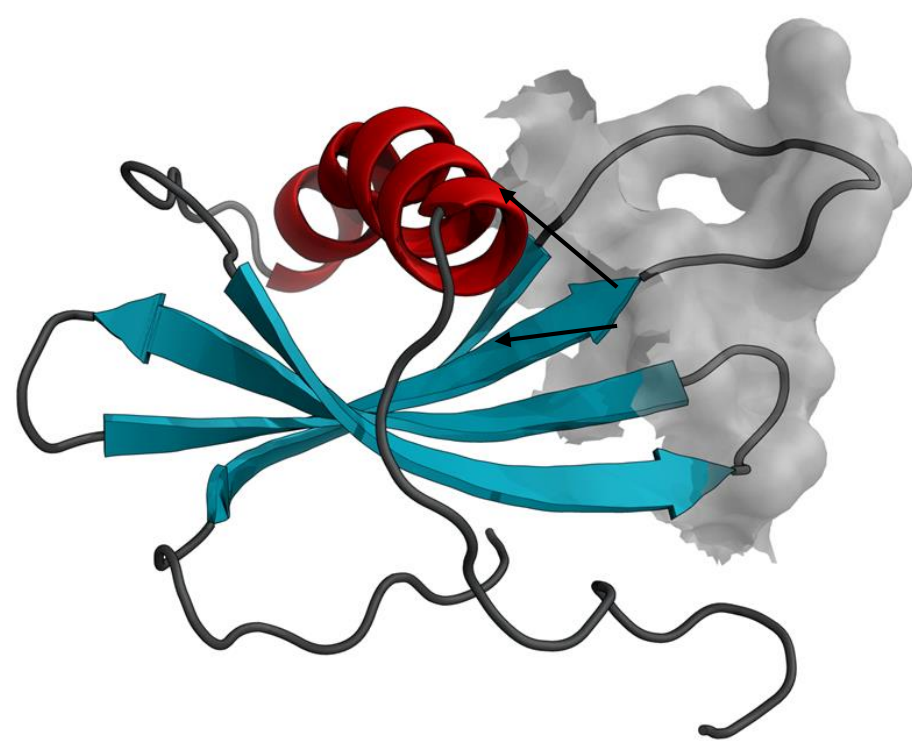




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## The Affimer Scaffold

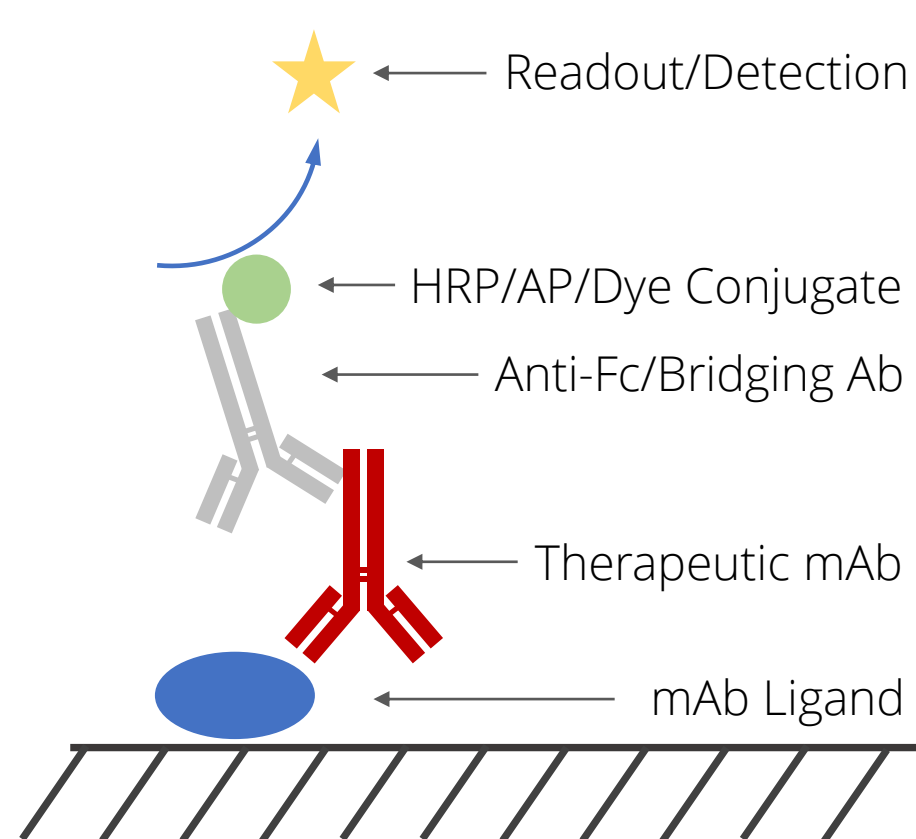


- Small single domain proteins (14 kDa) with no disulphide bonds or post translational modifications.
- Derived from the Cystatin family protein fold.
  - 2 scaffolds developed.
  - Mammalian scaffold based on Stefin A.
  - Plant scaffold based on Cystatin A consensus sequence.

- Two surface loops and N-terminus can be engineered to create vast peptide libraries ( $1 \times 10^{10}$ ).
- Utilise phage display to identify binders.

## PK Assays for Therapeutic mAbs

- Availability of capture reagents for therapeutic antibody PK assays can be rate limiting in product development.
- Anti-idiotype antibody development can be a long and difficult process.
- Ligand capture reagents are not always reliably available and can be expensive. Specificity of capture reagents can sometimes be problematic (matrix effect).
- Affimer binders can provide a fast, reliable solution for therapeutic antibody capture.



## Anti-Idiotypic Affimer Discovery

Target Protein QC → Phage Display → Primary Screen & Sequencing → ELISA Validation

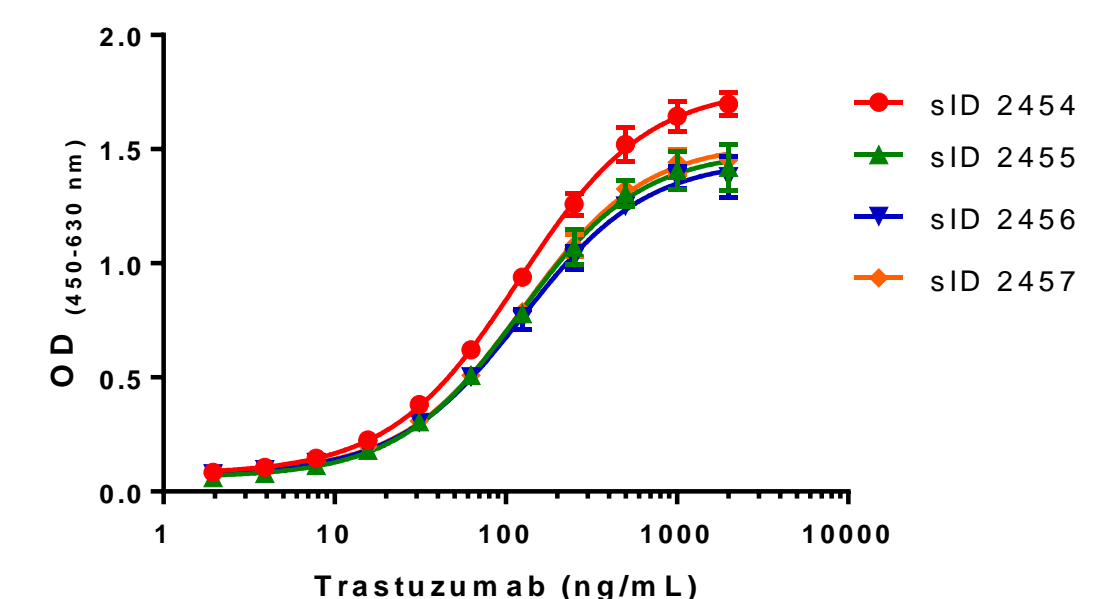
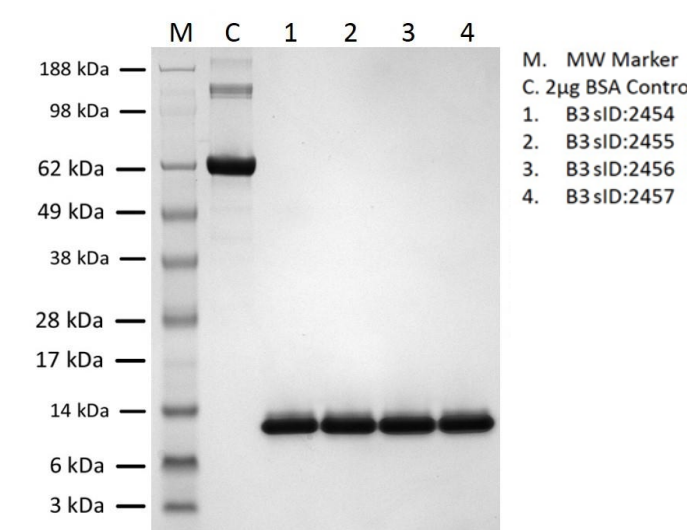
12 - 14 weeks

- **Target Protein QC:** Trastuzumab and recombinant antibodies containing CDR-regions of Ipilimumab, Rituximab and Humira were minimally biotinylated and checked by SDS-PAGE and WB (1wk).
- **Phage Display:** 3-round phage display used against all 4 targets to identify Affimer repertoires specific for each antibody (2wks).
- **Primary Screening:** 360 clones per target screened in high-throughput bead assay for specificity and capability to capture solution phase antibody (2wks).
- **Sequencing:** 96 top hits sequenced to identify unique clones (2wks).

Target	Trastuzumab	Anti-TNF $\alpha$ mAb	Anti-CTLA4 mAb	Anti-CD20 mAb
Unique Clones	17	15	16	17

- **Direct Capture ELISA:** All clones passively adsorbed to Maxisorp plates and tested for capture of biotinylated-TargetAb with Strep-HRP detection alongside cross-reactivity confirmation (1wk).
- **Matrix Test & Cross-reactivity Test:** Lead 3 clones per target tested in PBS and 10% serum using Direct Capture to confirm lack of matrix effect (3wks).
- **Sandwich Assay Using Fc Detection:** Lead clone validated in ELISA using Affimer capture surface, solution-phase unlabelled TargetAb with detection using a HRP-conjugated anti-HumanIgG-Fc Ab. Full titrations in PBS and 10% serum. Intra/Inter-assay CV & %Bias, LLOQ, ULOQ, and Dynamic Range calculated (3wks).

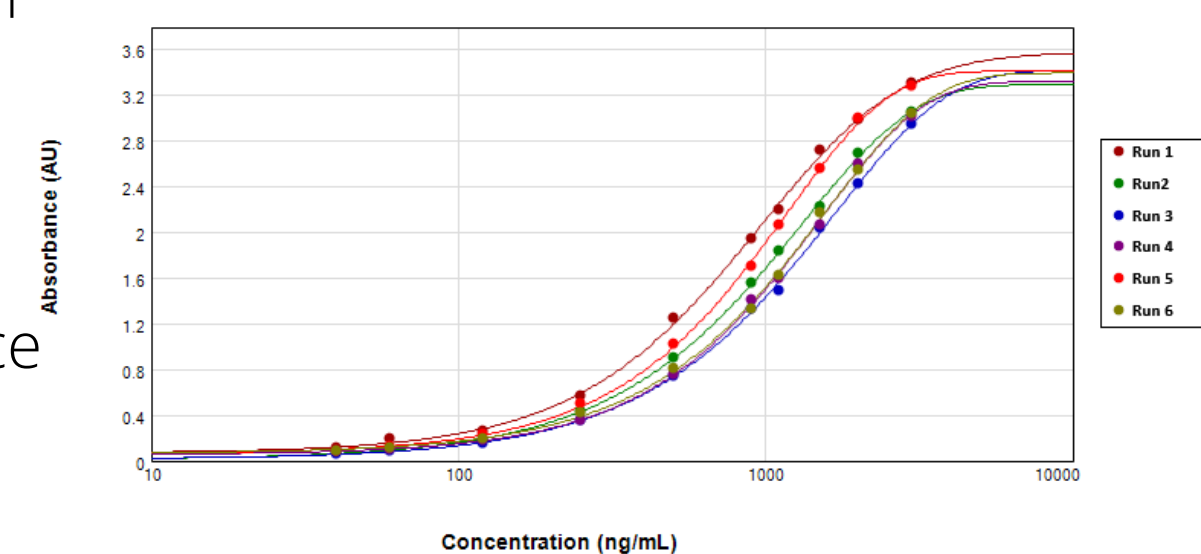
## Low Batch-To-Batch Variation



- Four independent batches of anti-Trastuzumab Affimer Clone B3 were produced using cytoplasmic *E. coli* expression and purified by IMAC-SEC.
- Performance of all four batches as a surface in a sandwich ELISA using Fc-detection is highly comparable ( $EC_{50} = 122.5 \pm 3.8$  ng/ml).

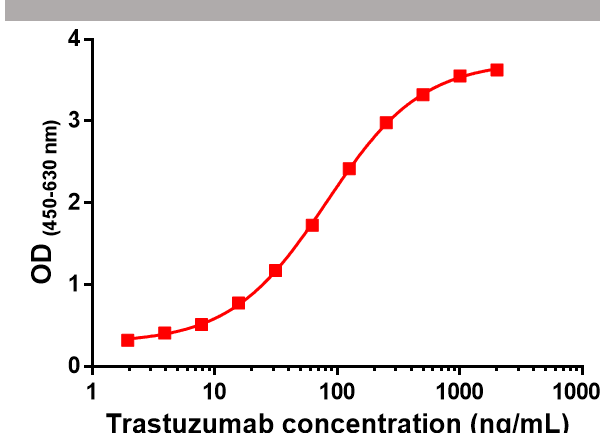
## Anti-Trastuzumab Bridging Assay by Covance

- Covance "Bridging" assay with Anti-Trastuzumab Affimer Clone B3 as capture surface.
- Quantitation range (2000 to 60 ng/ml) is greater than twice the working range of current antibody-based PK method.

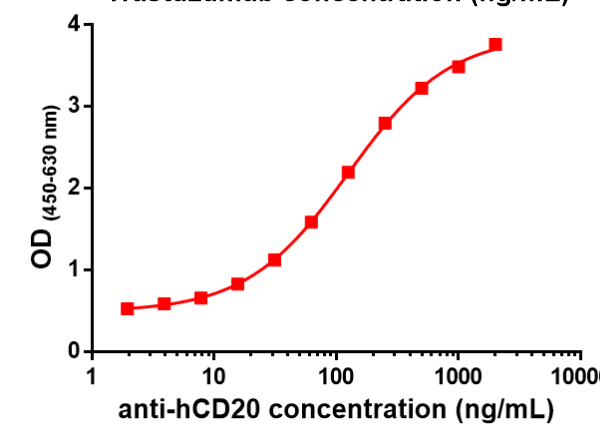


- Intra-assay precision %CV  $\leq 12.4$ , Intra-assay accuracy %Bias  $\leq 10.8$
- Inter-assay precision %CV  $\leq 19.4$ , Inter-assay accuracy %Bias  $\leq 4.3$

## Fc-Detection Sandwich Assay Performance

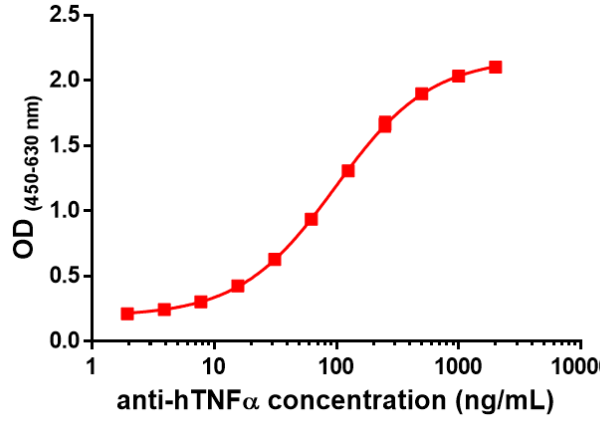


Trastuzumab Assay in 10% Serum					
Quantifiable range (ng/mL)		Inter-assay calibration standard metrics		Intra-assay calibration standard metrics	
LLOQ	ULOQ	% CV	% Recovery	% CV	% Recovery
~30	1600	2.3 - 5.6	98.1 - 104.5	2.8 - 17.3	96.6 - 109.6



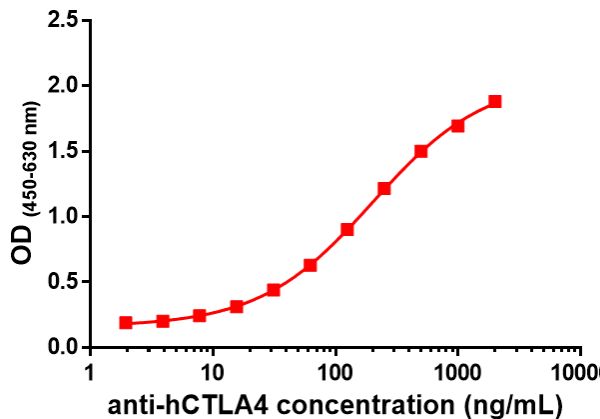
Anti-CD20 Recombinant mAb Assay in 10% Serum					
Calibration range (ng/mL)		Inter-assay calibration standard metrics		Intra-assay calibration standard metrics	
LLOQ	ULOQ	% CV	% Recovery	% CV	% Recovery
~2	1000	2.0 - 19.4*	95.8 - 104.6	0.7 - 19.5*	84.0 - 122.3*

Anti-CD20-mAb Affimers also bind Rituximab with equivalent performance.



Anti-TNF $\alpha$ Recombinant mAb Assay in 10% Serum					
Calibration range (ng/mL)		Inter-assay calibration standard metrics		Intra-assay calibration standard metrics	
LLOQ	ULOQ	% CV	% Recovery	% CV	% Recovery
~4	1000	1.4 - 7.1	98.4 - 106.1	1.2 - 17.3*	95.4 - 112.7

Anti-TNF $\alpha$ -mAb Affimers also bind Humira with equivalent performance.



Anti-CTLA4 Recombinant mAb Assay in 10% Serum					
Calibration range (ng/mL)		Inter-assay calibration standard metrics		Intra-assay calibration standard metrics	
LLOQ	ULOQ	% CV	% Recovery	% CV	% Recovery
~15	1000	2.7 - 11.4	94.4 - 110.9	0.3 - 12.0	91.7 - 122.6*

Anti-CTLA4-mAb Affimers also bind Ipilimumab with equivalent performance.

\* Metrics approaching limits are at LOQ points of the calibration curve

## Conclusion

- The Affimer platform can be used to reliably develop anti-idiotypic capture surfaces for the development of immunoassays for measuring concentrations of therapeutic mAbs in clinically relevant ranges.
- Validation of the Affimer platform by Covance+ demonstrates that Affimers can be qualified as critical reagents in a clinical PK assay.
- Performance improvements: low matrix effect, broader dynamic range, low batch variation, constant supply, ease of use.

\*Acknowledgments to Sian Estdale, James Munday & Amy Reeves, Covance, Harrogate UK