

Immunogenicity Assay Application Note

Measuring anti-drug antibodies (ADAs) to two different drugs using a multiplex bridging assay

The use of biotherapeutics, biosimilars, and combination biotherapies require the study of immunogenicity, or the study of anti-drug antibodies (ADAs). While it is possible to measure ADAs to a single drug using MSD GOLD[™] Streptavidin plates (see MSD's Bridging Immunogenicity Assays Guidelines for Assay Development available at <u>www.mesoscale.com</u>), there is an increasing need to measure ADAs to multiple drugs in a single sample due to the combined use of multiple biotherapeutics, or, as in the case of multi-domain therapeutics, measure ADAs in a single sample to different domains of a drug. MSD's U-PLEX[®] platform allows for the simultaneous measurement of multiple ADAs in a single well with a simple, two-step protocol, resulting in reduction of both time and sample volume.



This Application Note serves two purposes:

Section A provides a general overview of our multiplex screening immunogenicity assays and how they detect and measure ADAs in a single sample.

Section B provides a detailed protocol, workflow, and representative data that serve as guidelines for successfully developing, optimizing, and running an assay.







A. General Overview

MSD's U-PLEX technology allows for the creation of multiplex assays through the use of U-PLEX assay development packs. These packs are available in different configurations of activated spots and U-PLEX Linkers, giving you the flexibility to develop custom multiplexes ranging from two to ten assays per well. Immunogenicity assays designed to detect anti-drug antibodies (ADAs) can be developed for different biologic-based platforms including antibodies, proteins, and peptides, on the U-PLEX platform. Figure 1 illustrates the principle of a multiplex immunogenicity assay as developed on our U-PLEX platform.

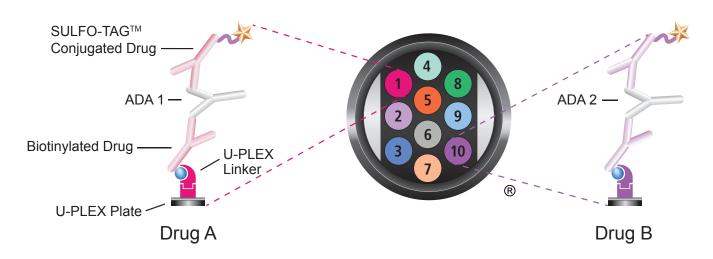


Figure 1: Multiplex immunogenicity assay on the U-PLEX platform.

To illustrate the principle of the assay, two bridging immunogenicity assays (one to detect ADA to Drug A and one to detect ADA to Drug B) were combined. Biotinylated Drug A was coupled to U-PLEX Linker 1 and Biotinylated Drug B was coupled to U-PLEX Linker 10. Both drugs were also conjugated with SULFO-TAG[™]. Spot 1 on the U-PLEX plate measured the signals generated from the bridging assay for Drug A and Spot 10 measured the signal generated from the bridging assay for Drug B. Two controls were also tested: An antibody with dual specificity that binds both Drug A and Drug B and a negative antibody that does not bind to either drug.





Protocol at a Glance

Figure 2: Overview of protocol for multiplex screening immunogenicity assays for two antibody drugs with MSD's U-PLEX technology.

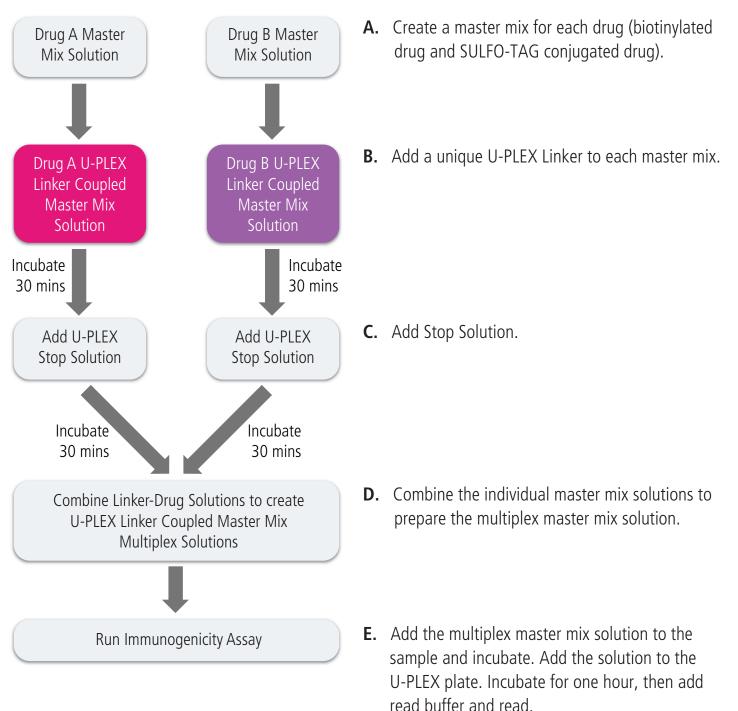
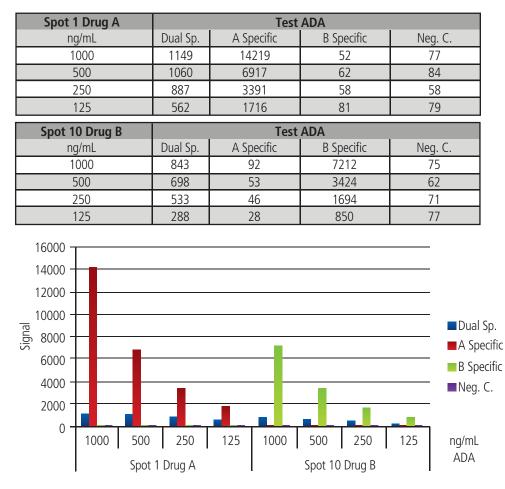






Figure 3: The data below represent 4 ADAs: dual specificity for Drug A and Drug B (Dual Sp.), specific for Drug A (A Specific), specific for Drug B (B Specific), and the negative control ADA (Neg. C.).



Summary

As the field of biotherapeutics expands and the use of biosimilars and combination therapies becomes more prevalent, there is an increasing need to measure multiple ADAs in a single sample. The following sections of this Application Note provide detailed protocols, guidelines, and a representative workflow for the rapid development of sensitive, multiplexed immunogenicity/autoantibody assays¹⁻³. The U-PLEX platform also offers multiplexing options for PK and biomarker assays to conserve sample volume, streamline workflows, and increase throughput.

- 2. Miao D, et al. GAD65 Autoantibodies detected by electrochemiluminescence assay identify high risk for Type 1 Diabetes. Diabetes. 2013 Dec; 62: 4174-4178.
- 3. Yu L, et al. Distinguishing persistent insulin autoantibodies with differential risk: Nonradioactive bivalent proinsulin/insulin autoantibody assay. Diabetes. 2012 Jan; 61: 179-186.





^{1.} Cludts I, et al. Detection of neutralizing interleukin-17 antibodies in autoimmune polyendocrinopathy syndrome-1 (APS-1) patients using a novel non-cell based electrochemiluminescence assay. Cytokine 50. 2010: 129-137.

B. Developing a Multiplexed Immunogenicity Assay for Two Biotherapeutic Drugs

Optimizing Master Mix Concentrations

Optimization of the master mix concentrations is an essential step in the development of an immunogenicity assay. The next section describes the detailed protocol for this optimization step.

Reagent Preparation

The guidelines below are designed to help you prepare reagents that will optimize the master mix concentrations of each drug in the U-PLEX multiplex assay. The quantities listed are sufficient for the plate layout described on page 8.

A. Preparation of Master Mix Solutions

Prepare a separate series of master mix solutions for each drug to be multiplexed:

1. Prepare a master mix of 10 µg/mL biotinylated antibody drug and 10 µg/mL of MSD GOLD SULFO-TAG conjugated antibody drug in the assay buffer.

a. Mix 120 μ L of biotinylated drug (20 μ g/mL) with 120 μ L of MSD GOLD SULFO-TAG-drug (20 μ g/mL).

- 2. Create 5 μ g/mL, 2.5 μ g/mL, and 1.25 μ g/mL master mix solutions by performing three separate two-fold serial dilutions of the 10 μ g/mL master mix:
 - a. Drug master mix 5 $\mu g/mL =$ 120 μL 10 $\mu g/mL$ master mix + 120 μL assay buffer.
 - b. Drug master mix 2.5 μ g/mL = 120 μ L 5 μ g/mL master mix + 120 μ L assay buffer.
 - c. Drug master mix 1.25 μ g/mL = 120 μ L 2.5 μ g/mL master mix + 120 μ L assay buffer.

Note: The protocol above describes the use of equimolar biotinylated antibody drug and SULFO-TAG-antibody drug in solutions. To optimize the ratio of biotinylated antibody drug and SULFO-TAG-antibody drug in the master mix, please see the "Data Illustrating the Process for Selecting the Optimal Master Mix Concentration" section on page 9 of this Note, and refer to page 11 of the MSD Bridging Immunogenicity Assay Application Note for more detailed instructions. Once the optimal ratio of biotinylated antibody drug and SULFO-TAG conjugated antibody drug has been identified, the different master mix concentrations can be coupled to U-PLEX Linkers as described below. Use the concentrations of antibody drug described, and adjust the concentration of the SULFO-TAG antibody if the optimal master mix is not an equimolar mixture of biotinylated and SULFO-TAG drug. If required, please consult your local MSD Field Application Scientist for assistance.





B. Preparation of U-PLEX Linker-Coupled Master Mix Solutions

- For Drug A: Transfer **120 μL** of **Linker 1** into four polypropylene microcentrifuge tubes. Label the tubes as '**Linker 1 Drug A**' and write the master mix concentration on each individual tube (e.g., tubes 1, 2, 3, and 4 should be labeled 'Linker 1_10 μg/mL', 'Linker 1_5 μg/mL', 'Linker 1_2.5 μg/mL' and 'Linker 1_1.25 μg/mL', respectively).
- 2. Add 80 μL of Drug A master mix (10 μg/mL) to the 'Linker 1_10 μg/mL' tube. Vortex to mix, and then spin down briefly. Repeat this step for the remaining Drug A master mix concentrations:
 a. Add 80 μL of Drug A master mix (5 μg/mL) to the 'Linker 1_5 μg/mL' tube.
 b. Add 80 μL of Drug A master mix (2.5 μg/mL) to the 'Linker 1_2.5 μg/mL' tube.
 c. Add 80 μL of Drug A master mix (1.25 μg/mL) to the 'Linker 1_1.25 μg/mL' tube.
- 3. For Drug B: Transfer 120 μL of Linker 10 into four polypropylene microcentrifuge tubes. Label the tubes as 'Linker 10 Drug B' and write the master mix concentration on each individual tube (e.g., label the tubes 'Linker 10_10 μg/mL', 'Linker 10_5 μg/mL', 'Linker 10_2.5 μg/mL' and 'Linker 10_1.25 μg/mL', respectively).
- 4. Add **80 μL** of **Drug B master mix (10 μg/mL)** to the '**Linker 10_10 μg/mL' tube**. Vortex to mix, and then spin down briefly. Repeat this step for the remaining Drug B master mix concentrations:
 - a. Add 80 μ L of Drug B master mix (5 μ g/mL) to the 'Linker 10_5 μ g/mL' tube.
 - **b.** Add 80 μL of Drug B master mix (2.5 $\mu g/mL)$ to the 'Linker 10_2.5 $\mu g/mL'$ tube.
 - c. Add 80 μ L of Drug B master mix (1.25 μ g/mL) to the 'Linker 10_1.25 μ g/mL' tube.
- 5. Incubate the solutions at room temperature (RT) for 30 minutes.
- **6.** Add 80 μL of U-PLEX Stop Solution to all the "Linker 1" and "Linker 10" tubes. Use a fresh pipette tip for each addition⁴. Vortex and then spin down briefly. Incubate the solutions at RT for 30 minutes.

4. Use filter tips when pipetting U-PLEX Linkers. Open U-PLEX Linker vials one at a time to avoid the possibility of contamination.





C. Preparation of the U-PLEX Linker-Coupled Master Mix Multiplex Solution

- Label four polypropylene tubes (15 mL) with the following concentrations: '10 μg/mL', '5 μg/mL', '2.5 μg/mL', and '1.25 μg/mL'. These tubes will contain the U-PLEX Linker-coupled master mix multiplex solutions.
- 2. Add 1.6 mL of U-PLEX Stop Solution into each tube.
- **3.** Add 200 μL of each U-PLEX Linker-coupled antibody drug solution into its respective tube (i.e., add 200 μL 'Linker 1_10 μg/mL' and 200 μL 'Linker 10_10 μg/mL' into 1.6 mL of U-PLEX Stop Solution). Vortex to mix.

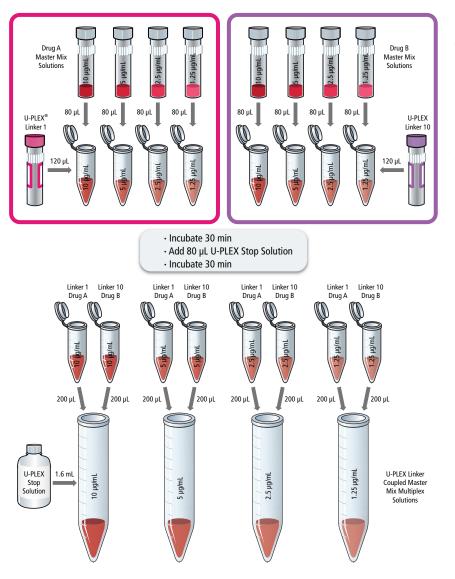


Figure 4: Schematic diagram illustrating the reagent preparation steps for optimizing a multiplex of two antibody drug screening immunogenicity assays using MSD's U-PLEX technology.

Volumes shown are sufficient for four master mix concentrations of biotinylated and SULFO-TAG conjugated antibody drug to coat 32 wells per master mix.





| Table | 1: | Example | plate | lavout |
|-------|----|---------|-------|--------|
| IUNIC | | LAUNPIC | plate | layout |

| | | Master Mix Concentration (µg/mL) | | | | | | | | | | | |
|-----------|---|----------------------------------|---------|--------------|---------|--------------|---------|--------------|---------|---|----|----|----|
| | | 1.25 | | | 2.5 | | 5 | | 10 | | | | |
| | | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 |
| Anti-Drug | А | 10,000 ng/mL | | 10,000 ng/mL | | 10,000 ng/mL | | 10,000 ng/mL | | | | | |
| Antibody | В | 2,500 ng/mL | | 2,500 ng/mL | | 2,500 ng/mL | | 2,500 ng/mL | | | | | |
| Antibody | C | 625 ng/mL | | 625 ng/mL | | 625 ng/mL | | 625 ng/mL | | | | | |
| | D | 156.3 ng/mL | | 156.3 ng/mL | | 156.3 ng/mL | | 156.3 ng/mL | | | | | |
| | E | 39.1 ng/mL | | 39.1 ng/mL | | 39.1 ng/mL | | 39.1 ng/mL | | | | | |
| | F | 9.8 ng/mL | | 9.8 ng/mL | | 9.8 ng/mL | | 9.8 ng/mL | | | | | |
| | G | 2.4 ng/mL | | 2.4 ng/mL | | 2.4 ng/mL | | 2.4 ng/mL | | | | | |
| | Н | | 0 ng/mL | | 0 ng/mL | | 0 ng/mL | | 0 ng/mL | | | | |

U-PLEX Assay Protocol for Optimization of Master Mix

- 1. Add 50 μL of U-PLEX Linker-coupled master mix multiplex solution and 25 μL of positive control anti-drug antibody samples to each well of a round-bottom 96-well polypropylene plate. Seal the plate and incubate for one to two hours at RT with moderate shaking, or shake for one hour at RT and then incubate overnight at 4°C.
- 2. During the master mix incubation, add 150 µL per well of Blocking Solution (e.g., 3% [w/v] MSD Blocker A in PBS or PBS-T) to the U-PLEX plate. Seal the plate and incubate for one to two hours at RT with moderate shaking. Remove the Blocking Solution from the U-PLEX plate. Wash the plate with wash buffer (e.g., PBS-T). Transfer 50 µL from each well of the polypropylene plate to the corresponding well of the U-PLEX plate. Seal the plate and incubate for one hour at RT with moderate shaking.
- **3**. Wash the plate with wash buffer. Add 150 μL per well of 2X Read Buffer T and read on an MSD instrument. Use appropriate reverse pipetting techniques when adding read buffer, to avoid introducing bubbles.

Select the master mix concentration that provides the best signal to background for each drug. For further guidance, please consult Table 2 on page 9, or see our Bridging Immunogenicity Application Note.





Data Illustrating the Process for Selecting the Optimal Master Mix Concentration

Representative data illustrating the optimization of master mix concentrations for Drug A and Drug B using positive control ADA 1 for Drug A and positive control ADA 2 for Drug B following the protocol described in this Application Note are shown below. Master mix concentrations generating optimal signal to background ratios were 5 μ g/mL for Drug A (Spot 1) and 1.25 μ g/mL for Drug B (Spot 10).

| | SPOT 1 Drug A | Avera | | | | | |
|--------|---------------|----------------------------------|-------|-------|--|--|--|
| ADA 1 | Mast | Master Mix Concentration (µg/mL) | | | | | |
| (ng/mL |) 1.25 | 2.5 | 5 | 10 | | | |
| 10,000 | 3449 | 18666 | 21750 | 19771 | | | |
| 2500 | 3032 | 14908 | 19843 | 15234 | | | |
| 625 | 1506 | 10818 | 13439 | 10260 | | | |
| 156.3 | 998 | 5302 | 8509 | 7883 | | | |
| 39.1 | 379 | 2270 | 4992 | 6167 | | | |
| 9.8 | 143 | 849 | 1462 | 2421 | | | |
| 2.4 | 137 | 460 | 643 | 711 | | | |
| 0 | 89 | 95 | 98 | 123 | | | |

Table 2: Optimization of Master Mix Solutions (designated by a red outline in the tables below)

| | SPOT 10 Drug | B Avera | Average Signal | | | |
|---------|--------------|--------------|-------------------|--------|--|--|
| ADA 1 | Mast | er Mix Conce | entration (µg/mL) | | | |
| (ng/mL) | 1.25 | 2.5 | 5 | 10 | | |
| 10,000 | 346609 | 278851 | 254985 | 186764 | | |
| 2500 | 220387 | 199161 | 134013 | 123937 | | |
| 625 | 89091 | 48577 | 45103 | 36842 | | |
| 156.3 | 35860 | 12227 | 12274 | 10805 | | |
| 39.1 | 3327 | 2807 | 1974 | 2365 | | |
| 9.8 | 441 | 543 | 428 | 483 | | |
| 2.4 | 114 | 132 | 125 | 138 | | |
| 0 | 85 | 109 | 124 | 134 | | |

| | SPOT 1 Drug A | Signal: Background | | | | |
|---------|----------------------------------|--------------------|-------|-------|--|--|
| ADA 1 | Master Mix Concentration (µg/mL) | | | | | |
| (ng/mL) | 1.25 | 2.5 | 5 | 10 | | |
| 10,000 | 38.8 | 196.5 | 221.9 | 160.7 | | |
| 2500 | 34.1 | 156.9 | 202.5 | 123.9 | | |
| 625 | 16.9 | 113.9 | 137.1 | 83.4 | | |
| 156.3 | 11.2 | 55.8 | 86.8 | 64.1 | | |
| 39.1 | 4.3 | 23.9 | 50.9 | 50.1 | | |
| 9.8 | 1.6 | 8.9 | 14.9 | 19.7 | | |
| 2.4 | 1.5 | 4.8 | 6.6 | 5.8 | | |
| 0 | 1.0 | 1.0 | 1.0 | 1.0 | | |

| | SPOT 10 Drug E | Signal: Background | | | | | |
|---------|----------------------------------|--------------------|--------|--------|--|--|--|
| ADA 1 | Master Mix Concentration (µg/mL) | | | | | | |
| (ng/mL) | 1.25 | 2.5 | 5 | 10 | | | |
| 10,000 | 4077.8 | 2558.3 | 2056.3 | 1393.8 | | | |
| 2500 | 2592.8 | 1827.2 | 1080.8 | 924.9 | | | |
| 625 | 1048.1 | 445.7 | 363.7 | 274.9 | | | |
| 156.3 | 421.9 | 112.2 | 99.0 | 80.6 | | | |
| 39.1 | 39.1 | 25.8 | 15.9 | 17.6 | | | |
| 9.8 | 5.2 | 5.0 | 3.5 | 3.6 | | | |
| 2.4 | 1.3 | 1.2 | 1.0 | 1.0 | | | |
| 0 | 1.0 | 1.0 | 1.0 | 1.0 | | | |

Preparation of U-PLEX Linker-Coupled Master Mix Solutions for Non-Antibody Drugs

For non-antibody capture concentrations, use a starting concentration of 66 nM of biotinylated drug in the master mix solution.

Formula to convert nM to μ g/mL: μ g/mL = nM Concentration x MW (Da)/1,000,000

Example for a drug of 50,000 MW μ g/mL = [66 x 50,000]/1,000,000 = 3.3 μ g/mL





Immunogenicity Assay Protocol (with Optimized Master Mix Concentrations)

The above section describes the steps for optimizing master mix concentrations and guidelines for choosing the master mix concentration that provides the best signal to background for each drug.

Following optimization of the master mix concentrations for each drug, a multiplex immunogenicity assay can be performed. The section below provides an example protocol for a multiplex immunogenicity assay with two drugs.

For this assay, use MSD's U-PLEX 2-Assay SECTOR[®] Plate (Cat No. K15227N-1) [Figure 5] to perform the multiplex bridging immunogenicity assay.

Figure 5: Activated U-PLEX 2-Assay Plate.



Multiplexing of More Than Two Antibody Drugs

In the current protocol, the total volume of the U-PLEX Linker-coupled master mix multiplex solution will be 2 mL. This is sufficient to coat 32 wells per plate for each master mix. If additional wells are to be coated, adjust the volumes but keep the ratios of each component consistent.

If multiplexing of more than two antibody drugs is desired, combine 200 μ L of each U-PLEX Linker-coupled antibody drug to every master mix concentration that is going to be tested. Make sure the final volume is 2 mL (with U-PLEX Stop Solution). This will be sufficient to coat 32 wells per plate for each master mix. For example, if four antibody drugs are to be tested, add 200 μ L of each U-PLEX Linker-coupled antibody drug to 1.2 mL of U-PLEX Stop Solution.

Note: The volumetric ratio of Linker: Antibody Drug: Stop Solution is 3:2:2. Recommended volumes of Linker, biotinylated antibody, and Stop Solution for coating partial plates, one plate, or multiple U-PLEX plates are provided on page 11 of the U-PLEX Development Pack Product Insert.





Preparation of U-PLEX Linker-Coupled Master Mix Multiplex Solutions

- For each drug, prepare a master mix of 200 μL biotinylated drug and MSD GOLD SULFO-TAG conjugated drug. Make sure you use the appropriate optimized master mix concentrations (see "Preparation of Master Mix Solutions" on page 5). 200 μL of each master mix solution will be sufficient to coat one U-PLEX plate.
- 2. Add 200 µL of each master mix solution to 300 µL of U-PLEX Linker. Vortex to mix:
 - a. 200 μ L Drug A master mix + 300 μ L of U-PLEX Linker 1.
 - b. 200 μ L Drug B master mix + 300 μ L of U-PLEX Linker 10.
- 3. Incubate the solutions at RT for 30 minutes.
- 4. Add 200 µL of U-PLEX Stop Solution to each tube. Vortex to mix, then incubate at RT for 30 minutes.
- **5.** Add 600 μL of each U-PLEX Linker-coupled master mix solution into a single tube. Vortex to mix the combined solution. The total volume (including U-PLEX Stop Solution) should be 6 mL.
 - 600 µL Linker 1 Drug A master mix
 - + 600 μL $\,$ Linker 10 Drug B master mix
 - + 4800 µL U-PLEX Stop Solution
 - 6000 µL

Multiplex Immunogenicity Assay with U-PLEX Linker-Coupled Master Mix Multiplex Solution

 Add 50 μL of U-PLEX Linker-coupled master mix multiplex solution and 25 μL of sample to each well of a round-bottom 96-well polypropylene plate. Double the volumes when testing in duplicate. Seal the plate and incubate for one to two hours at RT with moderate shaking, or shake for one hour at RT and then incubate overnight at 4°C.





- 2. During the master mix incubation, add 150 µL per well of Blocking Solution (e.g., 3% (w/v) MSD Blocker A in PBS or PBS-T) to the U-PLEX plate. Seal the plate and incubate for one hour at RT with moderate shaking. Remove the Blocking Solution from the U-PLEX plate. Wash the plate with wash buffer (e.g., PBS-T). Transfer 50 µL from each well of the polypropylene plate to the corresponding well of the U-PLEX plate. Seal the plate and incubate for one hour at RT with shaking.
- **3.** Wash the plate with wash buffer. Add 150 μL per well of 2X Read Buffer T and read on an MSD instrument. Use appropriate reverse pipetting techniques when adding read buffer to avoid introducing bubbles.

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