# GENERATION OF BLOOD-DERIVED REFERENCE SAMPLES WITH ENDOGENOUS CYTOKINES

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#### **ENSURING BIOMARKER DATA ARE RELIABLE**

- Biomarkers are an integral part of drug development and decision-making.
- Robust and performant methods needed for measuring immune mediators, commonly used to gain insights into pathological processes & monitoring therapeutic intervention in **IBD**.

#### Context

- 1. Is the calibrator material suitable for the quantification of the endogenous analyte: is the sample-dilution response curve parallel to calibration curve?
- 2. Is the endogenous analyte selectively measured in the milieu of complex matrix components at the selected MRD?
- 3. How long will the biomarker be stable in the biological matrix under the storage conditions of the clinical study?

#### **Objectives**

Generating reference samples with sufficient endogenous levels of cytokines / chemokines closer than samples spiked with recombinant material to clinical samples to enable evaluation of :

- Parallelism & Selectivity of the method
- Stability of the biomarker in the biological fluid

# Production & characterization of MASTER ACT QC

### I. Generation of Cytokine Concentrates

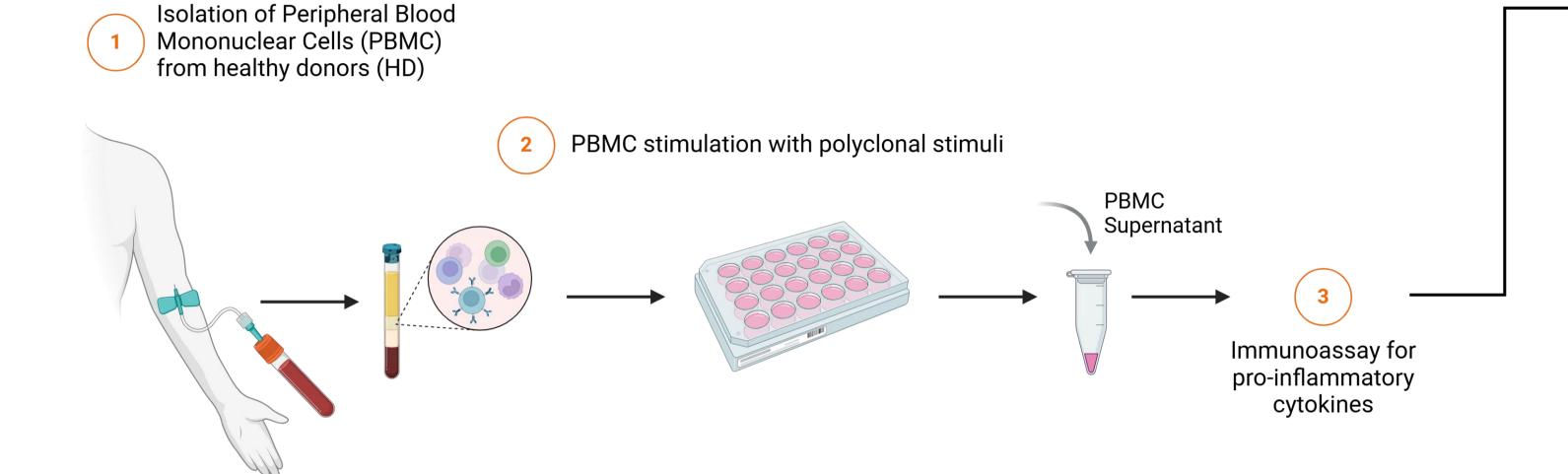


Figure 1 – From PBMC collection to pro-inflammatory quantification

#### II. Generation of plasma & serum with different levels of proinflammatory cytokines

Spiking of PBMC supernatants at different ratios (≤5%) in plasma and/or serum from HD

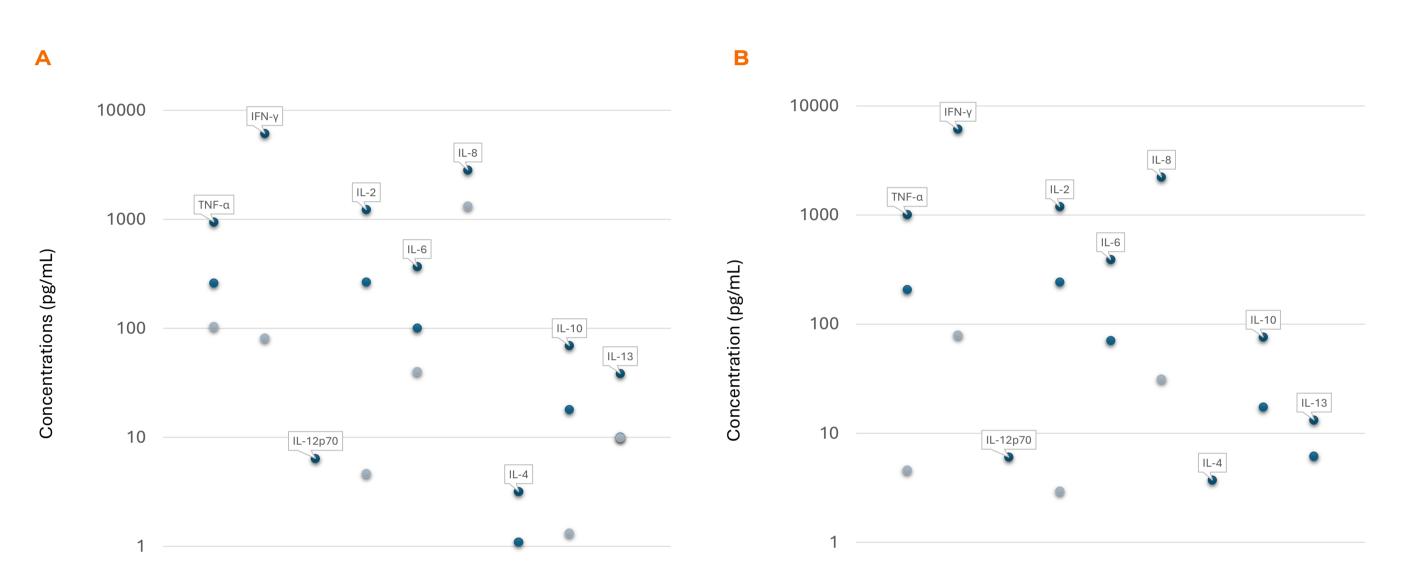


Figure 2 – Cytokine concentrations after spiking of PBMC supernatatants in serum (A) or plasma (B) to get reference samples with one (IL-12p70), 2 (IFN- $\gamma$ , IL-4, IL-8 & IL-13) or 3 different levels (TNF- $\alpha$ , IL-2, IL-6 & IL-10) of the proinflammatory cytokines. Levels of cytokines were measured in duplicate with the MSD V-plex Human pro-inflammatory Panel 1 kit at the minimal required dilution (MRD) recommended by MSD.

# 2. Selectivity in plasma and serum

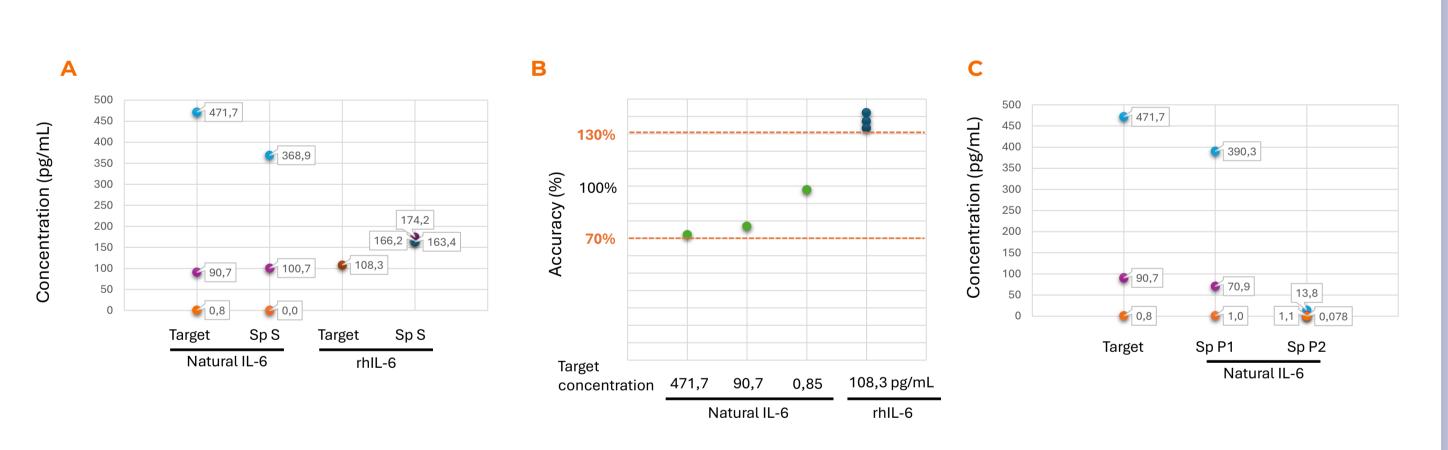
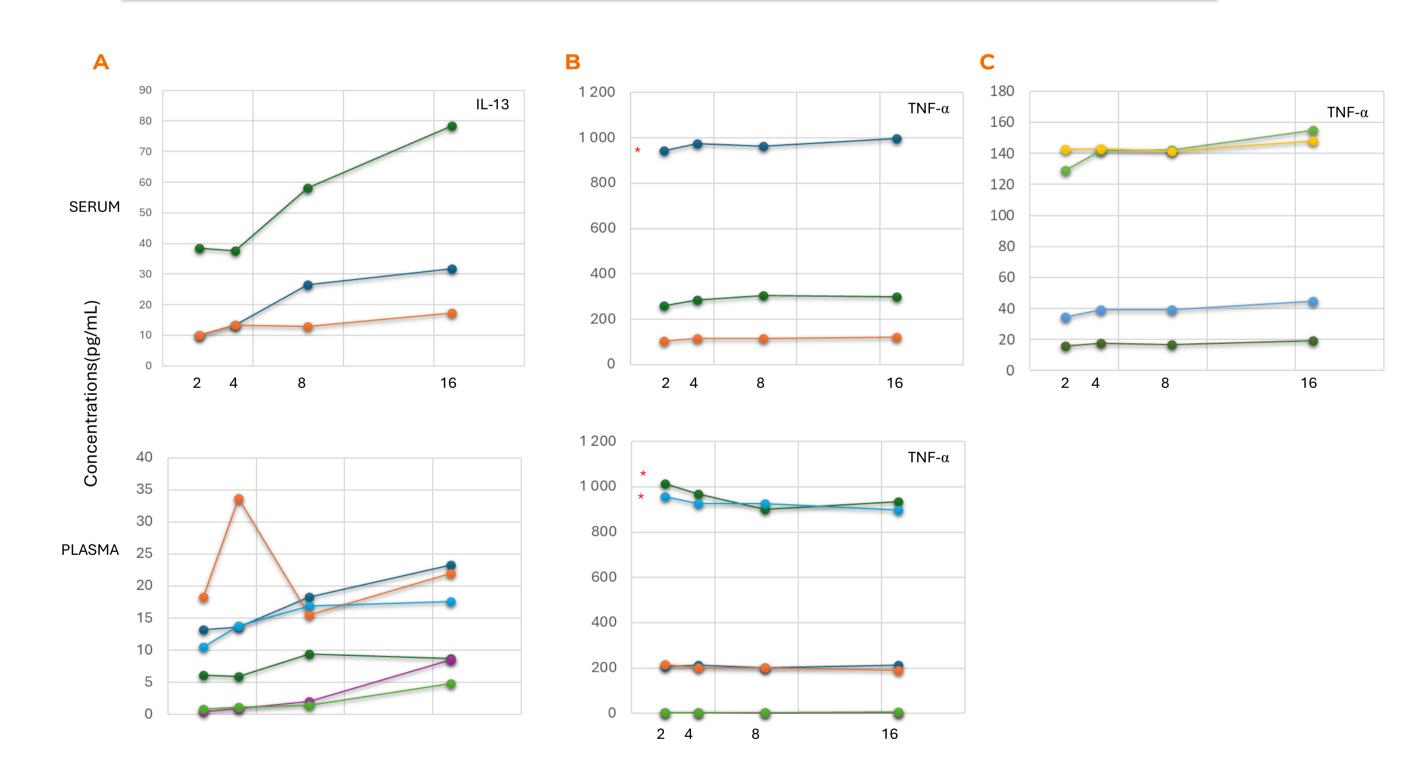


Figure 3 - Selectivity of ELLA method for quantification of natural and recombinant human IL-6 in human serum (S) or plasma (P1-2). Cytokine concentrations values (data labels) in pg/mL were measured in duplicate with the ELLA Simple plex at MRD in spiked serum (Sp S, A) or plasma (Sp P, C). Accuracy of IL-6 quantitation for natural (green symbols) or rhIL-6 (dark blue symbol) spiked in serum is shown (B). Acceptance boundaries (70-130%) and target concentration values for natural & rhIL-6 are indicated.

- Natural cytokines are sometimes more accurately quantified than recombinant Bias in the quantitation of rhIL-6 (B, blue symbols) compared to natural IL-6 (green symbols) with the ELLA Simple plex method
- Major interference detected in 1 of 2 human plasma samples (C, P2) likely due to the presence of soluble IL-6 receptor

# Endogenous cytokines dilute similarly to calibrator, except for IL-13



**Figure 4 - Parallelism of IL-13 and TNF-\alpha in blood matrices**. Serum (n=1) or plasma (n=2) from healthy volunteers were spiked neat with 3 levels of IL-13 (A) or TNF- $\alpha$  (B-C). Cytokine concentrations were measured in duplicate with the MSD V-plex Human pro-inflammatory panel 1 kit (A-B) or the ELLA Simple plex human 7-plex cytokine kit (C) from 1/2 (MRD) to 1/16 dilution. Concentrations, adjusted for dilution, are shown.

\* Above LOQ

# Long term stability at -80°C

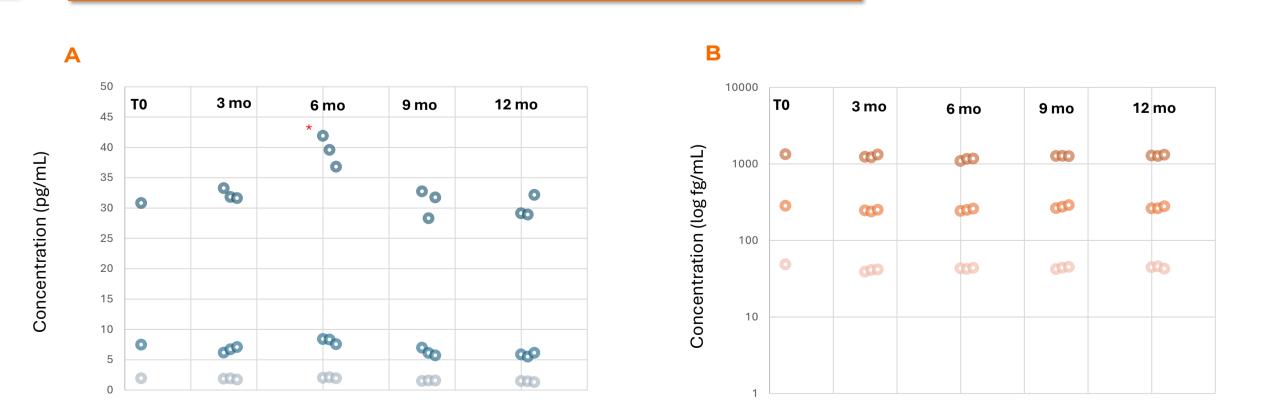


Figure 5 - Long term stability of IL-1 $\beta$  (A) and IL-4 (B) in serum. Serum was spiked at T0 with different concentrations of PBMC supernatants, aliquoted and frozen at -80°C before cytokine quantitation. Concentrations of IL-1 $\beta$  in pg/mL (A) and IL-4 in fg/mL (B, log scale) were measured in duplicate with respectively the ELLA Simple plex human 7-plex cytokine kit or the MSD S-plex human IL-4 kit at T0, and after 3, 6, 9 and 12 months (mo) storage at -80°C. \* One out of 3 values above the accuracy criteria (Bias <30%)

Stability of all cytokines in MASTER ACT'QC for 12 months at -80°C

# Conclusion

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# Reference samples with endogenous cytokines/chemokines:

- can be produced from primary immune cells
- are more representative of clinical samples than samples spiked with recombinant proteins
- can be used to assess parallelism, long-term stability but also inter-lot consistency when sufficient volume of matrices with high enough concentrations are not available
- but still a long journey for using them as QC for precision & accuracy runs in method validation (Broader & higher levels of immune mediators, deeper characterization of cytokine cocktail,...)

