

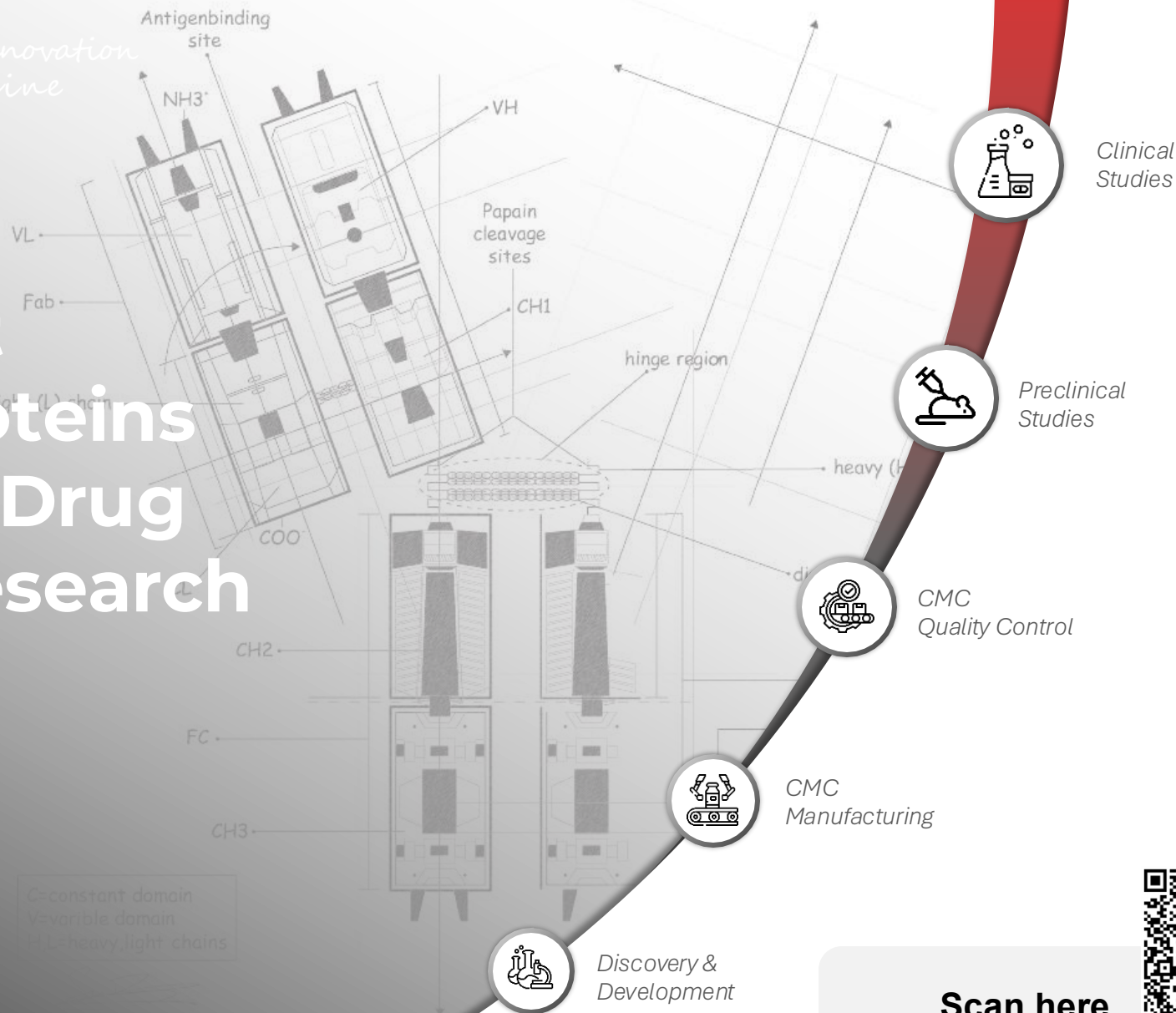
Designing Target Recombinant Proteins for Autoimmune Drug Discovery and Research

4th June, 2025

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Overcoming Challenges with Innovation
From Discovery to the Clinic

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CONTENT



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- The dysregulated immune system
- Multi-organ effect
- The mechanisms of autoimmune diseases
- Advanced medical solutions



02 From Adalimumab to FcRn Drugs

- The development of target drugs for autoimmune disease
- The advantages and disadvantages of Adalimumab
- The development of other therapeutic antibodies



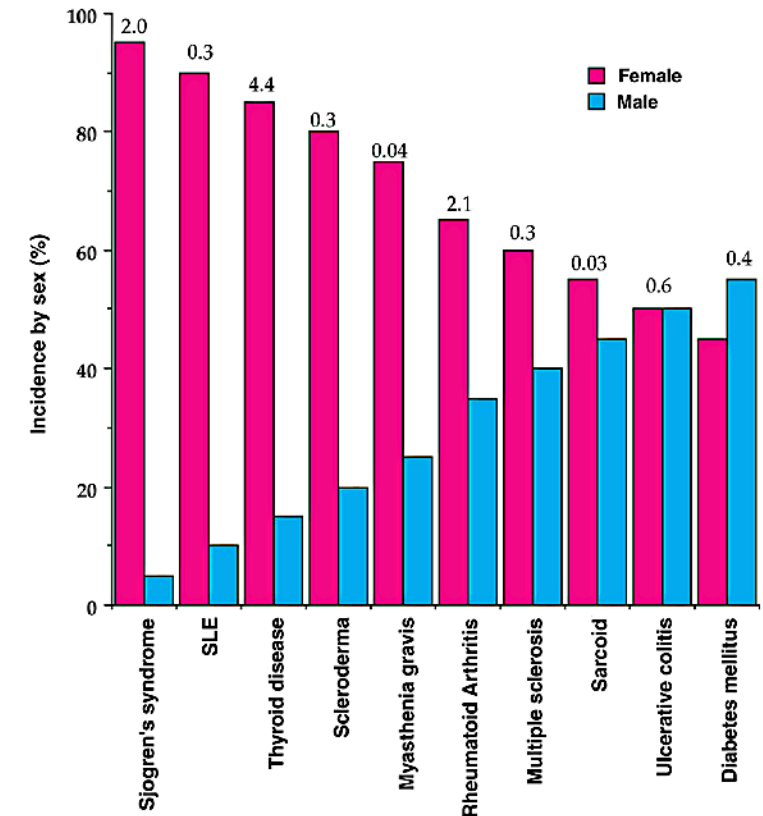
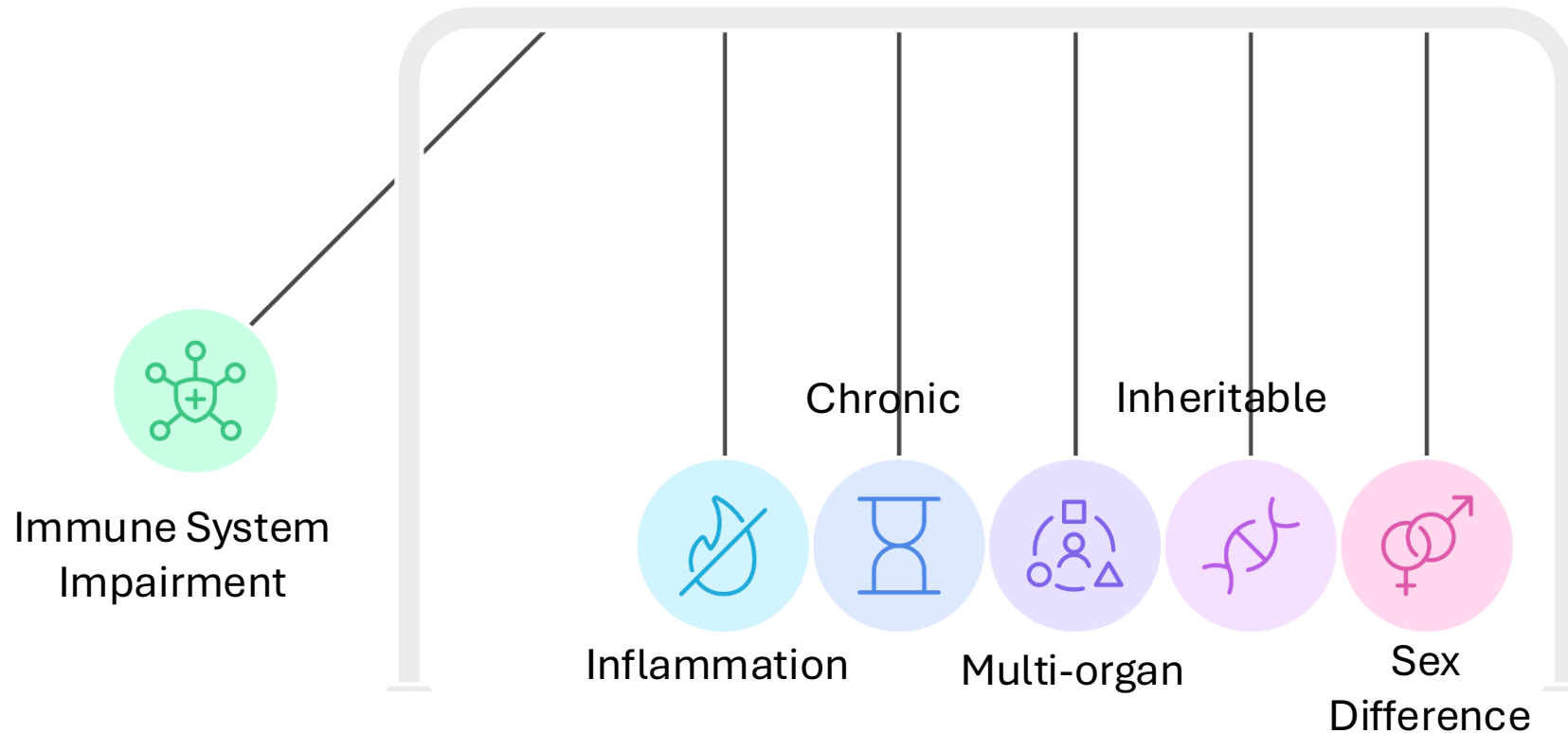
03 The mAb Drug Manufacturing Pipeline

- The manufacture of mAb drug
- Cell line optimisation
- mAb characterisation
- Downstream QC



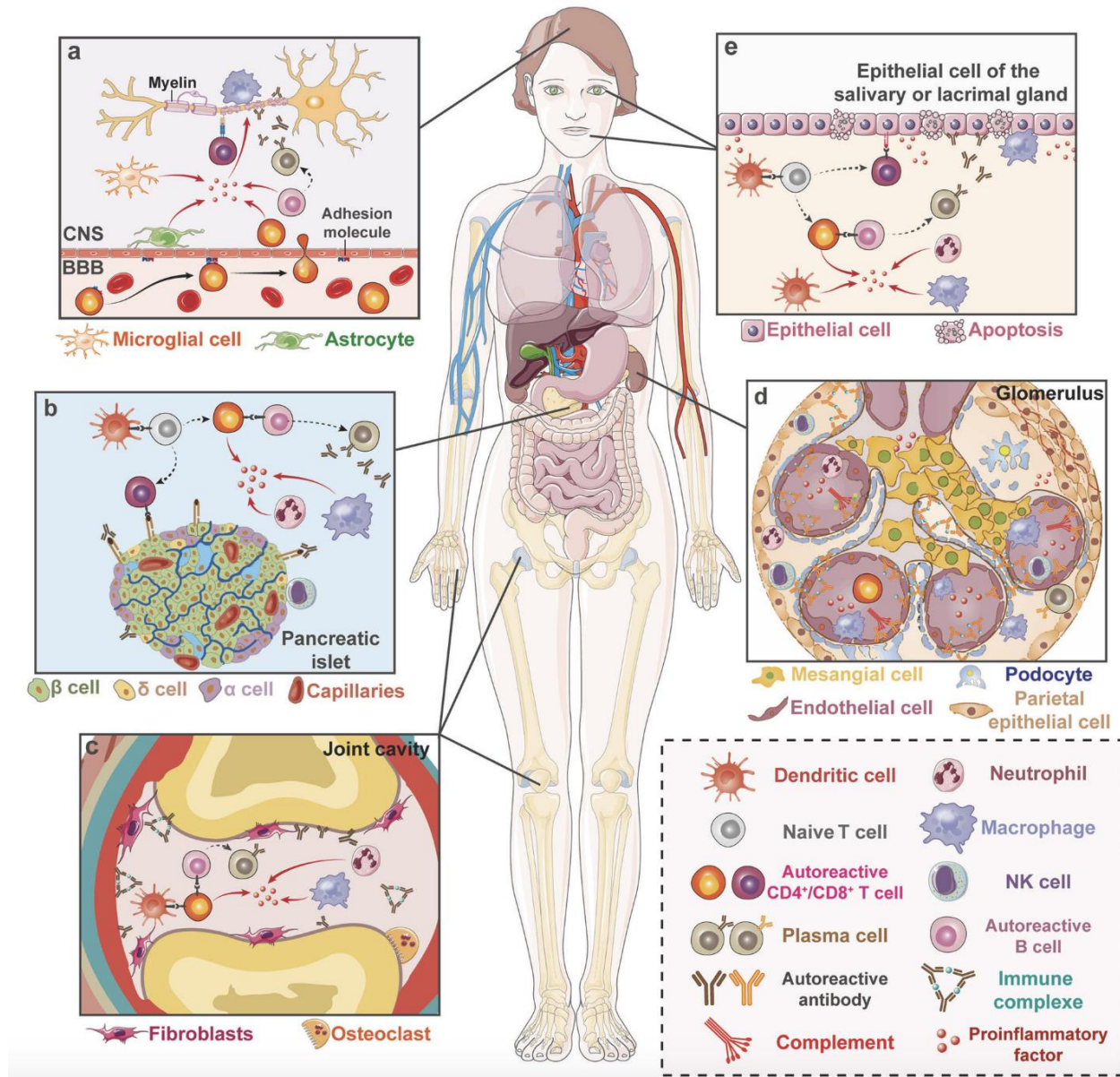
Autoimmune Disease: A Brief Introduction

AUTOIMMUNE DISEASE: THE IMPAIRMENT AND REPAIR OF THE IMMUNE SYSTEM



C.C. Whitacre, 2001

- Autoimmune diseases have been shown to affect **3–5%** of the population and become one of the most important public health problems.
- They are characterised by immune disturbances that cause the aberrant activation of autoreactive immune cells, resulting in tissue damage.



MULTIPLE ORGANS CAN BE AFFECTED AT A TIME.

A Multiple sclerosis: the brain, spinal cord, and optic nerves.

B Type I Diabetes: pancreas.

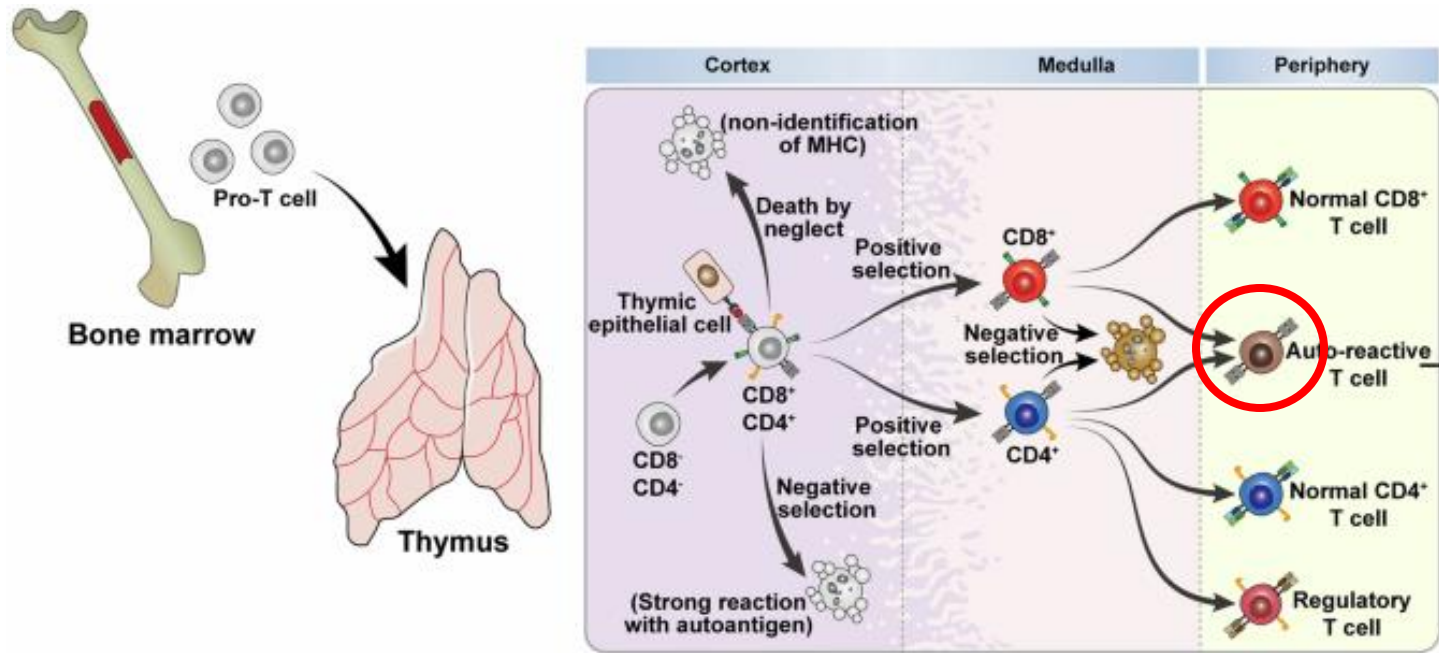
C RA: joints, lungs, heart, eyes, and skin.

D Systemic lupus erythematosus: skin, joints, kidneys, brain, and heart.

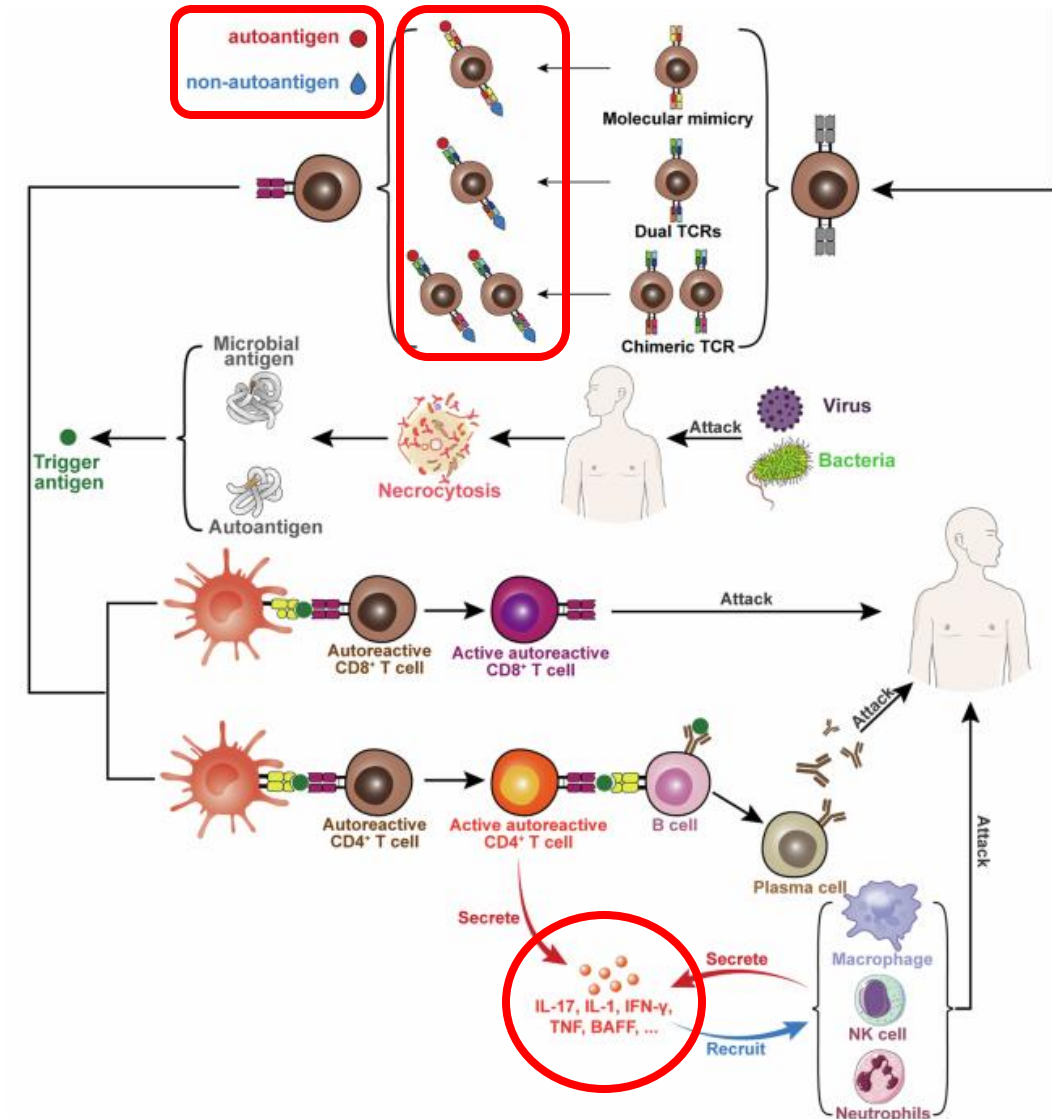
E Sjögren's syndrome: salivary and lacrimal glands, lungs, kidneys, nervous system, and skin.

How is that possible?

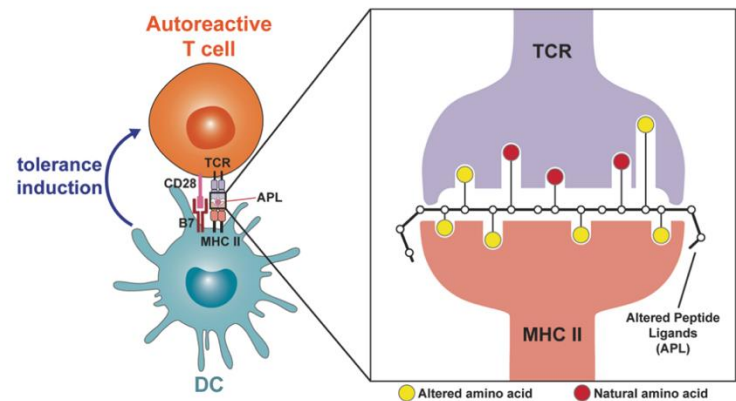
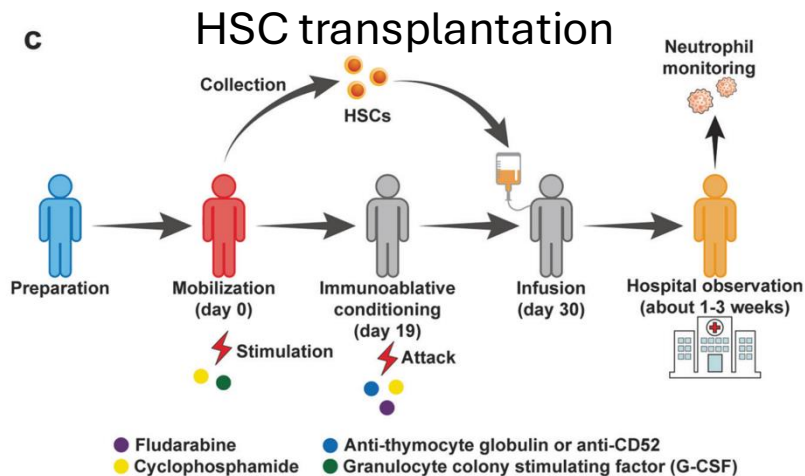
THE MECHANISMS OF AUTOIMMUNE DISEASES



- Auto-reactive immune cells that escape the negative immune selection against autoantigens get activated by trigger antigens, and start to hunt 'self'.
- The immune reaction against 'self' gets amplified when activated auto-reactive CD4⁺ T cells secrete inflammatory cytokines.

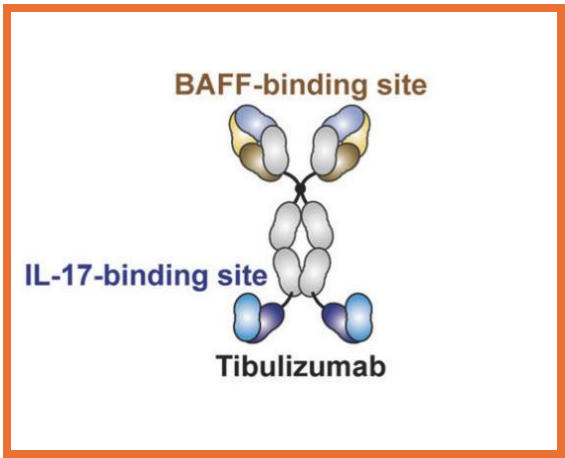
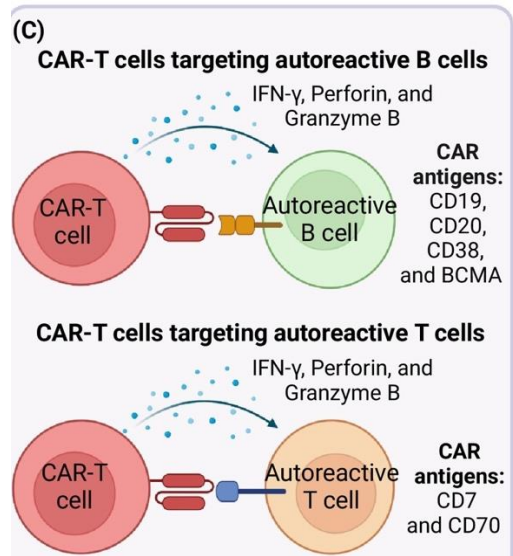


NEW THERAPEUTIC STRATEGIES FOR AUTOIMMUNE DISORDERS



Altered Peptide Ligands

Several aa substitutions in key TCR identification positions cause obstacles in the signal transmission, affecting immune activation and inducing immune tolerance.



high specificity

precision

effectiveness

Most
Frequently
Used
Solutions

From Adalimumab to FcRn Drug: Where Are We Now

FROM ADALIMUMAB TO ROSLINIMAB: THE WAY TO TARGETING OUR OWN IMMUNE SYSTEM.

1950s: Early use of immunosuppressants (e.g., corticosteroids)

1998: Approval of Etanercept and Infliximab for Crohn's disease and RA

2002: Approval of Adalimumab: first fully human anti-TNF mAb

2008: Approval of Tocilizumab targeting IL-6 receptor

2015: Approval of Secukinumab targeting IL-17

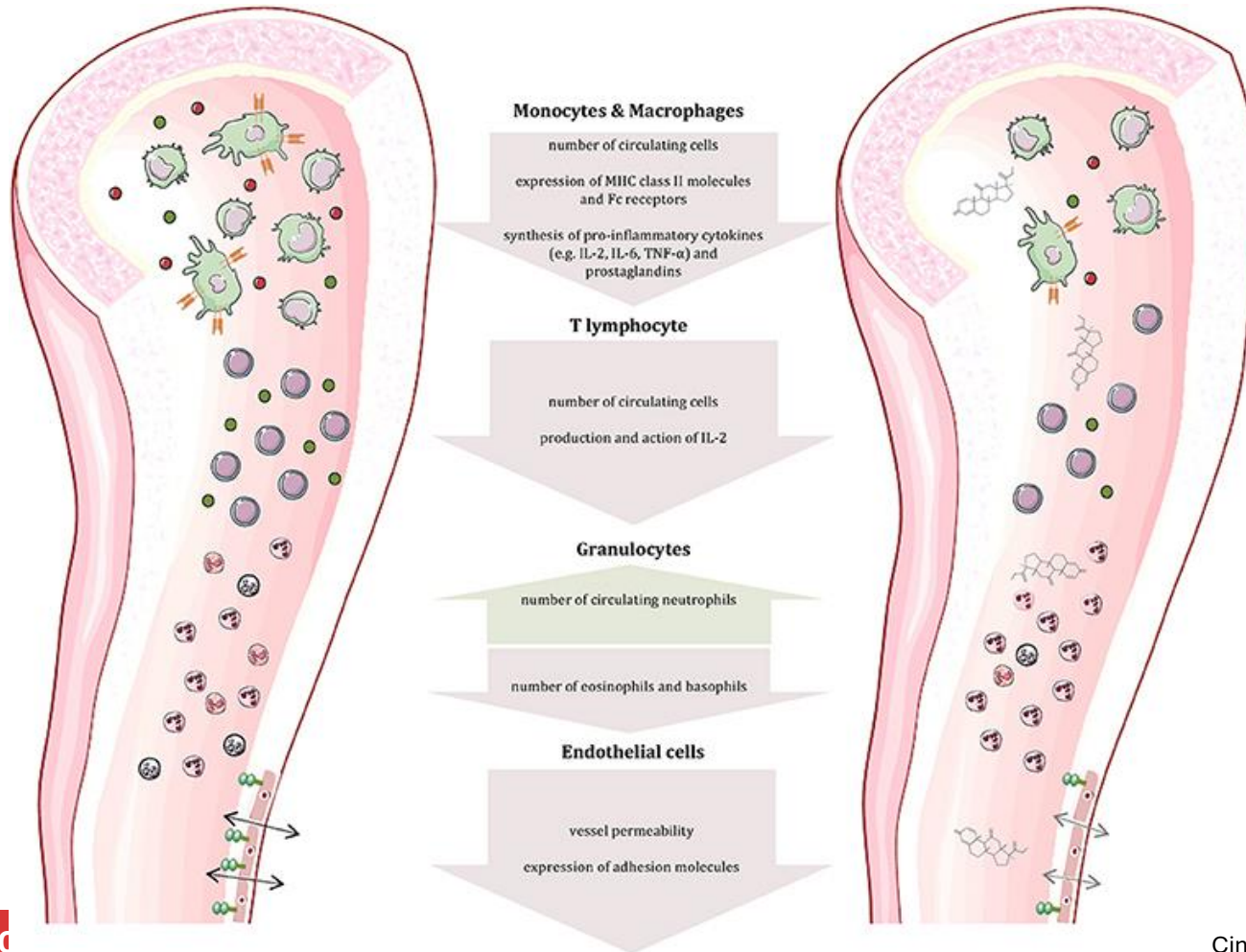
2024: CAR-T therapies explored for autoimmune disorders

2025: Novel FcRn targeting therapies (e.g., Efgartigimod) show promise



THE STRONG IMMUNOSUPPRESSIVE EFFECT OF GLUCOCORTICOIDS AND THEIR SIDE-EFFECTS

Glucocorticoids affect the number and function of immune cells.



However...

Casing swelling

High blood pressure

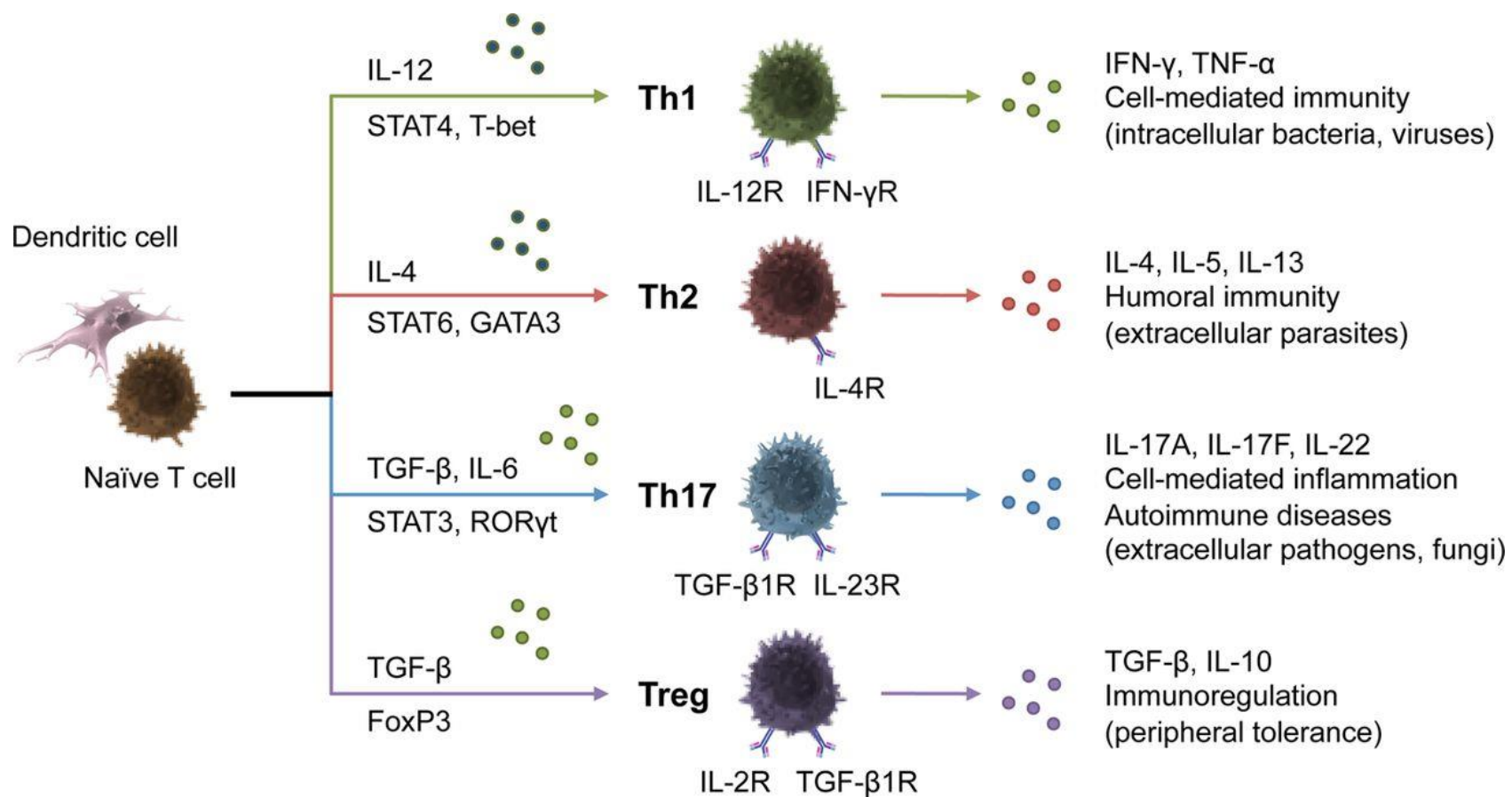
psychological effects

Upset stomach

Weight gain

Safer & More
Effective
Solutions
Required

TARGETED DRUGS: ADALIMUMAB'S ADVANTAGES AND DISADVANTAGES

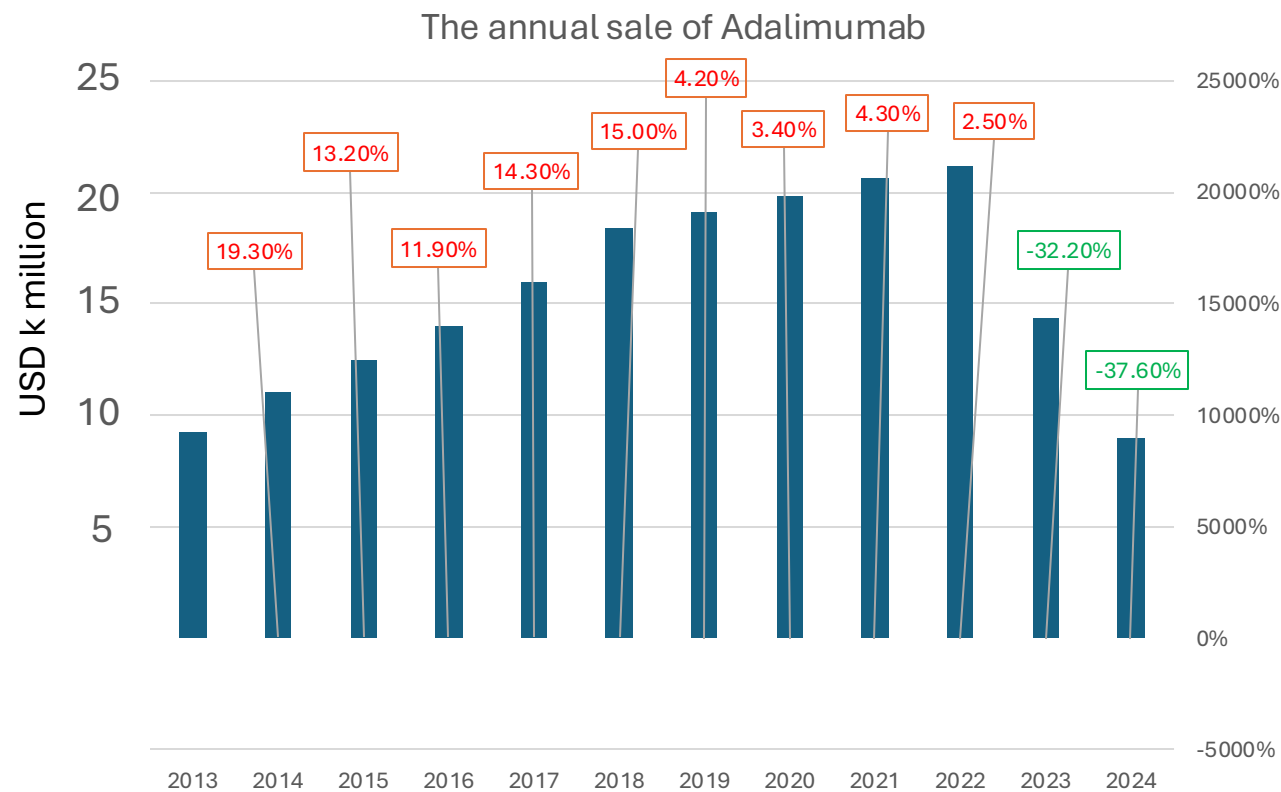


Dhavalkumar D P et al., 2012

- Distinct T-cell subsets drive the pathogenesis of autoimmune diseases.
- IL-12 promotes Th1 cells, which secrete IFN- γ and TNF- α .
- IL-6 promotes Th17 cells, which secrete IL-17A, IL-17F, and IL-22.
- Because each subset controls specific immunological pathways and is linked to particular autoimmune disorders, selectively targeting their signature cytokines offers a more precise therapeutic approach.

BIOLOGICS AGE: ADALIMUMAB'S ADVANTAGES AND DISADVANTAGES

Why do we need more targets beyond TNF- α ?



Advantages

- Effective across multiple autoimmune diseases
- Reduces inflammation quickly
- Long-term clinical experience

Disadvantages

- Immunogenicity
- Not effective in all patients
- Autoantibody development
- Risk of infections

THE RISE OF INTERLEUKIN TARGETS: TOCILIZUMAB & SECUKINUMAB

TOCILIZUMAB & SECUKINUMAB

Tocilizumab



USE

- Rheumatoid arthritis
- Giant cell arteritis
- Systemic juvenile idiopathic
- Cytokine release syndrome



INNOVATIONS OVER ADALIMUMAB

- Effective in TNF inhibitor failures
- Targets IL-6 receptor



ADVANTAGES

- IV and subcutaneous options
- Useful in CRS



DISADVANTAGES

- Risk of infections and neutropenia
- Elevated liver enzymes (transaminases)

Secukinumab



USE

- Psoriasis
- Psoriatic arthritis
- Ankylosing spondylitis
- Non-radiographic axial spondyloarthritis



ADVANTAGES OVER ADALIMUMAB

- Superior in spondyloarthritis/psoriasis



DISADVANTAGES

- Increased risk of fungal infections
- Not effective for IBD
- Injection site reactions



DISADVANTAGES

- Increased risk of fungal infections

Drug	Target	Target Disease
Adalimumab	TNF-α	Broad inflammatory cytokine – central in many autoimmune diseases
Tocilizumab	IL-6 receptor	Key cytokine in RA, CRS, and systemic inflammation
Secukinumab	IL-17A	Central in psoriasis and spondyloarthropathies

Yuji Y et al., 2014; Fcharztmagazine 2020; Dennis G M et al., 2019

- Tocilizumab and Secukinumab offer greater specificity, alternative mechanisms of action, and effectiveness in TNF-refractory cases.

THE DEVELOPMENT OF BISPECIFIC mAb DRUGS

Rising trend of bispecific mAb drug development

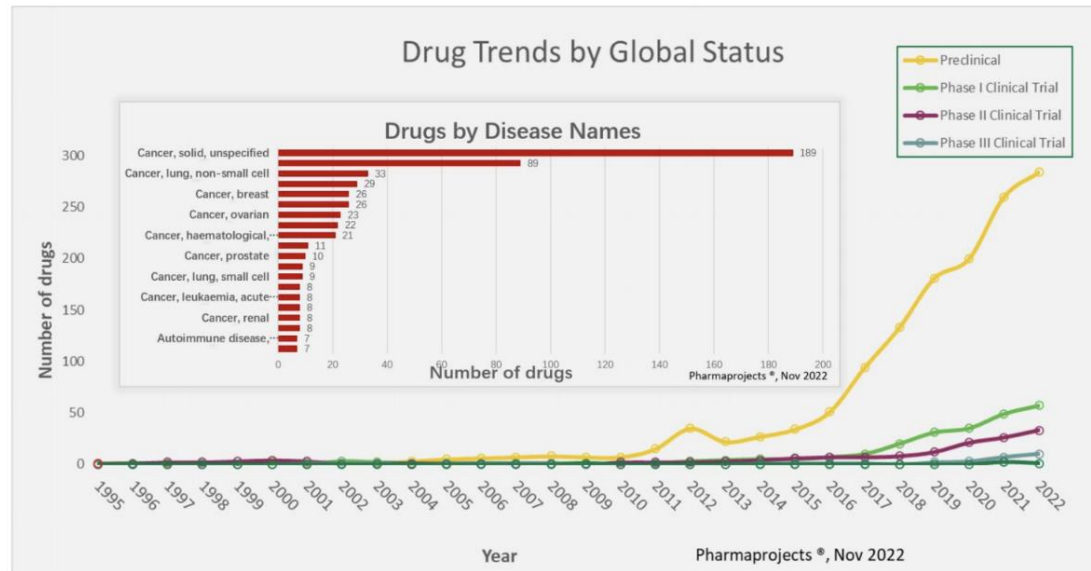
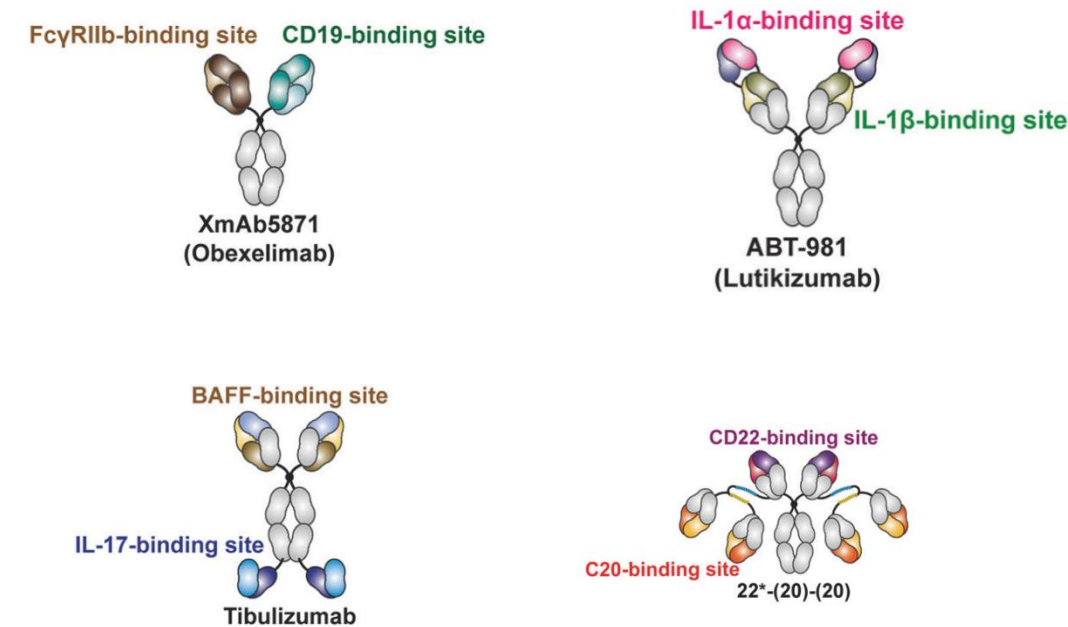


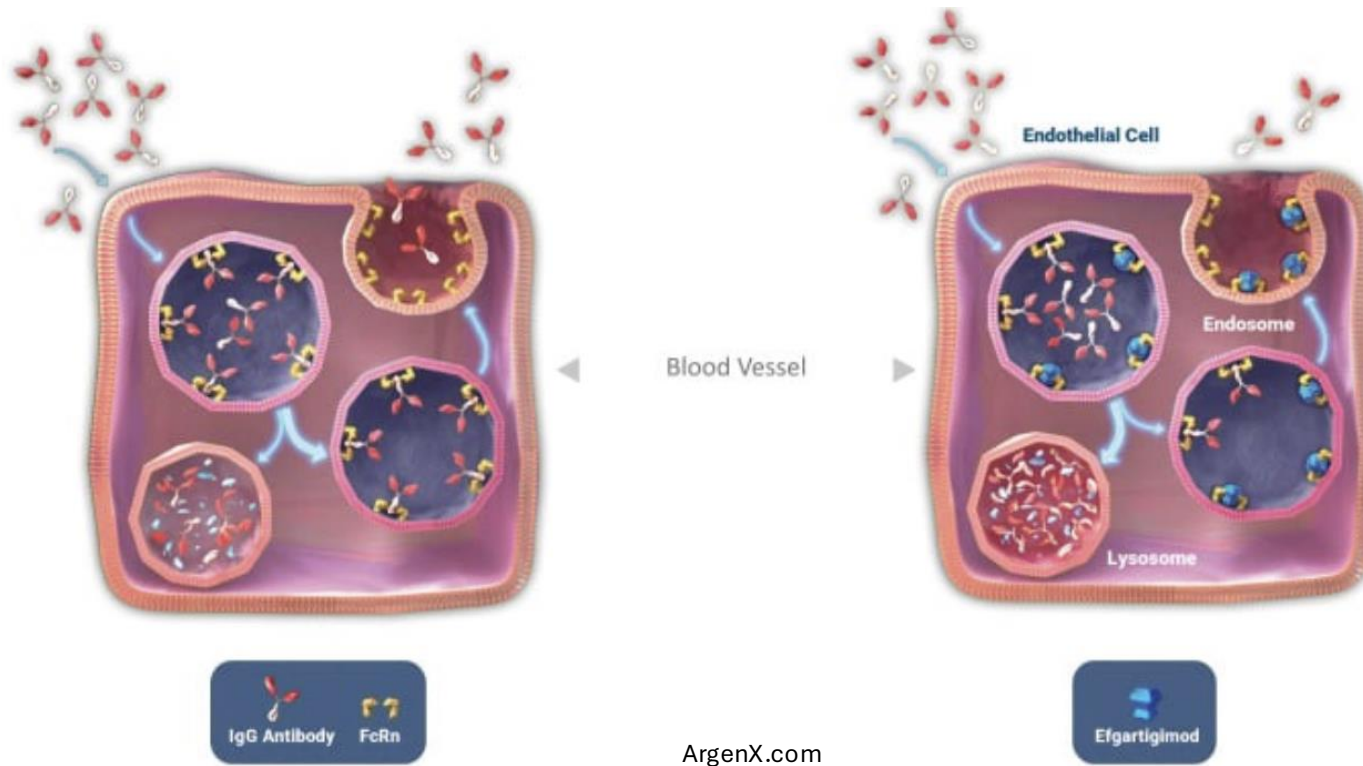
Figure 1. Trends from 1995 to 2022 for the development of bsAb drugs across the globe. (insert) bsAb target disease categories.

- **Dual targeting improves specificity and efficacy**, allowing simultaneous modulation of two disease-relevant pathways.
- **Potential to reduce immune overactivation more precisely** than single-target agents.
- **Lower doses may be effective**, reducing toxicity and improving safety.



FcRn DRUGS TO REDUCE AUTOANTIBODIES

Taking Efgartigimod as an example



Efgartigimod is a neonatal Fc receptor (FcRn) antagonist. It reduces the recycling of IgG and thereby lowers pathogenic autoantibodies.

The administration of Efgartigimod leads to a rapid and selective reduction in **IgG** levels without affecting other immunoglobulins or immune cells.

The mAB Drug Discovery & Manufacturing Pipeline

THERAPEUTIC mAb DISCOVERY WORKFLOW

1. Target Identification & Validation

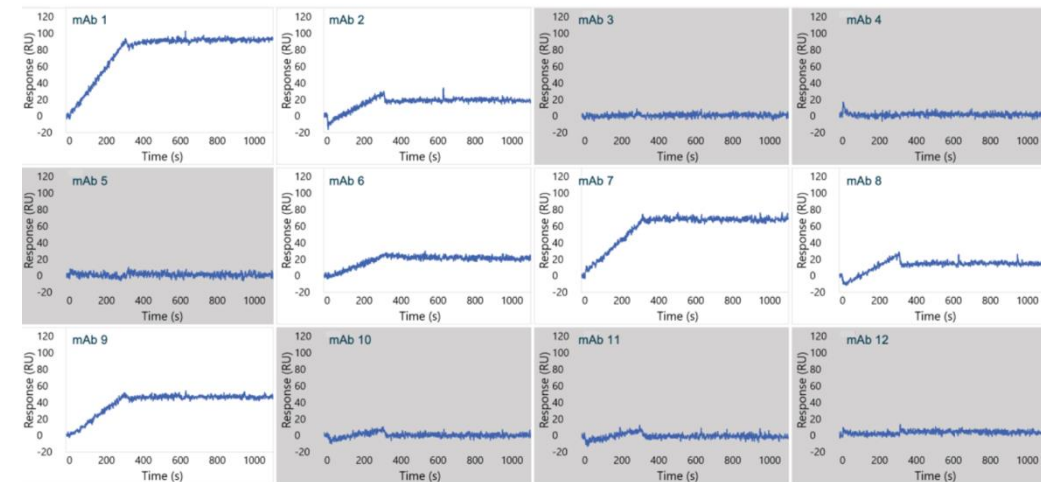
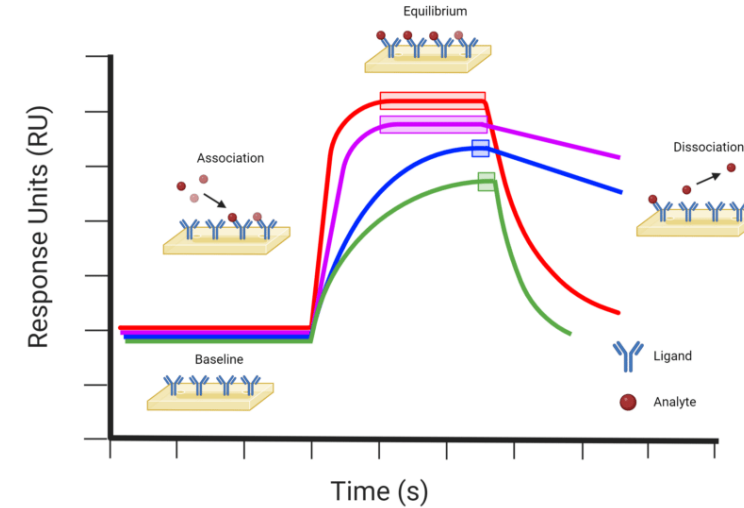
- Select a **disease-relevant antigen** (e.g., receptor, cytokine).
- Validate its role using genomics, proteomics, or functional assays.

2. Immunisation / Antibody Generation

- You can **immunise animals** (typically mice) with the target antigen or use phage display libraries to generate a wide variety of antibody candidates.

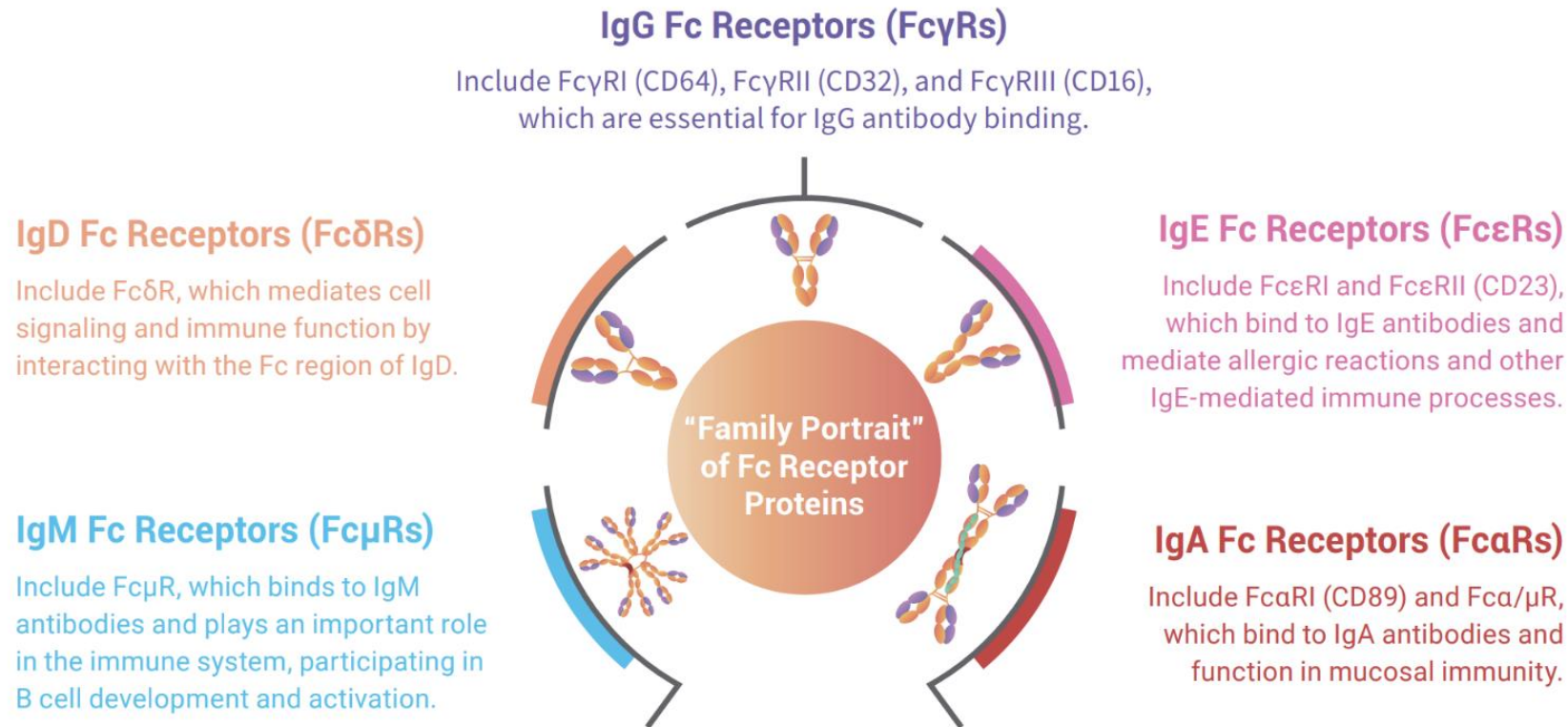
3. Screening & Selection

- Use ELISA, flow cytometry, or high-throughput platforms to identify high-affinity antibodies specific to the target.



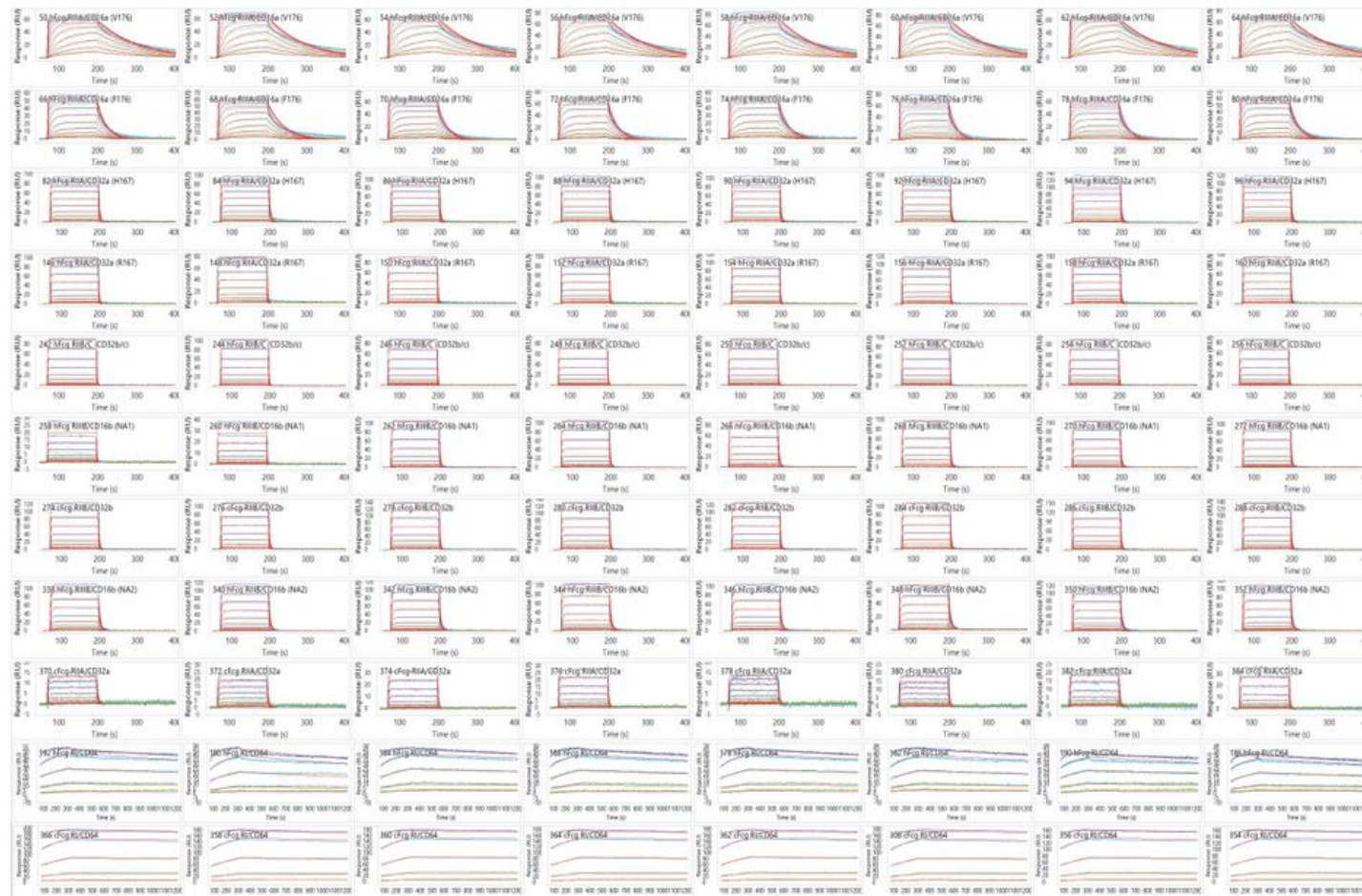
The figure shows representative sensorgram profiles of mAbs binding to CCR5. Note the avidity-driven kinetics exhibited by the very slow dissociation rate, and the sensitivity presented by the lack of binding in certain clones shown in the grey panels.

CHECKING THE EFFECT OF THE ANTIBODY DRUGS WITH SPECIFIC BINDING TESTS



The effects of antibody drugs often depend on the interaction of their Fc segment with Fc receptor proteins on target cells. This interaction can trigger a series of signal transduction processes such as antibody-dependent cell-mediated cytotoxicity (ADCC), antibody-dependent cellular phagocytosis (ADCP), and complement-dependent cytotoxicity (CDC), thus achieving the biological functions of antibody drugs such as immunomodulation and cell killing.

REAL-LIFE EXAMPLE 3: HT-SPR EVALUATION OF FC-GAMMA RECEPTORS (FcγRs) BINDING



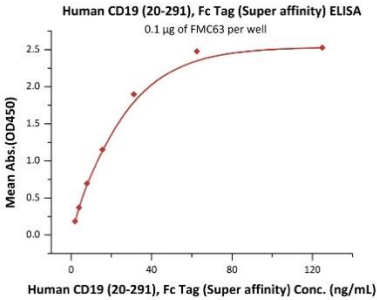
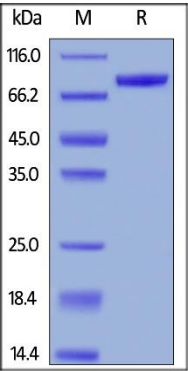
- FcγRs act as the primary method of cell signalling between IgG antibodies and our immune systems.
- The figure illustrates HT-SPR data **uniformity across replicate** FcγRs for both slow and rapid interactions, demonstrating how high-quality reagents and robust assay design can result in highly confident measurements.

Figure 3. Binding profiles of trastuzumab against a panel of 11 FcγRs with 8 replicates of each.

RECOMBINANT PROTEIN ANALYTICAL METHODOLOGY

High Purity

>90% as determined by SDS-PAGE.

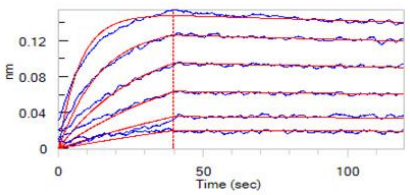


Verification by ELISA

Immobilized FMC63 at 1 µg/mL (100 µL/well) can bind Human CD19 (20-291), Fc Tag with a linear range of 1-31 ng/mL

Affinity by SPR

Human CD19 (20-291), Fc Tag can bind FMC63 MAb (mouse IgG2a) with an affinity constant of 0.17 nM as determined in a SPR assay (Biacore T200).

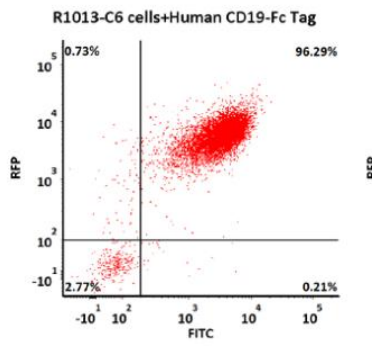
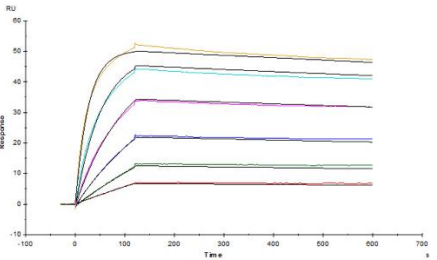


Binding Activity

The data showed that the expression level of anti-CD19 scFv on the surface of anti-CD19-CAR 293 cells was 96.29%.

Affinity by BLI

Human CD19 (20-291), Fc Tag can bind MC63 MAb (mouse IgG2a) with an affinity constant of 0.483 nM as determined in BLI assay (ForteBio Octet Red96e).



» Verified by ELISA, SPR, BLI, etc.

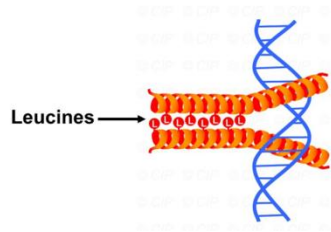
» High Sensitivity & Specificity

» Stable with lot-to-lot consistency

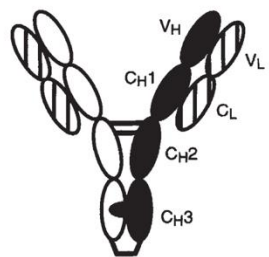
» Near-native or native Protein Conformations

REAL-LIFE EXAMPLE 2: IL-2 RECEPTOR COMPLEX

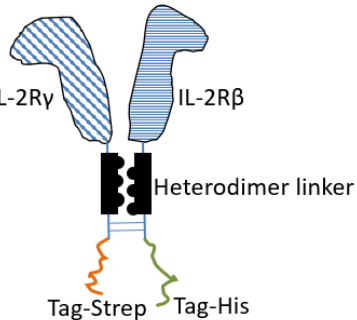
Leucine zipper



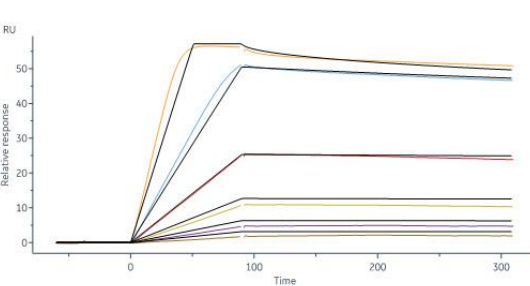
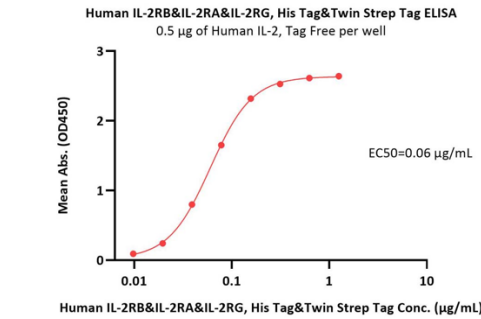
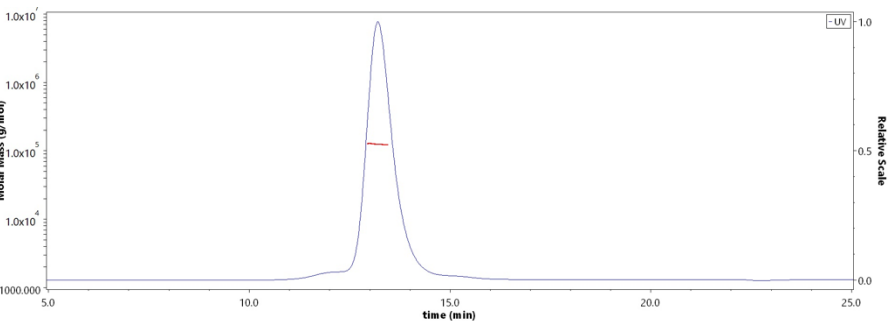
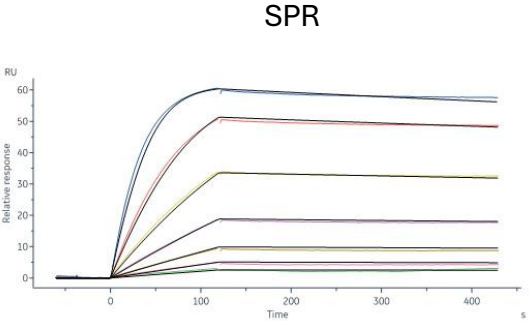
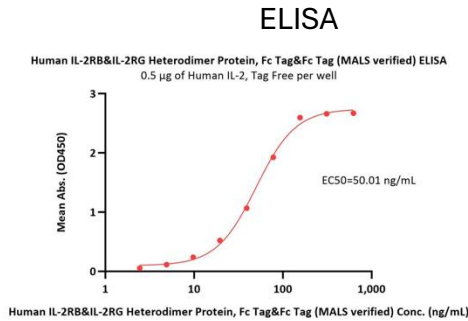
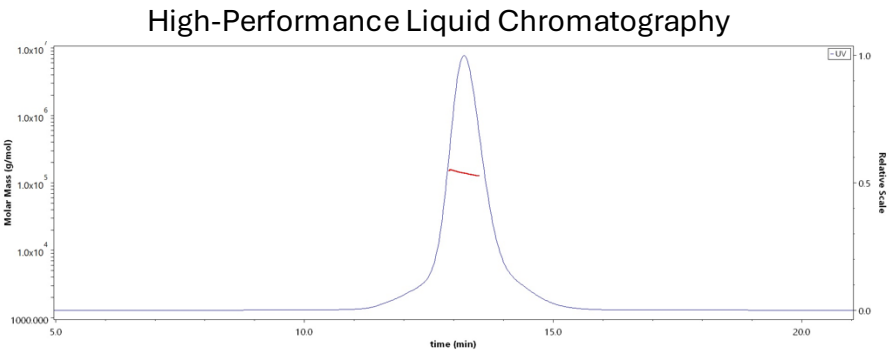
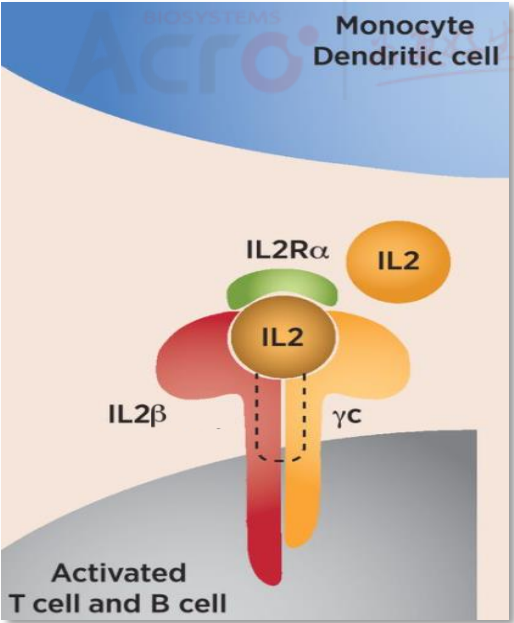
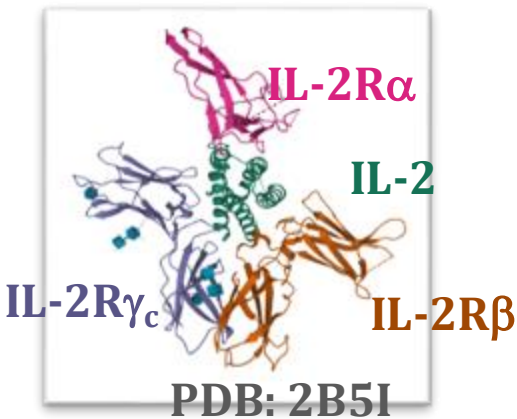
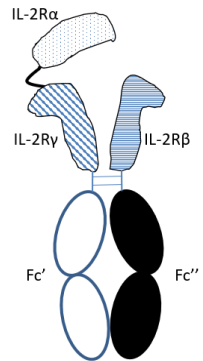
Fc-Knob into hole



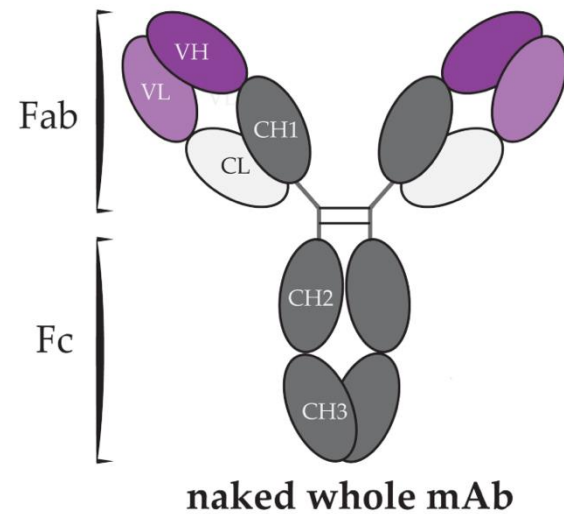
IL-2 R beta & IL-2 R gamma Heterodimer



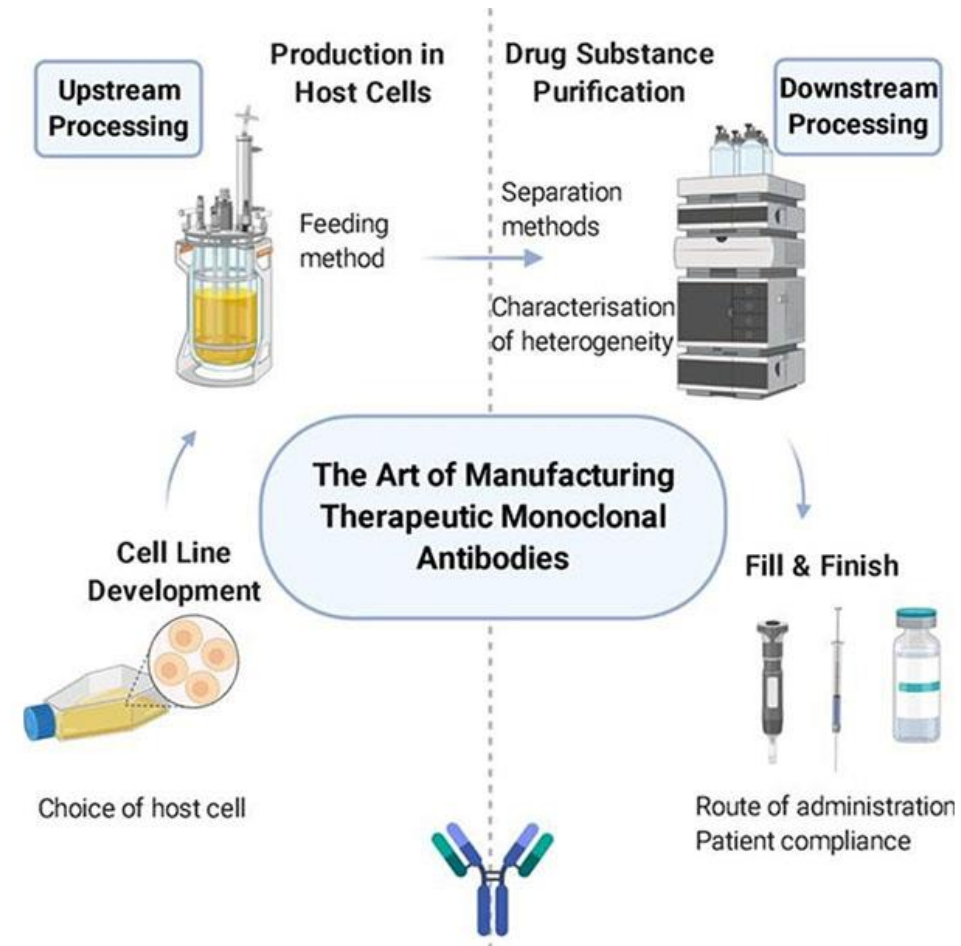
IL-2 R beta & IL-2 R alpha & IL-2 R gamma



THE INTACT PROCESS OF THERAPEUTIC ANTIBODY PRODUCTION STARTS WITH CELL LINE OPTIMISATION



A whole mAb consists of an antigen-binding fragment and a crystallisable fragment.



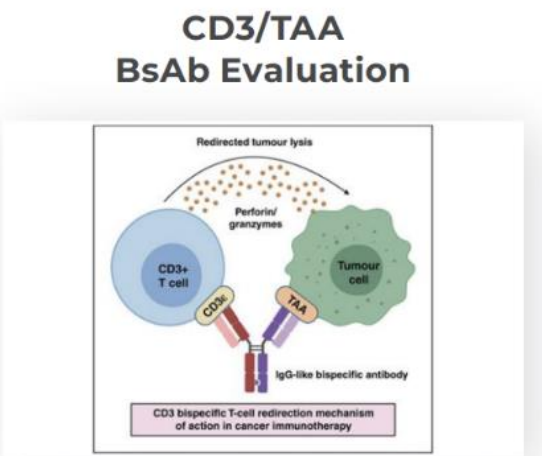
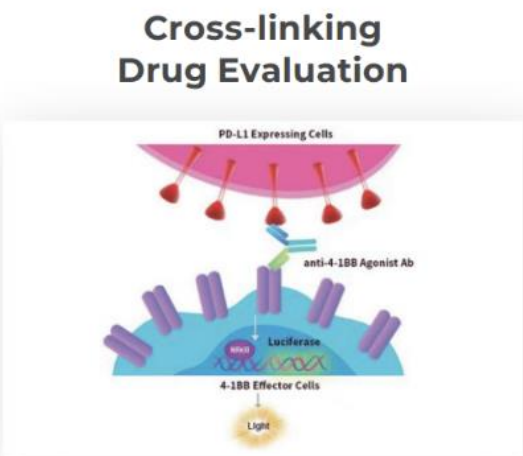
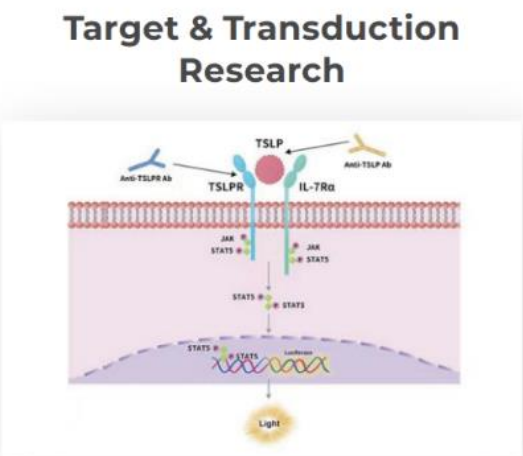
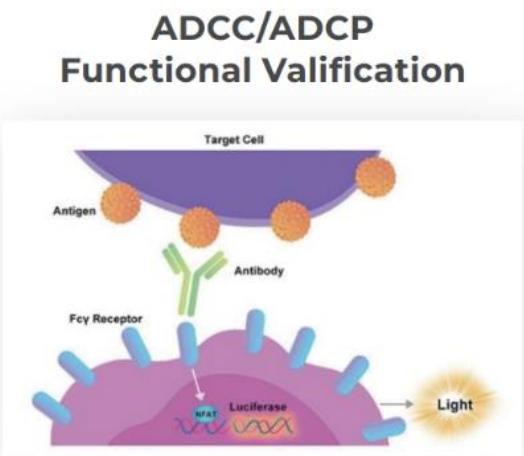
Stefania C. Carrara et al., 2020

USE FUNCTIONAL CELL LINES FOR QUALITY CONTROL



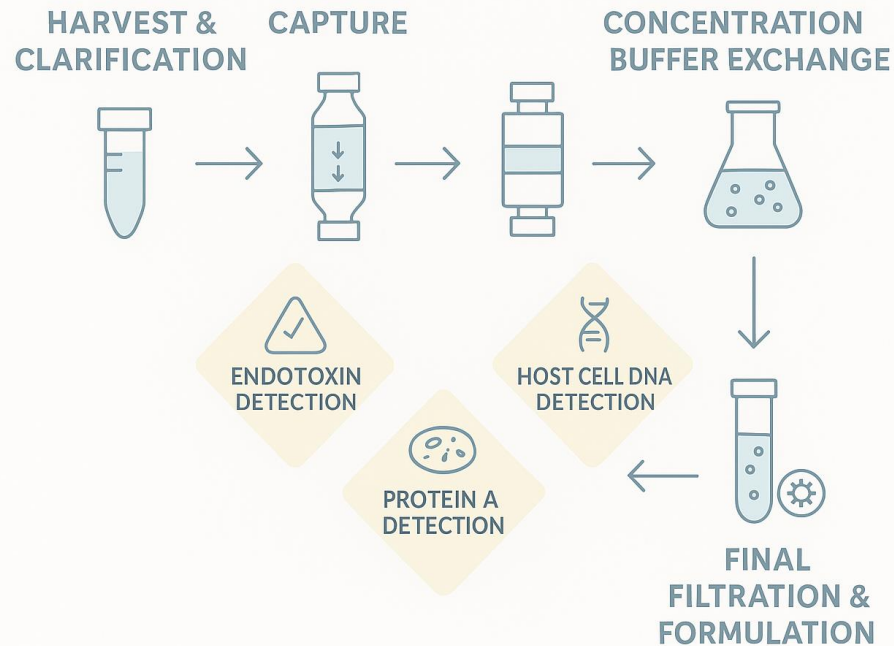
M M Zhu et al., 2017

The use of reporter cell lines for production evaluation



DOWNSTREAM PURIFICATION & QUALITY CONTROL

Purification & safety tests



- The downstream process of therapeutic antibody production includes harvest, protein A affinity capture, polishing chromatography, ultrafiltration/diafiltration, and sterile filtration before final formulation and fill-finish.
- Core purification steps (e.g., Harvest, Capture, Polishing, UF/DF, Filtration)
- Critical analytical/detection checkpoints:
 - Endotoxin Detection
 - Host Cell DNA Detection
 - Protein A Detection
 - HCP Detection
 - Viral Clearance

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