Standardization Activities of the Paul-Ehrlich-Institut

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National and International Integration

Federal Ministry of Health and Social Security



PEI

Paul-Ehrlich-Institut

Federal Agency for Sera and Vaccines

BfArM

Federal Institute for Medicines and Medical Devices

BzgA

Federal
Centre for
Health
Education

DIMDI

German
Institute for
Medical
Documentation
and
Information

RKI

Robert Koch Institute

and:

BVA
(Federal Social
Insurance
Authority)
BSG
(Federal Social
Court)

EMEA:

European Medicines

Evaluation Agency



CHMP:

Committee for Medicinal Products for Human Use

CVMP:

Committee for Medicinal Products for Veterinary Use



Tasks of the Paul-Ehrlich-Institut

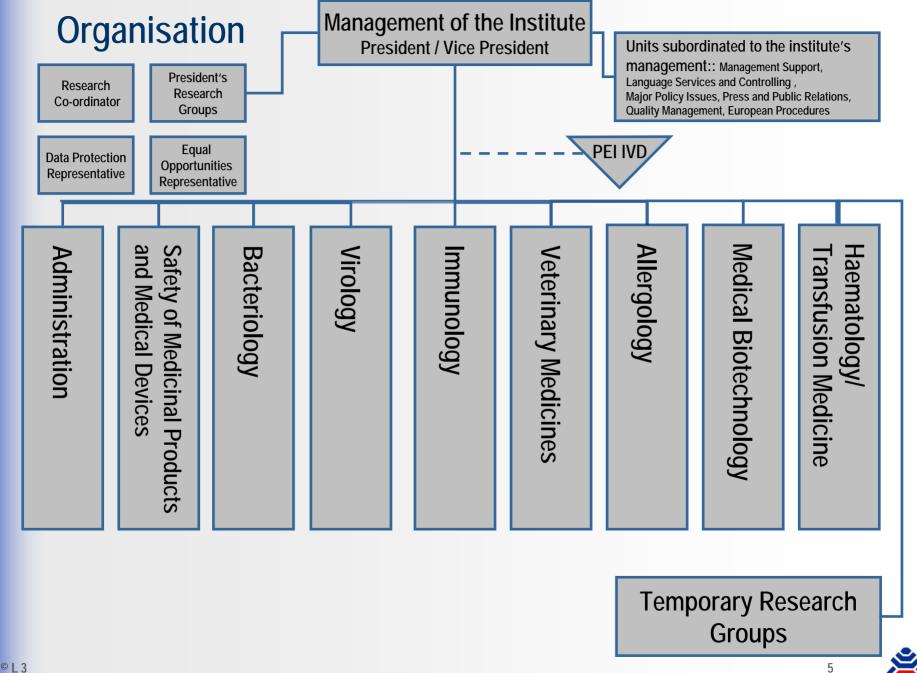
- Granting of the marketing authorisation (medicinal products for human use)
 - Vaccines and sera
 - Blood and blood products
 - Allergens (test and therapy allergens)
 - Gene transfer medicinal products
 - Somatic and xenogeneic cell therapy products
- Batch release
 - Vaccines and sera
 - Allergens
 - Blood products
 - Plasma pools





Post marketing surveillance





Paul-Ehrlich-Institut

- The PEI employs approx. 630 staff members
- Out of these, approx. 200 work as scientists

 The PEI processes more than 200 marketing authorisations and 7,000 batch tests/year.



History of the Paul-Ehrlich-Institut

1972: The PEI becomes a senior federal authority

1994: Responsibility for blood and blood products

2000: IVD test laboratory (CE)

2004: GCP Directive



1896: Institute for Sera Examination & Sera Research



1906: Georg-Speyer-House

1900



1899: Royal Institute of Experimental Therapy



1947: Paul-Ehrlich-Institut



1993: PEI in Langen



today



Tasks of the Paul-Ehrlich-Institut on the IVD field

National Drug Law



1972 - 2000

 Approval, batch testing and post marketing surveillance of in vitro diagnostic devices (high and medium risk infectious markers)

IVD Directive (IVDD)



Since 2000

- IVD test lab for Annex 2 List A, (B) markers
 - Evaluation studies
 - Verification of manufactured products



Standardization Tasks of the Paul-Ehrlich-Institut

Law on the establishment of a Federal Agency for Sera and Vaccines (07/11/1972)

Article 1

-
- Development of standard preparations for biologicals
-

1972 – 2005 Development of numerous PEI standards

- Immunoglobulins, vaccines
- Allergens
- IVDs
 - Serological assays: HBsAg, anti-HBc, anti-HCV, anti-HIV-1/2,...
 - NAT assays



Need for NAT standardization

- Virus transmissions by blood and blood products
- Sensitive NAT methods
- Manufacturer-defined unitages (copies, genome equivalents, ...)
- Regulations (HCV NAT) defining minimal sensitivity

 Common Technical Specifications (CTS) of IVDD refer to International Standards



Standardization Activities of the PEI

NAT standardization

- WHO International Standards (SoGAT)
- Biological Reference Preparations (EDQM)
- PEI Reference Preparations



NAT standardization: Biological standards

- WHO International Standards (SoGAT)
 - HCV RNA, HIV-1 RNA, HBV DNA
 - B19V DNA, HAV RNA
- Biological Reference Preparations (EDQM)
 - PEI as Project Leader for establishment of BRPs for HCV RNA and B19V DNA
- PEI Reference Preparations
 - HCV RNA, HIV-1 RNA, HBV DNA



NAT standardization

- WHO International Standards (SoGAT)
 - IU/ml
 - For calibration of secondary standards
 - For calibration of assays (CTS)
 - Validation studies
- Biological Reference Preparations (EDQM)
 - Calibrated against WHO IS (IU/ml)
 - NAT testing performed as OMCL (plasma pools)
- PEI Reference Preparations
 - Calibrated against WHO IS (IU/ml)
 - Validation of blood screening and diagnostic assays
 - Run controls for blood screening in-house assays
 - Verification of manufactured products (PEI-IVD)



NAT standards: Desired Features

- Suitable for all NAT methods: PCR, TMA, NASBA, branched DNA,
- Suitable for standardization of extraction, amplification and detection
- Cover measuring range of quantitative NATs
- Reflect target material (as far as possible)
- One common unitage
- Feasibility of replacement



Establishment of an European Pharmacopoe Biological Reference Preparation for HCV RNA

Background

- CPMP requirement for plasma pool HCV NAT
- OMCLs confirm manufacturer's testing (batch release)
- Need for a common reference material



WHO IS (96/790)	BRP Candidate Material				
HCV RNA pos plasma					
HCV genotype I					
anti-HCV pos	anti-HCV neg				
diluted in neg plasma pool					
100,000 IU/mI	4,000 – 10,000 geq/ml				
freeze dried (0.5 ml)					



Collaborative calibration study

26 Participants (Europe, USA)

OMCLs (9)

Plasma derivatives manufacturers (11)

Diagnostic labs (6)



Collaborative calibration study

- * Calibration against WHO standard
- * Assignation of unitage (IU/ml)
- * Suitability for OMCLs' plasma pool testing

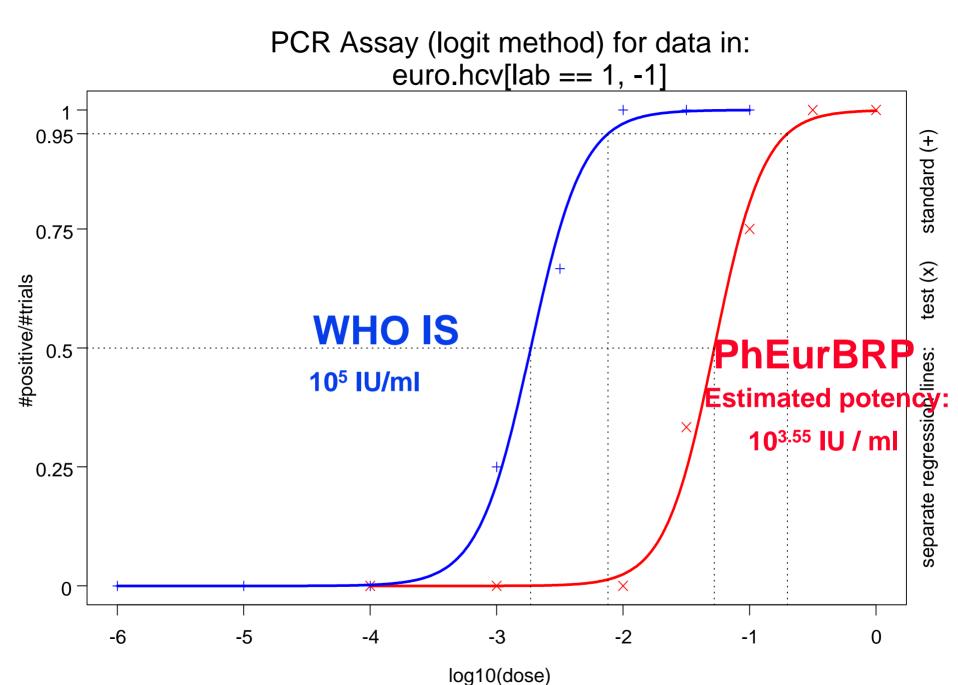


Collaborative calibration study

Protocol

- * 4 vials of candidate material and WHO IS
- * Routine NAT
- * Dilution series (0.5 log₁₀) around end point
- * Statistical evaluation, potency calculation
- * Independent from methodical sensitivities





PEI, Tue Mar 9 15:04:02 1999

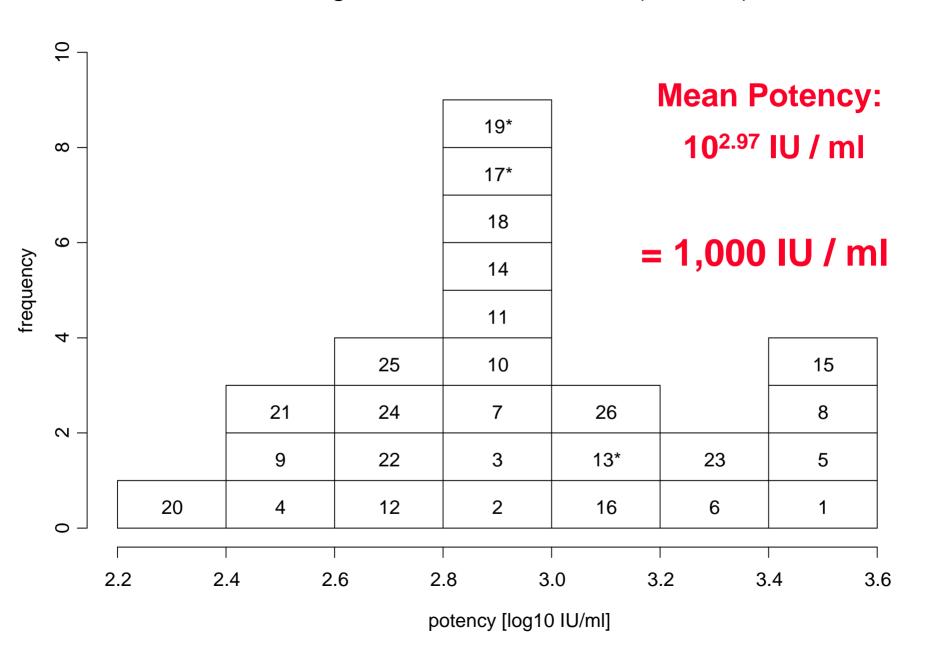
Collaborative calibration study

Results

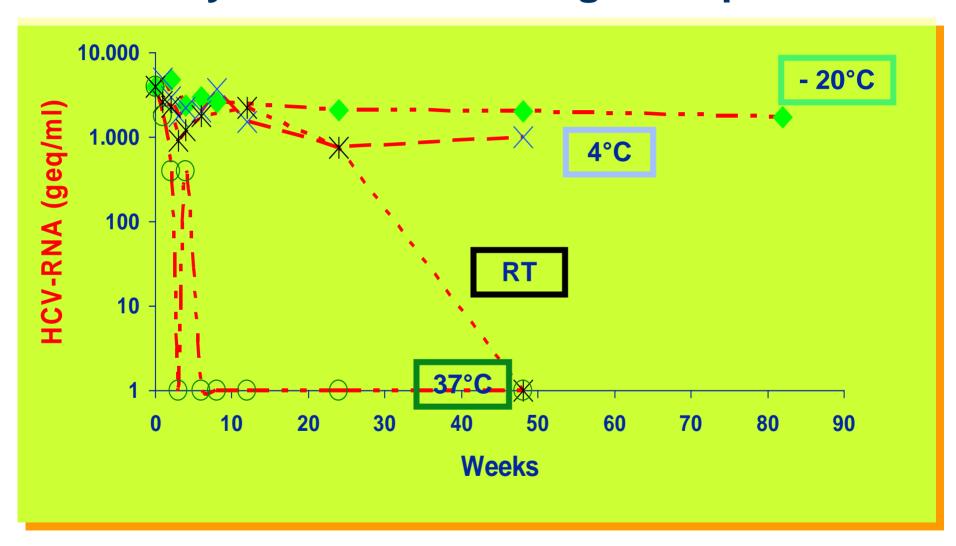
- * 26 "valid" data sets
- * 23 parallel curves, 3 non-parallel curves
- * Mean estimated potency 10^{2.97} IU / ml for PhEurBRP (independent from inclusion of non-parallel curves)



histogram of all laboratories (Eur.Ph.)



Ph. Eur. BRP HCV RNA Stability at Different Storage Temperatures



Standardization Activities of the PEI

06/06/2005

PEI becomes WHO Collaborating Centre for Quality Assurance of Blood Products and in vitro Diagnostic Devices

10/27/2005

WHO Expert Committee on Biological Standardization (ECBS) Approval of PEI Work Plan on e.g.

- HBV DNA and HBsAg genotype (A-H) panel
- Anti-HCV mono-specific antibodies panel
- Anti-HBc IS
- Network training on IVD regulatory issues



NAT International (Biological) Standards

- Inherent variability (biologicals)
- Unknown extent of variability
- No traceability to SI units
- Arbitrary units
- Replacement standards difficult to calibrate

NAT Methods

- Different principles
- High variation, fast improvements
- No "reference method"



Reference System

.... consists of

Reference Material

Reference Method

Reference Laboratory

.... provides

Traceability, e.g. to SI units

Quantification of Uncertainty



Reference System for next generation NAT Standards

.... could consist of

* Reference Material

Well-characterized synthetic Nucleic Acid:

Plasmids, in-vitro transcripts

Which sequences? Which geno/subtypes?

* Reference Method

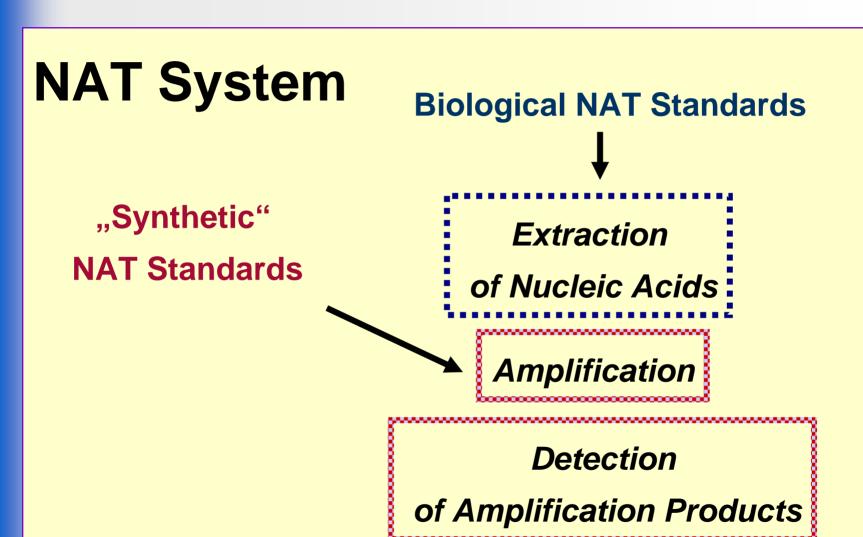
NAT-independent quantitation method (SI units)

e.g. phosphate quantitation, OD, dephenylamine measurement

* Reference Laboratory

Qualification?







NAT Standardization

European Study Group on Viral Hepatitis (EUROHEP) Standardization of laboratory methods (Report from 1994)

- Quality control of HBV detection methods
- Quantitation of HBV DNA in two Eurohep reference plasma preparations
 - Proof of the NAT method (using rHBV DNA)



NAT Standardization: Synthetic Material

rHBV DNA (Chrion): Certificate of analysis

- HBV genomic fragment of subtype adw2 (3200 bp cloned)
- purification check (High Performance Capillary Electrophoresis and agarose gel)
- Quantitation of the purified fragment (optical density at 260 nm, phosphate analysis, and diphenylamine measurement)
- Quantitation in µg/mL



NAT Standardization: Synthetic Material

Titration of recombinant HBV DNA using nested PCR (limiting dilution)

Dilution	HBV DNA (10 μl)	HBV geq (10 µl)	PCR Positive	
10 ⁻⁷	100 ag	29	6/6	
10 ⁻⁸	10 ag	2.9	6/9	
10 -9	1 ag	0.29	1/7	

rHBV DNA (Chiron Corp., 2 μ g HBV DNA/ml) = 5.80 x 10¹¹ HBV geq/ml

 PPU_{50} (maximum likelihood): $10^{8,22\pm0,34}$ /10µl = 2.32 x 10¹¹ HBV geq/ml



Synthetic NAT Standards

- Standardization of amplification/detection procedures
- Geno/subtype-specific
- Would fulfill criteria of JCTLM (traceability to SI units)
- On-going studies (IVD manufacturer)
- Open question: Standardization of the whole NAT procedures?
 - Including sample preparation = viral nucleic acid extraction
 - Synthetic standards don not represent the complete virus



Thank you for your attention!



	10 ⁻¹	10 ^{-1.5}	10 ⁻²	10 ^{-2.5}	10 ⁻³	10 ^{-3.5}
WHO IS	+ + + +	+ + + +	+ + + +	+ + + +	+ + - +	+
PhEur	+ + + +	+ + + +	- + - +	+-		

