



NCI **Alliance** for  
**Nanotechnology**  
in Cancer

# Preclinical immunological characterization of nanoparticles

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**June 16, 2021**  
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# NCL Team



NCI Alliance for  
**Nanotechnology**  
in Cancer



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National  
Laboratory  
for Cancer Research

Funded by NCI Contract 75N91019D00024



## Current Members



**Barry Neun**



**Edward Cedrone**



**Anna Ilinskaya**



**Jamie Rodriguez**



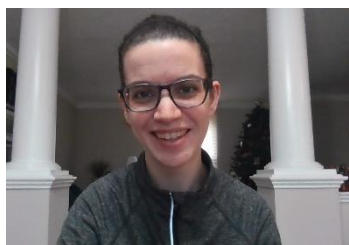
**Parag Aggarwal**



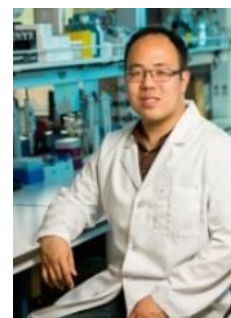
**Timothy M. Potter**



**Claire Holley**



**Hannah Newton**



**Enping Hong**



**Ankit Shah**

## Alumni

**Developed Protocols for the NCL Assay Cascade and Improved Understanding of Nanoparticle Interactions with the Immune System**



# Presentation Outline

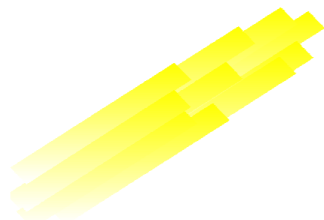
- Immunotoxicity
  - Regulatory landscape
  - Types
  - Methodologies
- Case studies
  - Immunosuppression
  - Immunostimulation
  - Immunomodulation
  - Immunogenicity
  - Anti-PEG antibodies

- Clinical studies can be halted due to immunotoxicity
- Drugs can be withdrawn from clinical use due to immunotoxicity



## Guidance for Industry

### S6 Preclinical Safety Evaluation of Biotechnology-Derived Pharmaceuticals



July 1997  
ICH

## Guidance for Industry

### S6 Addendum to Preclinical Safety Evaluation of Biotechnology-Derived Pharmaceuticals

U.S. Department of Health and Human Services  
Food and Drug Administration  
Center for Drug Evaluation and Research (CDER)  
Center for Biologics Evaluation and Research (CBER)

May 2012  
ICH

## Guidance for Industry

### S8 Immunotoxicity Studies for Human Pharmaceuticals

U.S. Department of Health and Human Services  
Food and Drug Administration  
Center for Drug Evaluation and Research (CDER)  
Center for Biologics Evaluation and Research (CBER)

April 2006  
ICH

## Nonclinical Safety Evaluation of the Immunotoxic Potential of Drugs and Biologics Guidance for Industry

### DRAFT GUIDANCE

This guidance document is being distributed for comment purposes only.

Comments and suggestions regarding this draft document should be submitted within 60 days of publication in the *Federal Register* of the notice announcing the availability of the draft guidance. Submit electronic comments to <http://www.regulations.gov>. Submit written comments to the Dockets Management Staff (HFA-305), Food and Drug Administration, 5630 Fishers Lane, Room 1061, Rockville, MD 20852. All comments should be identified with the docket number listed in the notice of availability that publishes in the *Federal Register*.

For questions regarding this draft document, contact (CDER) David McMillan, 240-402-1009, or (CBER) Office of Communication, Outreach and Development, 800-835-4709 or 240-402-8010.

U.S. Department of Health and Human Services  
Food and Drug Administration  
Center for Drug Evaluation and Research (CDER)  
Center for Biologics Evaluation and Research (CBER)

February 2020  
Pharmacology/Toxicology

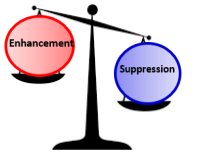


harmonisation for better health

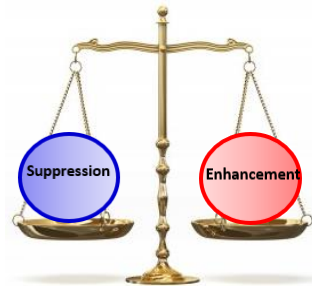
# Regulatory landscape of immunotoxicity

# General principles

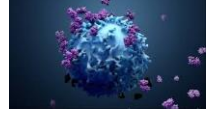
- Toxicity to the immune system encompasses a variety of adverse effects.
- These include **suppression** or **enhancement** of the immune response:



Infections & Tumors



Healthy Immune Function

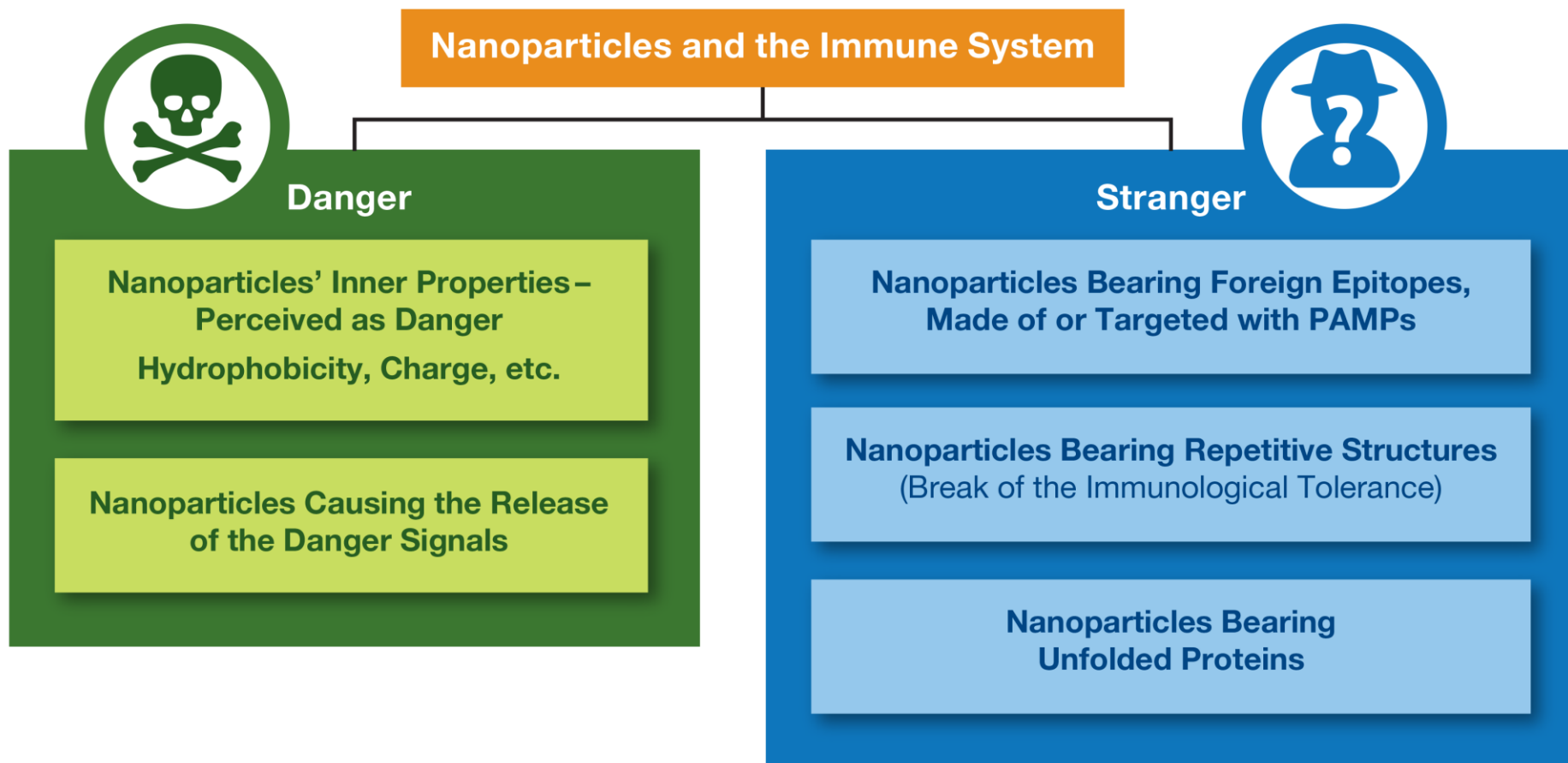


Autoimmunity &  
Hypersensitivity

Immunosuppression or enhancement can be associated with two distinct groups of drug products:

- (1) **Intended to affect immune function for therapeutic purposes** (e.g., to prevent organ transplant rejection); exaggerated pharmacodynamics
- (2) **Not intended to affect immune function but cause immunotoxicity** (e.g., by causing apoptosis of immune cells)

**Immunomodulation** modifies the immune response; not overtly immunosuppressive or immunostimulatory; may have subtle or even mixed effects.



Dobrovol'skaia MA. *Molecules*. 2019 Dec 17;24(24):4620. doi: 10.3390/molecules24244620

- Nanoparticles can be immunosuppressive, immunostimulatory, and immunomodulatory
- These effects are due to either APIs or carrier

# NCL Immunology Assay cascade

## In Vitro



Nanotechnology-Formulated Drug  
(Precursors and Components of Formulation  
When Needed to Identify Source of Toxicity)



**Endotoxin  
Sterility**

### Tier I

To Verify Lack of  
Contamination

### Tier II

To Assess Common  
Acute Toxicities

- Hemolysis
- Complement Activation
- Thrombogenicity (Platelets, Plasma Coagulation, Leukocyte PCA)
- Cytokines
- Leukocyte Proliferation
- Total Protein Binding (If Feasible)
- Uptake by Macrophages (If Feasible)

### Tier III

To Assess Immune Cells  
and Their Function

- WB Immunophenotyping
- CFU-GM
- Effects on Antigen-Induced Leukocyte Proliferation
- Effects on Mitogen-Induced Leukocyte Proliferation
- Effects on Macrophage Phagocytic Function
- Effects on NK Cytotoxicity
- Effects on DC Maturation
- Effects on CTL Activity

### Tier IV

Mechanistic Studies

- Relevant Assays from Tiers II & III
- Additional Assays as Needed

## In Vivo



*Inbred strains and transgenic models*

### Immunotoxicity

- Local lymph node proliferation assay
- T-cell dependent antibody response
- CFU-GM
- Rabbit Pyrogen Test
- Immunogenicity
- Psoriasis
- Lupus

### Immunotherapy

- Adjuvanticity
- Immunological milieu of the tumor

### Relevant Guidance and Standards:

ICH S8

ICH S6

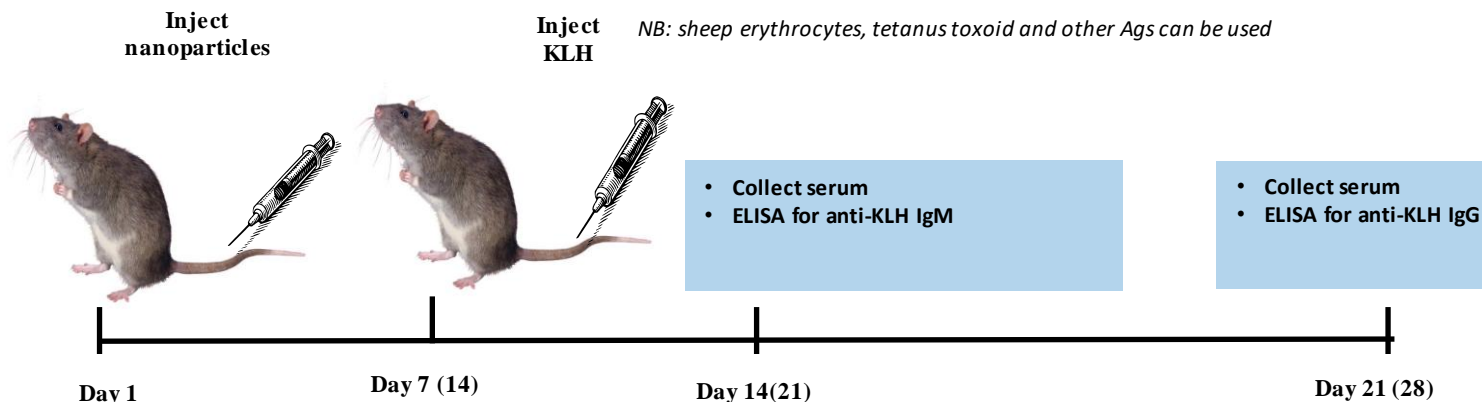
USP BET 85

USP 151

ISO 10993-4

# Methods for the assessment of immunosuppression

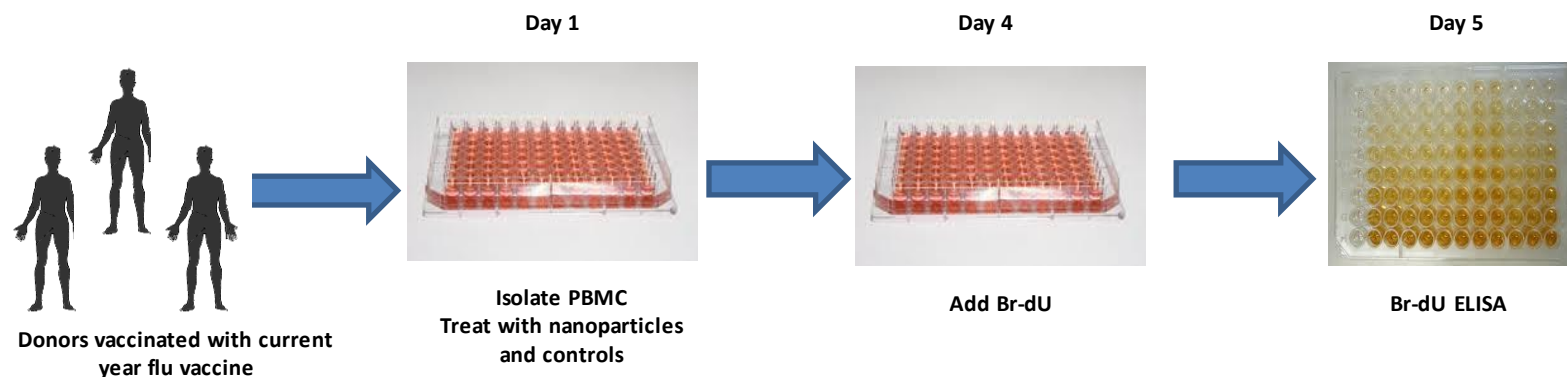
## TDAR



This test is  
in the NCL  
*in vivo* AC

- T cell dependent antibody response (TDAR)** is the traditional immune function test used to estimate materials' immunosuppression
- Advantages** - effective, predictive, recommended by the FDA; **Disadvantages** - time- and material-consuming, expensive

## HuLa

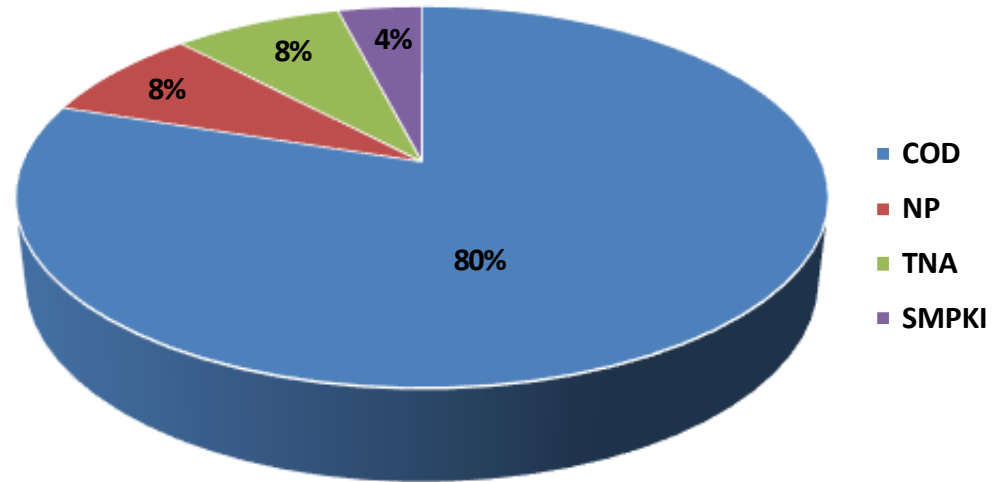


This test is  
in the NCL  
*in vitro* AC

- Human Leukocyte Activation (HuLA)**, originally developed by Mark Collinge at Pfizer and adapted by us to test nanomaterials, is an *in vitro* surrogate of TDAR
- Advantages** – proven IVIV correlation with TDAR for immunosuppressants with various MOA; **Disadvantages** – requires donor prescreening and current year flu vaccine which is not always available for laboratory usage

# NCL experience with assessing immunosuppression

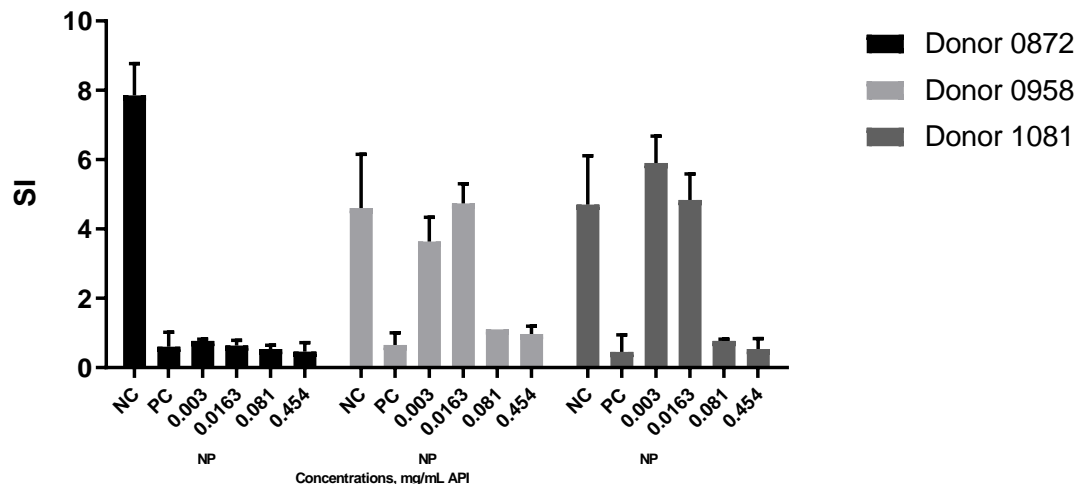
- The majority (> 90%) of formulations were immunosuppressive due to the API (small molecules cytotoxic oncology drugs (COD), therapeutic nucleic acids (TNA), small molecule protein kinase inhibitor (SMPKI))
- Small proportion (8%) were immunosuppressive due to nanocarrier (NP).



## NCL in vitro assays to screen for Immunosuppression:

- ITA-6
- ITA-18
- ITA-3

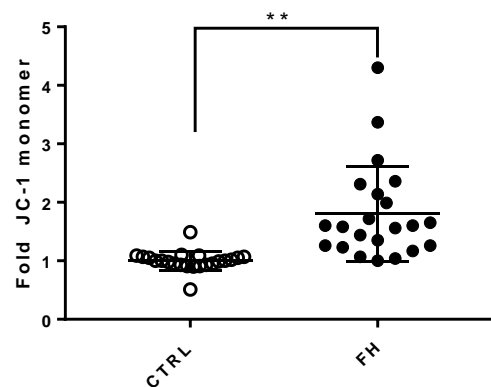
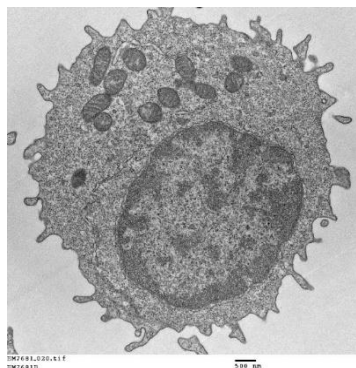
<https://ncl.cancer.gov/resources/assay-cascade-protocols>



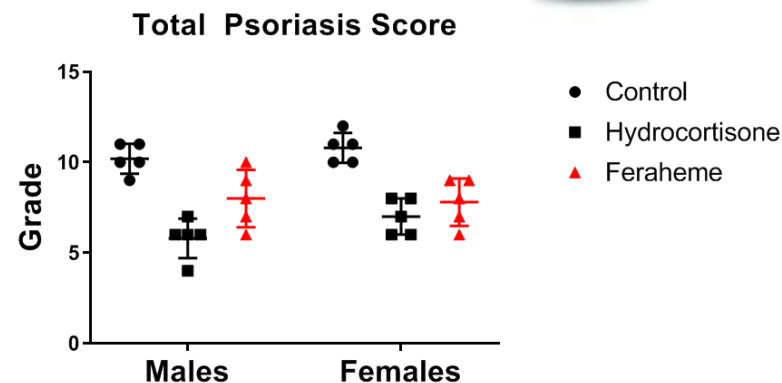
Example of in vitro analysis of nanoparticle immunosuppressive properties using HuLa assay



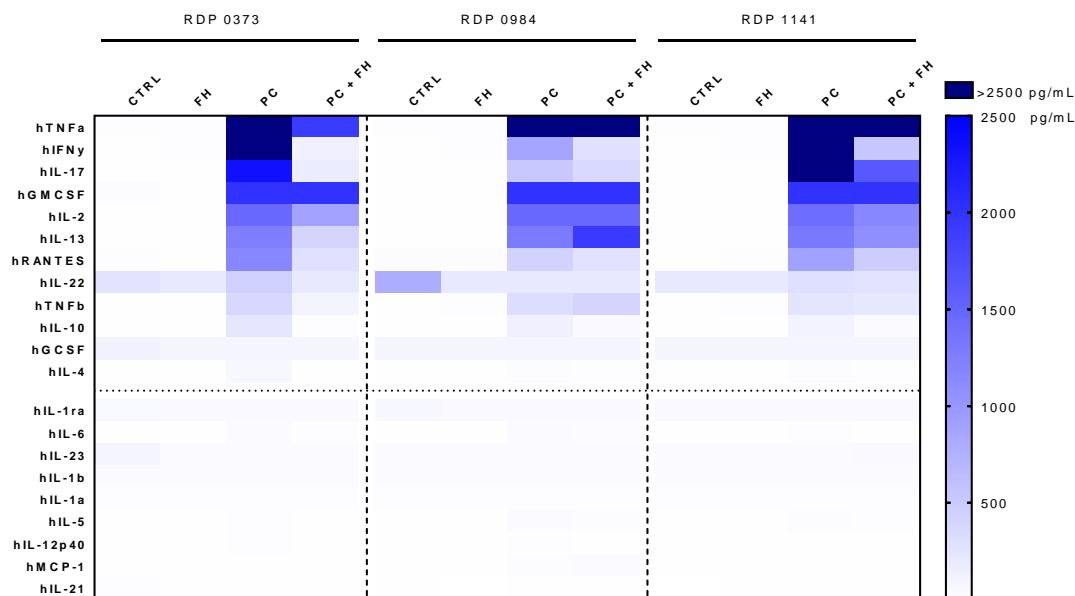
FH



**Ankit Shah**



# Topical application of Feraheme inhibits development of skin lesions in a mouse model of psoriasis



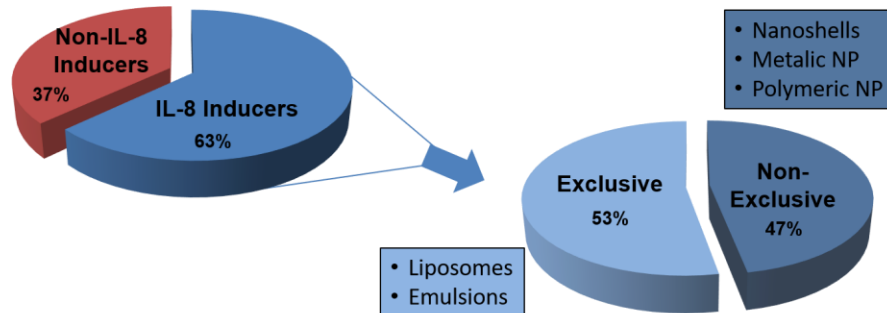
## Iron oxide nanoparticles (Feraheme) suppresses activation of T-cells via a mechanism involving mitochondrial ROS in vitro

# NCL experience with assessing immunostimulation

Many markers exit; cytokines are reliable and have good in vitro-in vivo correlation

10% of NCL tested nanomaterials induced cytokines

↳ > 60% of these particles induced IL-8



> 50% of IL-8 inducing nanocarriers did so exclusively  
(i.e. w/o inducing other common pro-inflammatory cytokines)

↳ These were typically liposomes and nanoemulsions

Induction of chemokines (IL-8, MIP-1a, MCP1/2) is commonly observed with lipid nanocarriers and liposomes (neutral and anionic)

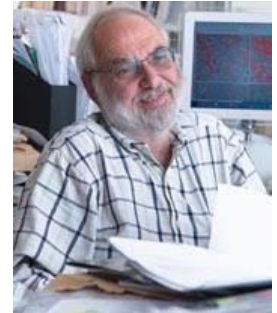
**NCL in vitro assays to screen for immunostimulation:**

- ITA-10
- ITA-22
- ITA-23
- ITA-25
- ITA-27

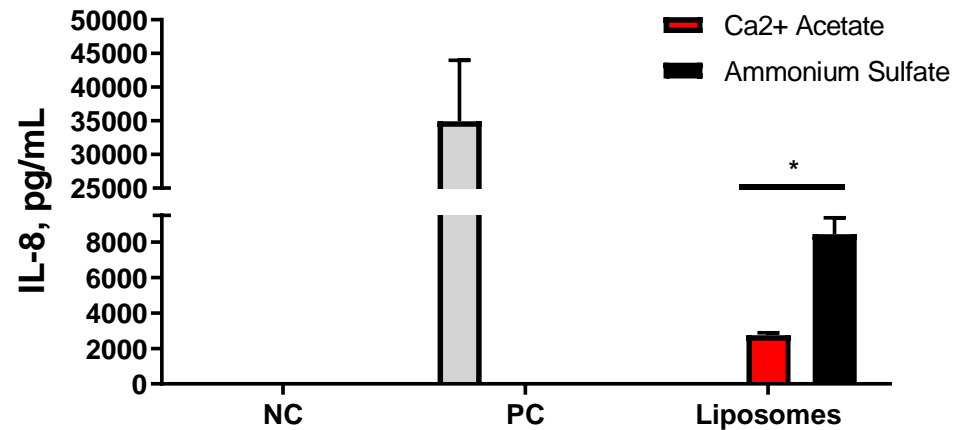
<https://ncl.cancer.gov/resources/assay-cascade-protocols>



האוניברסיטה העברית בירושלים  
THE HEBREW UNIVERSITY OF JERUSALEM



Prof. Barenholz



Chemokine induction by liposomes can be controlled by optimizing ion content in the liposome cavity

Biomarkers of immunostimulation depend on the type of nanomaterial and API

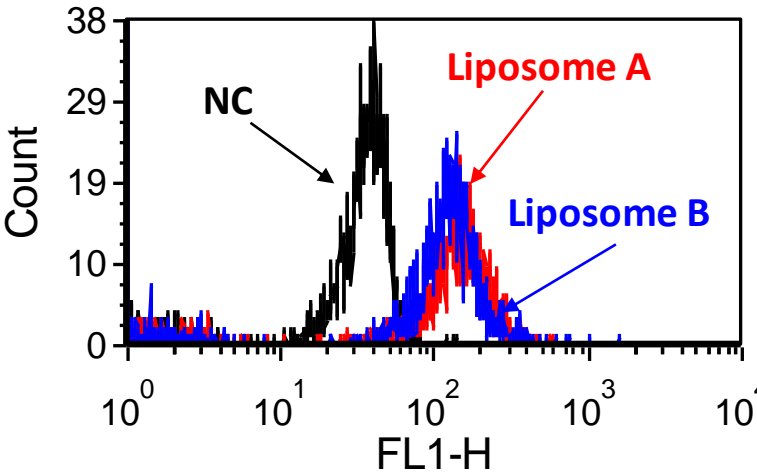
# Cytokine induction by cationic liposomes

	IFN-γ	IL-1α	IL-1β	IL-6	IL-8	IL-10	MCP-1	MIP-1α	MIP-1β	RANTES	TNF-α
donor #1	-	++	++	+++	+++	+	+++	+++	++	++	++
donor #2	-	++	++	+++	+++	+	+++	+++	++	++	++
donor #3	-	++	++	+++	+++	+	+++	+++	++	+++	++
donor #4	-	++	++	+++	+++	+	+	+	+	++	++
donor #5	-	++	++	+++	+++	+	++	++	++	++	++
donor #6	-	++	++	+++	+++	+	++	+++	++	++	++
donor #7	-	+	+	++	+++	+	++	+++	+	++	++

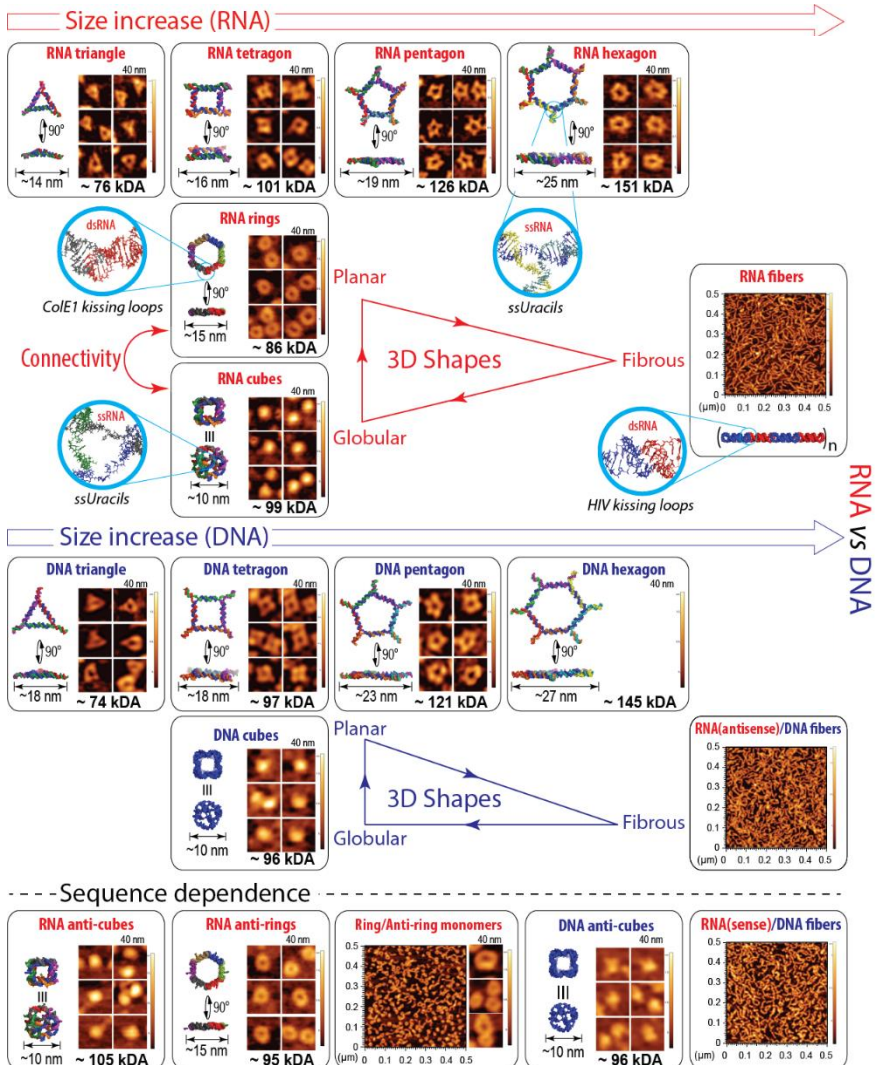
Detected cytokines	IL-1α	IL-1β	IL-6	TNF-α	IL-10	IL-8	MCP-1	MIP-1α	MIP-1β	RANTES
Group:	cytokines					chemokines				

Detected danger signals	MMP-1	MMP-7	MMP-9
Group:	metalloproteinases		

- Cationic liposomes induce wide range of pro-inflammatory responses
- Oxidative stress is the underlying mechanism



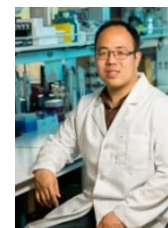
# Cytokine induction by Nucleic Acid Nanoparticles



Kirill Afonin



Justin Halman



Enping Hong



Ankit Shah



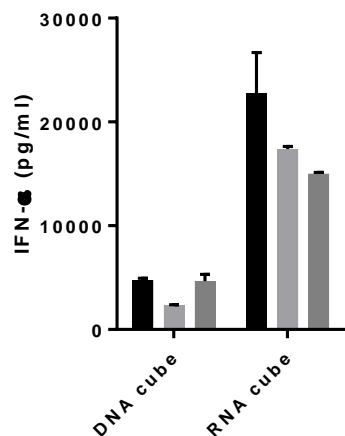
Edward Cedrone

- The study involved over a library of NANPs and PBMC from over 100 donors
- Mechanistic study involved siRNA/PBMC and HEK-TLR reporter cell lines

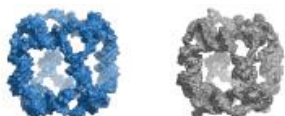
Biomarkers of immunostimulation by TNA are Interferons

# Cytokine induction by Nucleic Acid Nanoparticles

## Material

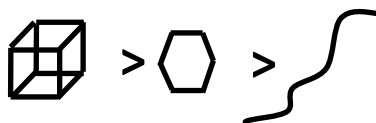
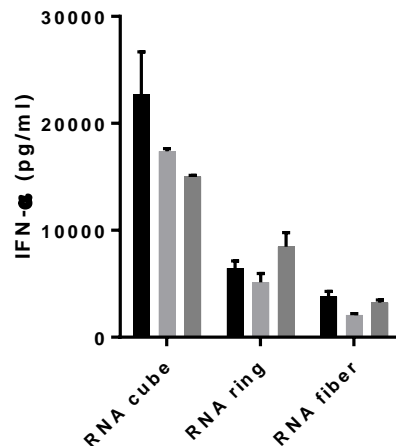


**DNA < RNA**



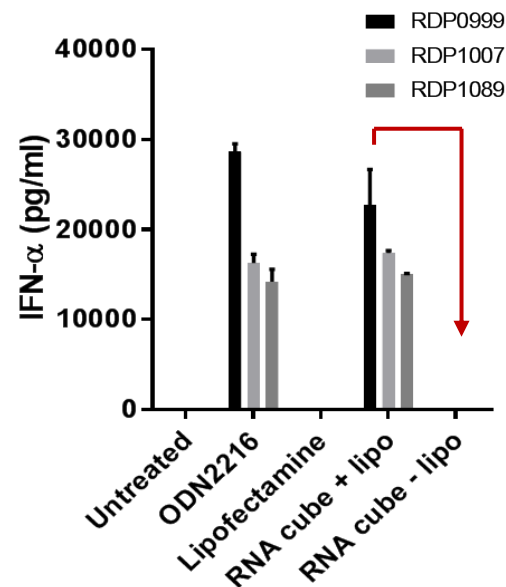
RNA nanoparticles  
are more potent than  
DNA counterparts

## Structure

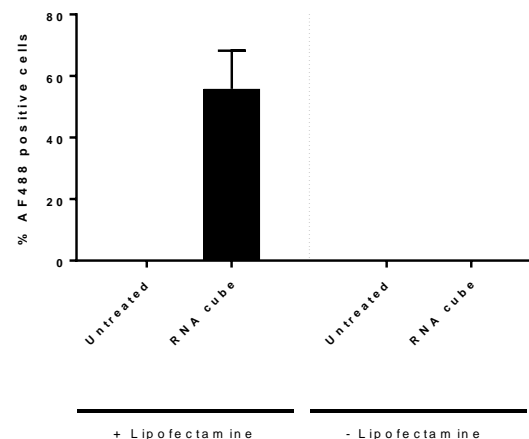


Globular particles are more  
potent than planar than  
fibrous structures

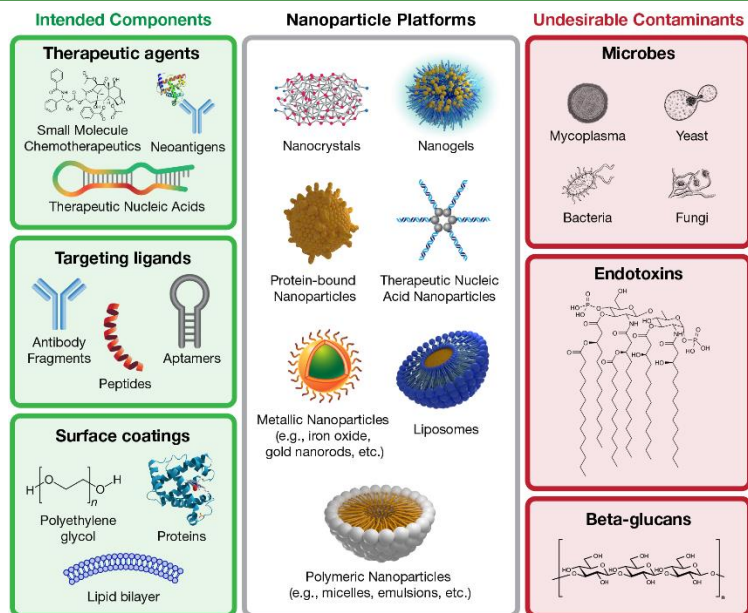
## Interferon Response to NANPs...



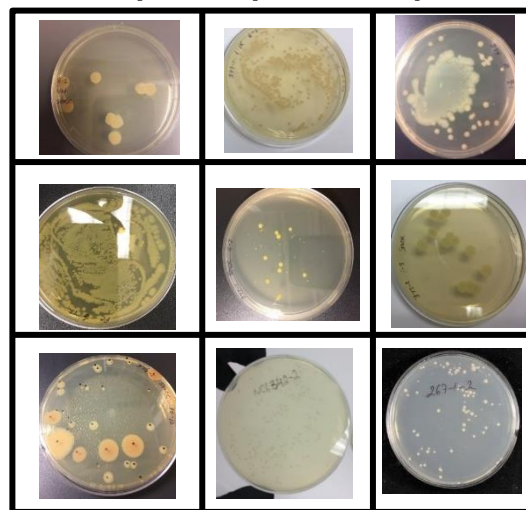
...Correlates with Uptake by Cells



# Biological impurities and immunostimulation



## Examples of prescreen plates



- *Phreatobacter oligotrophus*
- *Ralstonia pickettii*
- *Citrobacter freundii*
- *Ochrobactrum anthropi*
- *Achromobacter marplatensis*
- *Pseudomonas beteli*
- *Sphingomonas aeria*
- *Sphingomonas zeae*
- *Burkholderia contaminans*
- *Burkholderia cepacia*
- *Burkholderia cenocepacia*
- *Burkholderia metallica*
- *Staphylococcus haemolyticus*
- *Leifsonia lichenia*
- *Rothia terrae*
- *Caulobacter segnis*
- *Rhizobium halotolerans*

Environmental monitoring is important

## NCL in vitro assays to screen for sterility and IIMI contamination:

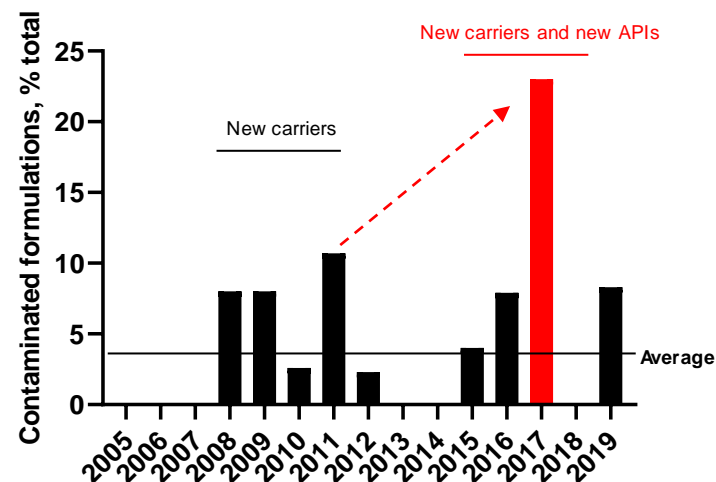
- STE-1 (.1, .2, .3 and .4)
- STE-2
- STE-3
- STE-4

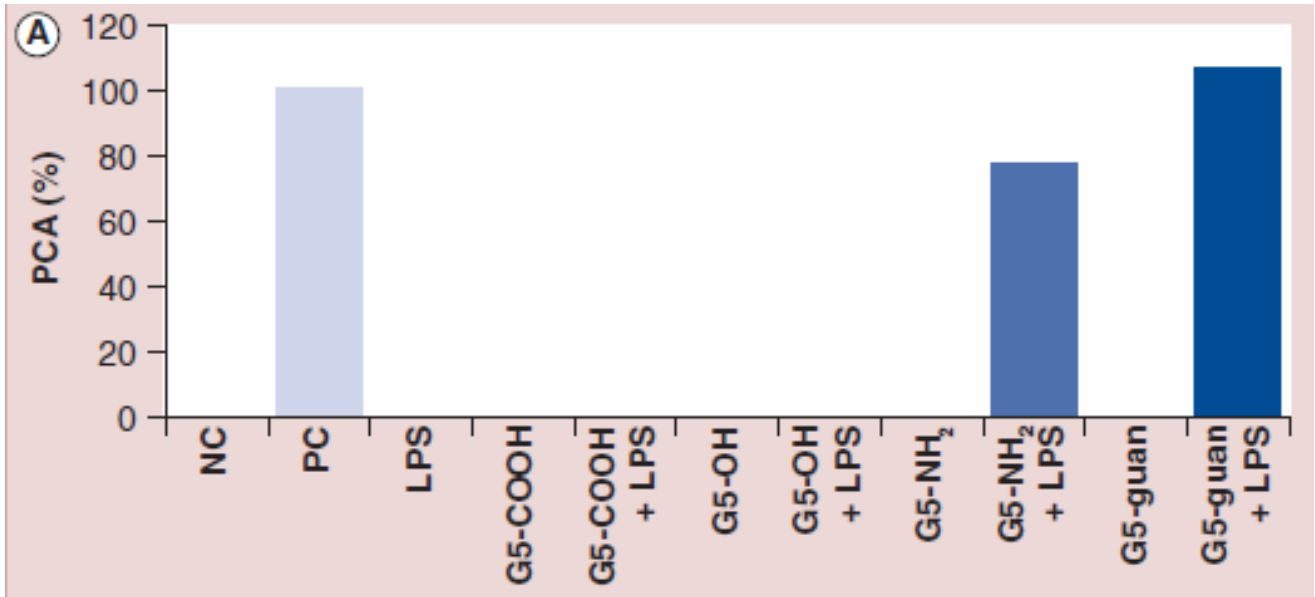
<https://ncl.cancer.gov/resources/assay-cascade-protocols>

- ~30 % of preclinical formulations fail due to endotoxin contamination
- Common sources of endotoxin: **water and process**

- < 5 % fail due to bacterial contamination
- Common sources of bacterial contamination: **water, dust and handling**

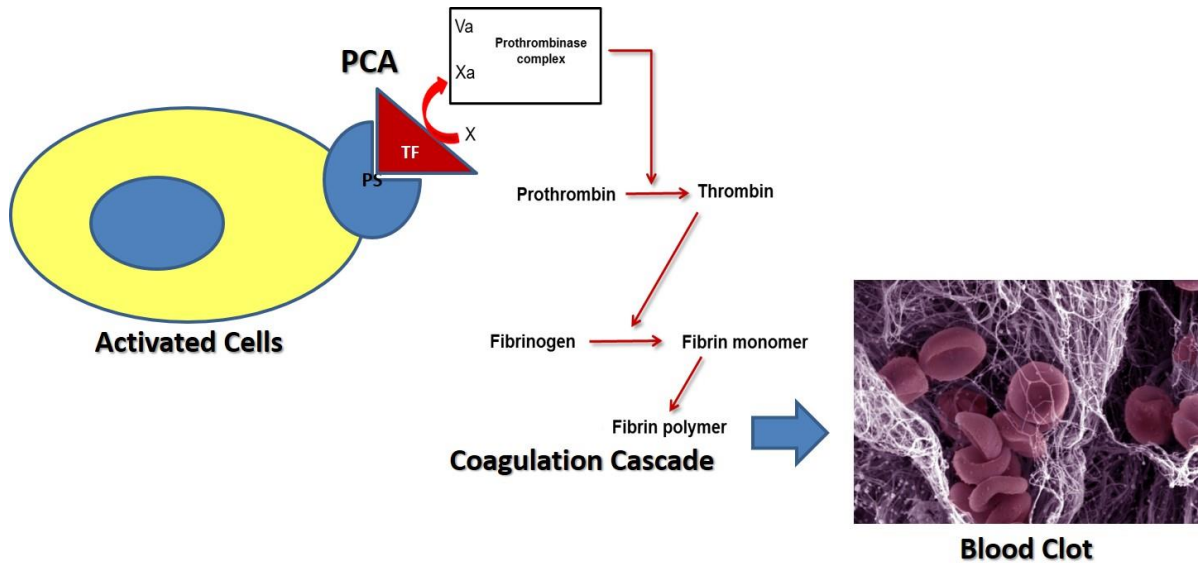
## Bacterial Contamination Rates





Anna Ilinskaya

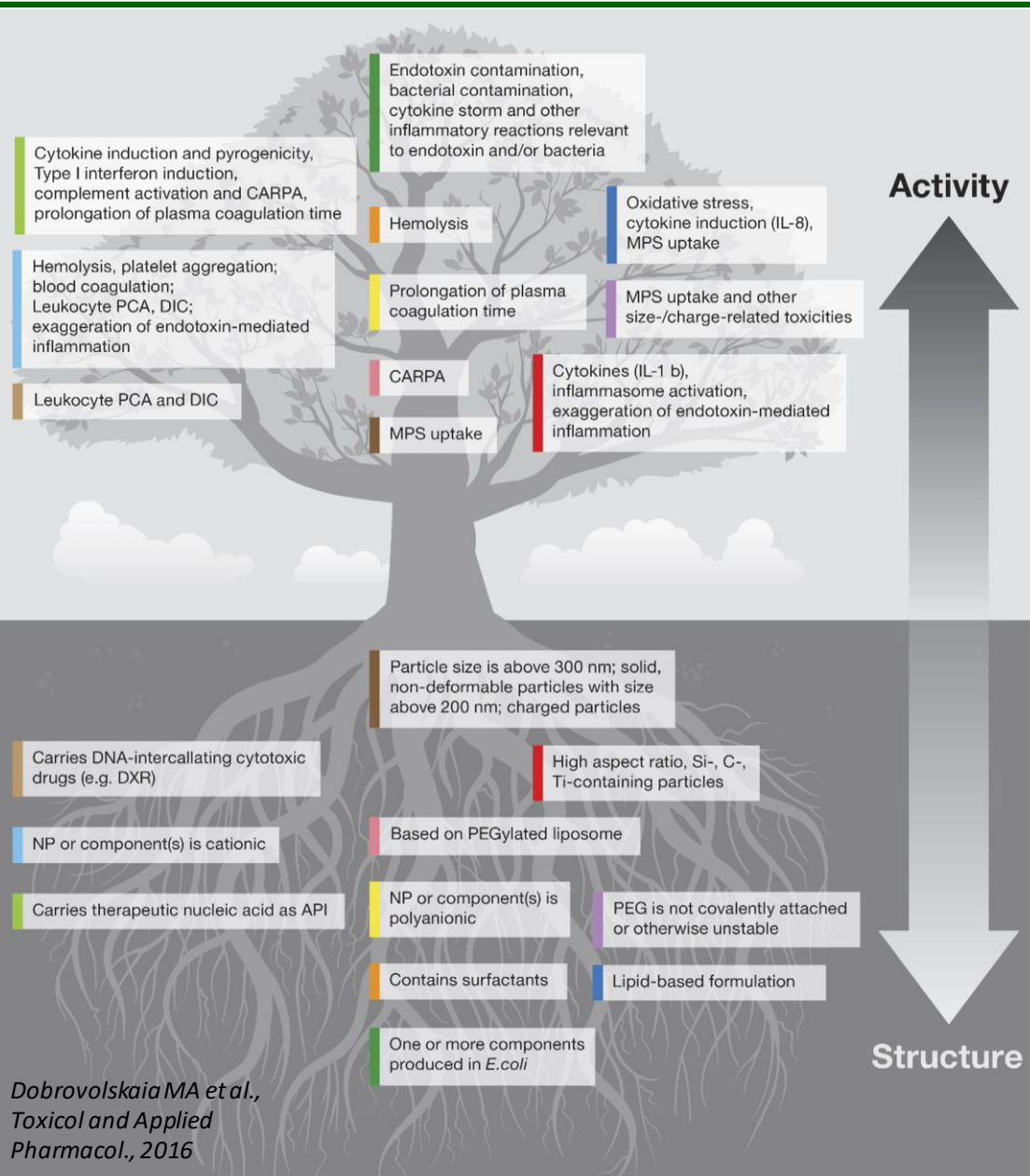
*Ilinskaya, A. N., et al., Nanomedicine (London, England), 2013, 9(9), 1311–1326.*



Challenge is required to determine this type of toxicity

**NCL in vitro assays to assess immunomodulation**  
<https://ncl.cancer.gov/resources/assay-cascade-protocols>

# Other common immune reactions to nanomaterials



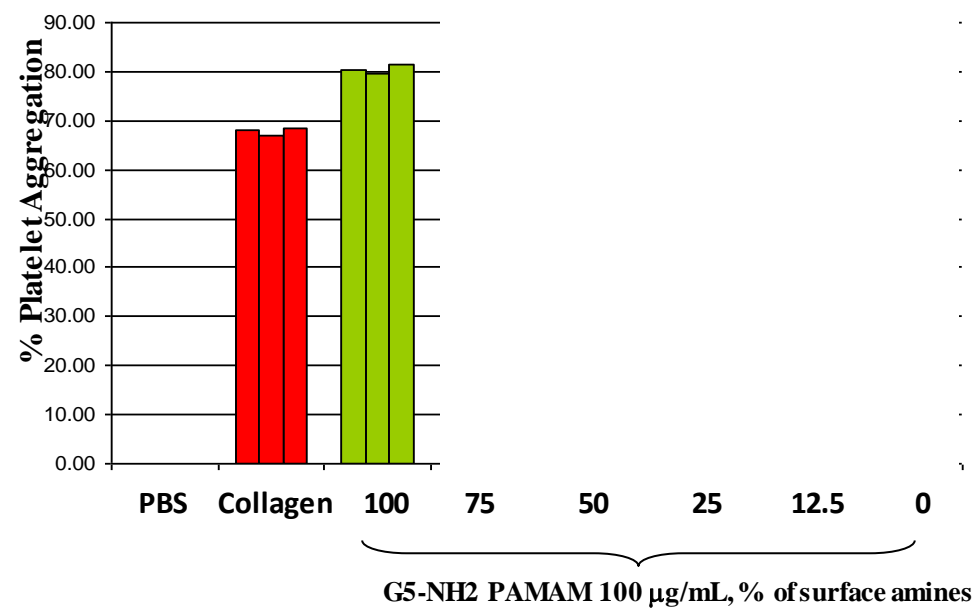
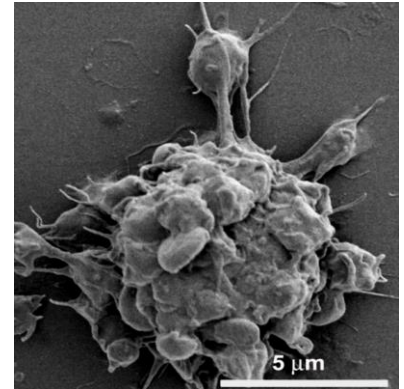
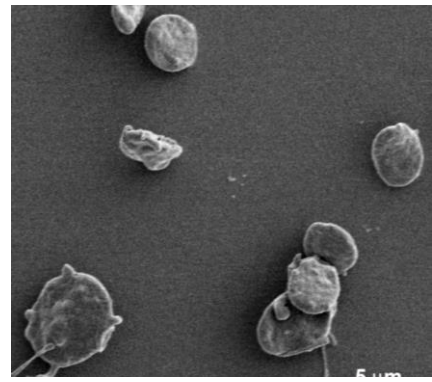
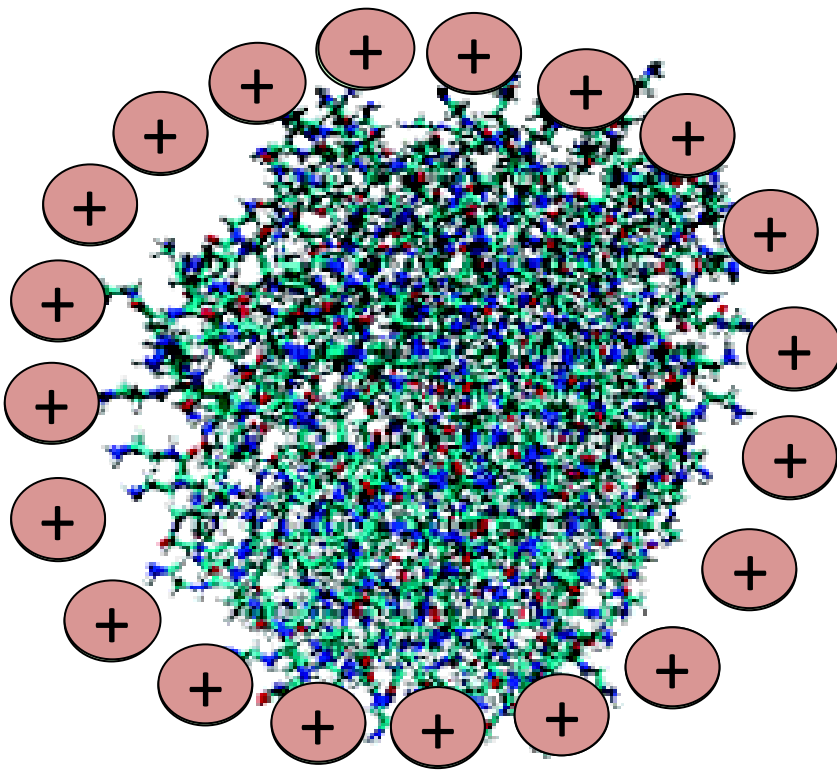
- Hemolysis
- Complement activation
- Change in plasma coagulation time
- Platelet aggregation
- Leukocyte Procoagulant Activity

## NCL in vitro assays to screen for these toxicities:

- ITA-1
- ITA- 2
- ITA-5
- ITA-12
- ITA-17

<https://ncl.cancer.gov/resource/s/assay-cascade-protocols>

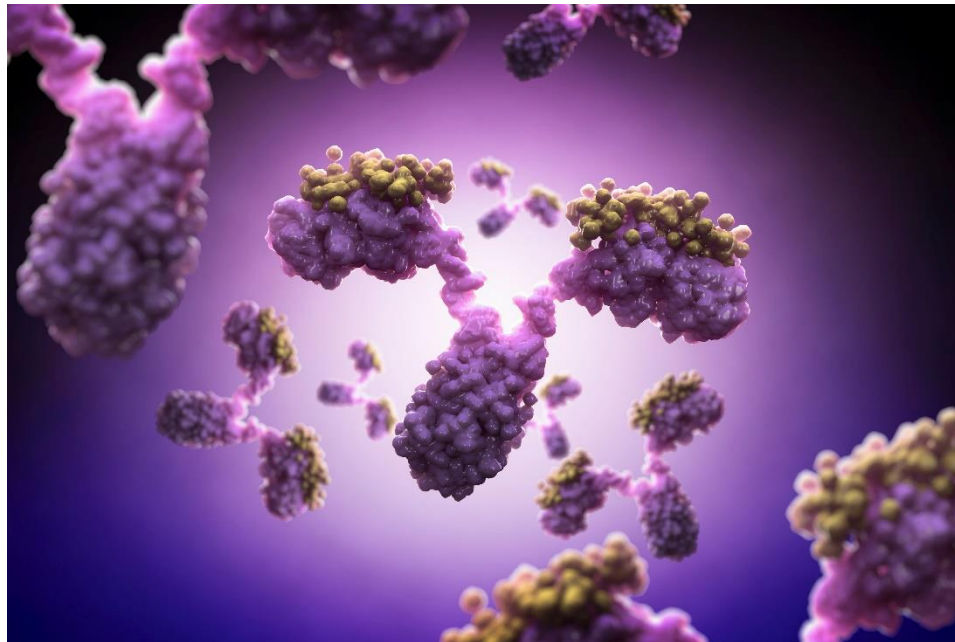
# Platelets: role of zeta potential



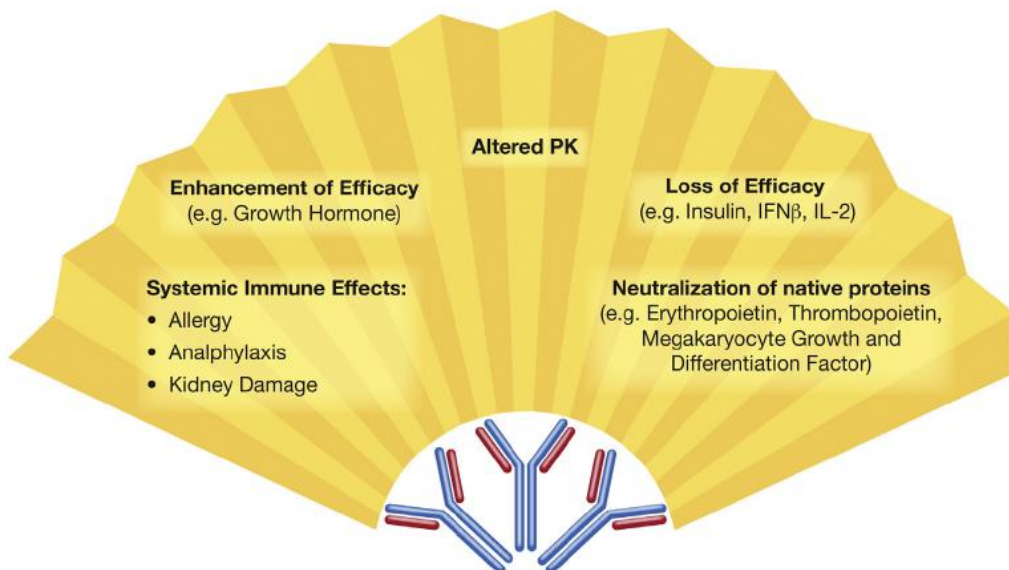
Surface charge and density of terminal groups affect platelet aggregation

- Drug (common in biologics) or drug-protein adducts (common in small molecules) might also be recognized as foreign and stimulate an antidrug response (ADA)

- **ADA = immunogenicity**

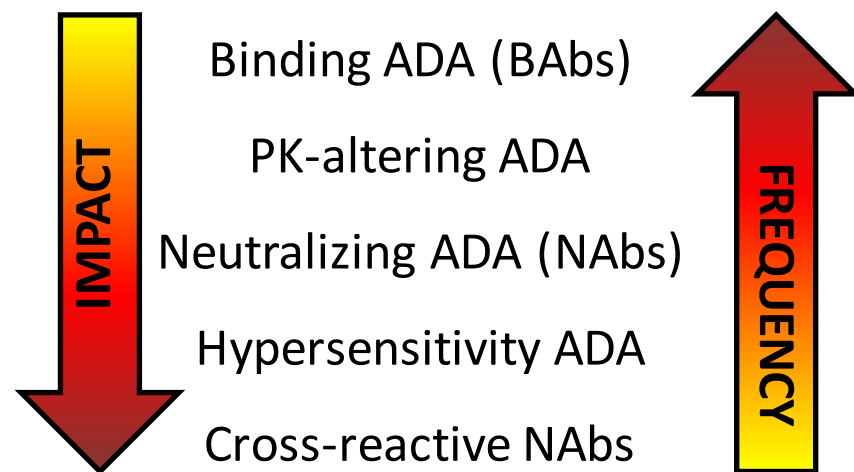


## Consequences of Antibody Response to Biotechnology Therapeutics



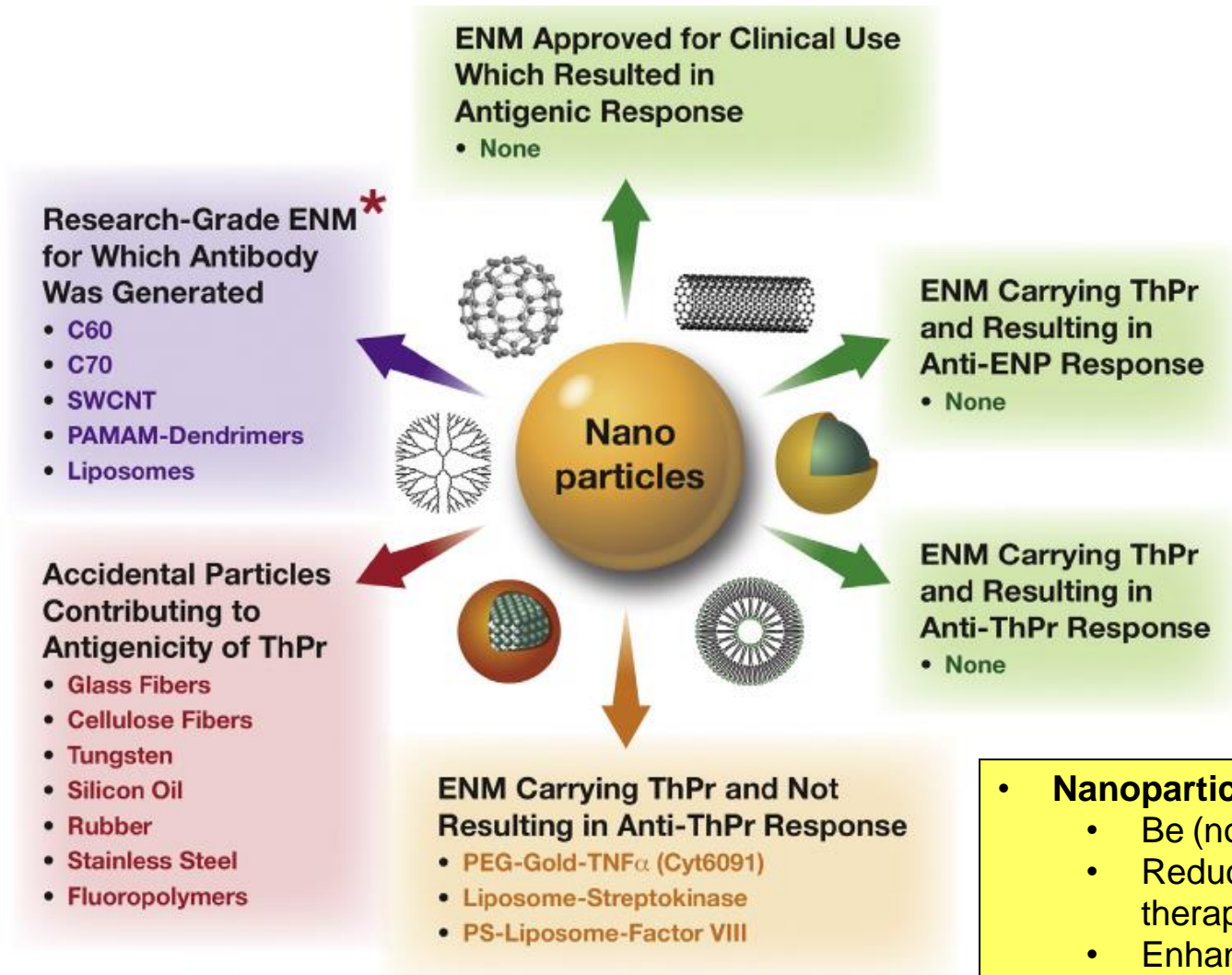
*Ilinskaya AN & Dobrovolskaia* **Anti-Drug Antibody (ADA)**  
*MA, TAAP, 2015*

## Clinical Relevance



- In vitro, in silico and in vivo methods, when used separately, can not accurately predict immunogenicity
- A combination of these methods help to get an insight and inform the design of clinical studies
- IG in animals may reveal IG difference between biosimilar and reference product; help to interpret the results of preclinical PK and Tox studies
- The information about a drug's immunogenicity is currently obtained from clinical studies

# Nanoparticles' immunogenicity



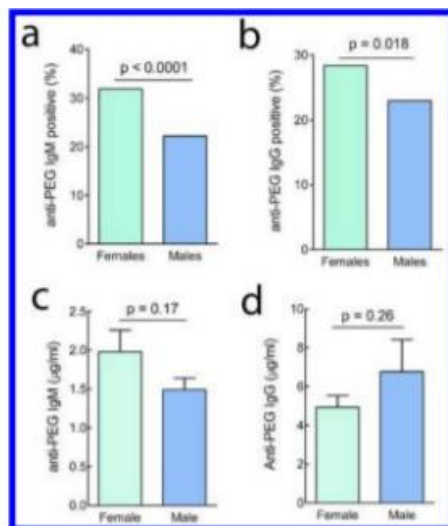
- **Nanoparticles Can Be Engineered To:**
  - Be (non)immunogenic
  - Reduce immunogenicity of therapeutic proteins
  - Enhance immunogenicity of proteins/peptides

# Natural (pre)existing anti-PEG antibody

- PEGylation of nanoparticles is common to improve circulation time
- Several studies reported existence of naturally occurring antibody
- Functional significance of these antibodies is not well understood

## Measurement of Pre-Existing IgG and IgM Antibodies against Polyethylene Glycol in Healthy Individuals

Bing-Mae Chen,<sup>†</sup> Yu-Cheng Su,<sup>†</sup> Chia-Jung Chang,<sup>†</sup> Pierre-Alain Burnouf,<sup>†</sup> Kuo-Hsiang Chuang,<sup>‡</sup> Chien-Hsiun Chen,<sup>†,§</sup> Tian-Lu Cheng,<sup>¶</sup> Yuan-Tsong Chen,<sup>†,||</sup> Jer-Yuarn Wu,<sup>¶,||,§</sup> and Steve R. Roffler<sup>\*,†,§</sup>



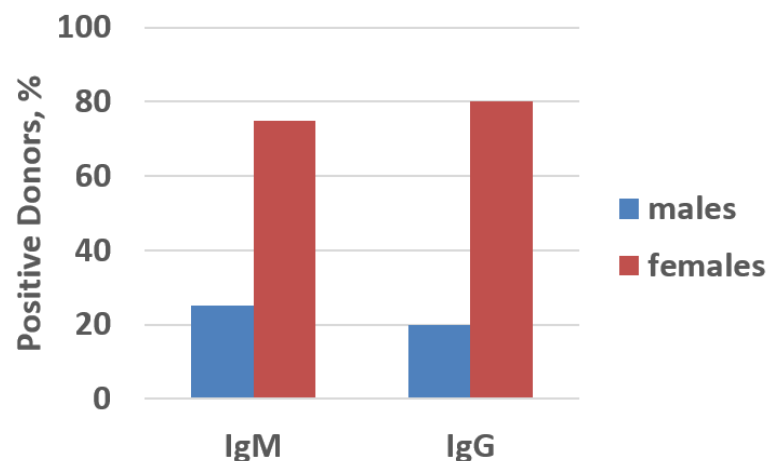
**Figure 4.** Anti-PEG antibodies are more prevalent in females than males. (a) The percentage of females (239 of 748) and males (168 of 756) with positive anti-PEG IgM. (b) The percentage of females (212 of 748) and males (174 of 756) with positive anti-PEG IgG. (c, d) The mean anti-PEG IgM (c) or anti-PEG IgG (d) concentrations in females and males among donors that were positive for anti-PEG IgM or anti-PEG IgG, respectively. Error bars, SEM.

## Article

## Understanding the Role of Anti-PEG Antibodies in the Complement Activation by Doxil in Vitro

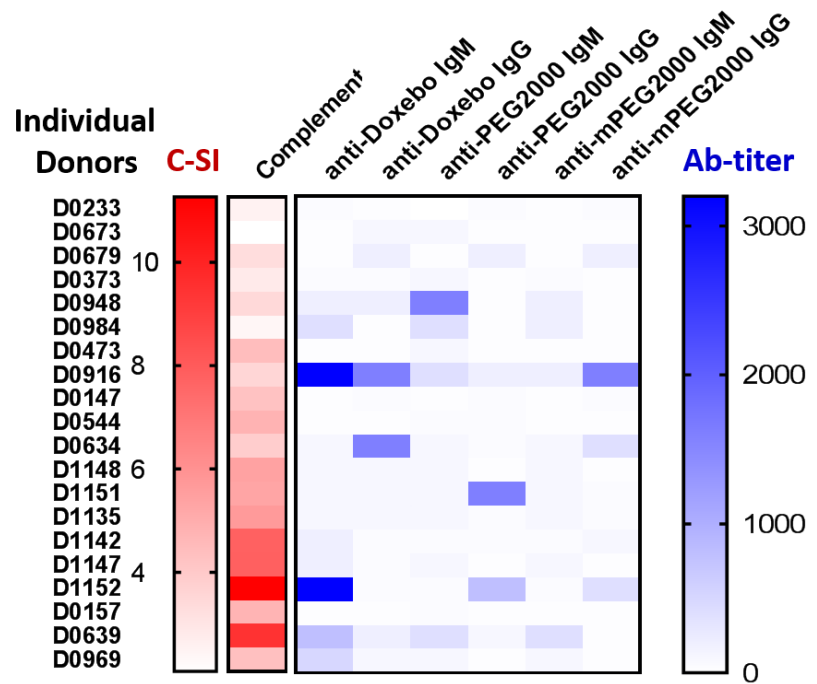
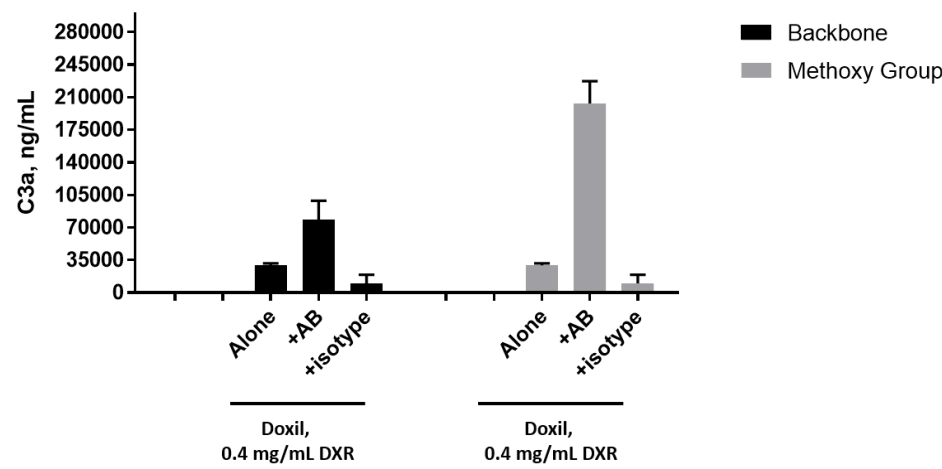
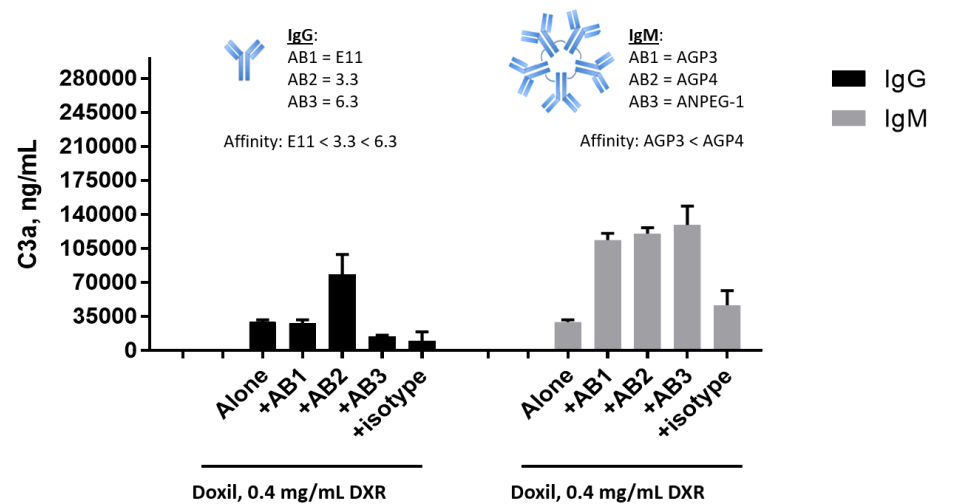
Barry W. Neun<sup>1</sup>, Yechezkel Barenholz<sup>2</sup>, Janos Szebeni<sup>3,4,5</sup> and Marina A. Dobrovolskaia<sup>1,\*</sup>

<sup>1</sup> Nanotechnology Characterization Lab, Bethesda National Laboratory for Cancer Research, Gaithersburg, MD, USA



High (> 800) titer PEG-reactive antibodies are detected in both healthy males and females, but are more prevalent in females

# Anti-PEG antibody and complement activation



PEG Ab titer does not correlate with complement activation by PEGylated liposomes. The Ab suggest greater risk but can't predict the reaction and its magnitude. Functional assay, e.g. C3 ELISA, should be used instead

Purified anti-PEG antibodies contribute to the complement activation by Doxil



Thank you for your attention!