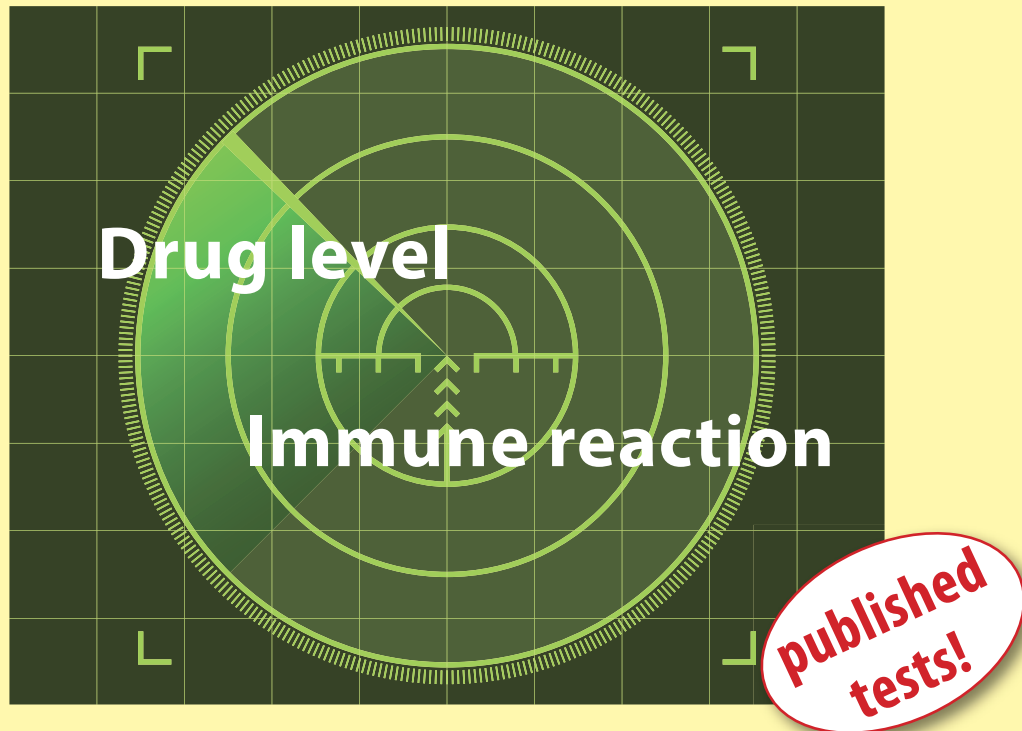


TNF α Blocker Therapy

Everything under control ?



Individual Monitoring Facilitates Therapy Management

TNF α blocker monitoring ELISAs

- ➔ For drug level analysis in serum and EDTA-plasma
- ➔ Specific determination of the TNF α blockers infliximab or adalimumab (e.g. Remicade[®] or Humira[®])
- ➔ High sensitivity

TNF α blocker ADA ELISAs

- ➔ For the detection of anti-drug antibodies (ADA)
- ➔ For the determination of the immune reaction to infliximab, adalimumab or etanercept (e.g. Remicade[®], Humira[®] or Enbrel[®])
- ➔ No co-determination of rheuma factors or irregular antibodies

NEW: Contract analyses with both ELISA systems



TNF α Blocker Therapy Monitoring

Determination of individual drug efficiency in chronic inflammatory diseases

TNF α – key player of chronic inflammations

Tumor Necrosis Factor alpha (TNF α) 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 α 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.

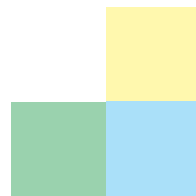
The overproduction of TNF α can be inhibited by TNF α blockers (anti-TNF α antibodies). Infliximab (e.g. Remicade[®]) and adalimumab (e.g. Humira[®]) for example are applied in the clinical therapy of chronic inflammations and are approved for the treatment of rheumatoid arthritis. In addition, infliximab is approved for the treatment of Crohn's disease, ankylosing spondylitis, psoriasis and psoriatic arthritis).

TNF α blocker drug level and immunogenicity: The two most influencing parameter of therapy success

The long term effectiveness of TNF α 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 individual patient and to reduce adverse effects.

An important tool to assess therapy efficiency is the determination of TNF α blocker serum levels (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 α blockers 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 α blockers (anti-drug-antibodies, ADA), which impede drug activity and may cause severe allergic reactions. A concomittant 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).



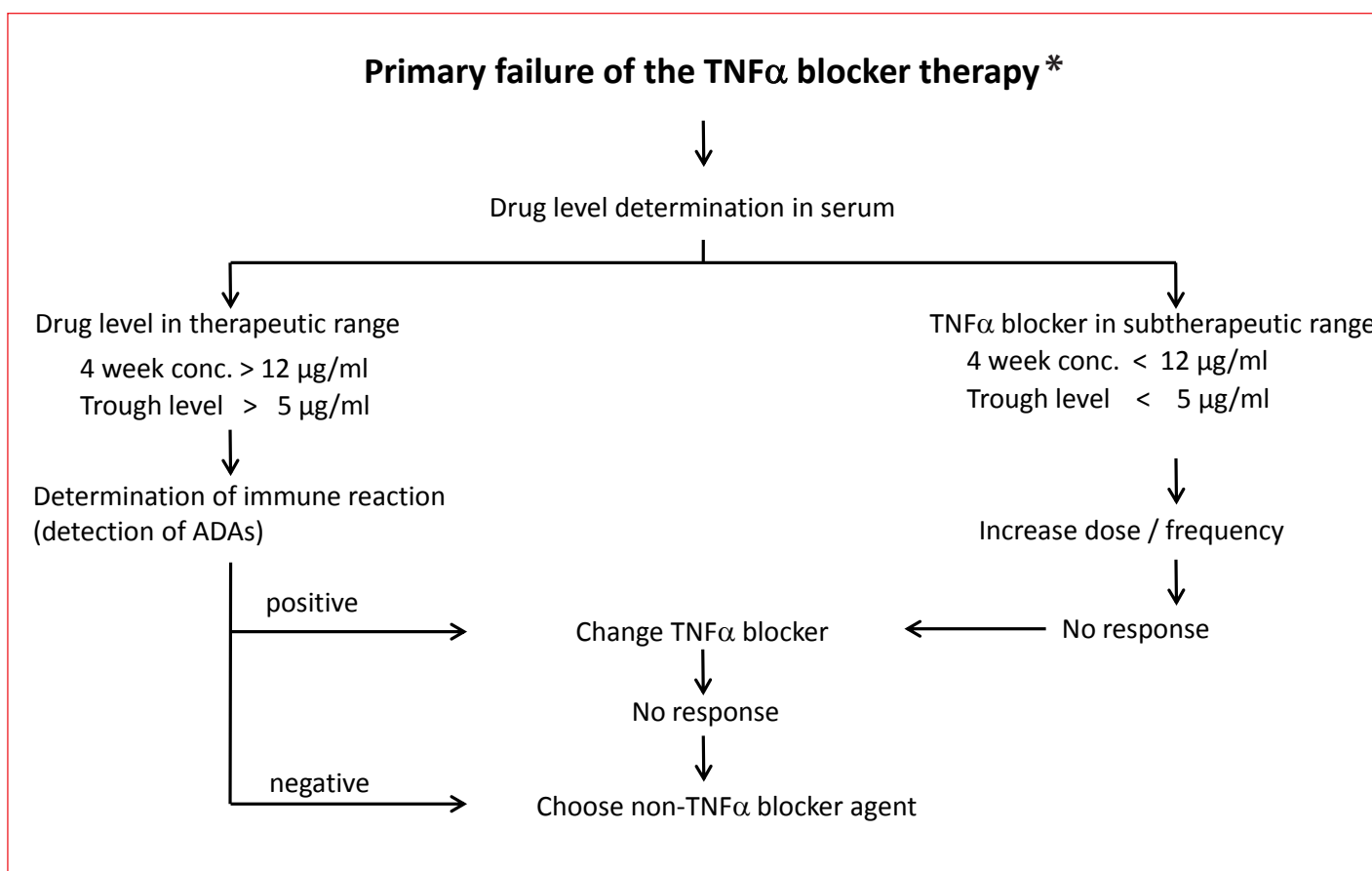
Two ELISA systems enable personalized therapy monitoring

Immundiagnostik offers adequate tools for the individual monitoring of a TNF α blocker therapy: Our ELISAs for the quantitative determination of infliximab or adalimumab drug levels (e.g. Remicade[®] or Humira[®]) permit the assessment of bioavailability and our ELISAs for ADA detection provide information on the immune reaction to the respective TNF α blocker (e.g. Remicade[®], Humira[®], Enbrel[®]).

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 (see therapy algorithm below).

Immundiagnostik offers contract analyses with both ELISA systems on request.

↓ Therapy management by drug level monitoring and ADA detection ↑



**Algorithm by Prof. Dr. Dr. J. Stein, University of Frankfurt*

Literature

- Kopylov et al. (2011) Inflamm Bowel Dis, doi: 10.1002/ibd.21919
- Afif et al. (2010) Am J Gastroenterol 105:1133
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- Baert F et al. (2007) Acta Gastroenterol Belg. Apr-Jun;70(2):163-70
- Maser et al. /2006) Clin Gastroenterol Hepatol 4:1248
- Bender N et al. (2006) Rheumatol Int, publ. online, doi:10.1007/s00296-006-0183-7



TNF α blocker monitoring ELISAs

For drug level determination of infliximab or adalimumab
(e.g. Remicade[®], Humira[®])

We offer:

TNF α blocker monitoring (determination of infliximab level, e.g. Remicade [®])		TNF α blocker monitoring (determination of adalimumab level, e.g. Humira [®])	
Sample volume	10 μ l	Sample volume	10 μ l
Matrix	Serum, EDTA-Plasma	Matrix	Serum, EDTA-Plasma
Incubation	2 h	Incubation	2 h
Test principle	ELISA	Test principle	ELISA
Tests	96	Tests	96
Cat. No.	K 9655	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 α as antigen.

TNF α blocker ADA ELISAs

For the determination of anti-drug antibodies (ADA) against infliximab, adalimumab or etanercept (e.g. against Remicade[®], Humira[®], Enbrel[®])

We offer:

TNF α blocker ADA (detection of free human antibodies against infliximab, e.g. Remicade [®])		TNF α blocker ADA (detection of free antibodies against adalimumab, e.g. Humira [®])	
Sample volume	50 μ l	Sample volume	25 μ l
Matrix	Serum, EDTA-Plasma	Matrix	Serum, EDTA-Plasma
Incubation	o.n., 1h	Incubation	o.n., 1h
Test principle	ELISA	Test principle	ELISA
Tests	96	Tests	96
Cat. No.	K 9650	Cat. No.	K 9652

TNF α blocker ADA (detection of total human antibodies against infliximab (e.g. Remicade [®]))		TNF α blocker ADA (detection of free antibodies against etanercept (e.g. Enbrel [®]))	
Sample volume	25 μ l	Sample volume	25 μ l
Matrix	Serum, EDTA-Plasma	Matrix	Serum, EDTA-Plasma
Incubation	20 min., 1h, 1,5h	Incubation	o.n., 1h
Test principle	ELISA	Test principle	ELISA
Tests	96	Tests	96
Cat. No.	K 9654	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.