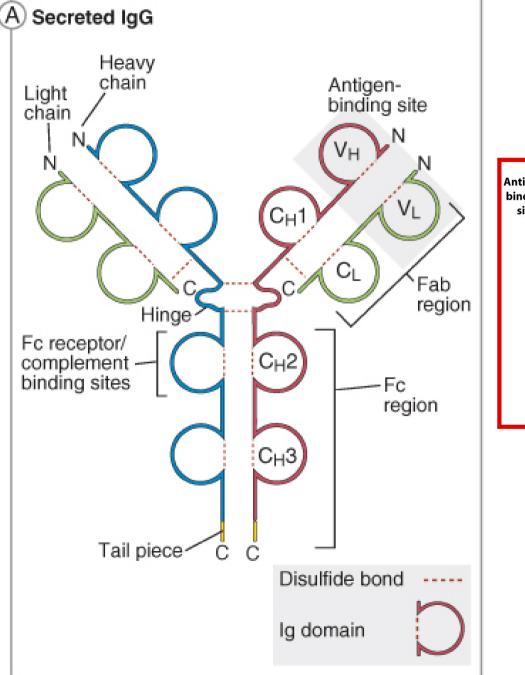
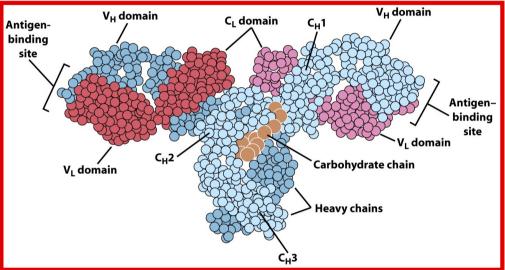
# Monoclonal antibody: an overview



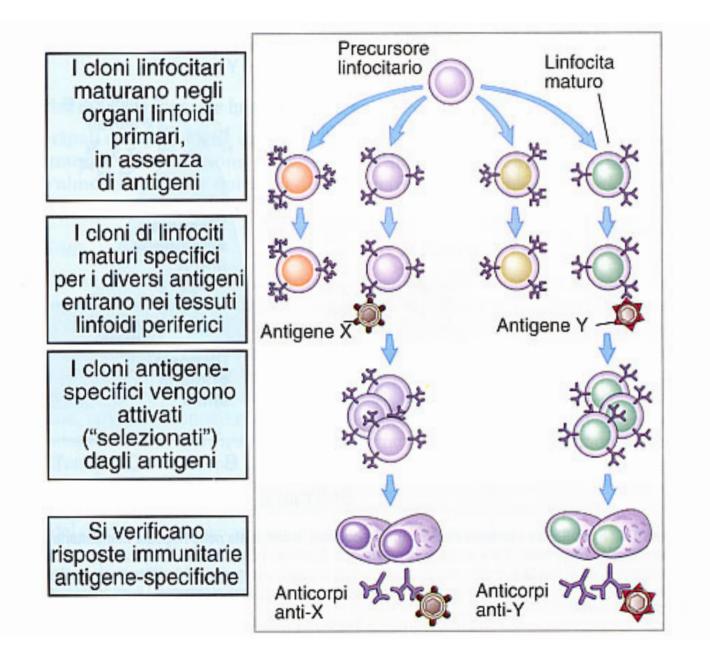


# Anticorpo o immunoglobulina



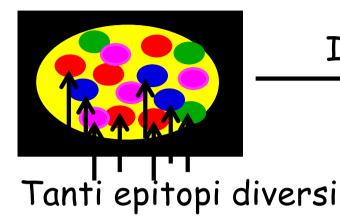


#### **PRODUZIONE CLONALE DEGLI ANTICORPI**

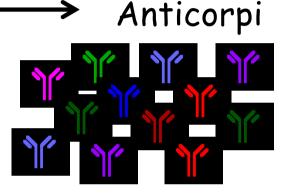


# LA RISPOSTA ANTICORPALE IN VIVO E' DI TIPO POLICLONALE

# Antigene



Immunizzazione



Si ottiene una miscela di anticorpi, prodotti dai diversi cloni di linfociti B, capaci di legarsi a tutti gli epitopi dell'antigene con specificità e affinità diverse.



# **ANTICORPI MONOCLONALI (mAb)**

- Specificità definita e omogenea
- Isotipo omogeneo
- •Elevata affinità
- Produzione in grande quantità
- •Disponibilità illimitata
- •Elevata purezza

Kohler G, Milstein C.

Continuous cultures of fused cells secreting antibody of predefined specificity. Nature. 1975 Aug 7



#### The Nobel Prize in Physiology or Medicine 1984

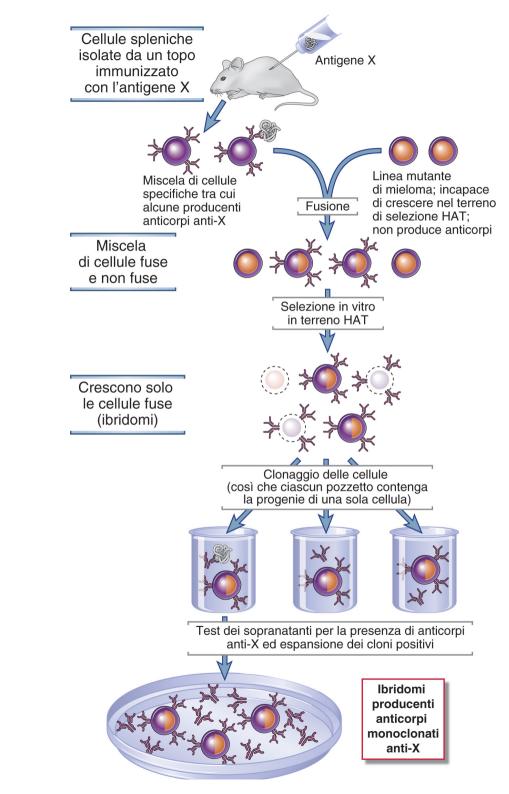
"for theories concerning the specificity in development and control of the immune system and the discovery of the principle for production of monoclonal antibodies"



# Georges J. F. Khöler

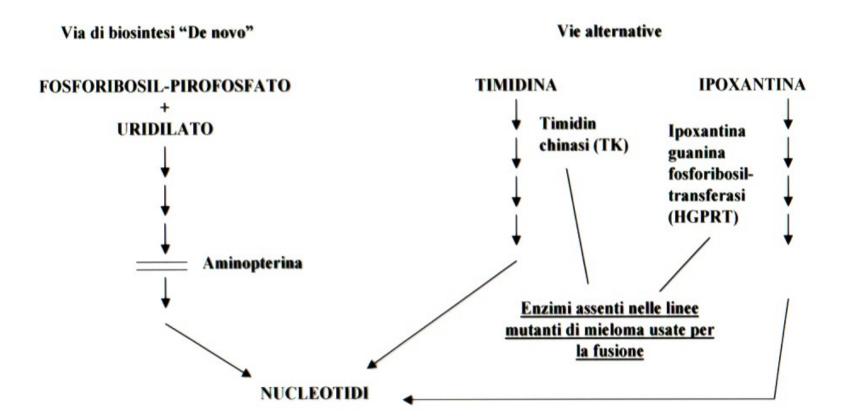


César Milstein

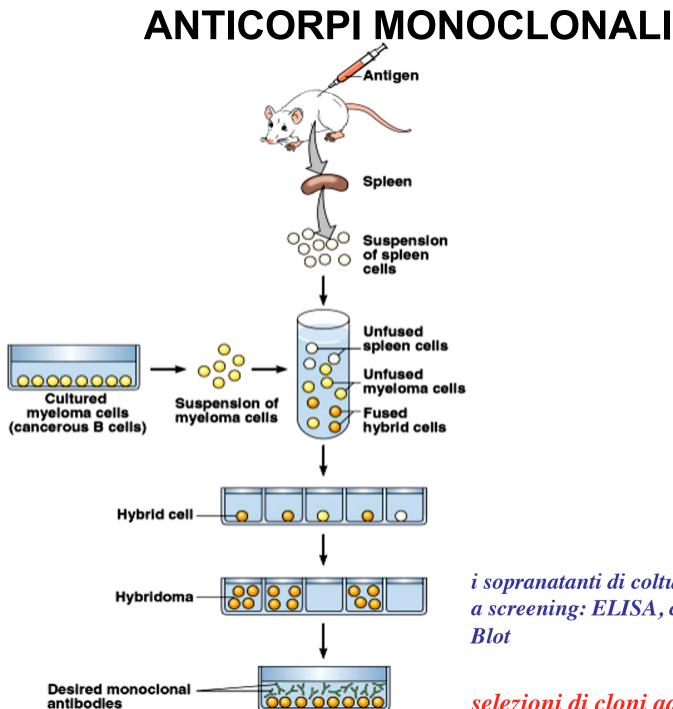


# Produzione di anticorpi monoclonali

## DUE VIE CONTROLLANO LA SINTESI DEI NUCLEOTIDI



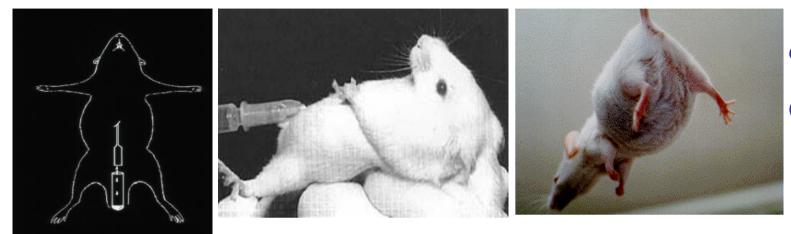
Il terreno HAT contiene AMINOPTERINA, TIMIDINA e IPOXANTINA: solo le cellule in grado di sintetizzare nucleotidi mediante la via alternativa sopravvivono.



i sopranatanti di coltura vengono sottoposti a screening: ELISA, citofluorimetria, Western Blot

selezioni di cloni ad elevata affinità

#### **PRODUZIONE DI ANTICORPI MONOCLONALI**



Generazione di ascite

(5-20 mg/ml)



#### Biofermentatori

(5 *mg/ml*)

purificazione mediante cromatografia di affinità

# **Monoclonal antibodies:**

the story of a discovery that revolutionized science and medicine

# **APPLICAZIONI DEGLI ANTICORPI MONOCLONALI**

## In vitro

•Identificazione di popolazioni cellulari esprimenti marcatori specifici

•Dosaggio di molecole secrete

# In vivo

•Diagnostica per immagine

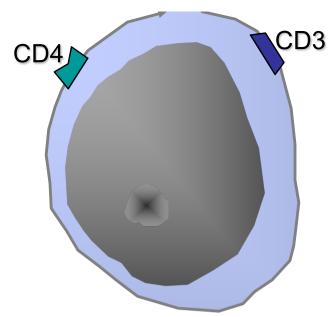
•Immunoterapia (target therapy)

immunoistochimica immunocitochimica immunofluorescenza immunofenotipo

#### ELISA, RIA

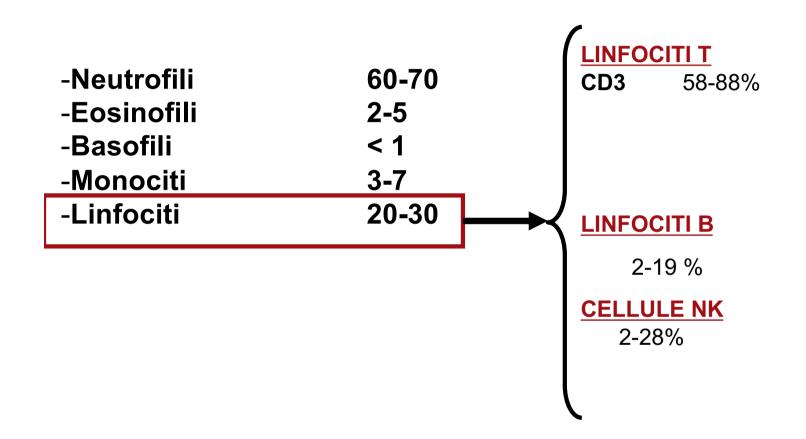
- > Malattie oncologiche
- Malattie autoimmuni
- Malattie cardiovascolari

# Immunofenotipo leucocitario



- L'immunofenotipizzazione è basata sull'identificazione di antigeni di superficie (ma anche citoplasmatici o nucleari), per mezzo di anticorpi monoclonali coniugati con fluorocromi. La presenza di un dato antigene è, infatti, un indicatore dell'appartenenza di una cellula ad uno stipite e/o ad un definito stadio differenziativo o funzionale.
- Mediante immunofenotipizzazione e' possibile quantificare diverse popolazioni cellulari.

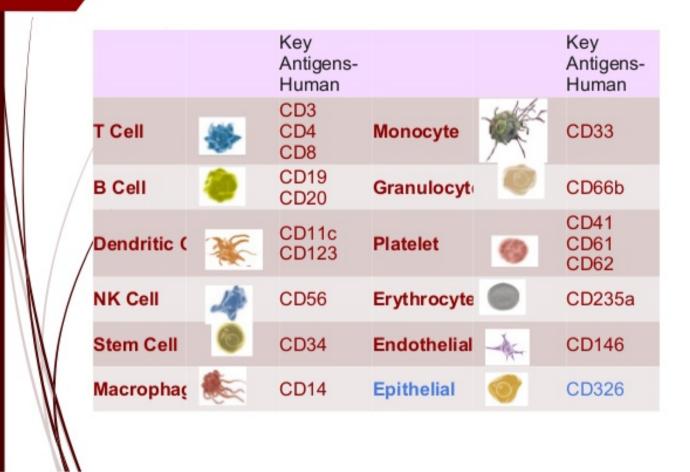
# PERCENTUALE DI LEUCOCITI NEL SANGUE



Le cellule emopoietiche sono identificabili mediante anticorpi monoclonali: marcatori di popolazione

CD: cluster of differentiation

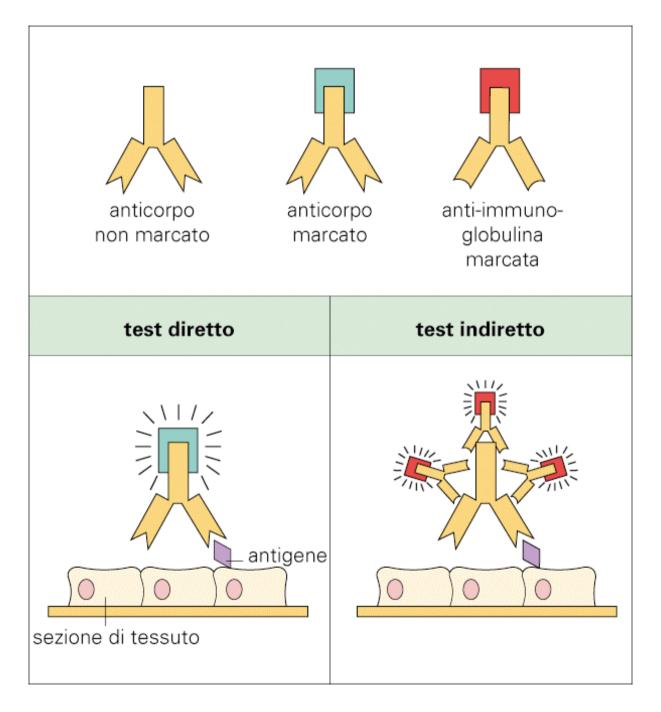
# CD antigens by differentiation cell

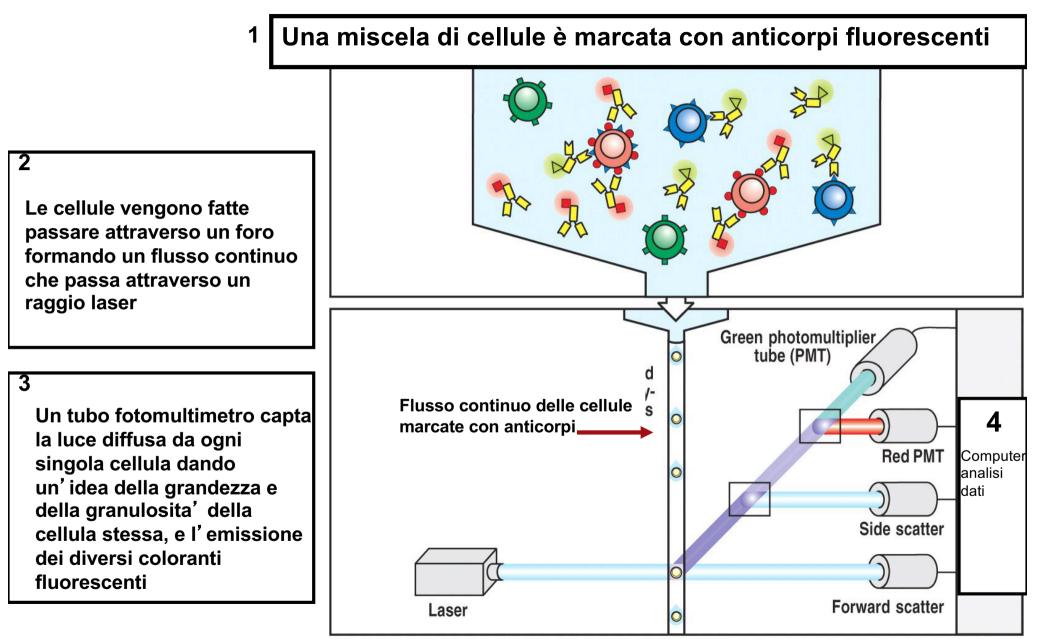


#### PANNELLO DI ANTICORPI MONOCLONALI UTILIZZATI PER L'ANALISI DEL FENOTIPO DI LEUCOCITI DI SANGUE PERIFERICO

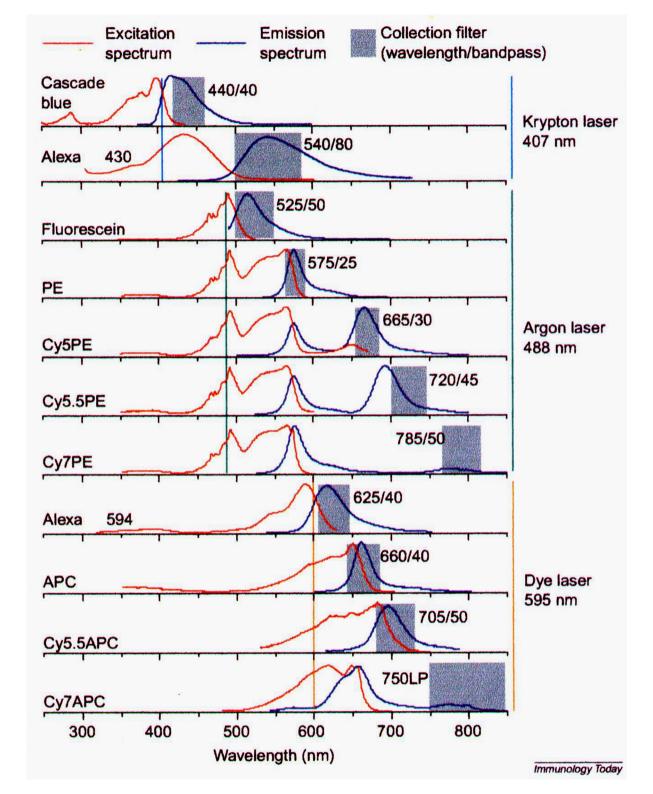
| Anti-CD45                        | leucociti   |
|----------------------------------|-------------|
| Anti-CD3<br>Anti-CD4<br>Anti-CD8 | linfociti T |
| Anti-CD19                        | linfociti B |
| Anti-CD56<br>Anti-CD16           | cellule NK  |
| Anti-CD14                        | monociti    |

# Immunofluorescenza

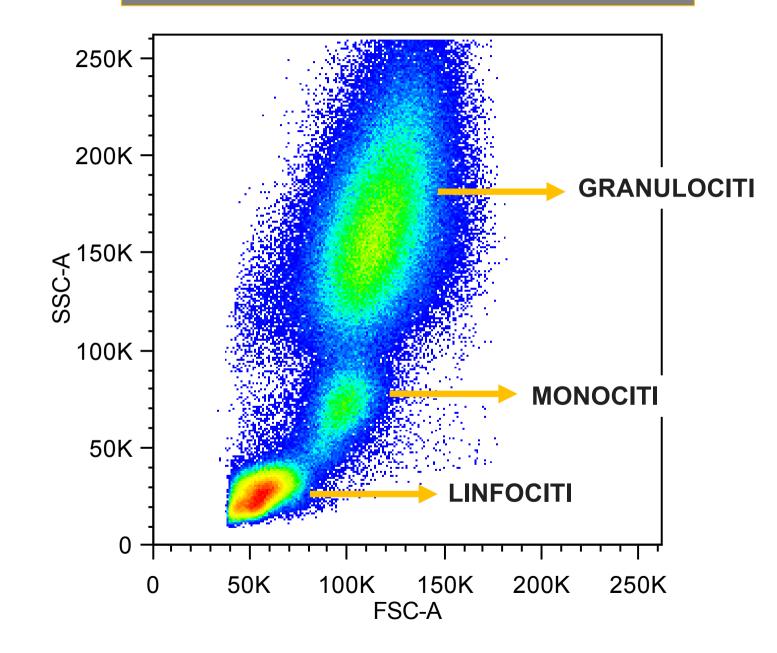




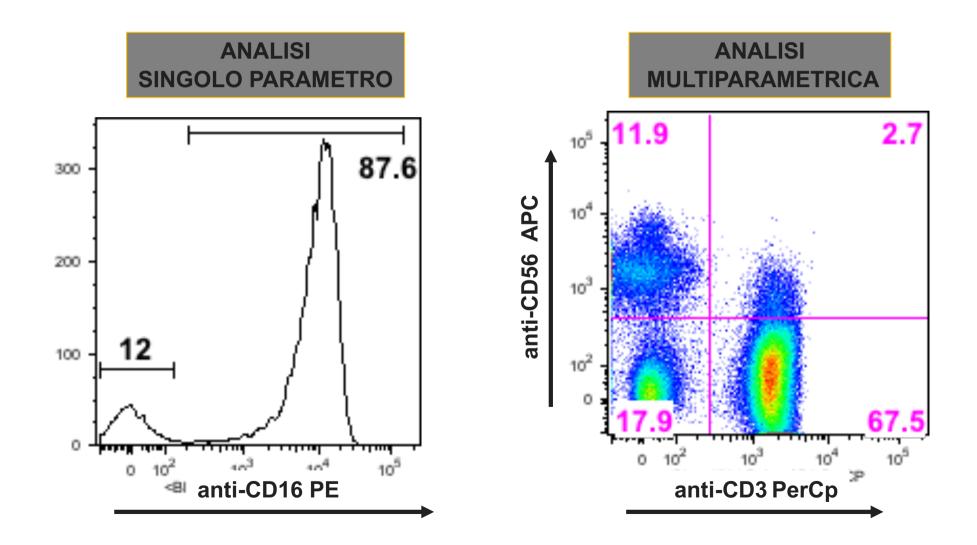
## Fluorocromi



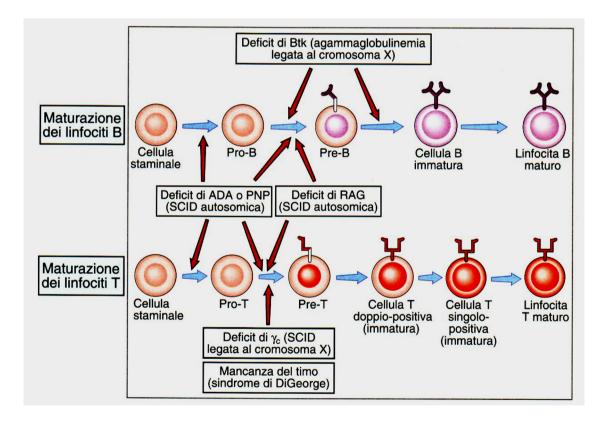
# "GATING" sui PARAMETRI FISICI FSC=DIMENSIONE SSC=GRANULOSITA'

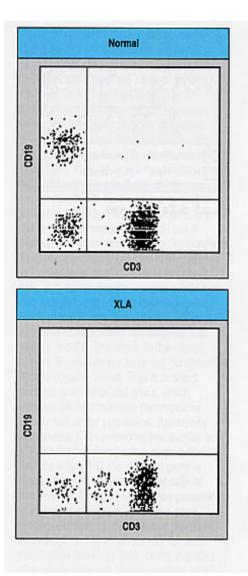


#### RAPPRESENTAZIONE DELLA FLUORESCENZA: ISTOGRAMMA AD UN PARAMETRO E A DUE PARAMETRI



# Agammaglobulinemia legata al cromosoma X (malattia di Bruton)





# Espressione di marcatori tipici per leucemie e linfomi

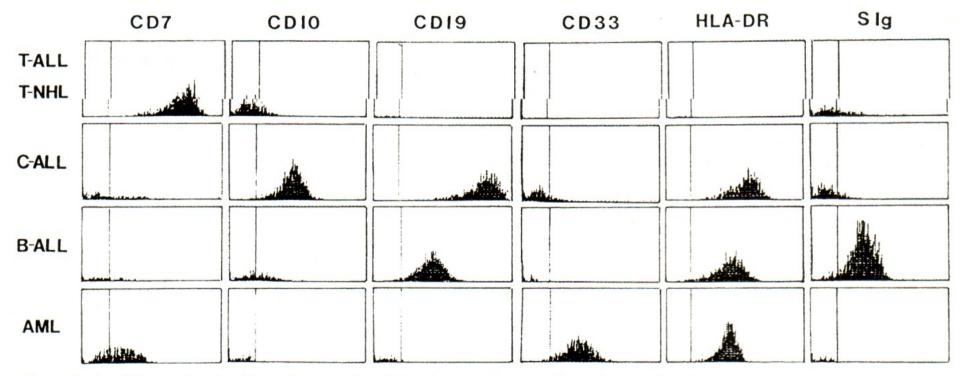
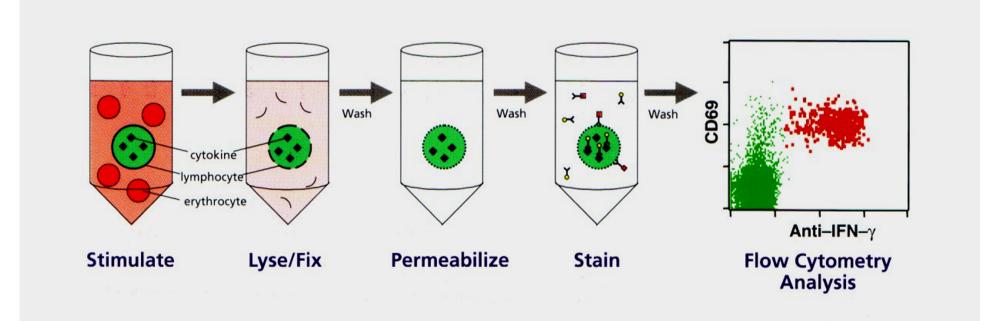


Figura 1: Analisi citofluorimetrica di leucemie e linfomi marcati con anticorpi monoclonali.

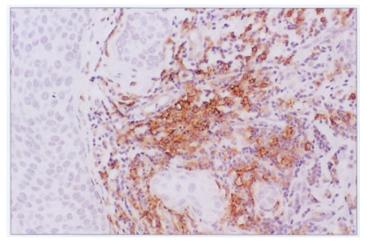
# Analisi funzionale: produzione di citochine



Stimolazione, Permeabilizzazione, Colorazione per l'analisi delle citochine intracellulari

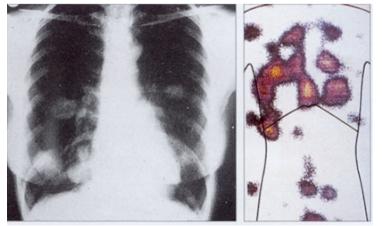
#### **DIAGNOSTICA PER IMMAGINI**

in vitro



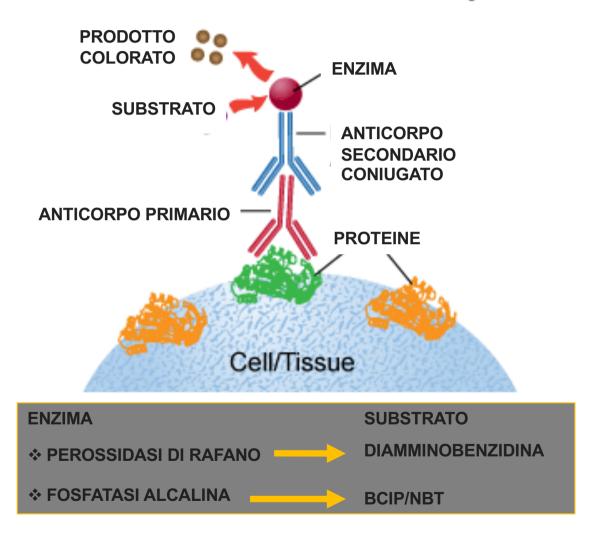
Immunoistochimica mAb anti-CEA

in vivo



99<sup>m</sup> Tc-mAb anti-CEA

#### Indirect Immunohistochemistry



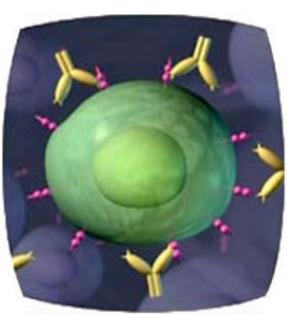
Technetium-99m (<sup>99m</sup>Tc) isomero metastabile del tecnezio che decade in 6 ore. Beta emittente . 99Tc decade in 211 anni.



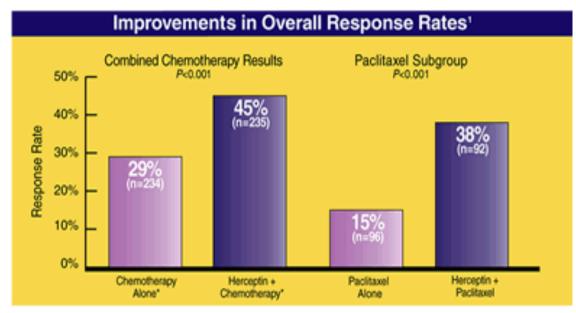
# Utilizzo dei mAb in campo terapeutico

- Tumori
- Rigetto di trapianti
- Malattie cardiovascolari
- Malattie infettive
- Malattie autoimmuni

# TUMOR TARGETING mAbs Trasduzumab: la storia di un successo



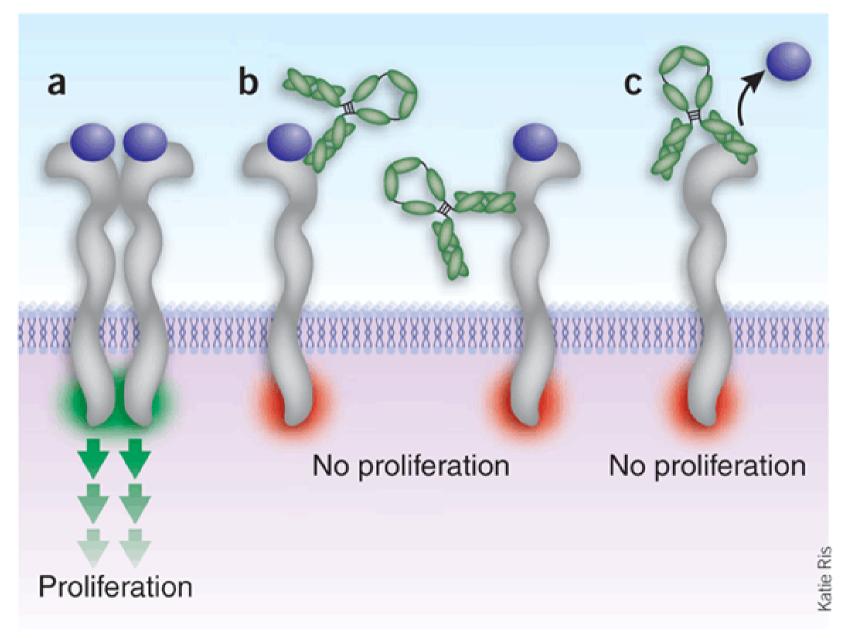
Monoclonal antibodies targeting a HER2 protein overexpressing cell



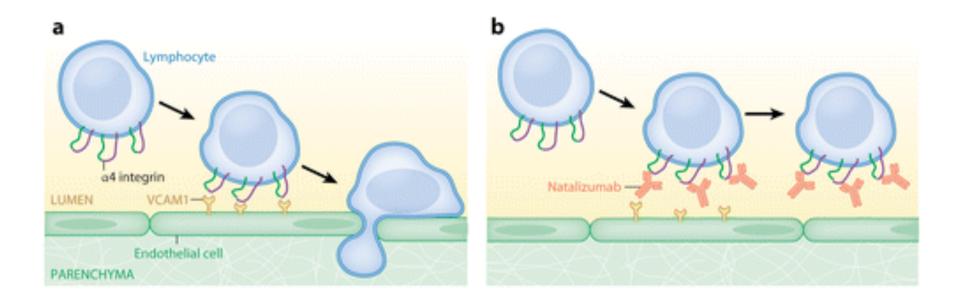
\*Chemotherapy = either doxorubicin or epirubicin plus cyclophosphamide, or pacilitaxel.

Come si esplica l'effetto antitumorale?

#### GLI ANTICORPI MONOCLONALI BLOCCANO <u>SELETTIVAMENTE</u> LA PROLIFERAZIONE DELLE CELLULE TUMORALI: effetti diretti

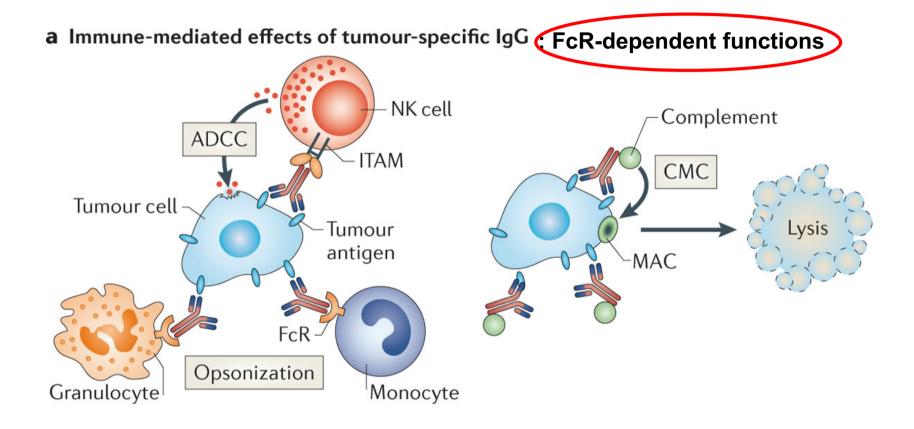


The discovery of natalizumab, a potent therapeutic for multiple sclerosis

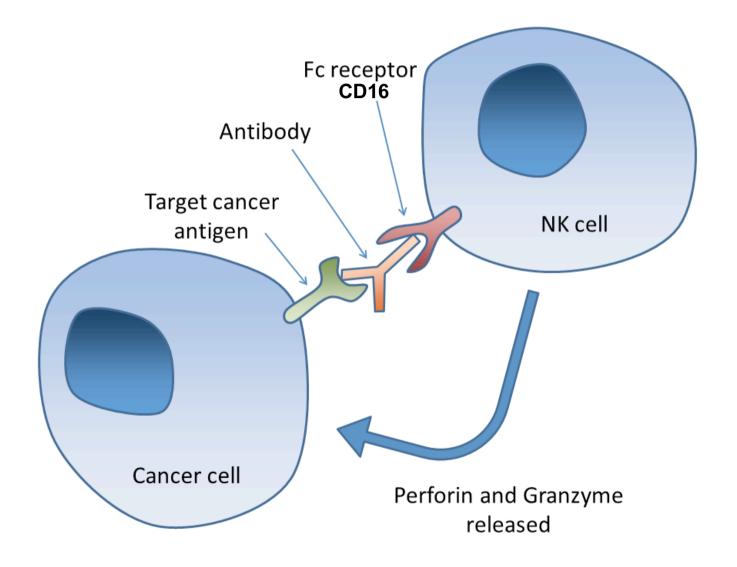


R Steinman L. 2014. Annu. Rev. Immunol. 32:257–81

# Effetti indiretti:

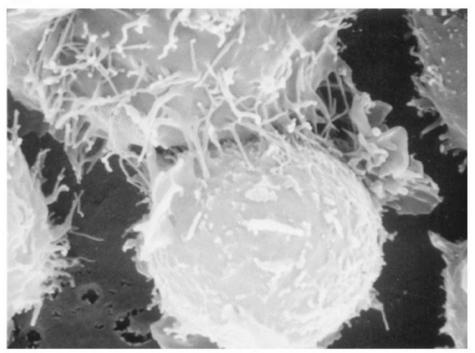


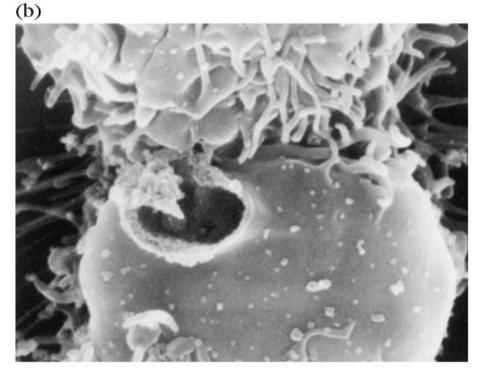
# **ADCC:** antibody-dependent cellular cytotoxicity



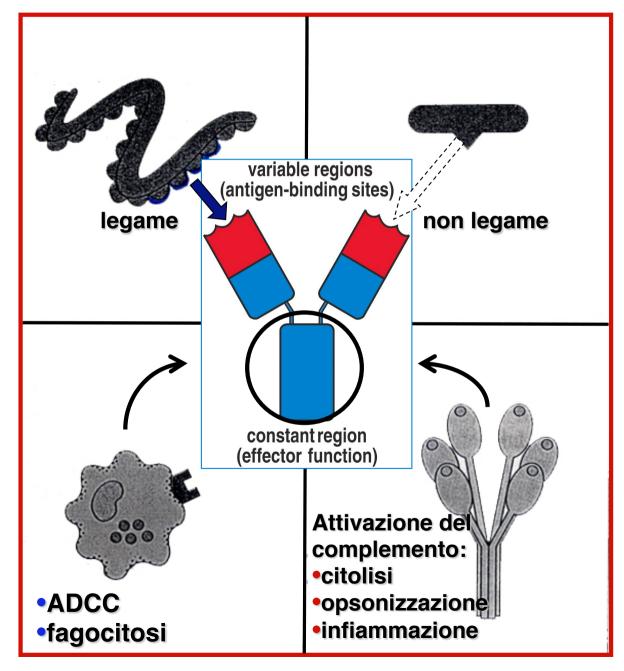
# Target cell death: IL BACIO DELLA MORTE

(a)





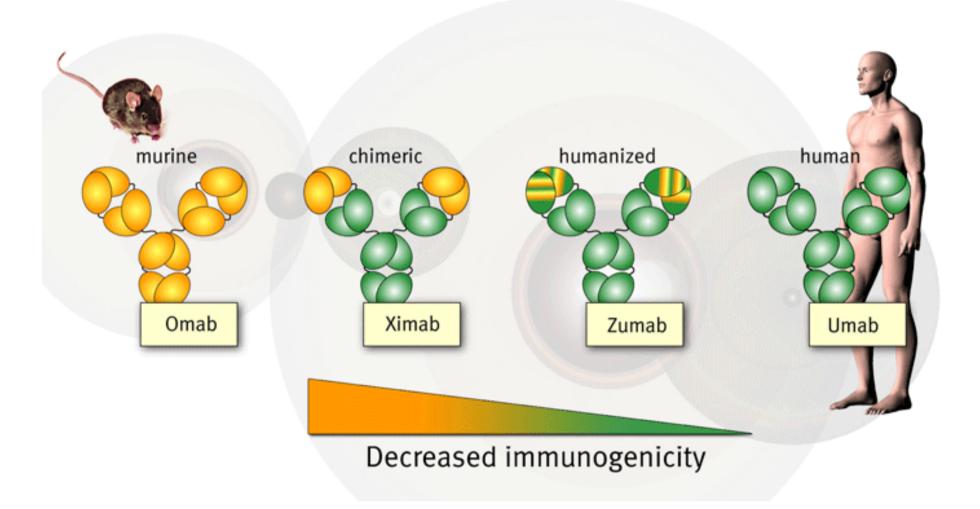
#### La regione costante dell'anticorpo monoclonale influenza l'emivita e l'innesco di funzioni mediate da FcRs



#### PROBLEMI RELATIVI ALL' IMPIEGO DI mAb MURINI in vivo

- HAMA human anti-mouse antibodies
- mAb murini non attivano efficientemente alcune funzioni effettrici mediate dal frammento Fc (ADCC, complemento)
- Ab umani hanno emivita più lunga (legame a FcRn -Brambell receptor-su endotelio, recycling continuo delle lg)

#### **EVOLUZIONE DEGLI ANTICORPI MONOCLONALI TERAPEUTICI**



# Anticorpi monoclonali modificati (ingegnerizzati):

•TRASFEZIONE LINEE CELLULARI DI MAMMIFERO (COS, CHO...)

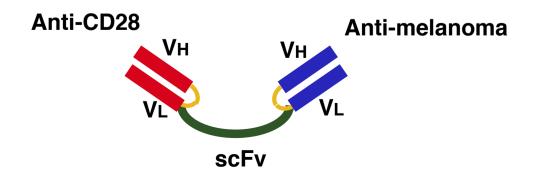
•TRASFEZIONE LINEE CELLULARI DI INSETTO

•TRASFEZIONE CELLULE VEGETALI (TABACCO TRANSGENICO)

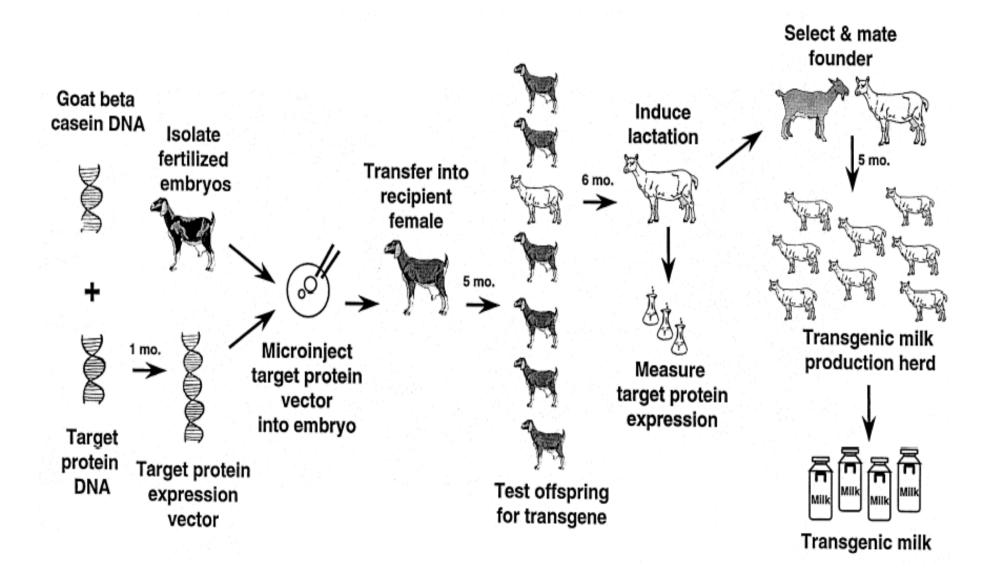
•LATTE DA ANIMALI TRANSGENICI

#### MUCCHE TRASGENICHE PRODUTTRICI DI ANTICORPI BISPECIFICI NEL LATTE



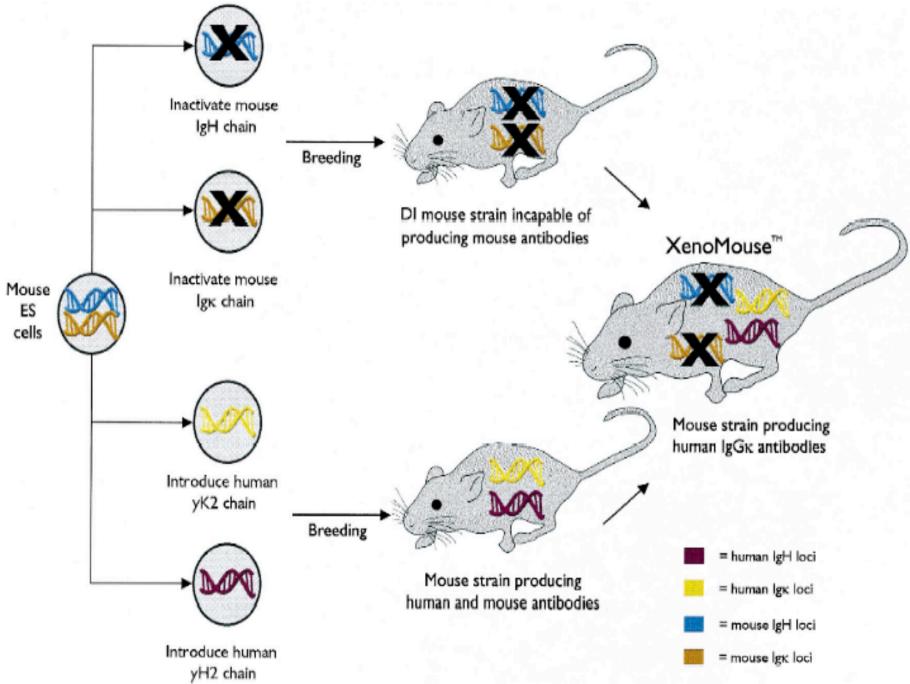


#### **PRODUZIONE DI ANTICORPI NEL LATTE DI CAPRE TRANSGENICHE**

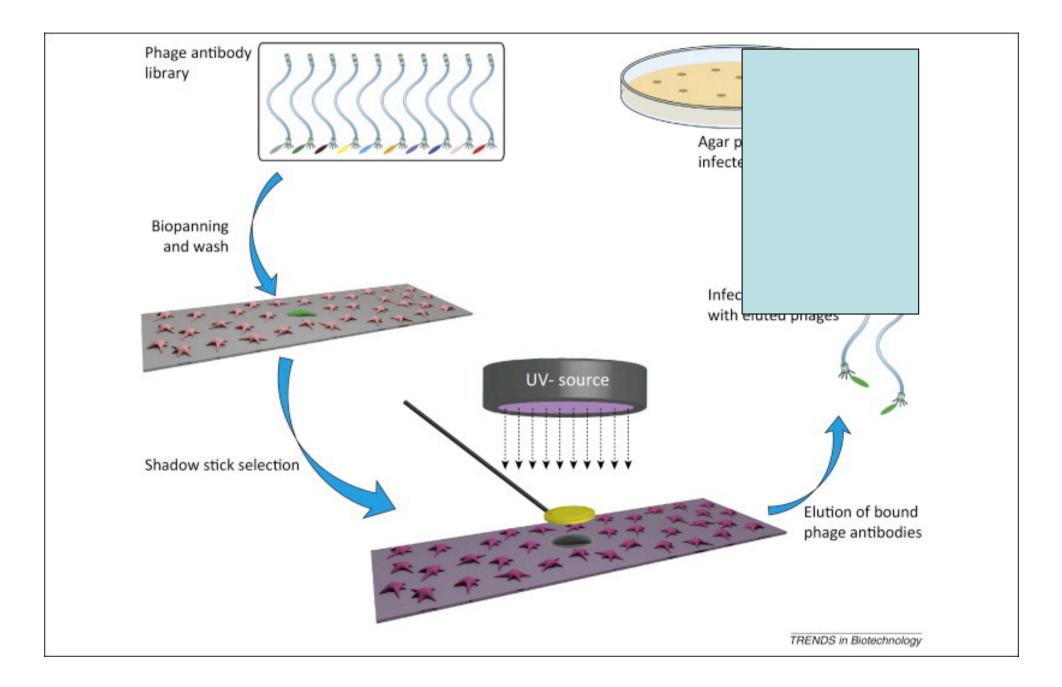


600-800 lt di latte in 300 giorni di lattazione: 5mg/ml !!!!

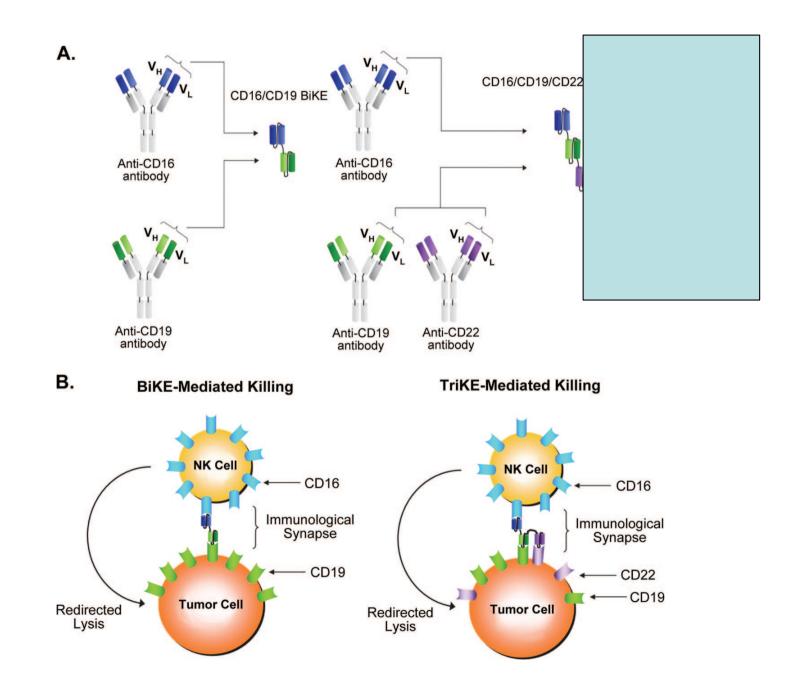
# **XENOMOUSE:** monoclonali umani

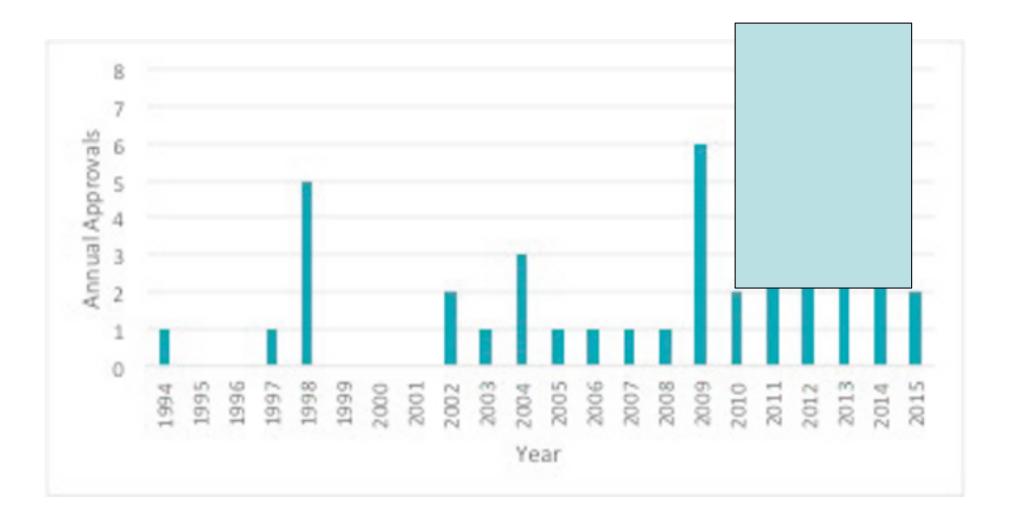


# **Tecnologia del Phage display**



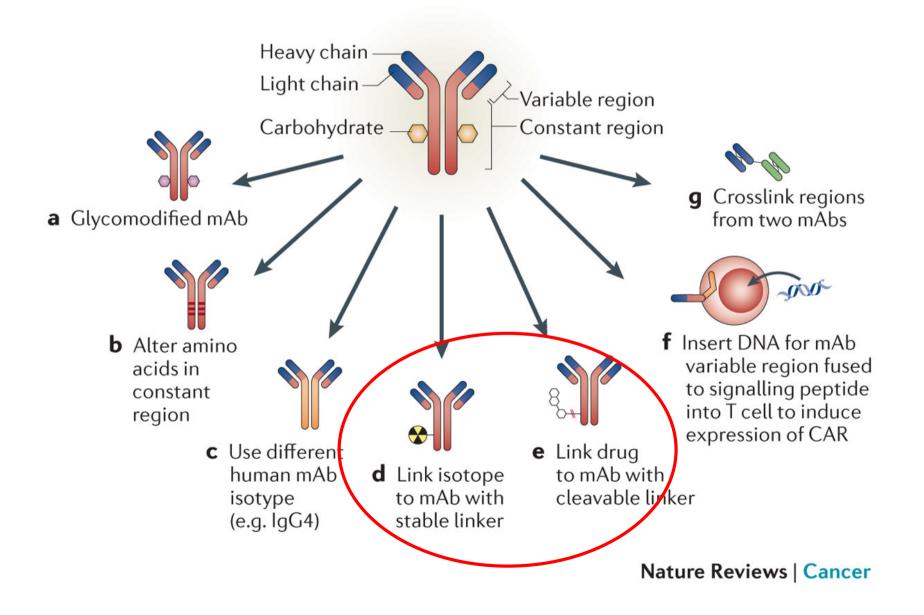
# **ANTICORPI BiKE and TriKE**



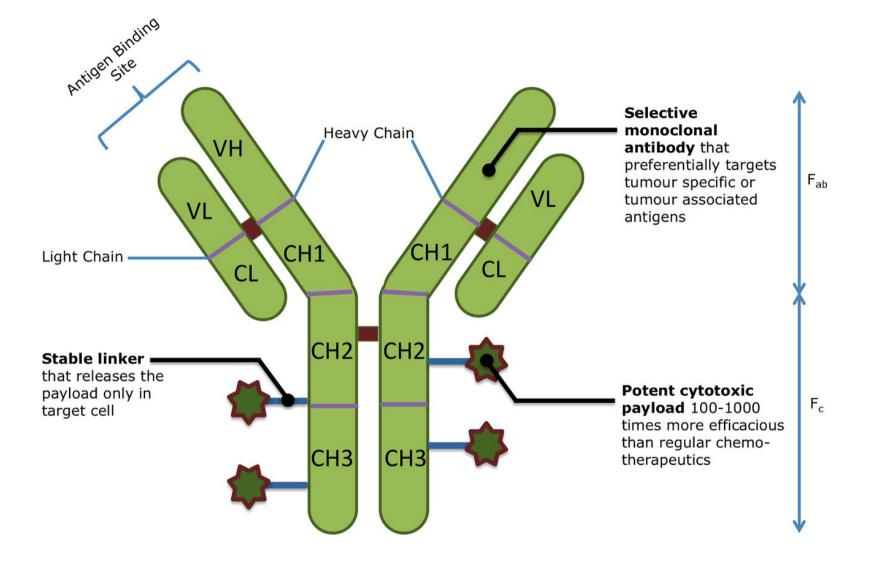


## MONOCLONAL ANTIBODY-BASED NEW STRATEGIES IN TUMOR THERAPY

#### Modifying monoclonal antibody structure



# Structure of an antibody-drug conjugate (ADC)

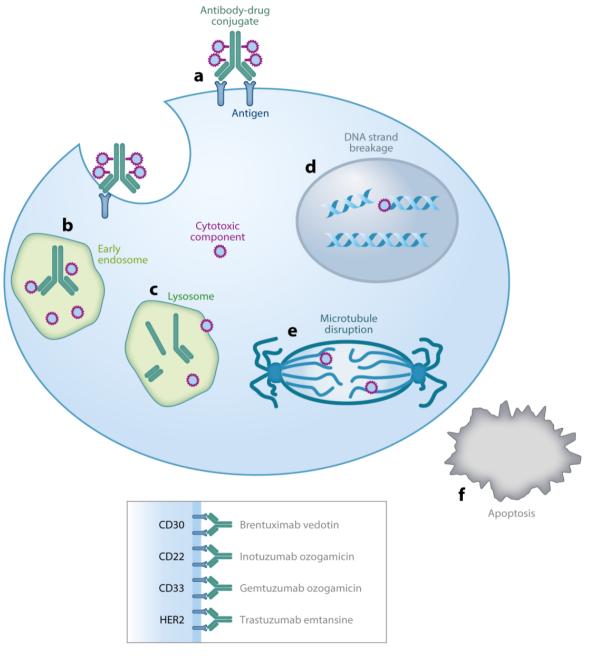


| Drug class    | Mechanism of action  | Drug examples/<br>Conjugate name   |
|---------------|--|--|
| Auristatin    | Microtubule disruption:<br>binds to and inhibits<br>polymerization<br>of tubulin | Monomethyl<br>auristatin<br>E (MMAE)/<br>Vedotin<br>Monomethyl<br>auristatin<br>F (MMAF) |
| Calicheamicin | DNA disruption: binds<br>to minor groove and<br>cleaves DNA                      | Calicheamicin<br>γ1/Ozogamicin   |
| Maytansine    | Microtubule disruption:<br>binds to and inhibits<br>polymerization<br>of tubulin | DM1<br>(mertansine)/<br>Emtansine<br>DM4   |

Table 1. Cytotoxic Drug Classes Commonly Used inAntibody-Drug Conjugates

MMAE = monomethyl auristatin E; MMAF = monomethyl auristatin F.

#### Mechanism of action of antibody-drug conjugates

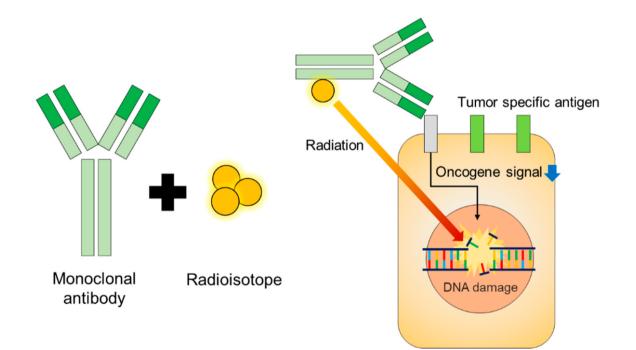


R Sievers EL, Senter PD. 2013. Annu. Rev. Med. 64:15–29

#### Table 4. ADCs Approved or in Clinical Trials

| Drug Name (Alternate Names)                   | Sponsor          | Antibody       | Linker | Payload | Target Antigen | Development<br>Stage | Indication                     |
|---|------------------|----------------|--------|---------|----------------|----------------------|--------------------------------|
| Adcetris (brentuximab vedotin, SGN-35)        | Seattle Genetics | Chimeric IgG1  | VC     | MMAE    | CD30           | Approved             | HL, sALCL                      |
| Kadcyla (ado-trastuzumab<br>emtansine, T-DM1) | Genentech        | Humanized IgG1 | SMCC   | DM1     | HER2 (ErbB2)   | Approved             | HER2-positive<br>breast cancer |

#### Radioimmunotherapy (RIT)



#### Radioimmunotherapy (RIT)



Radionuclide

| Radionuclide | T <sub>1/2</sub> (h) | Emissions            | Emax (keV)      | Maximum Range in<br>Soft Tissue (mm) |
|--------------|----------------------|----------------------|-----------------|--------------------------------------|
| Fluorine 18  | 1.83                 | $\beta^+$            | 633             | 3.1                                  |
| Gallium 68   | 1.13                 | $\beta^+$            | 1,899           | 9.8                                  |
| Copper 64    | 12.7                 | $\beta^+$            | 653             | 3.2                                  |
|              |                      | β                    | 579             | 2.8                                  |
| Zirconium 89 | 78                   | $\beta^+$            | 902             | 4.6                                  |
| lodine 124   | 100                  | $\beta^+$            | 1,535 and 2,138 | 7.9 and 10.9                         |
| Scandium 44  | 3.97                 | $\beta^+$            | 1,473           | 7.6                                  |
| lodine 131   | 193                  | β-                   | 610             | 2.9                                  |
|              |                      | γ                    | 362             |                                      |
| Yttrium 90   | 64                   | β <sup>-</sup>       | 2,250           | 11                                   |
| Lutetium 177 | 162                  | β-                   | 498             | 2.0                                  |
|              |                      | γ                    | 208             |                                      |
| Copper 67    | 62                   | β <sup>-</sup>       | 392–577         | 1.8                                  |
|              |                      | γ                    | 184             |                                      |
| Bismuth 213  | 0.76                 | $\rightarrow \alpha$ | 8,400           | 0.1                                  |
|              |                      | γ                    | 440             |                                      |
| Astatine 211 | 7.2                  | α                    | 5,870 and 7,450 | 0.055-0.080                          |
|              |                      | Х                    | 77-92           |                                      |

#### GLI ANTICORPI MONOCLONALI CONSENTONO UNA RADIOTERAPIA SELETTIVA

| Table 2   Radioimmunotherapeutics in the clinic  |   |  |  |  |  |
|--|---|--|--|--|--|
| Therapy (trade name)   | Indication  | Ligand   | References   |  |  |
| <sup>so</sup> Yttrium-ibritumomab tiuxetan<br>(Zevalin)                                    | NHL<br>(approved)   | Mouse anti-CD20 IgG <sub>1</sub>                             | 9,111  |  |  |
| <sup>90</sup> Yttrium-ibritumomab tiuxetan<br>versus rituximab (Zevalin versus<br>Rituxan) | Relapsed or refractory<br>low-grade follicular NHL<br>(Phase III) | Mouse and human/mouse<br>chimeric anti-CD20 lgG <sub>1</sub> | 10,112   |  |  |
| <sup>131</sup> lodine-tositumornab (Bexxar)  | NHL<br>(Phase III)  | Mouse anti-CD20 lgG <sub>2a</sub>                            | 29,30,31   |  |  |
| <sup>so</sup> Yttrium-epratuzumab (hLL2)   | NHL and B-cell<br>lymphoma (Phase I/II)                           | Humanized anti-CD22  | 31,33  |  |  |
| 131 lodine-Lym1 (Oncolym)  | Diffuse large B-cell lymphoma<br>(Phase I)                        | Mouse anti-HLA-DR10<br>β-subunit                             | 30,32  |  |  |
| <sup>213</sup> Bismuth-HuM195  | Acute myeloid leukaemia<br>(Phase I/II)                           | Humanized anti-CD33  | 35,37  |  |  |
| 90Yttrium-daclizumab   | T-cell leukaemia (Phase I/II)                                     | Humanized anti-Tac/CD25                                      | National Cancer<br>Institute trials<br>NCI-96-C-01471,<br>NCI-97-C-0110F |  |  |

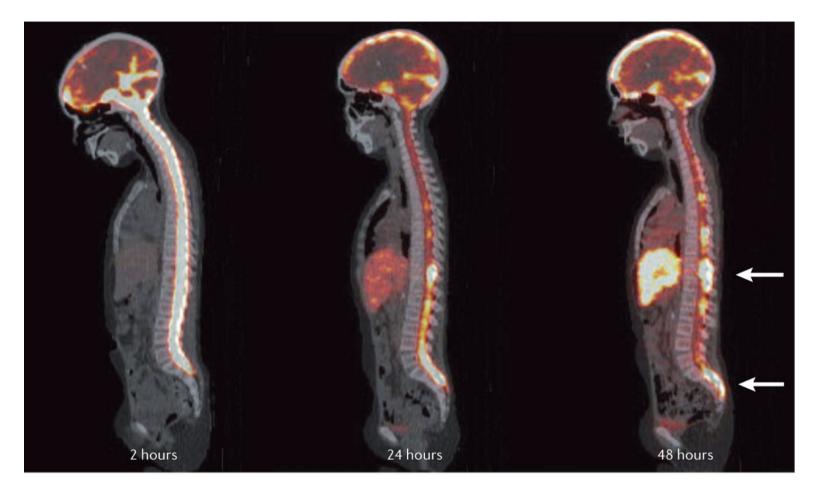
NHL, non-Hodgkin's lymphoma.

## α-particle emitters in solid tumours α-immunoterapia

| Therapy antibody         | Antigen target           | Study population                      | Special feature   | Main findings   | Refs |
|--------------------------|--------------------------|---------------------------------------|---|---|------|
| <sup>213</sup> Bi-9.2.27 | Glial antigen 2<br>(NG2) | Stage IV or in transit<br>melanoma    | Long-term evaluation of<br>response?  | 10% PR, 8% SD, no MTD   | 133  |
| <sup>213</sup> Bi-9.2.27 | Glial antigen 2<br>(NG2) | Stage IV or in transit<br>melanoma    | First-in-human direct<br>injection  | Antitumour effect at 600 μCi. Safe, no MTD,<br>activity administered 150 to 1350 mCi  | 134  |
| <sup>211</sup> At-ch81C6 | Tenascin                 | Primary brain<br>tumours              | 18 patients 71–347 MBq<br>post-resection, delivery<br>into surgically created<br>resection cavity | No MTD achieved, no DLT. No haematological<br>>grade 2. Limited neurotoxicity. Determined<br>biodistribution. Median survival 54 weeks for<br>GBM and 52 weeks for AA and 116 weeks for OD,<br>2 of 14 GBM survived ~3 years. Proof-of-concept<br>regional targeted radiotherapy with <sup>211</sup> At | 81   |
| <sup>213</sup> Bi 9.2.27 | Glial antigen 2<br>(NG2) | 22 patients with<br>stage IV melanoma | Phase I dose escalation.<br>1.5 to 25.6 mCi   | Well tolerated; no DLT. 14% PR, 50% SD  | 135  |

AA, anaplastic astrocytoma; DLT, dose-limiting toxicity; GBM, glioblastoma; MTD, maximum tolerated dose; OD, oligodendroglioma; PR, partial remission; SD, standard deviation.

## Intrathecal RIT imaged quantitatively with PET imaging



Nature Reviews | Cancer