Table IV-B. Comparison of results from FDA 2006 and 2009 Risk Assessments for vonWillebrand disease (vWD) patients with severe disease: Predicted potential annual exposures to vCJD agent in iv ID50 and vCJD risk assuming 4-6 LRF by manufacturing process

ADULT vWD (> 15 yrs of age)

				4-6 Log _{1s} Reduction Factor (LRF)			
				Model Output for LOWER vCID Case Prevalences based on Clark and Ghani (2005)		Model Output for HIGHER vCJD Infection Prevalences based on Hilton et al (2004)	
Prophylaxis	73	186,880 TU	2009	5.2×10 ⁻⁷ 4.89×10 ⁻⁷	1 in 3.9 million	4.1 ×10 ⁻⁵ 4.32 ×10 ⁻⁵	1 in 49,000
Episodic	78	86,923 IU	2009	2.2 ×10 ⁻⁷ 1.99 ×10 ⁻⁷	1 in 9.3 million	2.22×10 ⁻⁵ 1.90×10 ⁻⁵	1 in 75,000 1 in 53,000*

The original risk estimate for this cell in the FDA Risk Assessment of 2006 (FDA 2006) was incorrect - the corrected estimate is provided in this table

調査報告書 研究報告 医薬品 医薬部外品 化粧品 報告日 識別番号·報告回数

別紙 3-3

総合機構処理欄

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大きノンムノ闽口 大戦戦では、 寮県5	共ニノンオノ寅コ(Ptr-)と将異的に結合する親和性リガンドを用いた新しいアフィニティクロマトグラフィの技術が開発された。 本試験では、変異型クロイツフェルト・セコブを(cm)に無	性リガンドを用いた新しい	ハアフィニティクロマトグラフィ	の技術が開発された。
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現時点で新たな安全対策上の措置を購じる必要はないと考える。 本稿で報告されたような, 導入が可能と思われるウイルス除去法に関 て今後とも情報収集に努める。

。本研究では, 親和性 の製造過程に導入する

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MICおよび 0.01%に 樹脂カラ

研究報告の概要

販売名

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Vox Sanguinis

Background and Objectives A new chromatographic step for the selective binding of abnormal prion protein (PrPS) was developed, and optimization for PrPS capture was achieved by binding to an affinity ligand attached to synthetic resin particles. This step was implemented into the manufacturing process-of the solvent/detergent (S/D)-treated biopharmaceutical quality plasma Octaplas® to further improve the safety margin in terms of risk for variant Creutzfeldt-Jakob disease (VCJD) transmission.

Materials and Methods Intermediates and Octaplas® final container material, spiked with hamster brain-derived PrPSc-containing fractions, were used for experiments to establish the feasibility of introducing this novel chromatography step. The binding capacity per millilitre of ligand gel was determined under the selected manufacturing conditions. In addition, the specificity of the ligand gel to bind PrPSc from human sources was investigated. A validated Western blot test was used for the identification and quantification of PrPSc.

Results A reduction factor of $\geq 3.0 \log_{10}$ could be demonstrated by Western blotting, utilizing the relevant Octaplas® matrix from manufacturing. In this particular cell-free plasma solution, the PrPSc binding capacity of the selected gel was very high ($\geq 6 \log_{10} \mathrm{ID_{50}}/\mathrm{ml}$), equivalent to roughly 10 $\log_{10} \mathrm{ID_{50}}/\mathrm{column}$ at manufacturing scale). The gel binds specifically PrPSc from both animal (hamster and mouse) and human (sporadic and variant CJD) sources.

Conclusion This new single-use, disposable Pri^{Sc}-harvesting gel ensures a very high capacity in terms of removing the pathogenic agent causing vCJD from the new generation OctaplasLG®, in the event that prions can be found in plasma from donors incubating the disease and thereby contaminating the raw material plasma used for manufacturing.

Key words: affinity ligand chromatography, OctaplasLG®, prion safety, PrP^{Sc}, vCJD.

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Introduction

In the last few years, four probable transmissions of variant Creutzfeldt-Jakob disease (vCJD) through non-leucocyte

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depleted red blood cell concentrates in the UK [1-4], as well as the first probable case of vCJD through a plasma-derived factor concentrate [5], have made prion diseases a matter of concern in today's blood therapy.

A number of actions have been implemented by regulatory authorities, such as requiring that all manufacturers of plasmaderived biopharmaceuticals should perform appropriate prion safety evaluations of their product portfolio. Different manufacturing steps have been demonstrated to provide significant removal, either of prion infectivity or the disease-associated marker Prp^{Sc} [6]. Specific affinity ligands designed to bind prions have previously shown a significant capacity to remove Prp^{Sc} and associated infectivity from blood components such as red blood cell concentrates [7–9]. Such specific affinity ligands have until now not been investigated for the removal of Prp^{Sc} in plasma-derived biopharmaceuticals such as Octaplas.

Octaplas® is the first generation solvent/detergent (S/D)-treated, human, coagulation-active plasma. The production process is straightforward and very reproducible. Cells and cell fragments are removed by a 1-0 µm filtration step at the front-end of the-process. The S/D treatment is performed utilizing 1-0% (w/w) tri-n-butyl-phosphate (TNBP) and 1-0% (w/w) Octoxynol-9. TNBP is subsequently removed by oil and Octoxynol-9 by solid phase extraction. Finally, two filtration steps are performed (0-45 and 0-2 µm) to ensure sterility of the final product.

It has already been demonstrated that the current Octaplas® manufacturing process is able to remove 2.5 log, octl-bound and free PrPsc, when using a chronically infected cell line as spike material, which in itself ensures a good safety margin for this plasma product in terms of prion transmission [10]. The implementation of an additional orthogonal prion removal step would further enhance the safety of Octaplas® in this respect. The company Pathogen Removal and Diagnostic Technologies Inc. (PRDT, NY, USA) has developed a group of ligands, coupled to a standard resin base, which have demonstrated strong affinity for the prion.

The studies reported in this paper were designed to determine the potential for prion removal by a specific affinity ligand implemented into the new generation Octaplas LG® [LG, ligand gel] manufacturing process. To prevent potential interference of the non-homogeneous plasma product (e.g. possibly containing cells and cell debris) with the binding of PrPSc to the affinity ligand, it was decided to incorporate the new prion removal resin post-cell filtration and S/D treatment, at which point the product is clean from cells and debris that might contain or carry the pathogenic prions. The technical implementation of the ligand resin was performed by Octapharma PPGmbH, Vienna, Austria.

Materials and methods

Spike material preparations

The 263K strain of hamster-adapted scrapic used in the experiments was supplied as a 10% crude brain homogenate (CBH) by the laboratory of Dr Robert G. Rohwer (Baltimore, MD, USA). A microsomal/cytosolic (MIC) fraction was prepared from the 10% CBH following the preparation procedure established for various TSE sub-cellular fractions (the CBH

was centrifuged at 10 000 g for 8 min at ambient temperature and the supernatant was separated from the pellet and harvested as the MIC fraction) [11]. For studies on the robustness of PriPSe removal, the pellet from the above centrifugation was used as the spike [CBH_{L-MICI}] after re-suspended at a ~10% concentration in tris-buffered saline (TBS) or phosphate-buffered saline (PBS). The CBH_{L-MICI} fraction contained the large membrane fragments and tissue not present in the MIC fraction, which was mostly consistent of more soluble and presumably smaller PriPSe components.

The studies shown in Figs 2-4, as well as the supporting feasibility studies, were performed with a Sarkosyl-treated spike material. CBH was treated with 0-5% Sarkosyl for 30 min on ice. The solution was centrifuged at 13 000 g for 10 min at room temperature to remove debris. The supernatant (CBH_{Sark}) was used as the spike [8].

Determination of PrPSc

The proteinase K (PK) digestion and Western blot assay used for the detection of PrPSc were either performed as described by Gregori L et al. [8] or with some minor modifications—where Triton X-100 instead of sodium dodecyl sulphate (SDS) was used as detergent during the PK digestion step, and where the polyacrylamide gel concentration was 12% (Bio-Rad Laboratories, Vienna, Austria) instead of 14% (NuPAGE, Invitrogen Life Science, Carlsbad, CA, USA). The end-point titre of the sample used for reduction factor calculations was determined in a 0-5 log₁₀ serial dilution setup and defined as the first dilution where no signal was observed on the Western blot. Samples were processed before PK digestion in order to overcome interference as detailed below.

Western blot validation

The Western blot assay used for determination of prion reduction factors and binding capacity in Tables 1 and 2 was subject to a formal validation following International Conference on Harmonisation (ICH) guidelines to enable an evaluation of the suitability of the assay in terms of assay variability and linearity for use in the clearance studies detailed in this report, and also an evaluation of the limit of detection (LOD) of the assay in comparison with a prion stock of known (defined) bioassay titre. The linearity of the assay is shown in Fig. 1. The regression parameters can be used to convert Western blot titres into infectious titres using the following formula:

$$Titre_{\{Bloassay\}} = \frac{Titre_{\{Western blot\}} + 45867}{10667}$$

This formula was used for calculation of the resin binding capacity in terms of infectious doses.

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	Western blot sample titre from end-point titration [log ₁₀]		
Sample	5% CBH _{Sark} spike/ 9-5 ml gel	1% CBH _{Sark} spike, 1-9 mt gel	
Spiked start material	2:5	2-0	
Flow-through 0-5 ml	≤ -0-5	≤-0-5	
Flow-through 5-10 ml	≤-0-5	≤ -0.5	
Flow-through 10-20 m!	0.5	1-0	
Flow-through 20-50 ml	0·S	1.5	
Flow-through 50-95 mi	0.5	-1-5	
2 M NaCl wash	2.0	1.5	
Column gel	3.5	3.0	

Table 2 Prpsc removal during Octaplas® manufacturing with an S/D-conditioned spike. Approximately 200 ml of crude plasma was spiked at a spike ratio of 19% with the indicated spike materials from hamsters infected with hamster-adapted scrapic 263 K strain. After withdrawal of a sample of the spiked start material, the spiked plasma was processed through a downscaled model of the Octaplas® process from front-end cell and cell-debris filtration, via S/D-treatment, filtration and solid phase extraction until eventually 50 ml of the 5/D-treated plasma intermediate after solid phase extraction were loaded onto the 5 ml PRDI column from which the indicated flow-through fractions were collected. Following plasma loading and washing of the PRDI column with citrate buffer, the column was washed experimentally with 2 M NaCl, and finally the remaining resin was re-suspended in TBS and tested (column gel)

	Western blot sample titre from end-point titration [log ₁₀]		
Sample	1% MIC spike	1% C8H _[-MIC] spike	
Spiked Octaplas® after 1 µm filtration	2.5	2.0	
After S/D-treatment, liquid phase extraction and depth-filtration	2.5	1-0	
After solid phase extraction After PRDT gel	2-0	1.0	
Flow-through 0-0-5 ml	≤ -0-5	≤-0-5	
Flow-through 0-5-5-0 ml /	≤-0-5	≤ -0-5	
Flow-through 5-0-10 ml	≤ -0-5	≤-0-5	
Flow-through 10-20 ml	0-5	≤-05	
Flow-through 20-50 ml	1.5	0-5	
2 M NaCl wash	3.0	2.0	
Column gel	2.0	1.5	

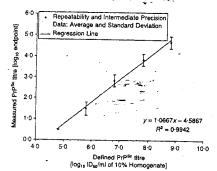


Fig. 1 Linearity of Western blot assay. A plot of Western blot end-point titres obtained from multiple determinations (at least 3) of various dilutions of a hamster-adapted scrapie 263 K prion stock of known (defined) blossays titre. The limit of detection is $4.5 \log 10_{so}/m$. $\pm 0.0 \log 10_{so}/m$. $\pm 0.0 \log 10_{so}/m$. $\pm 0.0 \log 10_{so}/m$.

Interference handling

A direct Western blotting of the samples containing Octaplas® could not be conducted due to the interference from high plasma protein content. To reduce this interference and to enable assaying of the flow-through samples after adsorption by the gel ligand, spiked samples were pre-diluted 3-2-fold (0.5 log) in TBS containing 0.1% bovine serum albumin followed by a centrifugation at 15 558 g for 60 min at ambient temperature. After centrifugation, the supernatant was carefully decanted and the pellet re-suspended in either the same volume of the original spiked sample, or in 1/10th the original volume centrifuged (i.e. 10-fold concentration), achieving an effective concentration of 0.5 logio, Recovery within 0.5 log titre as determined by serial dilution Western blot assay of low titre PrPSc was demonstrated via this procedure in control experiments, as indicated by comparable Western blot end-point titres for the centrifuged samples when compared with a non-centrifuged sample (data not shown).

Regeneration samples containing basic high salt concentration were diluted 0-5 log₁₀ and then tested in the Western blot assays. The column gel samples were tested undiluted before analysis by Western blotting (i.e. without centrifugation). The PK digestion was performed in situ on the matrix. Following boiling in SDS, the PrPSc was released from the matrix.

Robustness of the prion reduction step with regard to different spike preparations

Octaplas® was spiked with either MIC or $CBH_{(-MIC)}$ at a 1% spike ratio. The pH of the spiked material was determined and, if necessary, adjusted to a pH of 6-9-7-4.

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Following removal of a sample for determination of titre in the spiked start material, the remaining spiked material was loaded onto a prepared ligand resin column (Vantage L11 X250. Millipore, Bedford, MA, USA), which had been equilibrated with water for injection, 20 mm citrate buffer, pH 7-0 containing 140 mm NaCl. The flow rate of the chromatography was adjusted to the necessary contact time (plasma with resin) of ~2 min. Collection of the flow-through began once the ultraviolet (UV) baseline had reached peak absorbance. Following loading of the sample, the column was washed with the citrate buffer used for equilibration, and collection of the flow-through continued until the UV absorbance began to drop. All chromatography-steps were performed at ambient temperature. Samples (flow-through) were collected at various stages of the passage of the spiked start material through the column. An aliquot of each flow-through was stored at ≤-60°C until tested by Western blotting as indicated above.

Determination of the PrPSc binding capacity per gel volume

In order to evaluate the PrPSc binding capacity per millilitre gel, studies were performed using sequential identical columns. In these experiments, 0-01% CBH_{Sark} (final concentration of brain homogenate) was spiked in Octaplasc harvested from routine production. Ten millilitres of this challenge was applied to the first column (0-5 ml bed volume) containing the gel in a Protein Isolation Kit mini-column (PIKSI, ProMetic Life Sciences Inc., Mount Royal, Quebec, Canada.) The flow-through from the first column was applied onto the second column – and from the second onto the third. The gel-bound PrPSc was quantified by densitometric reading of the Western blot signals, and the binding capacity per column and millilitre gel was estimated in comparison to the PrPSc input level.

Binding of infectious prions from different sources

Leucocyte-reduced human red blood cells in residual plasma spiked with brain homogenate from different transmissible spongiform encephalopathy strains, including hamster scrapie, human vCJD, human sporadic (sp)CJD, and mouse Fukuoka strain Gerstman-Sträussler-Scheinker disease (GSS), were applied in duplicate to the ligand resin in column format.

Calculation of reduction factors

Reduction factors (RF) were calculated as detailed in :Note for Guidance on the Performance of Virus Clearance, Studies' [CPMP/BWP/268/95 [1996]]: RF = $(V_1 \times T_1)/(V_2 \times T_2)$, in which V_1 and T_1 are the volume and titre of the start material and V_2 and T_2 are the volume and titre of the product fraction, respectively. In logarithmic terms, this equation can

be expressed as: $\log_{10} \{RF\} = [\log_{10} (V_1) + \log_{10} (T_1)] - [\log_{10} (V_2) + \log_{10} (T_2)]$, and the logarithmic reduction factors (LRF) were rounded to one decimal place only after having completed the final calculation.

Results

In preliminary studies, four of the most promising ligands among the many screened by the company PRDT [8,12] were selected for investigating their compatibility with the Octaplas® manufacturing process and its outcome. One of them did not change the biochemical profile of Octaplas® at all, whereas the other three depleted significantly both coagulation factors and inhibitors (data not shown).

Different aspects of prion binding were investigated by using different spike preparations. As unprocessed CBH probably contains all possible infectious modalities, it was used as the starting spike material for the various spike preparations. The MIC preparation has been chosen because it is enriched with the smallest and most soluble forms of PrPSc. Where the PrPSc concentration, as determined by Western blot, is theoretically unrelated to the size distribution of the prion aggregates, this spike with small PrPSc sizes may represent a form of infectivity closer to that assumed to be potentially present in plasma from blood donors than the form present in spikes with large particle sizes.

The CBH from which the microsomal fraction had been removed by centrifugation [CBH_{CMIC}] was selected to investigate the binding of larger particle size distributions, i.e. those not contained in the MIC fraction. The use of the two spike preparations above provides for a more thorough investigation of the binding properties of the ligand resin than when only CBH is used.

In addition, for some experiments a sarkosyl-solubilized spike was used. Sarkosyl-solubilized prion spike agents have been utilized widely in prion spiking studies, and yield a spike preparation from which the membrane components have been removed – which may mimic very well the nature of our target Octaplas® matrix following the S/D treatment. The use of sarkosyl as opposed to other detergents is a balance between avoiding extremely strong detergents, such as SDS, which may denature the prion aggregate, and using non-ionic detergents that tend to be too weak to provide sufficient solubilization. Where the spike material was solubilized with sarkosyl before spiking, the respective abbreviation for the spike material is appended with the subscripted text 'Sark' (i.e. CBH_{expl}).

Feasibility experiments

In the first set of studies, experiments were performed where a sarkosyl-solubilized spike (i.e. lacking membrane components) was spiked into Octaplas® final product and applied directly onto PRDT columns. Two PRDT columns containing

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the ligand resin at two different column volumes. 1.9 ml and 9-5 ml, were challenged with two concentrations of spiked Octaplas®, 1% and 5% spike ratios, respectively. The flowthrough sample was collected in fractions as indicated in Table 1 and analysed by Western blot for PrPSc. Under a high PrPSc loading (i.e. 5% spike ratio), with 2-5 log, as the input, $a \le -0.5 \log_{10}$ of PrPSc signal was recovered with a RF of ≥ 3.0 $\log_{10} (2.5 \log_{10} \text{ minus} \le -0.5 \log_{10})$ could be demonstrated for the early flow-through fractions (0-10 ml), utilizing the relevant Octaplas® matrix from manufacturing. We applied the methodology described above (see Interference handling) to remove the Western blot-interfering plasma proteins by assaying the pellet after centrifugation, which resulted in a quantitative recovery of the PrPSc. Furthermore, this centrifugation step provided 0.5 log10 of PrPSc concentration and, thus, increased the assay sensitivity. The results indicated that the binding capacity, determined by the volume at which breakthrough occurred, was dependent on the PrPSc load vs. the amount of affinity ligand in a reproducible manner. Within the accuracy of the assay, the total bound PrPSc loaded onto the column was quantitatively recovered - either in the experimentally applied 2 M NaCl wash or still bound to the gel.

PrPSc removal under manufacturing conditions

Further experiments were performed to investigate removal of PrPSc which had been conditioned via the S/D-treatment, filtration and solid phase extraction steps, which forms the mid-section of the standard Octaplas® manufacturing process. Crude plasma was spiked with hamster brain-derived infectivity and processed using a validated downscale of the manufacturing process, including the front-end cell and celldebris filtration. Following the final solid phase extraction step, the product was loaded directly onto a PRDT column to investigate PrPSc removal. Note, that the level of removal observed for the Octaplas® manufacturing process before PRDT removal cannot be compared with that reported in previous publications which used a chronically infected whole cell preparation as spike. This earlier work measured prion removal for the Octaplas® process including cell removal via 1.0 um filtration, whereas the current studies only addressed potential removal of non-cell associated prions post-1.0 µm filtration. hrespective of the spike's nature [MIC or CBH(-MICI), an effective PrPSe removal to below the limit of assay sensitivity was observed in the early flow-through fractions from the column (Table 2). For the CBH, spike, a slightly higher loss of spike material was observed for the steps before the column. Although not significant, this finding is consistent with the nature of this spike, which probably contained larger PrPSc aggregates or PrPSe associated with membranes fragments large enough to be filtered out. The pattern of breakthrough also demonstrates slight differences between the two spike materials, in

which the MIC spike showed earlier breakthrough than the CBH_{I-MICI} spike. This result may reflect an earlier saturation of available PrPSc binding sites by MIC, due to the smaller prion aggregates present in this spike preparation, or it may reflect the higher PrPSc loading onto the column due to the lower upstream loss of PrPSc compared to the CBH caucil case. Again, for the early flow-through fractions (0-10 ml), the ≥ 3.0 log RF for the whole process (≥ 2.0-2.5 log RF by PRDT column) could be demonstrated using the MIC spike and the amount of PrpSc recovered from the experimental 2 M NaCl wash and gel demonstrate the substantial binding capacity of the affinity ligands. Based on the input of PrPSc and the sensitivity of the Western blot assay, it was calculated (see Materials and methods) that the PrPSc removal capacity per millilitre gel was 7-3 and 6-4 log, 50% infectious dose (IDso)/ml resin for the MIC and CBH(AMIC) spike, respectively.

Determination of PrPSc binding capacity per gel volume

The gel binding capacity for PrPSc was also investigated utilizing a different study design, in which the PrPSc bound to the gel was analysed. In these studies, a fixed volume of challenge (10 ml) and a fixed volume of gel (0.5 ml) were used. The challenge concentration was 0.01% CBH.... [final concentration of brain homogenate). The spiked challenge solution was applied to three columns in series. The binding to each column was then evaluated independently via Western blotting. The results (Fig. 2) indicated that the vast majority of the detectable signal was concentrated in column 1. The flow-through from column 1 contained some contamination of PrPSc, which was visualized as a very weak signal captured by the second gel (< 3% of PrPSc input), as shown in Fig. 2. In all tests performed, no signal was ever detected in column 3 indicating that all PrPSe had been removed before this stage. Furthermore, this demonstrated very strong PrPSc capture was reproducible when different batches of gel were tested (Fig. 3). The quantification by densitometry of the PrPSc bands recovered from the resin was conducted using a Bio-Rad VersaDoc imaging system (Bio-Rad Laboratories, Hercules, CA, USA). The results indicated that practically all input PrPSc was detected bound to the resin. We had previously determined that the total IDco in the challenge were 5 × 105 ID so based on the infectivity titration of the spike with the bioassay. Thus, in all cases the PrPSc binding capacity per millilitre gel was found to be in the range of $5 \times 10^5/0.5$ ml gel, equivalent to 6-0 logio IDso/ml resin.

Determination of the gel ligand specificity for PrPSc from different sources

Figure 4 shows that the resin has the ability to bind infectious prion from all the sources tested, including the human vCID

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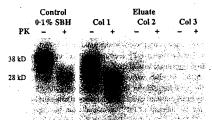


Fig. 2 Sequential PrPSc removal. Western blot analysis of the PrPSc protein eluted from the PRDT gel before (-) and after (+) PK treatment. The binding assay was conducted as described in Gregori et al. [8]. In brief, 10 ml of Octaplase were spiked with 0-01% CBH (SBH) and applied to three columns (Col) in series, each-column contained 0-5 ml of gel. In the -PK lanes, 50 µl of resin were mixed with 7-5 µl of water, 17-5 µl of 2% LDS and 25 μl of 4× LDS-sample buffer (NuPAGE). PK digestion was conducted directly on the gel beads (50 µl) with 7-5 µl of 1 mg/ml PK and 17-5 µl of 2% SDS incubated for 1 h with vigorous agitation. The reaction was stopped by the addition of 25 µl of 4x LDS-sample buffer (NuPAGE) containing the reducing agent. All samples were heated at 90 °C for 5 min, briefly centrifuged and 10 µl of the supernatant containing the eluted proteins were loaded on each lane. The control lanes show the Pr $^{\text{Sc}}$ signal of 10 μl of 0-1% SBH before (-) and after (+) PK treatment. The PrPSe signal in the control lane (-PK) was used to estimate the amount of infectivity captured by the gel. The molecular weight standards in KDa are shown on the left.

and spCJD. In the case of spCJD, the signal was weak due to the low level of endogenous Pri^{SC} in this particular specimen.

Discussion

A resin with a ligand, developed by the company PRDT, able to bind and remove Prps quickly and efficiently from plasma during the industrial manufacturing of the Octaplas® product has been identified. A number of studies have been performed investigating the clearance of Prps by this resin under a variety of conditions and utilizing various spike forms. The introduction of this prion binding step provides a robust and effective prion removal step dedicated to improving the prion safety profile of Octaplas® even further, without having a negative impact on the final product quality [13].

Various spike forms and study designs were used in order to evaluate the robustness of the PRDT resin. The resin challenged with CBH, detergent-soluble PrPSc forms, or homogenates enriched with small or large PrPSc forms all indicated several log-steps of consistent and reproducible removal (\$2.3-0.10g₁₀). The PrPSc binding capacity of the resin per millilitre gel was shown to be in the region of 6-0-7-3 log₁₀ ID_{Sp}/ml resin, and effective removal was observed up until the binding capacity of the column was reached. Thus, for the gel volume chosen (3-8 l) for a standard OctaplasLG®

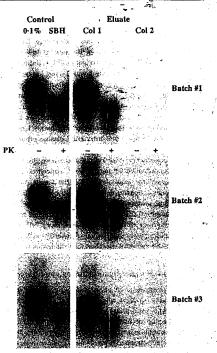


Fig. 3 Reproducibility of PrP^{Sc} removal in sequential set-up. Western blot comparison of PrP^{Sc} binding to three independently manufactured batches of PROT gel. Ten millilities of Octaplas® were spiked with 0-01% CBH_{-sac} KBB) and applied to two columns (Col) in series, each column contained 0-5 ml of gel. The samples without (-) and with (+) PK were processed as described in Fig. 2. Ten microlitres of the cluted proteins were loaded on each lane. The control lanes show the PrPSc signal of 10 µl of 0-1% SHB before (-) and after (-) PK treatment.

batch size (380 l), the total PrPSC capture is equivalent to at least 9-6 \log_{10} ID $_{50}$, which is equivalent to 9-4 \log_{10} ID (ID $_{50}$ × 0-69) [8]. In order to overload this removal capacity, every millilitre of such OctaplasLG® pools would need to contain more than 6900 ID PrPSC. Up to 20 ID/ml plasma have been found in relevant rodent models at the clinical stage of disease [14]. Thus, in theory one contaminated single plasmaphaeresis unit of 600 ml would cause a maximum PrPSC load of 0-03 ID/ml in the OctaplasLG® pool, i.e. the gel capacity exceeds the prion load \geq 218 500 times (5-3 \log_{10}). Even with as many as 10 (1-6%) contaminated plasma units out of 630 plasmaphaeresis bags in an OctaplasLG® batch, the affinity ligand column is able to remove the total theoretical

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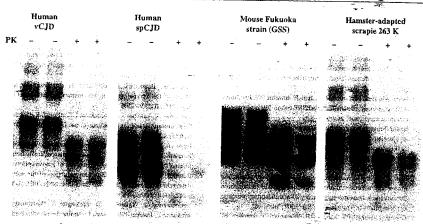


Fig. 4 Binding of PrPS derived from various prion diseases. Western blot analysis of PrPS binding to PRDT gel. Ten millilitres of human leukoreduced red blood cells in residual plasma were spiked with 1% CBH_{sark} from a case of variant CID (vCID), a case of sporadic CID (spCID), a brain pool from mice infected with mouse-adapted Fukuoka strain (GSS) and 0-1% CBH_{Sark} pool from hamsters infected with hamster-adapted scrapic 263 K strain. Each sample was applied to 0.5 ml of resin in duplicate. Fifty microlitres of each resin (with (+) and without (-) PK treatment) were processed as described in Fig. 2. Ten microlitres of the eluted proteins were loaded on each lane. The exposure time of the film for each sample was adjusted to obtain equivalent signals intensity.

load of PrPSc with a safety margin higher than 21 850-fold (≥ 4.3 log₁₀). It is important to confirm the PrPSc binding demonstrated by Western blotting in these studies by animal infectivity studies. One such bioassay (hamsters) has just been completed successfully and the final result (3.0 log10) confirmed the biochemical investigations summarized here (A. Bailey, personal communication). A second animal study is currently ongoing.

In theory, excessive amounts of PrPC might be able to dislodge PrPSc that is already bound to the ligand in the gel. Thus, an experiment was performed to address this particular issue (data not shown). The normal concentration of PrPC in plasma is estimated to be in the order of a few nanogram per millilitre of plasma [15,16]. The study therefore tested the ability of either normal Octaplas® or a solution of commercially available recombinant PrP^{C} at $2\;\mu g/ml$ (i.e. close to three orders of magnitude higher than the concentration normally found in plasma) to remove gel-bound PrPSc from a pre-loaded column. It was concluded from these experiments that the PrPC concentration expected to be found in the different OctaplasLG® batches would have no significant impact on the ability of the column to retain the gel-bound PrPSc.

In conclusion, the performed studies confirm a very effective PrPSc removal effect by the specific affinity ligand tested. The resin will be used in a chromatography step as a single-use resin, i.e. no sanitization and re-use. We have

demonstrated that the introduction of the specific prior removal column into the current Octaplas® manufacturing process is technologically possible and will further improve the safety margin of this product in terms of prion diseases such as vCJD. The new generation Octaplas® will be marketed as OctaplasLG®.

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