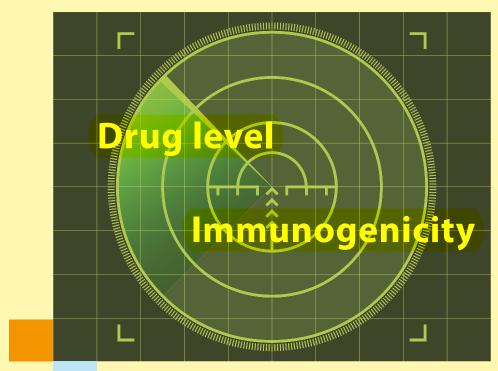
# TNF $\alpha$ -Blocker-Therapy Everything under control?



# **Individual Monitoring Facilitates Therapy Management**

### TNF $\alpha$ -Blocker-Monitoring ELISAs

- For drug level analysis in serum
- Specific determination of different TNF $\alpha$ -Blocker (e.g. Remicade®, Humira®)
- High sensitivity

#### TNF $\alpha$ -Blocker-ADA ELISAs

- For the detection of anti-drug-antibodies (ADA)
- Determines immunogenicity of e.g. Remicade®, Humira®, or Enbrel®
- No co-determination of rheuma factors or irregular antibodies





# TNF $\alpha$ Blocker Therapy Monitoring

# Determination of individual drug-efficiency in chronic inflammatory diseases

#### TNF $\alpha$ - key player of chronic inflammations

Tumour Necrosis Factor alpha (TNF $\alpha$ ) belongs to the pro-inflammatory cytokines that encourage and uphold infections. Cytokines, produced by macrophages and T-cells, play a central role in both acute and chronic infections. TNF $\alpha$  concentration is elevated in a variety of chronic inflammatory diseases (e.g. rheumatic diseases or Crohn's disease) which obviously affects pathogenesis and clinical course of these illnesses.

The overproduction of TNF $\alpha$  can be inhibited by TNF $\alpha$  blockers (anti TNF $\alpha$ -antibodies). Infliximab (Remicade®) and Adalimumab (Humira®) for example are applied in the clinical therapy of chronic inflammations and are approved for the treatment of rheumatoid arthritis. In addition, Infliximab is approved for the treatment of Crohn's disease, ankylosing spondylitis, psoriasis and psoriatric arthritis).

#### TNF $\alpha$ - Blocker drug level and immunogenicity: The two most influencing parameter of therapy success

The long term effectiveness of TNF $\alpha$  Blockers in chronic inflammations is strongly influenced by bioavailability, pharmacokinetics and immunogenicity of the agents. In individual therapy management, these parameters can be governed by dosage variation, choice of compound and, if indicated, additional treatment with immunosuppressants. The goal is to optimally adjust the therapy to the clinical course of an indivdual patient and to reduce adverse effects.

An important tool to assess therapy efficiency is the determination of TNF $\alpha$  Blocker serum level (Seow et al., 2009; Bendtzen et al., 2009). Especially monitoring of the trough level is indicated to ensure an adequate drug concentration in the circulation and to adjust the dosage if necessary.

Furthermore, TNF $\alpha$  Blocker may exhibit individually varying grades of immunogenicity which affect efficiency and can lead to hypersensitivity and adverse effects. Some patients for example generate antibodies against TNF $\alpha$  Blocker (Anti-Drug-Antibodies, ADA), which impede drug activity and may cause severe allergic reactions. A concommittant therapy with immunosuppressants can reduce antibody formation but is not always indicated (Radstake et al., 2008; Ainsworth et al., 2008; Baert et al. 2007; Bender et al., 2006).

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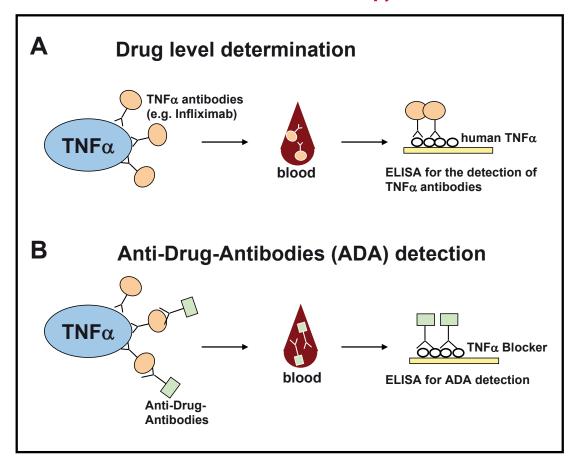
#### Two ELISA-Systems enable personalized therapy monitoring

Immundiagnostik offers adequate tools for the individual monitoring of a TNF $\alpha$  Blocker-therapy:

Our ELISAs for the quantitative determination of the drug level (e.g. Remicade®, Humira®, s. Fig. A) permits the assessment of bioavailability and our ELISAs for ADA-detection provide information on the immunogenicity of the respective  $TNF\alpha$ -Blocker (e.g. Remicade®, Humira®, Enbrel®, s. Fig. B).

These assays are therefore an ideal combination for effective therapy monitoring and control and ultimately enable the implementation of a comprehensive, successful therapy with reduced side effects.

#### $\rightarrow$ Double control of TNF $\alpha$ Blocker therapy with 2 ELISAs $\leftarrow$



#### Literature

- Seow et al. (2009) Gut, publ. online, doi:10.1136/gut.2009.183095
- Bendtzen et al. (2009) Scand J Gastroenterol 44:774-781
- Radstake et al. (2008) Ann Rheum Dis, publ. online, doi:10.1136/ard.2008.092833
- Ainsworth et al. (2008) Am J Gastroenterol 103:944-948
- Baert F et al. (2007) Acta Gastroenterol Belg. Apr-Jun;70(2):163-70
- Bender N et al. (2006) Rheumatol Int, publ. online, doi:10.1007/s00296-006-0183-7

## $TNF\alpha$ -Blocker-Monitoring ELISAs

For drug level determination (z.B. Remicade®, Humira®)

#### We offer:

TNFα-Blocker-Monitoring (drug level, e.g. Remicade®)		
Sample volume	100 μΙ	
Matrix	Serum	
Incubation	1h, 1h, 10-20min	
Test principle	ELISA	
Tests	96	
Cat. No.	K 9655	

TNFα-Blocker-Monitoring (drug-level, e.g. Humira®)		
Sample volume	100 μΙ	
Matrix	Serum	
Incubation	4h, 1h, 10-20min	
Test principle	ELISA	
Tests	96	
Cat. No.	K 9657	

Our ELISAs determine the drug concentration in serum with high sensitivity due to a titer test which uses human recombinant TNF $\alpha$  as antigen.

#### **TNF**α-**Blocker-ADA ELISAs**

For the determination of anti-drug-antibodies (ADA) e.g. against Remicade®, Humira®, Enbrel®

#### We offer:

(anti-drug-antibodies, e.g. Humira®)		
5 μl		
Serum		
o.n., 1h, 5-10min		
ELISA		
96		
K 9652		

TNFα-Blocker-ADA (anti-drug-antibodies, e.g. Remicade®)		
Sample volume	5 μΙ	
Matrix	Serum	
Incubation	o.n., 1h, 5-10min	
Test principle	ELISA	
Tests	96	
Cat. No.	K 9650	

TNFα-Blocker-ADA (anti-drug-antibodies, e.g. Enbrel®)		
Sample volume	5 μl	
Matrix	Serum	
Incubation	o.n., 1h, 5-10min	
Test principle	ELISA	
Tests	96	
Cat. No.	K 9653	

Our ELISAs enable the detection of human antibodies against different compounds. A co-determination of rheuma factors or irregular antibodies can be excluded.