a central issue in the ongoing large-scale anti-COVID-19 vaccination.
- Most (if not all) COVID vaccines consist of nanoparticles.
- HSR is a very rare, controllable side effect but it limits the choice of vaccines for many people with severe allergies.
- CARPA is hypothesized to be a contributing mechanism for vaccine-induced HSRs.

Toxicity Clearance for Drug Registration

- **Systemic toxicity**
 - Acute
 - Subacute
 - Chronic
- **Carcinogenicity**
- **Genetic toxicology**
- **Reproductive toxicology**
- **Ecotoxicology**
- **Immune toxicity**

Species

- **rat**
- **rabbit**
- **mouse**
- **guinea pig**
- **dog**
- **mini-pig**
- **pig**

Role of C in HSRs, rationale of focusing on “complement pathology”

- Most iv-administered reactogenic (i.e., HSR-causing drugs) can trigger complement (C) activation that explains some, or most symptoms. Hence, the name, CARPA.
- These reactions are limited to intravenous therapies, and the reactions are also known as *infusion reactions (IRs)*.
- *IRs* are common, particularly among nano-biopharmaceuticals (nanomedicines, biologicals, immuno-therapeutics)
- Even though these can be severe and even life-threatening, assaying for IRs before a drug gets to clinical phases is challenging because relevant biomarkers or animal models are scarce.
- Semmelweis University Nanomedicine Department is pioneering in CARPA research.

Nanomedicine-induced infusion reactions: Features

- Often hyperacute phenomenon
- Individual variation of symptoms
- More or less severe, can be fatal
- Intravenous therapies
- Nano-drugs and biologicals
- Therapeutic dose
- First injection
- Rare (2-10%)
- Self-tolerance (tachyphylaxis)
- Cascadic immune reaction
- Multiple, redundant pathways
- All arms of immune responses: innate/specific, humoral/cellular
- Cannot be predicted by standard allergy tests
- Hurdle for the translation of nanotechnology-based drug products
- May lead to drug withdrawal
- Regulatory authorities increasingly demand preclinical testing

nature
nanotechnology

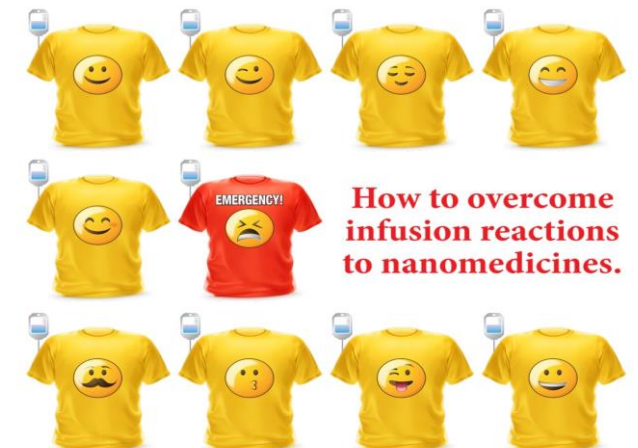
PERSPECTIVE

<https://doi.org/10.1038/s41565-018-0273-1>

Roadmap and strategy for overcoming infusion reactions to nanomedicines

Janos Szebeni^{1,2,3}, Dmitri Simberg⁴, África González-Fernández⁵, Yecheskel Barenholz⁶ and Marina A. Dobrovolskaia^{7*}

NATURE NANOTECHNOLOGY
13;12:1100-1108, 2018



Health impact of immune toxicity and pseudoallergy

Adverse Drug Events

2,2 millions / year, 5-6th cause of death

Immune toxicity

$20 \pm 5\%$ (~440,000/ year)

Pseudoallergy:

≈ 77% of adverse drug effects are non-IgE mediated, hypersensitivity reactions = pseudoallergy) (~340,000/ year)

Extra health care expenses:

≈ > hundreds of millions / year

Clinical and pharmaco-industrial significance of CARPA

- Rare, but serious –occasionally deadly- anaphylactic reactions may surface only in phase III-IV postmarket surveillance;
 - *can be fatal (in cardiac patients)*
 - *cannot be predicted by standard allergy tests*
 - *may lead to drug withdrawal*

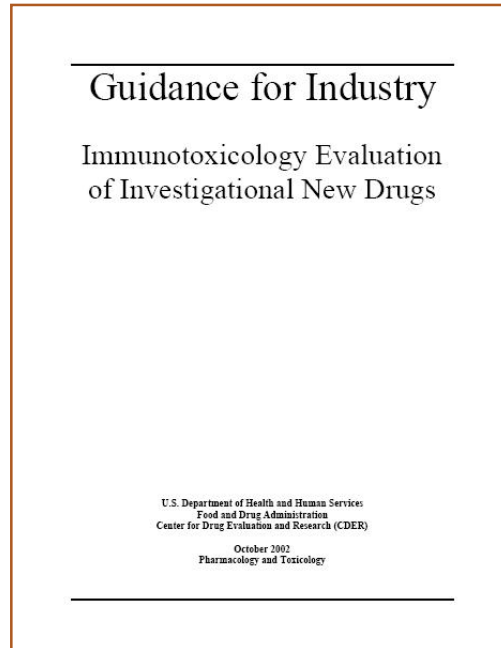
May contribute to immunogenicity

*change pharmacokinetics, compromise efficacy
cause toxicity, including HSRs*

Regulatory authorities increasingly demand experimental verification of short- and longterm immune tolerance

Regulatory response to immune toxicity

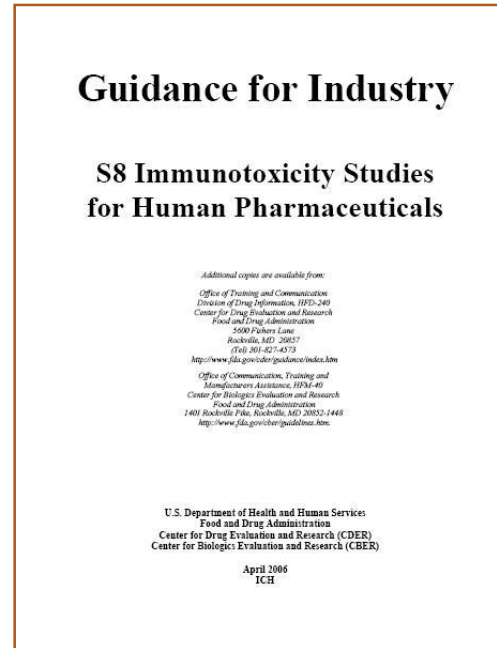
2002



„All new human pharmaceuticals should be evaluated for the potential to produce immunotoxicity.”

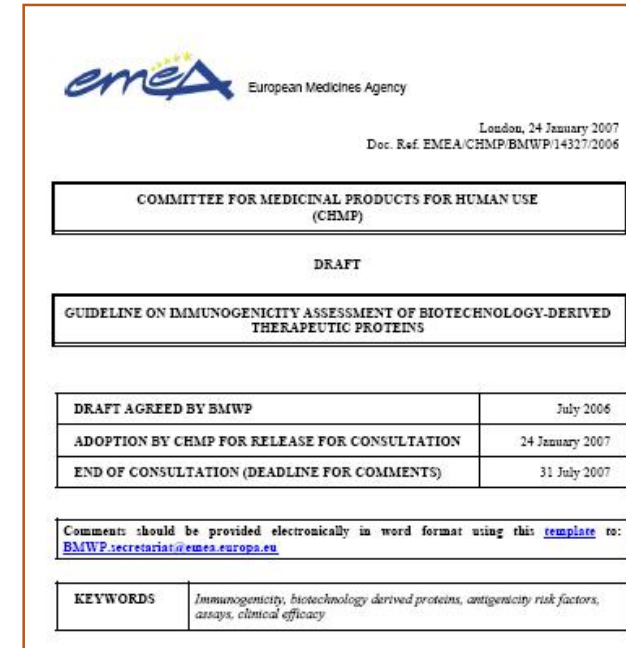
„Methods include standard toxicity studies and additional immunotoxicity studies conducted as appropriate...”

2006



„It is essential to adopt an appropriate strategy for the development of adequate screening and confirmatory assays to measure an immune response against a therapeutic protein.”

2007



The CARPA concept: Some drug-induced hypersensitivity reactions are due to C activation

- The symptoms are
 - Explained by C activation – anaphylatoxin actions
 - Reproduced by C activators (in pigs and rats)
 - Blocked by C inhibitors (in pigs)
- No pre-exposure
 - No immune learning –

~~IgE~~

Complement activation-related pseudoallergy,

CARPA

Complex terminology of acute systemic immune reactions to IV drugs

Term
Hypersensitivity reaction
Infusion reaction
Idiosyncratic reaction
Anaphylaxis
Pseudoallergy
Non-allergic hypersensitivity
Non-immune hypersensitivity
Complement-activation-related pseudoallergy (CARPA)
Immunologic anaphylaxis
Non-immunologic anaphylaxis
Anaphylactoid reaction
Type B adverse drug reaction

Complement activation plays a causal role in the cardiopulmonary distress of pigs injected i.v. with liposomes



Jules Bordet

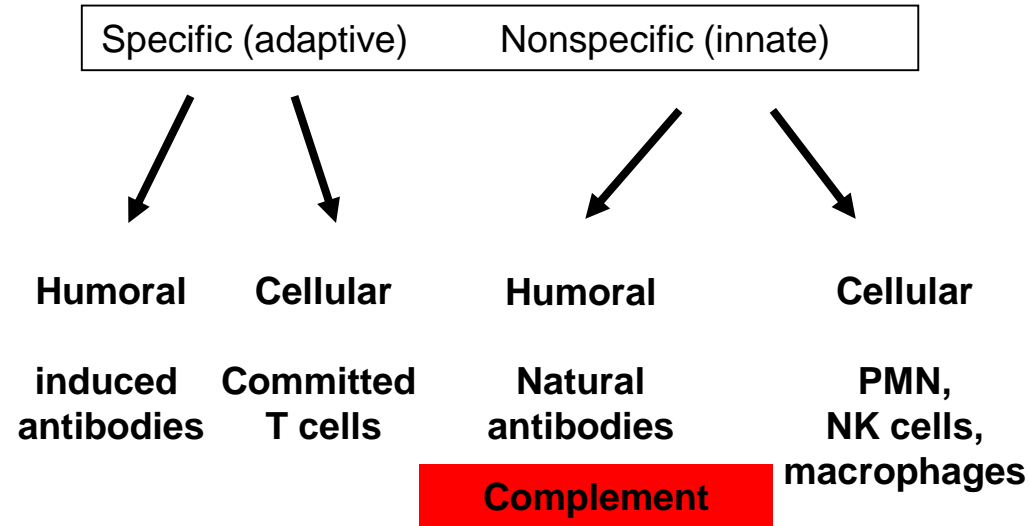
1890 - Killing of *Vibrio Cholerae* by guinea pig immune serum by a heat sensitive substance:
ALEXINE [Greek *alexein* = to ward off]
 Nobel Prize, 1919

- proteolytic cascade in blood
- 35 glycoproteins
- 13 cell membrane-bound
- 22 soluble
- 14 split products

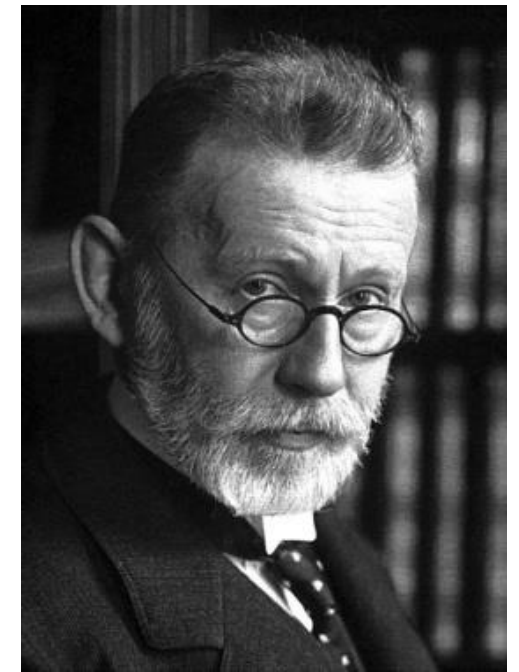
The C system:

Described 131 years ago

Immune system



- Antimicrobial defense
- Tissue growth & repair
- Waste disposal
- Bridging innate and adaptive immunity
- Conception

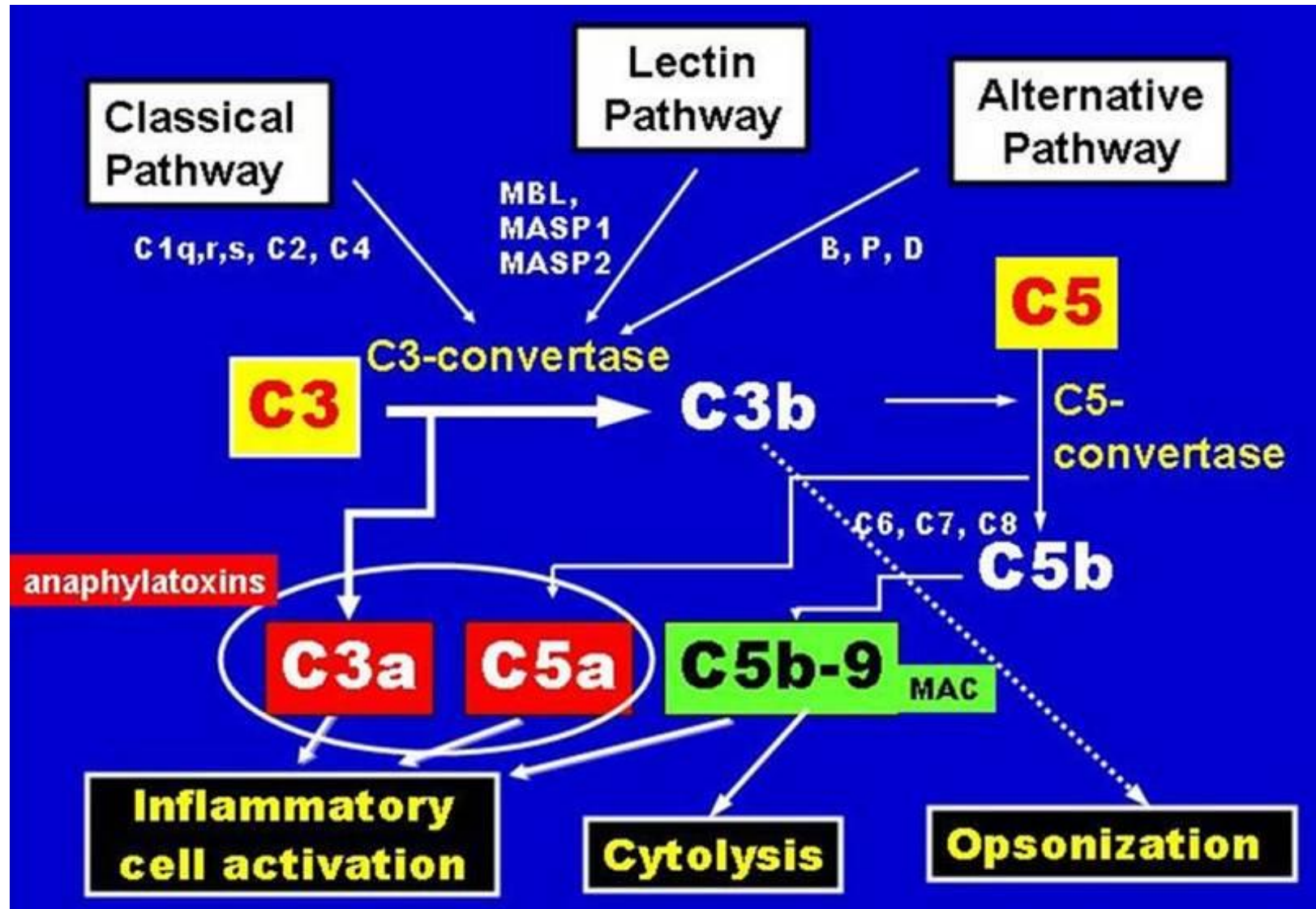


Paul Erlich

1900 - **ALEXINE**
 => **complement**

Nobel Prize 1908

The C cascade



Symptoms of drug-induced acute hypersensitivity reactions (CARPA syndrome)

Cardio-vascular	Broncho-pulmonary	Hemato-logical	Muco-cutaneous	Gastro-intestinal	Neuro-psycho-somatic	Systemic
angioedema	apnea	leukopenia	cyanosis	nausea	back pain	chills
arrhythmia	bronchospasm	granulopenia	erythema	vomiting	chest pain	diaphoresis
cardiogenic shock	coughing	rebound leukocytosis	flushing	metallic taste	chest tightness	fever
hypertension	dyspnea	rebound granulocytosis	rash	diarrhea	headache	sweating
hypotension	hyper-ventilation	thrombocyto-penia	rhinitis	cramping	feeling of imminent death	wheezing
hypoxia	laryngospasm	lymphopenia	swelling	bloating	fright	rigors
myocardial infarction	stridor		urticaria		panic	feeling of warmth
tachycardia	respiratory distress		nasal congestion		rigors	loss of consciousness
ventricular fibrillation	shortness of breath		pruritus		anxiety	death
edema	sneezing		tearing		confusion	
syncope	hoarseness		conjunctival erythema		dizziness	

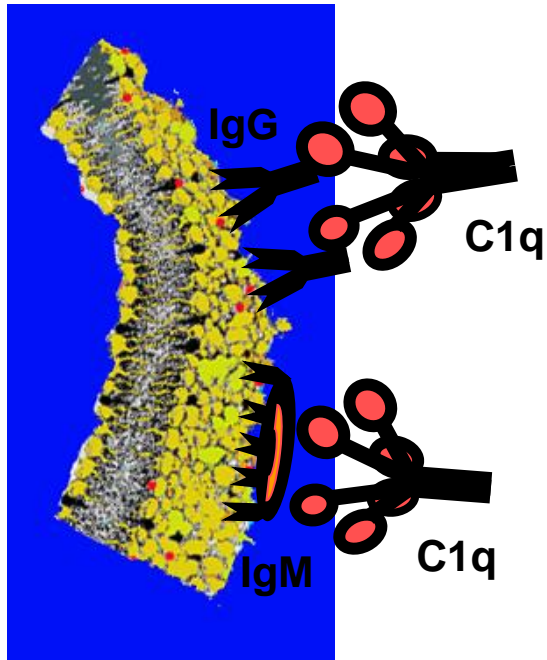
Drugs causing hypersensitivity reactions

Liposomal drugs and diagnostics	Micellar drug formulations	Radio and ultrasound contrast agents	Antibody-based Therapeutics & diagnostics	Enzymes Proteins Peptides	Miscellaneous other
Doxyl (Caelix) Ambisome Amphocyl Myocet DaunoXome Tc⁹⁹-HINIC-PEG	Taxol Taxotere Cyclosporine Etoposide	Diatrizoate Iodixanol Iohexol Iopamidol Iopromide Iothalamate Ioversol Ioxaglate Ioxilan SonoVue Magnevist	Avastin Enbrel Herceptin Humira Raptiva Synagis Xolair Compath Erbix Mylotarg Remicade Rituxan Vectibix Tysabri	Avonex Actimmune Abbokinase Aldurazyme Activase Zevalin Neupogen Neulasta Fasturtec Plenaxis	Cancidas Copaxone Orencia Eloxatin Salicilates

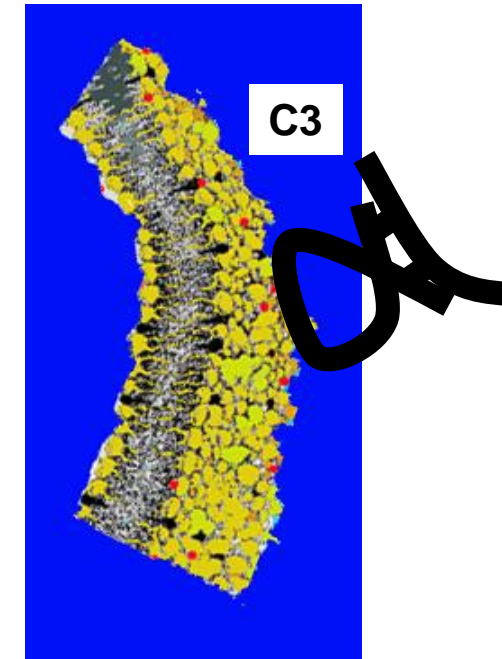
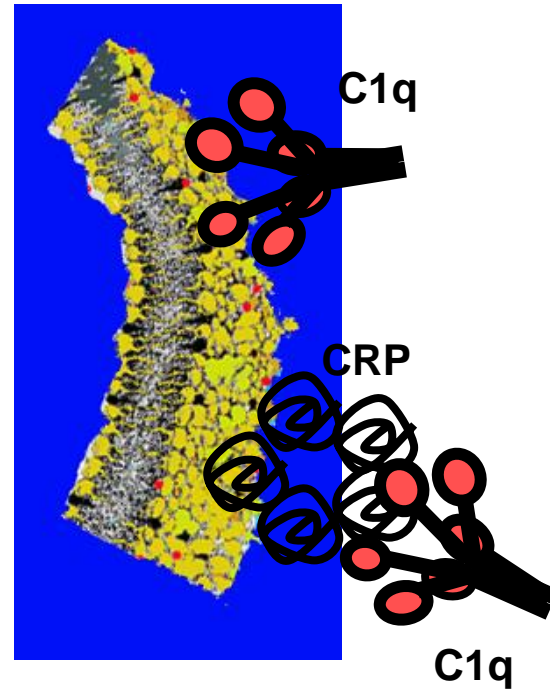
C activation by Liposomes

Classical Pathway

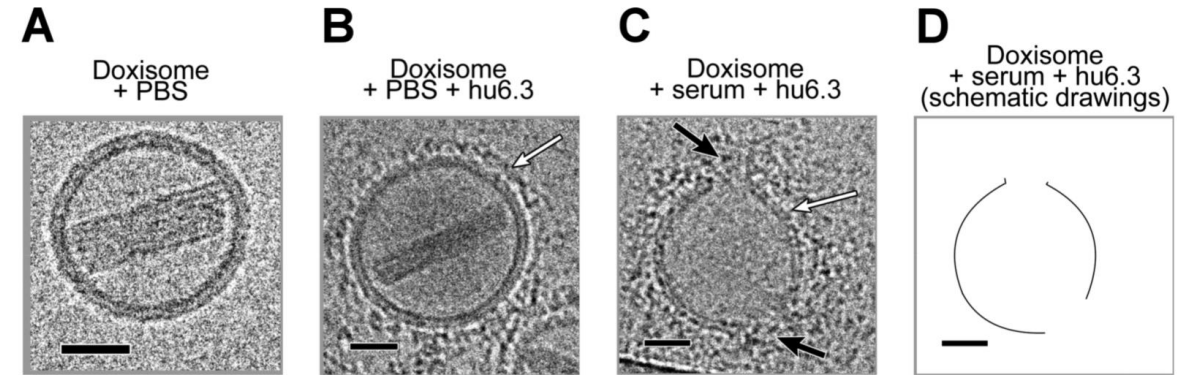
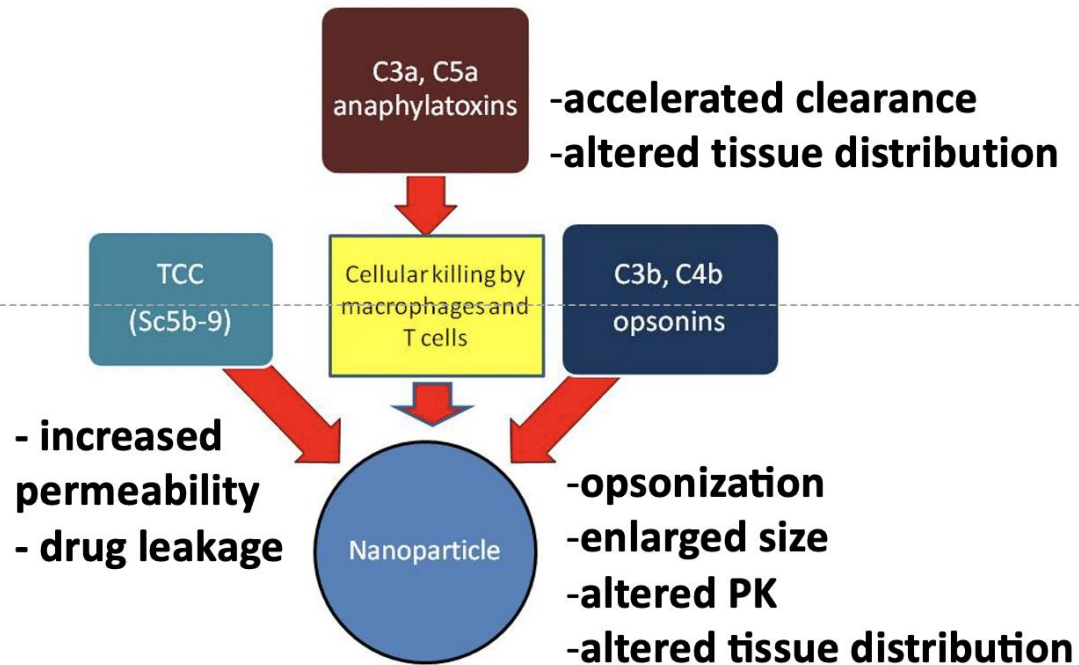
Natural antibodies



Alternative Pathway



Impact of C activation on liposomes



ACS NANO

www.acsnano.org

Premature Drug Release from Polyethylene Glycol (PEG)-Coated Liposomal Doxorubicin *via* Formation of the Membrane Attack Complex

Even Chen, Bing-Mae Chen, Yu-Cheng Su, Yuan-Chih Chang, Tian-Lu Cheng, Yechezkel Barenholz,* and Steve R. Roffler*

ACS Nano 2020, 14, 7, 7808–7822

Immune Toxicity Catastrophes

1999 – Death of 18 year-old Jesse Gelsinger

at Pennsylvania University in a gene therapy trial represents a major setback to the field of gene therapy in the years to come. „No one is really sure exactly why the gene therapy treatment caused his death, but it appears that his immune system launched a raging attack on the adenovirus carrier”*

2006 – Clinical trial of a new monoclonal antibody designated TGN 1412

leaves six volunteers badly injured. Catastrophe widely publicized as „the elephant men” trial. „British regulators ... concluded that TeGenero's drug TGN 1412 appeared to cause an unprecedented biological reaction in humans by stimulating the immune system”* Cytokine Storm

Drug Withdrawals

2005 - „...Palatin Technologies, the manufacturer of NeutroSpec (Technetium (99m Tc) fanolesomab) is voluntarily suspending marketing of NeutroSpec effective immediately due to **serious safety concerns**”

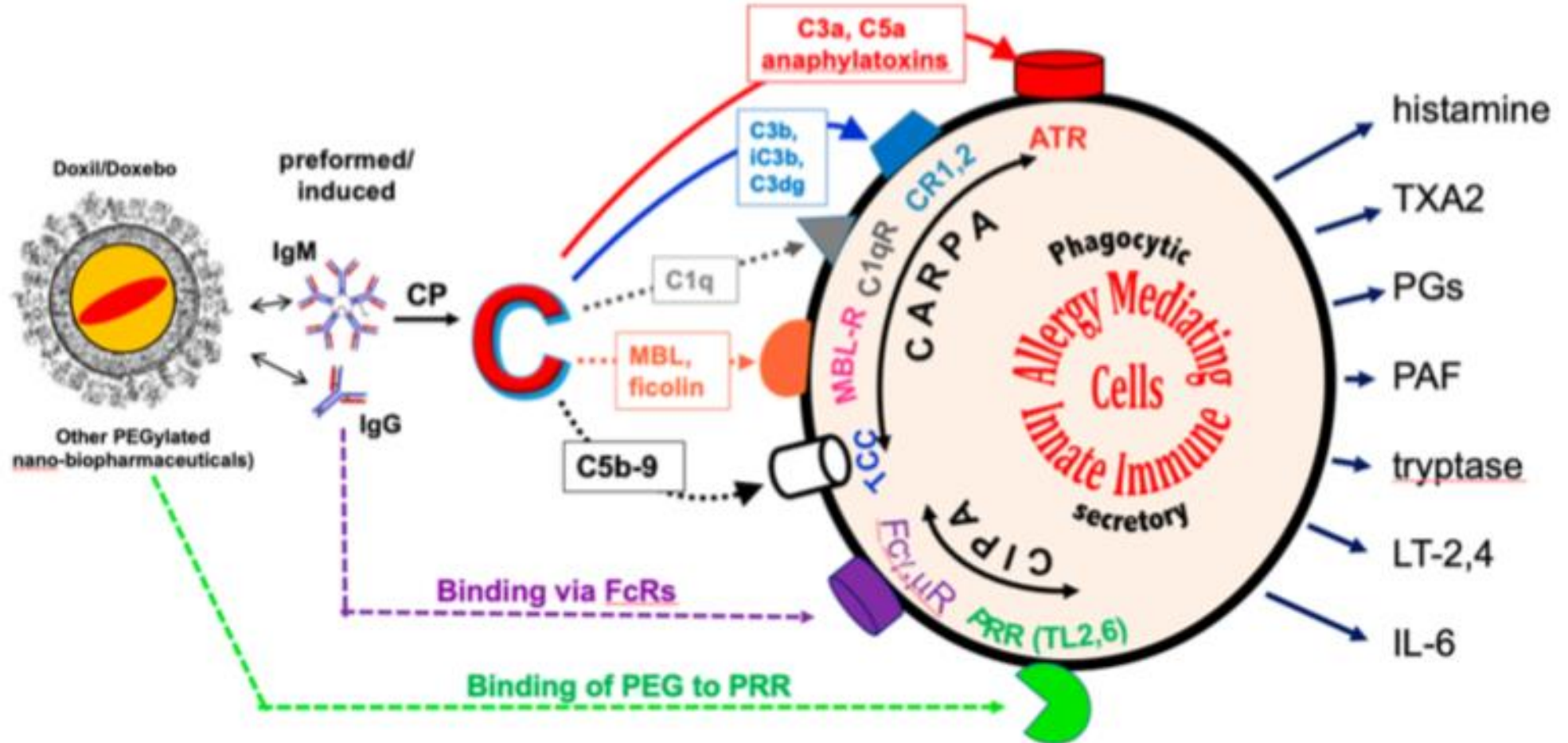
„... FDA received reports from Palatin Technologies of **2 deaths and 15 additional life-threatening adverse events** in patients receiving NeutroSpec.”*

*Source: US FDA

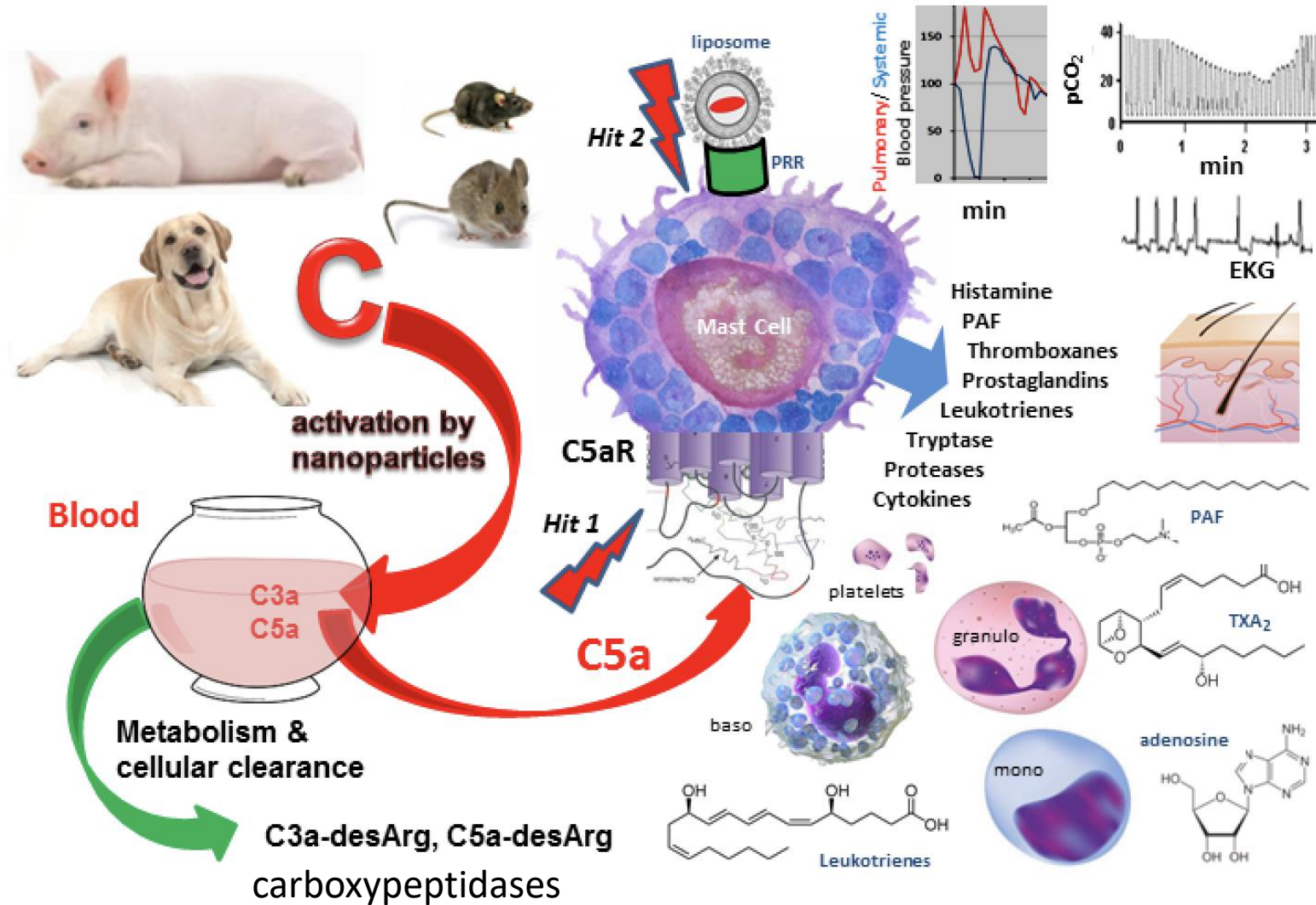
<http://www.fda.gov/CDER/drug/advisory/technetium99.htm>

Mechanism

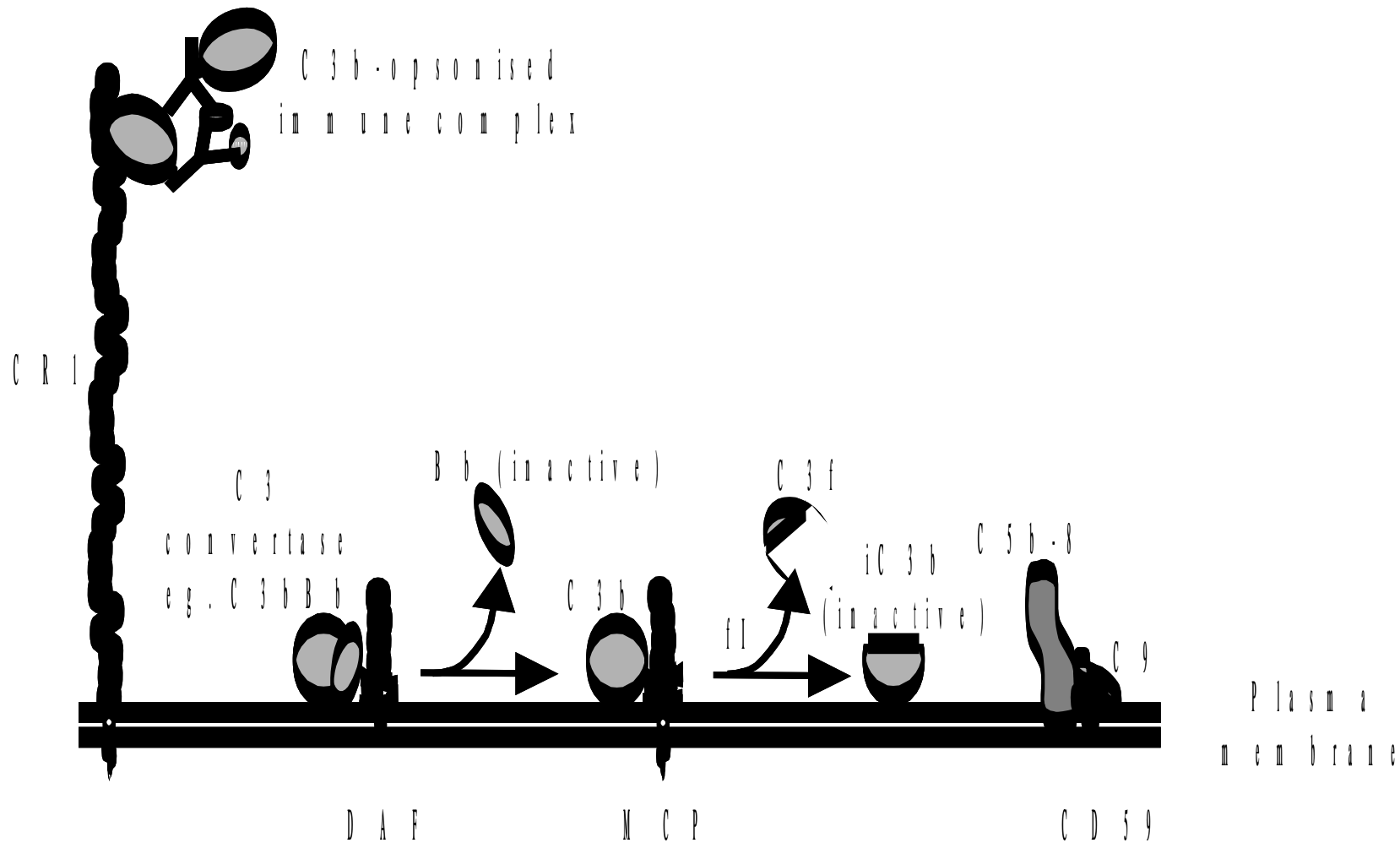
Double/multiple hit concept



The anaphylatoxin “hit”



Membrane proteins protecting cells against complement attack



Prevention and Treatment of CARPA:

Current Methods

- **Emergency measures**
 - CPR, epinephrine, oxygen, fluids
- **Empirical**
 - slow infusion, break or termination of infusion
- **Pharmacological**
 - See below

Pharmacological Prevention of CARPA

- Commonly applied

- anti-inflammatory agents
 - Steroids
 - NSAID
 - Ibuprofen
 - acetaminophenol
- Antihistamines
 - H1,H2

- Potential

- IVIG
- C1INH
- Anti C5 mAb (Soliris)
- Macrophage / RES / inhibitors
 - L-clodronate,
 - L-alendronate

Prevention of CARPA via desensitization

- **Theoretical basis**
 - tachyphylactic nature of HSRs
 - Weak, subclinical reactions also can lead to tachyphylaxis
- **Realization**
 - Slow infusion of low dose of placebo (empty) liposomes

In vitro C tests for CARPA prediction

- **Animal studies**

- Correlation between C activation by reactogenic drugs in vitro and hemodynamic and cardiopulmonary disturbance in pigs including systemic hypotension and pulmonary hypertension
- Administration of human C5a causes cardiopulmonary and hemodynamic changes in pigs mimicking some of the hemodynamic abnormalities of human HSRs
- Complement inhibitors sCR1 and IVIG inhibited the cardiopulmonary reaction of pigs to liposomes

- **Human studies**

- Anaphylatoxins explain the symptoms
- Correlation between C activation and HSRs to
 - liposomal doxorubicin (Doxil)
 - Rituximab
 - Althesin
 - Dialysis reactions
 - intravenous iron
 - radiocontrast agents

**Available assays
(ELISAs, multiplex)**



- **Human**

- C3a
- C4a
- C5a
- SC5b-9
- C4a
- C4d
- Bb
- CH50

- **Pig**

- sC5b-9
- C3a, C5a
- C3 PAN/CH50

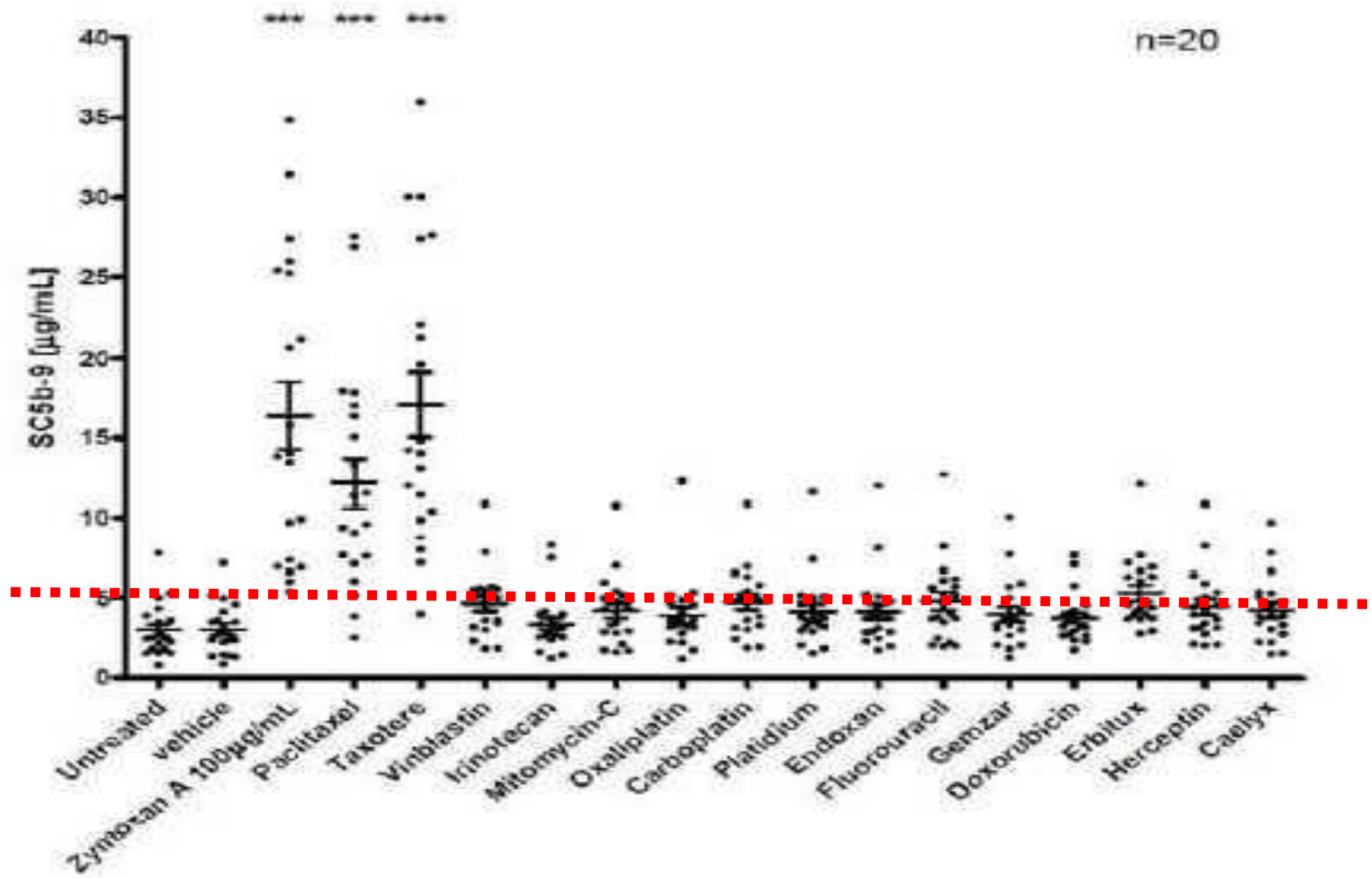
- **Rat**

- C3a
- C5a
- C3 PAN/CH50

- **Mouse**

- C3a
- C3 PAN
- CH50

Complement activation in vitro by reactogenic drugs



Latest regulatory endorsement

Received: 9 October 2019 | Revised: 16 March 2020 | Accepted: 17 March 2020

DOI: 10.1002/wnan.1633



Check for updates

ADVANCED REVIEW



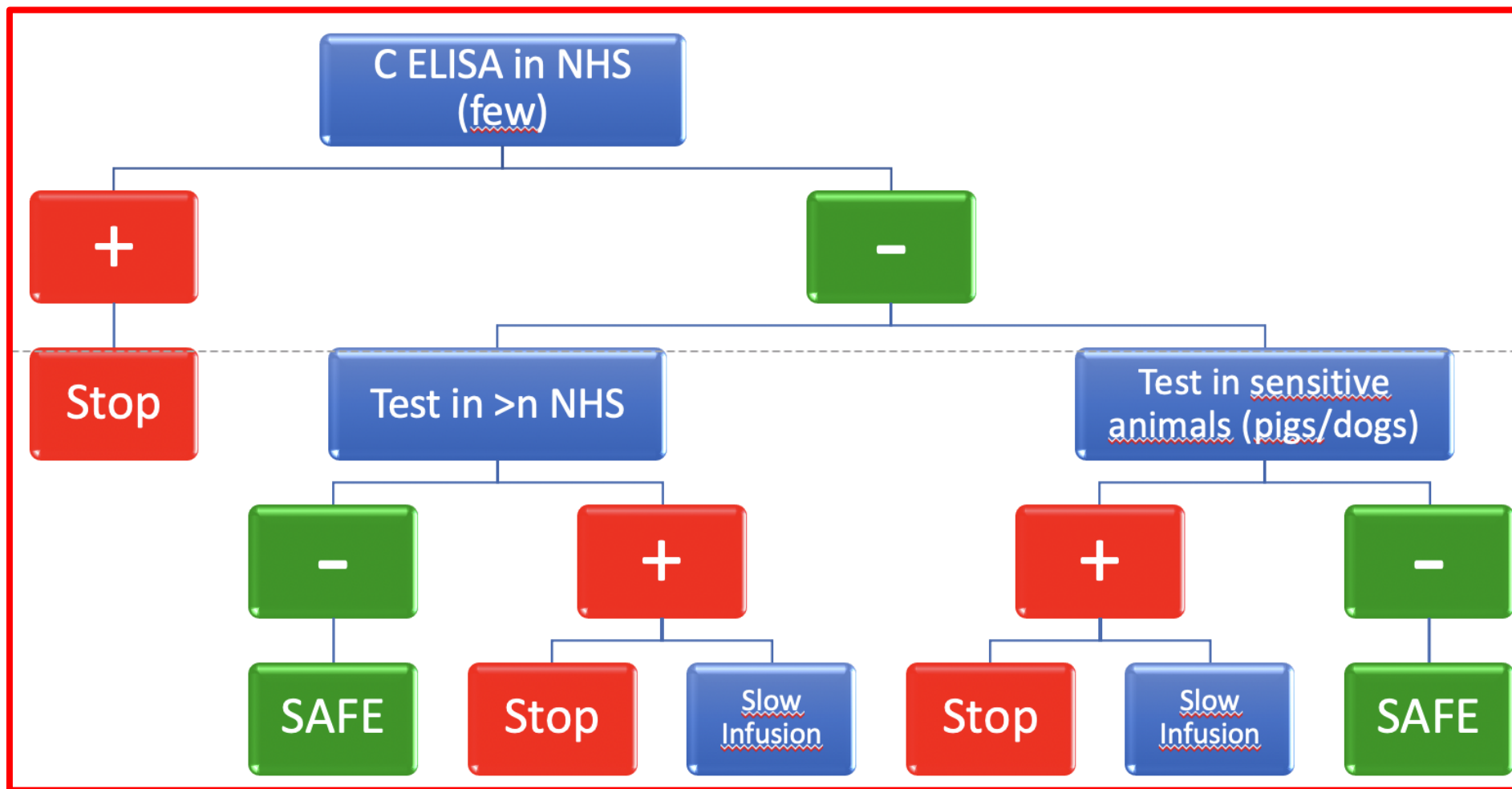
WILEY

Nonclinical regulatory immunotoxicity testing of nanomedicinal products: Proposed strategy and possible pitfalls

Christina Giannakou¹ | Margriet V. D. Z. Park² | Irene E. M. Bosselaers³ |
Wim H. de Jong² | Jan Willem van der Laan³ | Henk van Loveren⁴ |
Rob J. Vandebriel² | Robert E. Geertsma²

- ... immunotoxic effects relevant for NMPs such as complement activation-related pseudoallergy (CARPA) ...may very well go undetected in the preclinical phase when following the ICH-S8 guideline.” ...
- Therefore, we propose a predictive battery of tests for the endpoints relevant for NMPs which are currently not included in the ICH-S8 guideline, taking into account known pitfalls related to the testing of NMPs.” (

A recommended testing strategy



Manifestations of porcine CARPA

Hemodynamic alterations

- rise of PAP
- rise or decline of SAP
- decline of CO and pCO₂

Cardiac abnormalities

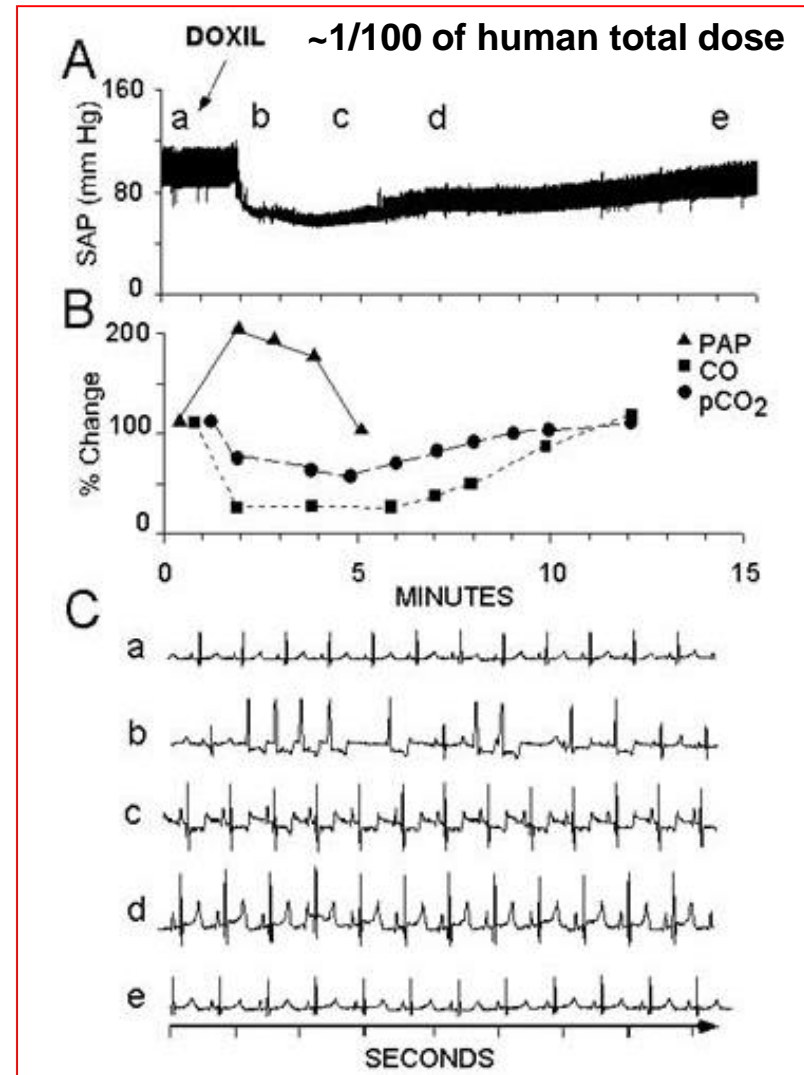
- tachycardia, bradycardia, arrhythmias
- ventricular fibrillation, arrest

Skin reaction

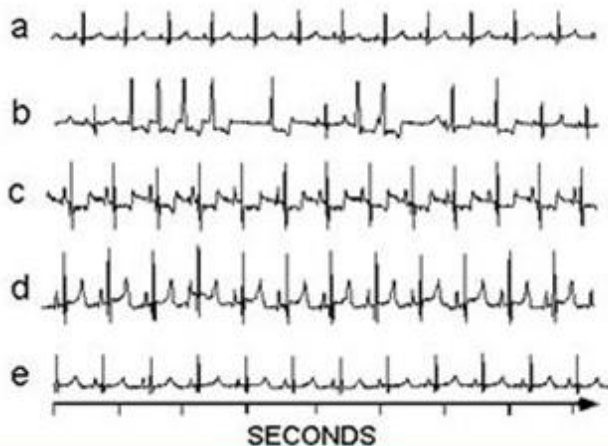
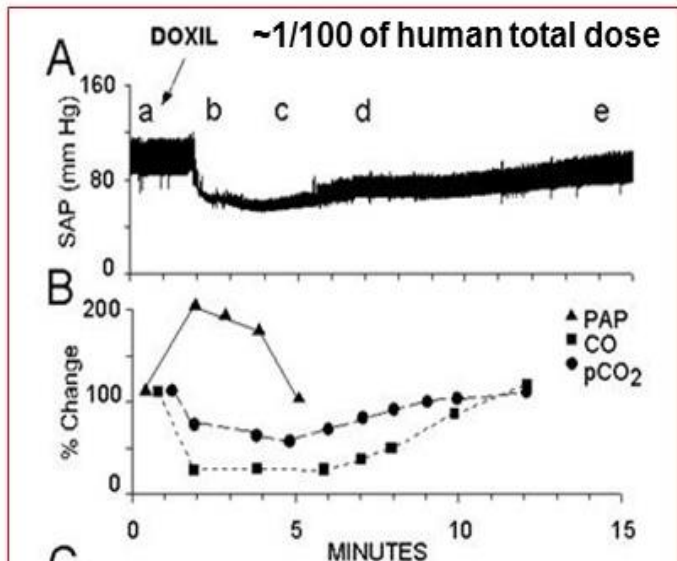
- erythema,
- rash

Blood abnormalities

- Leukocytosis
- leukopenia
- thrombocytosis
- thrombopenia



Pigs provide a sensitive and highly reproducible *in vivo* model for the acute immune (anaphylactoid) reactivity and immunogenicity of nanoparticles



Hemodynamic alterations

rise of PAP
rise or decline of SAP
decline of CO and pCO₂

Cardiac abnormalities

tachycardia, bradycardia, arrhythmias
ventricular fibrillation, arrest

Skin reaction

erythema,
rash

Blood abnormalities

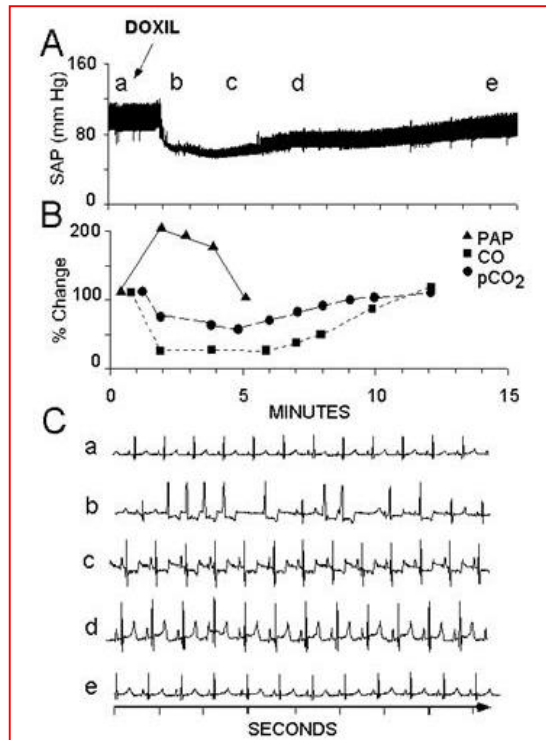
Leukocytosis
leukopenia
thrombocytosis
thrombopenia



1. *Circulation* **1999**, 99 (17), 2302-9.
2. *Am J Physiol Heart Circ Physiol* **2000**, 279 (3), H1319-28.
3. *J Liposome Res* **2002**, 12 (1-2), 165-72.
4. *Nat Med* **2003**, 9 (4), 431-8.
5. *J Liposome Res* **2005**, 15 (1-2), 3-14.
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7. *J Control Release* **2010**, 146 (2), 182-95.
8. *Biomaterials* **2011**, 32 (21), 4936-42.
9. *J Control Release* **2012**, 160 (2), 394-400.
10. *Adv Drug Deliv Rev* **2012**, 64 (15), 1706-16.
11. *Nanomedicine* **2012**, 8 (2), 176-84.
12. *Anesth Analg* **2014**, 119 (5), 1094-101.
13. *J Control Release* **2014**, 195, 2-10.
14. *Nanomedicine* **2016**, 12 (4), 933-943.
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16. *J Control Release* **2017**, 264, 14-23.
17. *Int J Nanomedicine* **2017**, 12, 5223-5238.
18. *Nat Nanotechnol* **2017**, 12 (6), 589-594.
19. *Cardiovasc Res* **2018**, 114 (13), 1714-1727.
20. *J Control Release* **2018**, 270, 268-274.
21. *Int J Nanomedicine* **2018**, 13, 6345-6357.
22. *Int J Nanomedicine* **2018**, 13, 1899-1915.
23. *Mar Drugs* **2019**, 17 (12).
24. *Control Release* **2019**, 309, 333-338.
25. *ACS Nano* **2019**, 13 (8), 9315-9324.

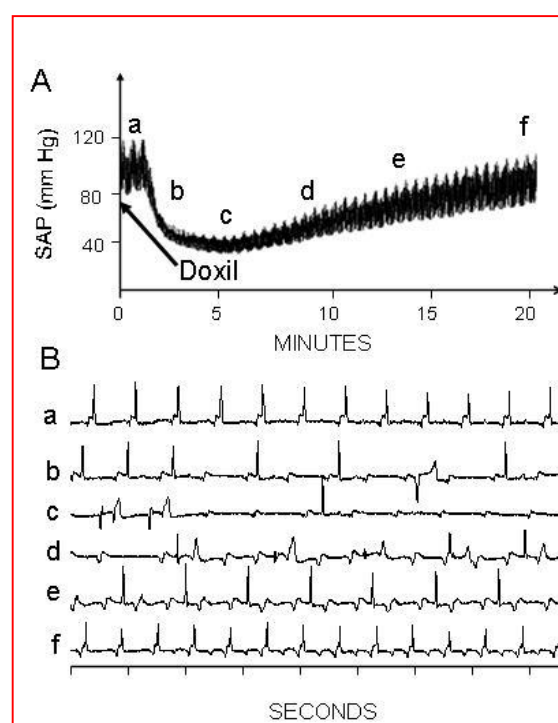
THE BACKGROUND AND EXPERTISE, **AN EXAMPLE**

Hemodynamic and cardiac manifestations of Doxil-induced CARPA in pigs



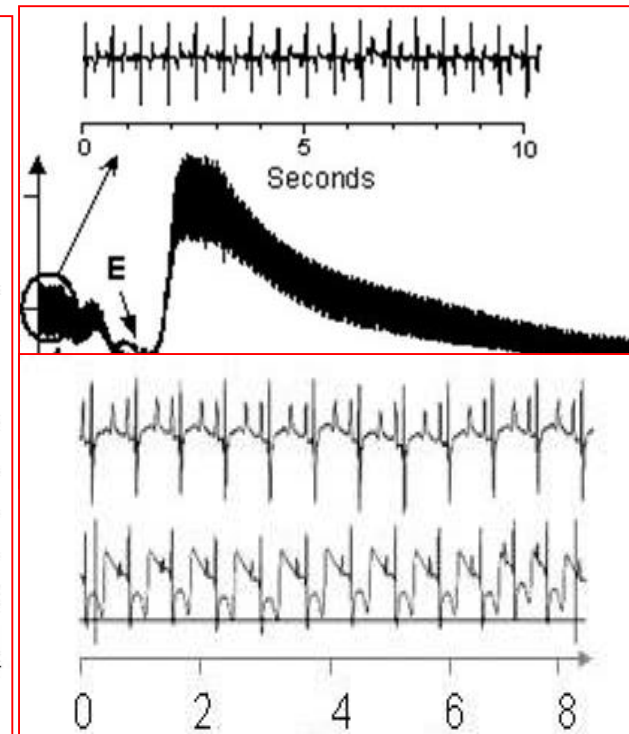
Tachyarrhythmia

T wave elevation



Paradoxical bradycardia

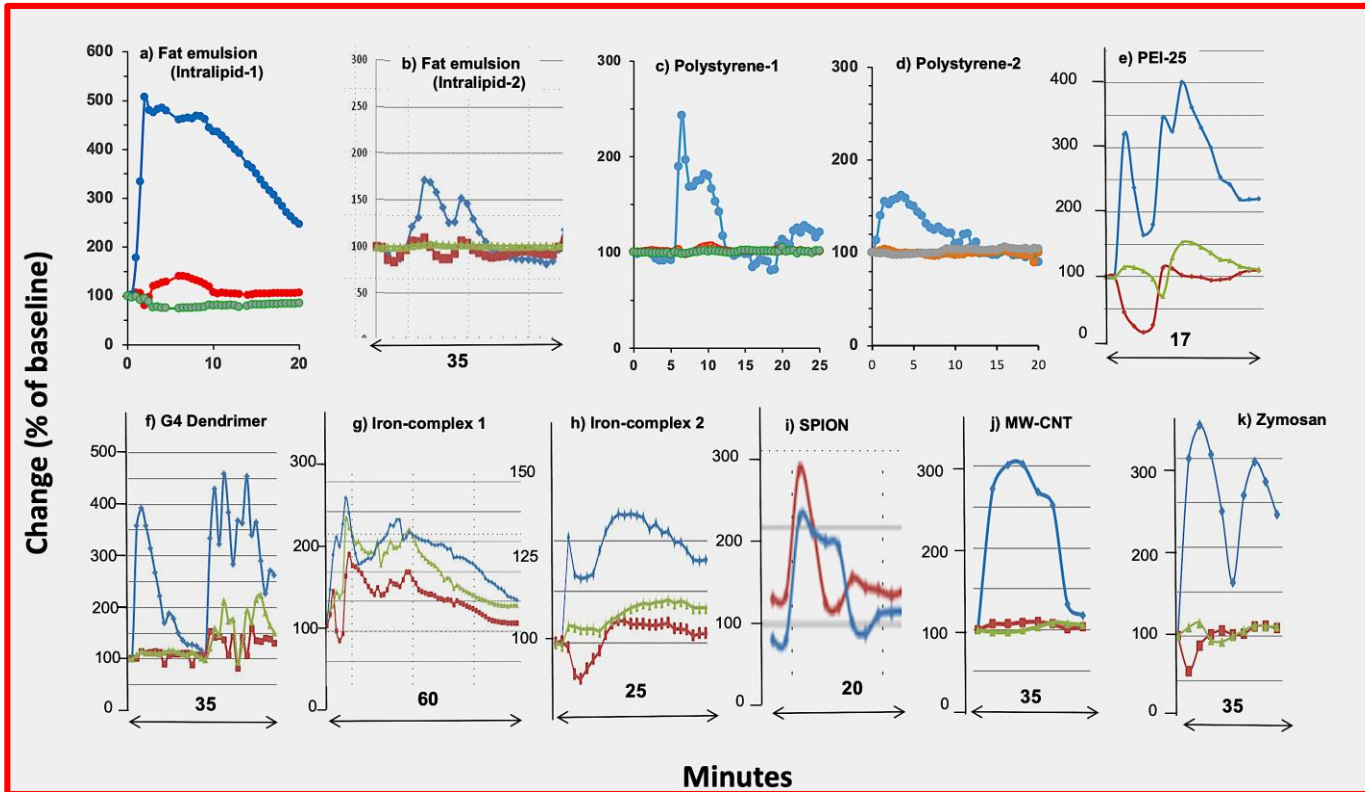
AV block, asystolia



Ventricular fibrillation,

ST-depression

The hemodynamic response of pigs is quantitative and specific for NPs Enables „Immuno-imaging”



Rudolf Urbanics, Péter Bedőcs and János Szebeni*

**Lessons learned from the porcine CARPA model:
constant and variable responses to different
nanomedicines and administration protocols**

Eur. J. Nanomed. 2015; 7(3): 219–231

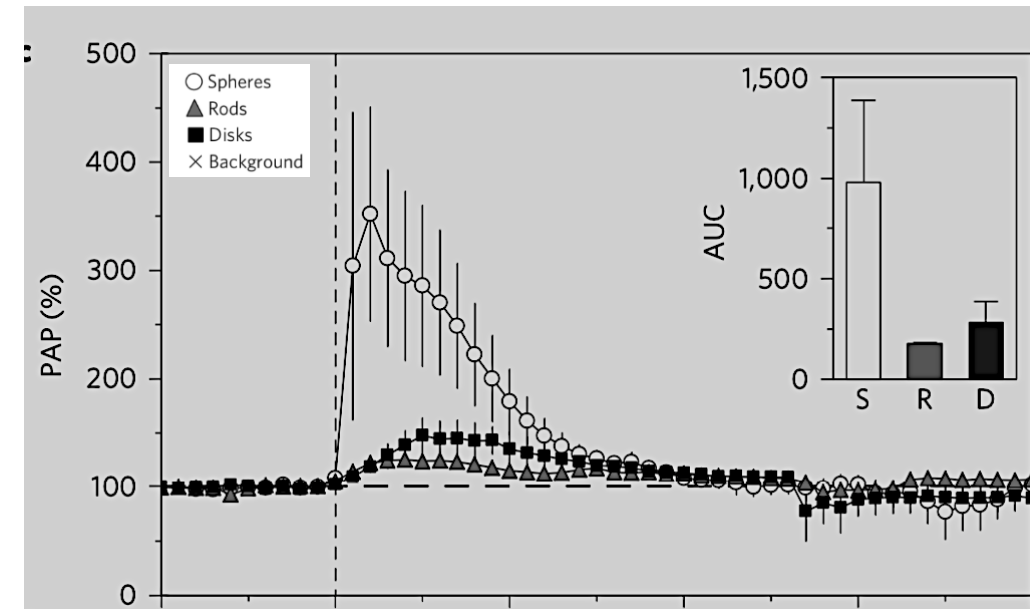
nature
nanotechnology

ARTICLES

PUBLISHED ONLINE: 10 APRIL 2017 | DOI: 10.1038/NNANO.2017.47

Bypassing adverse injection reactions to nanoparticles through shape modification and attachment to erythrocytes

Peter Pope Wibroe¹, Aaron C. Anselmo², Per H. Nilsson^{3,4,5}, Apoorva Sarode², Vivek Gupta⁶, Rudolf Urbanics⁷, Janos Szebeni⁷, Alan Christy Hunter⁸, Samir Mitragotri², Tom Eirik Mollnes^{3,4,9,10,11} and Seyed Moein Moghimi^{1,12,13*}



Nat Nanotechnol 2017, 12 (6), 589–594.

Use of pigs for immunogenicity assessment

Pseudo-anaphylaxis to Polyethylene Glycol (PEG)-Coated Liposomes: Roles of Anti-PEG IgM and Complement Activation in a Porcine Model of Human Infusion Reactions

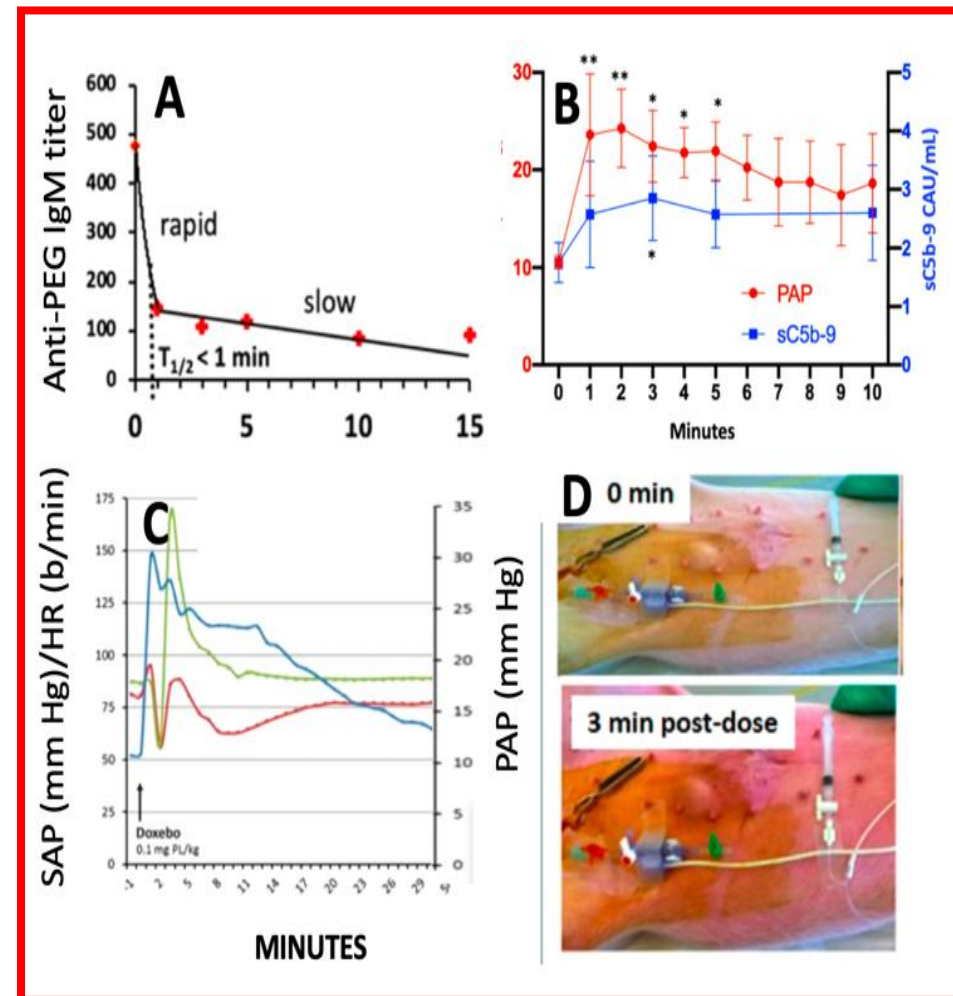
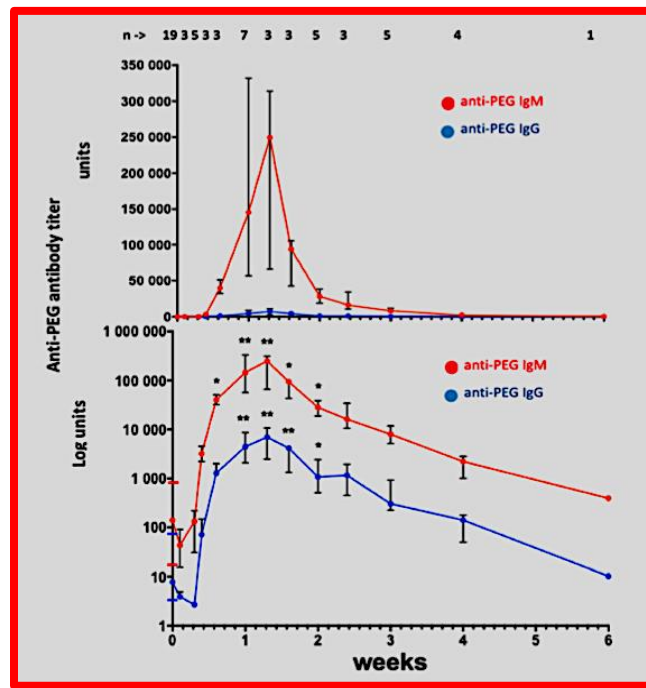
Gergely Tibor Kozma,^{†,‡} Tamás Mészáros,[†] Ildikó Vashegyi,[‡] Tamás Fülöp,[†] Erik Örfi,[†] László Dézsi,[†] László Rosivall,^{†,‡,§} Yaelle Bavli,^{||} Rudolf Urbanics,^{†,‡} Tom Erik Mollnes,^{⊥,¶} Yechezkel Barenholz,^{||,□} and János Szebeni^{*,†,§,○,□,●}

Kozma, et al., *ACS Nano* 2019, 13, 9315

❖ Induction of anti-PEG IgG/IgM by i.v. Doxebo

❖ After seroconversion

- demonstration of drastically enhanced HSR to repeated injection of Doxebo/doxil
- Its correlation with complement activation



Use of pigs for developing safe infusion protocols: *the example of Onpattro*

DOSAGES AND METHODS FOR DELIVERING LIPID
FORMULATED NUCLEIC ACID MOLECULE

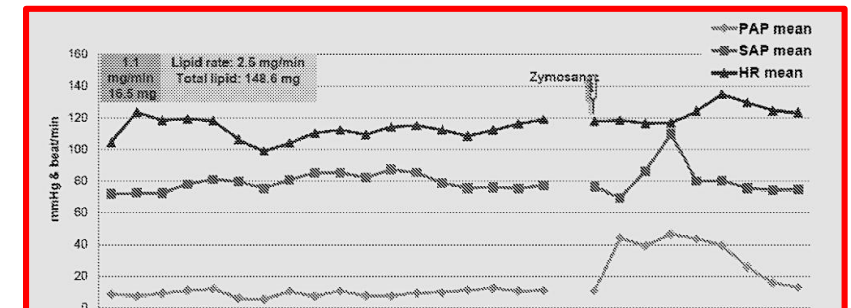
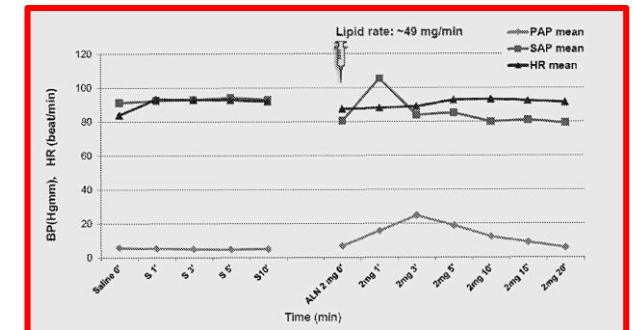
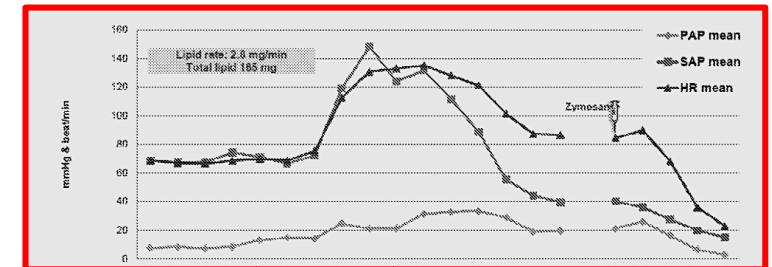
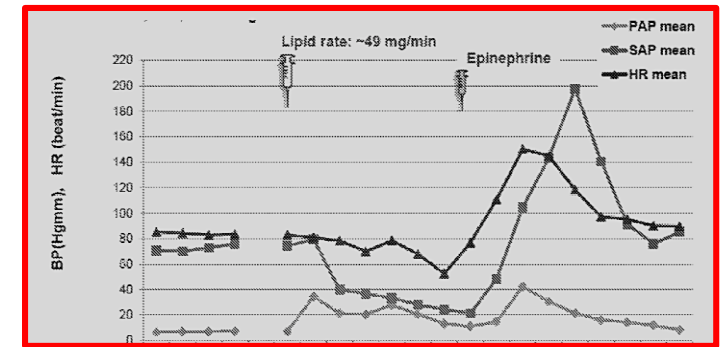
Alnylam Patent application

PCT/US2014/036915

WO/2014/182661

Helped FDA approval of Onpattro

Claim 1: Method of reducing an infusion-related response (IRR), or a hypersensitivity reaction, or both, in a subject, to a composition comprising a lipid formulation and a nucleic acid molecule, said method comprising administering to a subject:



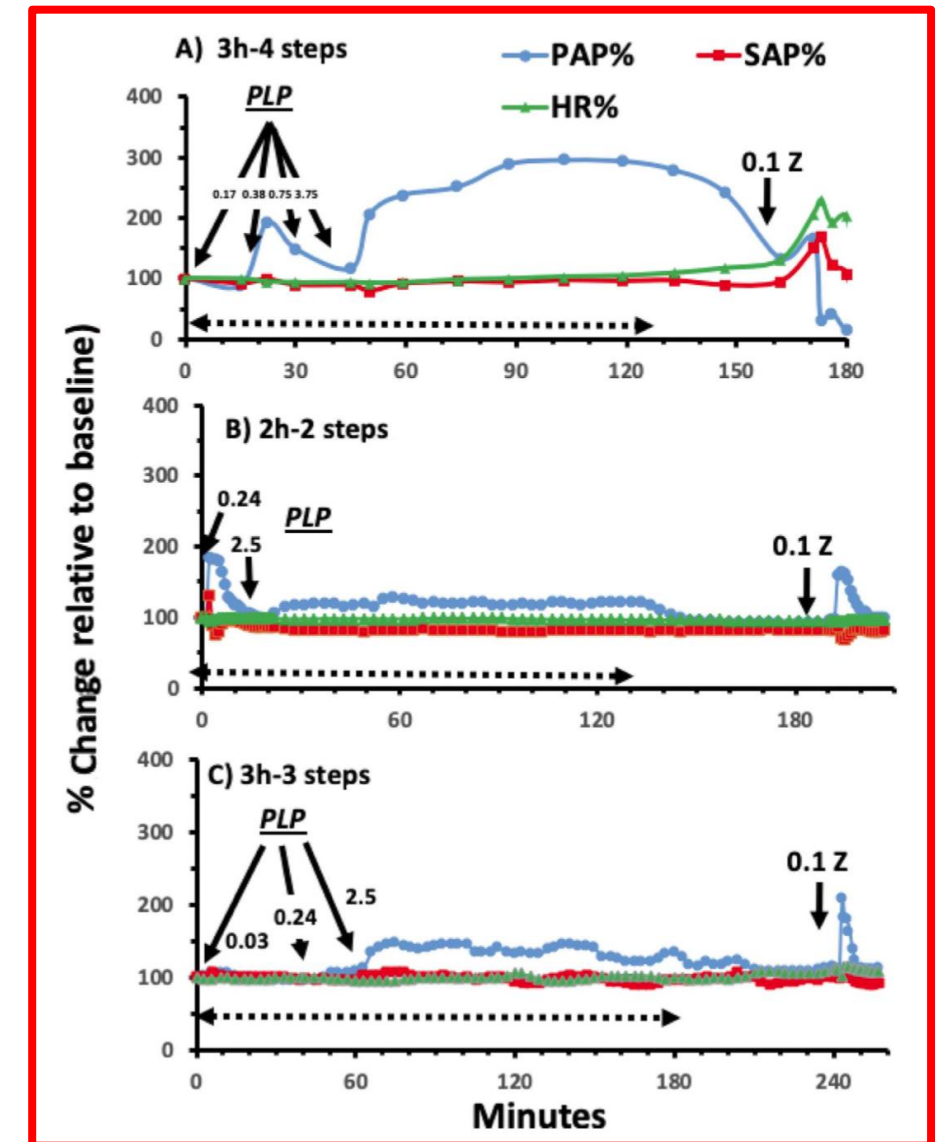
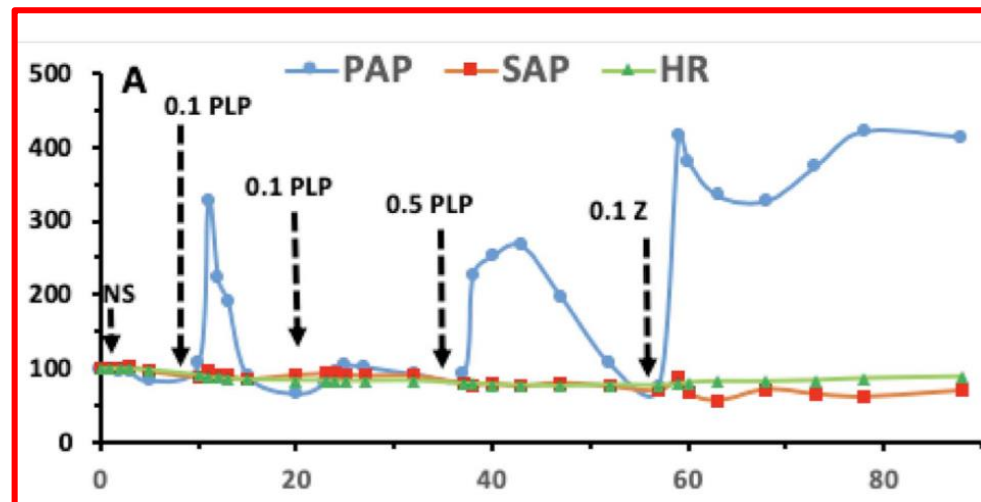
Use of pigs for developing safe infusion protocols: *NanoCort*

PLP Infusion



PLP = Pegylated liposomal prednisolone phosphate

PLP Bolus



Hypothesis on the mechanism of porcine CARPA PIM cells

- **Removal of blood-borne particulates in calves, sheep, goats, cats, and pigs occurs predominantly in pulmonary intravascular macrophages (PIMs).**
- **Pulmonary resident macrophages of monocyte origin, adherent to the capillary endothelium, morphologically similar to hepatic Kupffer cells.**
- **Pulmonary constituent of the MPS (RES) with respect to secretory, endocytic, and functional properties.**
- **Secrete bioactive lipids, stimulated PIMs may contribute to regulation of pulmonary hemodynamics.**
- **Estimates of relative PIM numbers in porcine lung parenchyma suggest cell densities similar to that of rat hepatic Kupffer cells.**

CORRESPONDENCE

Anaphylaxis to the first COVID-19 vaccine: is polyethylene glycol (PEG) the culprit?Lene H. Garvey^{1,2,*} and Shuaib Nasser³

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**Official data: 2-5 anaphylaxis to the mRNA vaccines /100,000
VAERS: 4000 death in the USA**

USA statistics: >25 million people vaccinated between 2009 and 2011, 33 (i.e., 1.31 cases per 1,000,000 vaccinations) experienced anaphylaxis

20-50-fold increase

Needs to be emphasized

- **The benefits of anti-COVID vaccines far outweigh the health risk of adverse effects.**
- **Investigating the adverse effects of anti-COVID vaccines aims to increase the safety, and, hence, utility of these vaccines and should not be taken as supporting vaccine-hesitancy or anti-vaccine movements**

Adverse effects of anti-COVID vaccines vs. flu vaccines

(Based on VAERS data until May 31, 2021)

Adverse Events	mRNA vaccines		All other Covid vaccines		Flu vaccines (12 years)	
	n	%	n	%	n	%
Hypersensitivity reactions/allergic reactions	942	0.000317%	19	0.000165%	213	0.000012%
anaphylaxis/anaphylactoid reaction/shock	2774	0.000932%	270	0.002344%	737	0.000043%
hyper/hypotension	3566	0.001198%	419	0.003638%	791	0.000046%
tachy/bradycardia	3183	0.001070%	279	0.002422%	526	0.000031%
dyspnoea/dyspnea	1312	0.000441%	107	0.000929%	380	0.000022%
difficulty of breathing	3670	0.001233%	426	0.003699%	1756	0.000102%
myocardial infarction	239	0.000080%	20	0.000174%	31	0.000002%
flushing/rash/skin eruptions	32701	0.010989%	2160	0.018753%	12686	0.000737%
thrombosis/thrombocytopenia/thromboembolia	1059	0.000356%	399	0.003464%	128	0.000007%
myocarditis/cardiac inflammation	508	0.000171%	9	0.000078%	32	0.000002%
death	2506	0.000842%	300	0.002605%	495	0.000029%

Covid mRNA vaccines given in the US todate: 297,570,484

Covid non-mRNA vaccines given in the US todate: 11,517,956

Flue Vaccines given in the US from 2009: 1,720,400,000

<https://ourworldindata.org/grapher/covid-vaccine-doses-by-manufacturer?country=~USA>

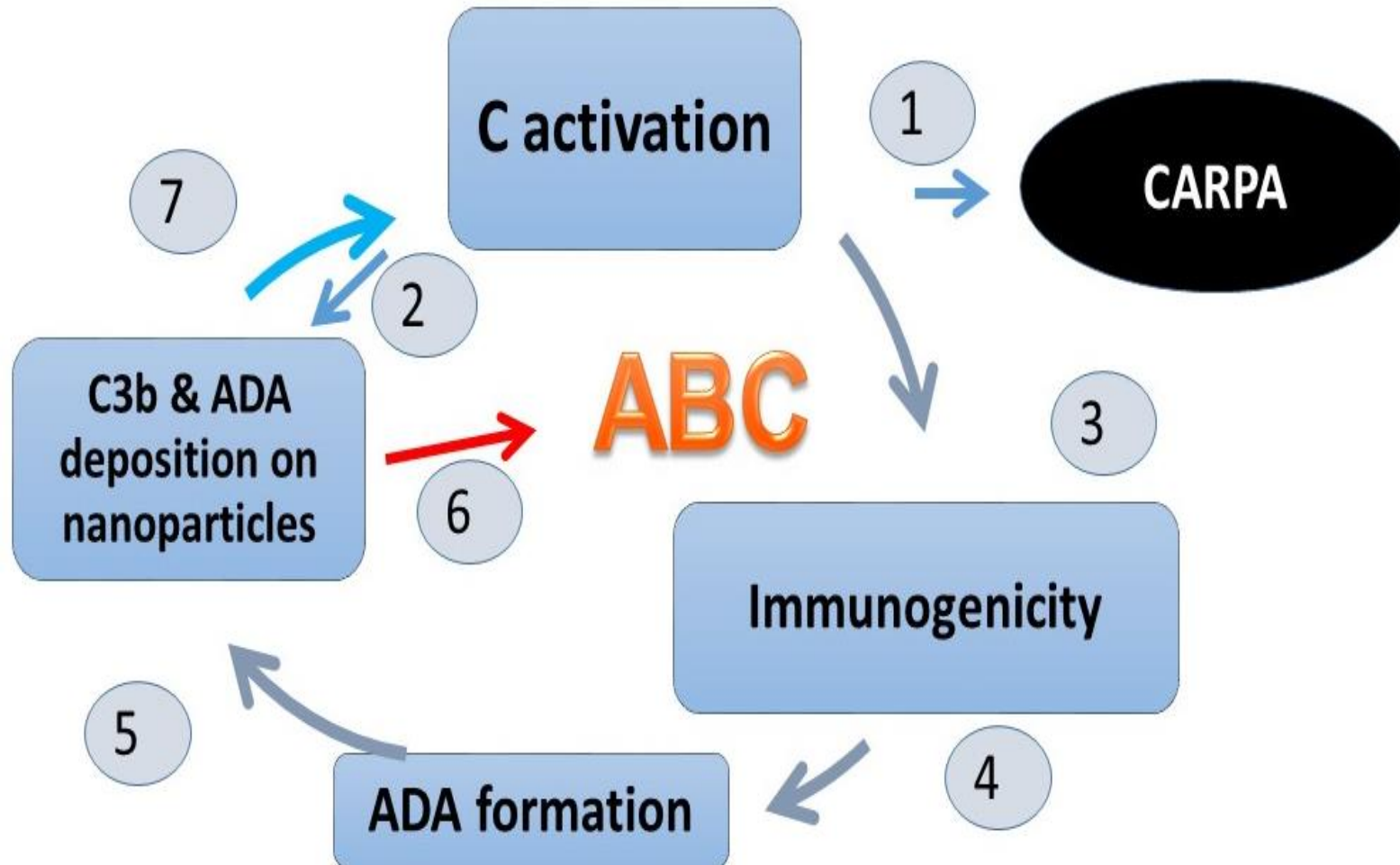
<https://www.cdc.gov/flu/prevent/vaccine-supply-historical.htm>

<https://ourworldindata.org/grapher/covid-vaccine-doses-by-manufacturer?country=~USA>

Preliminary information suggesting a role of CARPA in the HSRs to COVID vaccines

- The high frequency of reactions, despite exclusion of allergic people, cannot be explained with an IgE mechanism, e.g. anti-PEG allergy
- Symptoms
 - Resemble those of CARPA
 - More frequent than observed for flu vaccines (comparing half versus 12 years)
- Complement activation is a key element of immune reactivity (immunogenicity)
 - Virus-like nanoparticles, in general, can activate C
 - In the mRNA vaccines, mRNA, PEG, positively charged lipids and the applied phospholipids all can activate C
- Evidence that vaccine components can reach the blood

The immune stimulatory vicious cycle caused by PEGylated nanoparticles



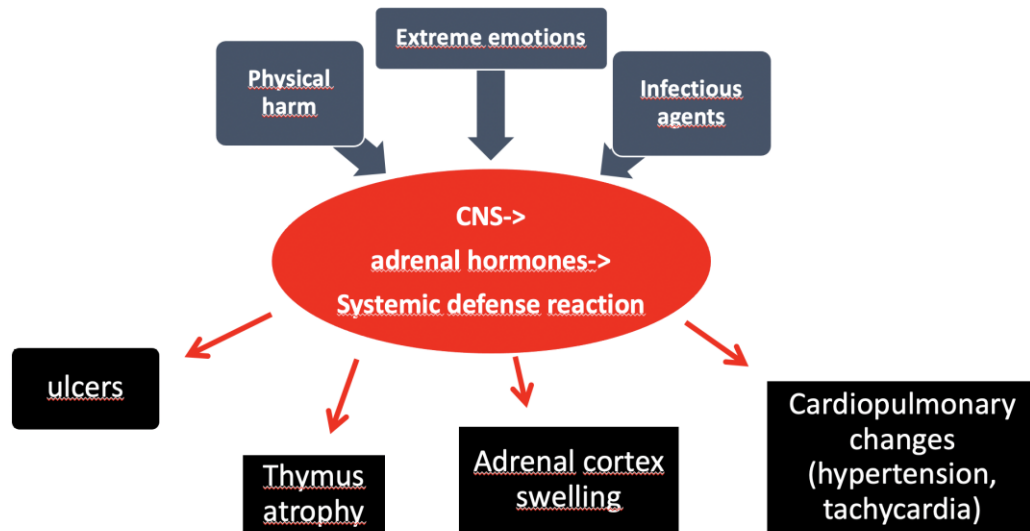
1st step, C activation leading to CARPA; Step 2, C activation results in C3b deposition on nanoparticles which initiates the alternative pathway amplification loop of the C cascade, and, thus, leads to more C activation. Furthermore, as a potent opsonin, C3b enhances the uptake of nanoparticles by the reticuloendothelial system (RES), i.e., it initiates the ABC phenomena; Step 3, C activation promotes immunogenicity via large number of different effects on antigen-presenting cells (APCs); Step 4, Production of anti-drug antibodies (ADAs) by B cells; Step 5, deposition of these antibodies on nanoparticles causing classical pathway C activation; Step 6, opsonized particles undergo ABC; Step 7, Amplification of C activation via the alternative pathway and C1q binding (classical pathway activation).

Is CARPA a stress reaction in blood?

Similarity between conventional stress and CARPA

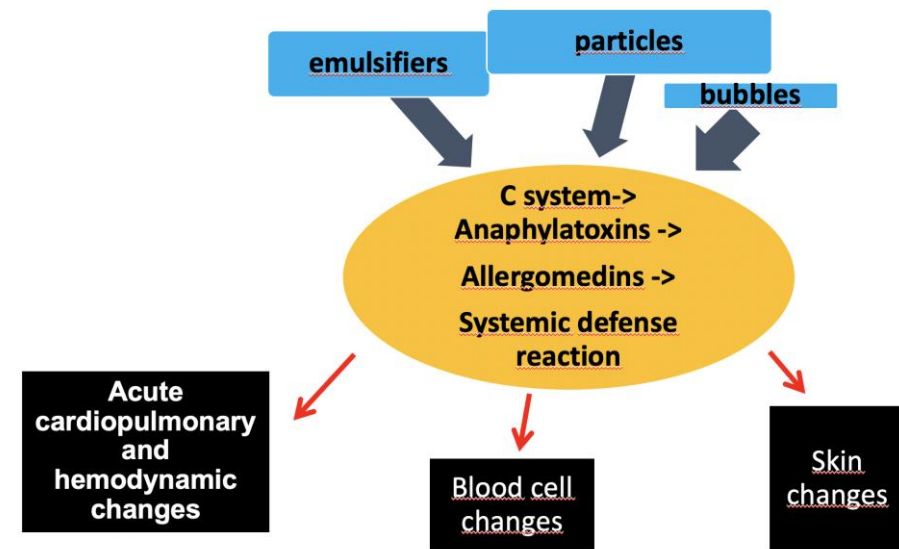
Conventional stress: a variety of noxious stimuli trigger a systemic defense reaction manifested in a specific pattern of physiological changes

hypothalamo-pituitary-adrenal axis



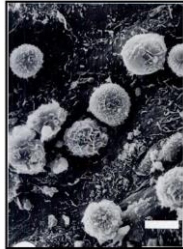
CARPA: a variety of noxious stimuli exposed to blood trigger a systemic defense reaction manifested in a specific pattern of physiological changes

C system-allergic cell-cardiovascular system axis



Szebeni, J., Complement activation-related pseudoallergy: a stress reaction in blood triggered by nanomedicines and biologicals. *Mol Immunol* 2014, 61 (2), 163-73.

Conceptual progress in HSR cause and modeling

Question	Challenge	Clarification
Role of complement activation in HSRs	<p>Questionable because</p> <ul style="list-style-type: none"> ➤ there is no clear relationship between complement activation and HSRs ➤ The reactions are linked to rapid phagocytic response by macrophages 	<ul style="list-style-type: none"> ➤ Complement activation may be a significant contributor but not sole cause of HSRs. In mice HSRs is “CIPA”* ➤ Reactions have double or multiple simultaneous activation triggers on many cells, including macrophages
Relevance of the pig model	<p>Inappropriate because</p> <ul style="list-style-type: none"> ➤ “global reaction” of PIM cells ➤ nonquantitative, nonspecific 	 <ul style="list-style-type: none"> ➤ Pigs provide a disease (HSR) hazard identification model, not general toxicity ➤ Response is highly specific, dose dependent and quantitative
References	<p>Moghimi et al., Nature Nanotechnol, 2017; 12, 589; Drug Discov Today 2018;23:1034, Nanomedicine 2018;13:973; J Pharmacol Exp Ther. 2019;370:581. Adv. Drug Deliv. Rev. 2020, In press</p>	<p>Szebeni et al., Drug Discov Today 2018;23:487; Int J Nanomedicine 2018;13:6345; Nature Nanotechnol 2018; 13;1100; Biomedicines 2020, 8 (4); Frontiers in Immunology 2020, Vol. 11</p>

*Orfi et al., *Int J Nanomedicine* **2019**, 14, 1563-1573.

Conclusions

- Infusion reactions remain an unsolved problem for many therapeutic or diagnostic nanomedicines.
- Current experimental evidence supports the causal or contributing role of C activation.
- Animal models, complemented with in vitro C assays, enables the prediction of CARPA and elaboration of safe administration protocols
- CARPA may be a contributing factor to the HSRs to certain COVID vaccines

Acknowledgments



OFF-THE-SHELF mRNA NANOMEDICINES
Expanding Platforms for Efficacious mRNA Therapeutics

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