

Product information



Information about other products is available at: www.IBL-America.com

ImmunoGuide®

Instructions for Use

Golimumab ELISA (mAb-based)

Enzyme immunoassay for the specific determination
of free Golimumab in serum and plasma

REF: TM09019



12X8



2-8°C

For Research Use Only - Not for Use in Diagnostic Procedures

Manufactured for
Immuno-Biological Laboratories Inc. (IBL-America)

8201 Central Avenue NE,
Suite P Minneapolis,
MN 55432 USA

Tel: 763-780-2955 Toll Free: 1-888-523-1246

www.ibl-america.com

<u>Contents</u>	<u>Page</u>
1. Intended Use	2
2. Summary and Explanation	2
3. Principle of the Test	2
4. Warnings and Precautions	3
5. Storage and Stability of the Kit	3
6. Specimen Collection, Handling and Storage	3
7. Contents of the Kit	4
8. Materials Required but not Supplied	4
9. Procedure Notes	5
10. Pre-Test Setup Instructions	5
10.1. Preparation of Components	5
10.2. Dilution of Standards and Samples	6
11. Test Procedure	6
11.1. General Remarks	6
11.2. Assay Procedure	7
11.3. Quality Control	8
11.4. Calculation of Results	8
12. Assay characteristics	9
12.1. Specificity	9
12.2. Sensitivity	9
12.3. Precision	10
12.4. Recovery	10
13. Automation	10
14. References	10

1. INTENDED USE

Enzyme immunoassay for the specific and quantitative determination of free Golimumab in serum and plasma.

2. SUMMARY AND EXPLANATION

The drug Golimumab (trade name Simponi[®]) is a human monoclonal antibody that binds to both the soluble and transmembrane bioactive forms of human TNF- α . This interaction prevents the binding of TNF- α to its receptors, thereby inhibiting the biological activity of TNF. Golimumab has been proven effective in the treatment of Rheumatoid Arthritis (RA), Ankylosing Spondylitis (AS), Psoriatic Arthritis (PsA) or Ulcerative Colitis (UC). Antibodies to Golimumab were detected in 57 (4%) of Golimumab-treated patients across the Phase 3 RA, PsA, and AS trials through Week 24. Similar rates were observed in each of the three indications. Patients who received Golimumab with concomitant Methotrexate (MTX) had a lower proportion of antibodies to Golimumab than patients who received Golimumab without MTX (approximately 2% versus 7%, respectively). Of the patients with a positive antibody response to Golimumab in the Phase 2 and 3 trials, most were determined to have neutralizing antibodies to Golimumab as measured by a cell-based functional assay. The data from the literature demonstrated that Anti-Drug Antibody positivity was significantly associated with low Golimumab levels and poor therapeutic response.

This *ImmunoGuide* Golimumab ELISA (mAb-based) is developed for the specific measurement of Golimumab in sera, plasma and other biological fluids by the advantage of using a site-directed DWZ-1E4 mouse monoclonal antibody (mAb) specific for Golimumab only.

3. PRINCIPLE OF THE TEST

This ELISA is based on Golimumab-specific mouse monoclonal antibody (catcher Ab, *ImmunoGuide* clone DWZ-1E4). Diluted standards and samples are incubated in the microtiter plate coated with IG-DWZ-1E4 mAb. After incubation, the wells are washed. A horseradish peroxidase (HRP)-conjugated anti-human IgG monoclonal antibody is added and binds to the Fc part of Golimumab. Following incubation, wells are washed and the bound enzymatic activity is detected by addition of chromogen-substrate. The color developed is proportional to the amount of Golimumab in the sample or standard. Results of samples can be determined by using the standard curve. Binding of Golimumab to the solid phase, pre-coated with DWZ-1E4, is inhibited by recombinant human TNF- α in a concentration dependent manner. Therefore, the *ImmunoGuide* Golimumab ELISA (mAb-based) measures the free form of Golimumab.

4. WARNINGS AND PRECAUTIONS

1. Before starting the assay, read the instructions completely and carefully. Use the valid version of the package insert provided with the kit. Be sure that everything is understood. For further information (clinical background, test performance, automation protocols, alternative applications, literature, etc.) please refer to the local distributor.
2. In case of severe damage of the kit package, please contact **IBL-America** or your supplier in writing, latest one week after receiving the kit. Do not use damaged components in test runs, but keep safe for complaint related issues.
3. Obey lot number and expiry date. Do not mix reagents of different lots. Do not use expired reagents.
4. Follow good laboratory practice and safety guidelines. Wear lab coats, disposable latex gloves and protective glasses where necessary.
5. Reagents of this kit containing hazardous material may cause eye and skin irritations. See MATERIALS SUPPLIED and labels for details.
6. Chemicals and prepared or used reagents have to be treated as hazardous waste according the national biohazard safety guidelines or regulations.
7. Avoid contact with Stop solution. It may cause skin irritations and burns.
8. If any component of this kit contains human serum or plasma it is indicated and if so, it have been tested and were found to be negative for HIV I/II, HBsAg and HCV. However, the presence of these or other infectious agents cannot be excluded absolutely and therefore reagents should be treated as potential biohazards in use and for disposal.
9. Some reagents contain preservatives. In case of contact with eyes or skin, flush immediately with water.

5. STORAGE AND STABILITY OF THE KIT

The kit is shipped at ambient temperature and should be stored at 2-8°C. Keep away from heat or direct sun light. The storage and stability of specimen and prepared reagents is stated in the corresponding chapters. The microtiter strips are stable up to the expiry date of the kit in the broken, but tightly closed bag when stored at 2-8°C.

6. SPECIMEN COLLECTION, HANDLING AND STORAGE

Serum, Plasma (EDTA, Heparin)

The usual precautions for venipuncture should be observed. It is important to preserve the chemical integrity of a blood specimen from the moment it is collected until it is assayed. Do not use grossly hemolytic, icteric or grossly lipemic specimens. Samples appearing turbid should be centrifuged before testing to remove any particulate material.

Storage:	2-8°C	≤-20°C (Aliquots)	Keep away from heat or direct sun light Avoid repeated freeze-thaw cycles
Stability:	3 d	6 mon	

7. CONTENTS OF THE KIT

QUANTITY	COMPONENT
1 x 12 x 8	Microtiter ELISA Plate Break apart strips coated with anti-Golimumab monoclonal antibody.
5 x 0.5 mL	Golimumab Standards A-E, Concentrate (10X) 1500; 500; 150; 50; and 0 ng/mL Used for construction of the standard curve. Contains Golimumab, proteins, preservative and stabilizer.
1 x 12 mL	Assay Buffer Blue colored. Ready to use. Contains proteins and preservative.
1 x 60 mL	Dilution Buffer, Concentrate (5X) Contains orange dye, proteins and preservative.
1 x 12 mL	Enzyme Conjugate Red colored. Ready to use. Contains horseradish peroxidase(HRP)-conjugated anti-human IgG mouse monoclonal antibody, Proclin [®] and stabilizers.
1 x 12 mL	TMB Substrate Solution Ready to use. Contains 3,3',5,5'-Tetramethylbenzidine (TMB).
1 x 12 mL	Stop Solution Ready to use. 1 N Hydrochloric acid (HCl).
1 x 50 mL	Wash Buffer, Concentrate (20x) Contains buffer, Tween [®] 20 and Kathon [™] .
2 x 1	Adhesive Seal For sealing microtiter plate during incubation.

8. MATERIALS REQUIRED BUT NOT SUPPLIED

1. Micropipettes (< 3% CV) and tips to deliver 5-1000 µL.
2. Bidistilled or deionised water and calibrated glasswares (e.g. flasks or cylinders).
3. Wash bottle, automated or semi-automated microtiter plate washing system.
4. Microtiter plate reader capable of reading absorbance at 450 nm (reference wavelength at 600-650 nm is optional).
5. Absorbent paper towels, standard laboratory glass or plastic vials, and a timer.

9. PROCEDURE NOTES

1. Any improper handling of samples or modification of the test procedure may influence the results. The indicated pipetting volumes, incubation times, temperatures and pre-treatment steps have to be performed strictly according to the instructions. Use calibrated pipettes and devices only.
2. Once the test has been started, all steps should be completed without interruption. Make sure that required reagents, materials and devices are prepared readily at the appropriate time. Allow all reagents and specimens to reach room temperature (20-25 °C) and gently swirl each vial of liquid reagent and sample before use. Mix reagents without foaming.
3. Avoid contamination of reagents, pipettes and wells/tubes. Use new disposable plastic pipette tips for each reagent, standard or specimen. Do not interchange the caps of vials. Always cap not used vials. Do not reuse wells or reagents.
4. Use a pipetting scheme to verify an appropriate plate layout.
5. Incubation time affects results. All wells should be handled in the same order and time sequences. It is recommended to use an 8-channel Micropipettor for pipetting of solutions in all wells.
6. Microplate washing is important. Improperly washed wells will give erroneous results. It is recommended to use a multichannel pipette or an automatic microplate washing system. Do not allow the wells to dry between incubations. Do not scratch coated wells during rinsing and aspiration. Rinse and fill all reagents with care. While rinsing, check that all wells are filled precisely with Wash Buffer, and that there are no residues in the wells.
7. Humidity affects the coated wells. Do not open the pouch until it reaches room temperature. Unused wells should be returned immediately to the resealed pouch including the desiccant.

10. PRE-TEST SETUP INSTRUCTIONS

10.1. Preparation of Components*

Dilute/ dissolve	Component		Diluent	Relation	Remarks	Storage	Stability
10 mL	Wash Buffer	up to 200 mL	Distilled Water	1:20	Warm up at 37°C to dissolve crystals. Mix vigorously.	2-8 °C	4 w
10 mL	Dilution Buffer	up to 50 mL	Distilled Water	1:5		2-8 °C	4 w

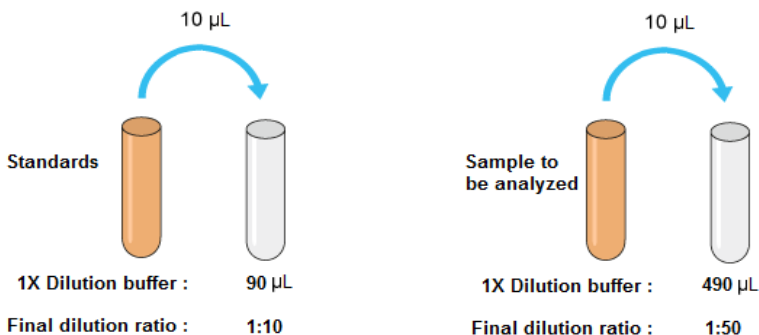
* Prepare Wash and Dilution Buffers before starting the assay procedure.

10.2. Dilution of Standards and Samples

The dilutions depicted below are examples of how to obtain final dilutions for standards and samples. Standards and samples should be properly diluted as homogenous mixture before starting the assay procedure. It is recommended mixing the standards and samples well to homogenous solution at each dilution step. We are recommending that each laboratory determines the best initial dilution for their samples in order to minimize retesting.

1. 10 μL of standard added to 90 μL of 1X dilution buffer, giving the total volume of 100 μL and a dilution of 1:10.
2. 10 μL of sample added to 490 μL of 1X dilution buffer, giving the total volume of 500 μL and a dilution of 1:50.
3. Samples with a drug concentration above the measuring range should be rated as ">highest standard". The result should not be extrapolated. The sample in question should be further diluted with 1X Dilution Buffer and then retested.

Standard/Sample Dilution



11. TEST PROCEDURE

11.1. GENERAL REMARKS

- 11.1.1. Before performing the assay, samples and assay kit should be brought to room temperature (about 30 minutes beforehand) and ensure the homogeneity of the solution.
- 11.1.2. All Standards should be run with each series of unknown samples.
- 11.1.3. Standards should be subject to the same manipulations and incubation times as the samples being tested.
- 11.1.4. All steps of the test should be completed without interruption.
- 11.1.5. Use new disposable plastic pipette tips for each reagent, standard or specimen in order to avoid cross contamination.

11.1.6. The total pipetting time needed for dispensing all samples into the wells should not exceed 5 minutes. If this is difficult to achieve the samples should be pre-dispensed in a separate neutral polypropylene microplate and then transferred into the reaction ELISA plate by a multi channel pipette.

11.2. ASSAY PROCEDURE

1.	Pipette 100μL of Assay Buffer into each of the wells to be used.
2.	<p>Pipette 50 μL of each 1:10 Diluted Standard, and 1:50 Diluted Samples into the respective wells of the microtiter plate. Bubble formation during the pipetting of standards and samples must be avoided.</p> <p style="text-align: center;"><u>Wells</u></p> <p>A1: Standard A B1: Standard B C1: Standard C D1: Standard D E1: Standard E F1 and so on: Samples (Serum/Plasma)</p>
3.	Cover the plate with adhesive seal. Shake plate carefully by tapping several times. Incubate the plate on a bench top for 60 min at room temperature (RT, 20-25°C).
4.	Remove adhesive seal. Aspirate or decant the incubation solution. Wash the plate 5 X 350 μL of Diluted Wash Buffer per well. Remove excess solution by tapping the inverted plate on a paper towel.
5.	Pipette 100 μL of Enzyme Conjugate (HRP-anti human IgG mAb) into each well.
6.	Cover plate with adhesive seal. Shake plate carefully by tapping several times. Incubate the plate on a bench top for 30 min at RT.
7.	Remove adhesive seal. Aspirate or decant the incubation solution. Wash the plate 5 X 350 μL of Diluted Wash Buffer per well. Remove excess solution by tapping the inverted plate on a paper towel.
8.	Pipette 100 μL of Ready-to-Use TMB Substrate Solution into each well.
9.	Incubate 10 min at RT. Avoid exposure to direct sunlight.
10.	Stop the substrate reaction by adding 100 μL of Stop Solution into each well. Briefly mix contents by gently shaking the plate. Color changes from blue to yellow.
11.	Measure optical density (OD) with a photometer at 450 nm (Reference at OD620 nm is optional) within 15 min after pipetting the Stop Solution.

11. 3. QUALITY CONTROL

The test results are only valid if the test has been performed following the instructions. Moreover the user must strictly adhere to the rules of GLP (Good Laboratory Practice) or other applicable standards/laws. All standards/controls must be found within the acceptable ranges as stated above and/or label. If the criteria are not met, the run is not valid and should be repeated. In case of any deviation, the following technical issues should be reviewed: Expiration dates of (prepared) reagents, storage conditions, pipettes, devices, incubation conditions and washing methods.

11. 4. CALCULATION OF RESULTS

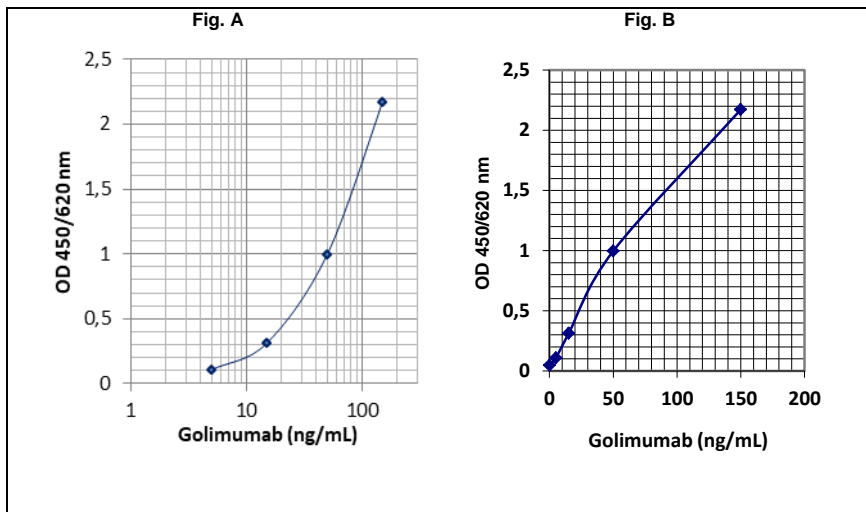
A standard curve should be constructed using the standard concentration (X-axis) versus the OD450 (or OD450/620) values (Y-axis). This can be done manually using graph paper or with a computer program. Concerning the data regression by computer, it is recommended to primarily use the “4 Parameter Logistic (4PL)” or alternatively the “point-to-point calculation”. In case of manual plot there are 2 options: Semilog graph (see Fig. A) or linear graph (see Fig. B). Semilog graph paper is available at <http://www.papersnake.com/logarithmic/semilogarithmic/>.

The concentration of the samples can be read from this standard curve as follows. Using the absorbance value for each sample, determine the corresponding concentration of the drug from the standard curve. This value always has to be multiplied by the individual dilution factor (usually 50). If any diluted sample is reading higher than the highest standard, it should be further diluted appropriately with 1X Dilution Buffer and then retested. Also this second dilution has to be used for calculation the final result. We are recommending that each laboratory determines the best initial dilution for their samples in order to minimize retesting.

Typical Calibration Curve

(All steps were performed at 23°C. Just an example. Do not use it for calculation!)

1:10 Diluted Standard	A	B	C	D	E
Concentration (ng/mL)	150	50	15	5	0
Mean OD450/620 nm	2.172	0.996	0.311	0.106	0.046



12. ASSAY CHARACTERISTICS

12.1. SPECIFICITY

There is no cross reaction with any other proteins present in native human serum. A screening test was performed with 48 different native human sera. All produced OD450/620 nm values less than the mean OD of standard D. In addition, binding of Golimumab is inhibited by recombinant human TNF- α in a concentration dependent manner. Therefore, the *ImmunoGuide* Golimumab ELISA (mAb-Based) measures the biologically active free form of Golimumab, i.e. not pre-occupied by TNF- α . No cross reaction was observed with sera spiked with the other therapeutic antibodies including Infliximab, Adalimumab, Etanercept, Rituximab, Trastuzumab, Tocilizumab, Omalizumab and Bevacizumab at concentrations up to 2 mg/mL.

12.2. SENSITIVITY

The lowest detectable level that can be clearly distinguished from the zero standard is 4 ng/mL (zero standard +2SD read from the curve) under the above-described conditions. Analytical sensitivity is 4 ng/mL, and corresponding to the detection limit of 0.2 μ g/mL for undiluted clinical samples because the serum or plasma samples are instructed to be diluted at 1:50 before starting the assay.

12.3. PRECISION

Intra-assay CV: <10%.

Inter-assay CV: <10%.

12.4. RECOVERY

Recovery rate was found to be >95% with native serum and plasma samples when spiked with exogenous Golimumab.

13. AUTOMATION

The *ImmunoGuide* Golimumab ELISA (mAb-based) is suitable also for being used by an automated ELISA processor.

14. REFERENCES

1. Gelfer G, Perry L, Deodhar A. Golimumab for the treatment of axial spondyloarthritis. *Expert Rev Clin Immunol*. 2015; 2:1-10.
2. Lichtenstein GR, Hanauer SB, Sandborn WJ. Emerging Treatment Options in Mild to Moderate Ulcerative Colitis. *Gastroenterol Hepatol (N Y)*. 2015;11(3 Suppl 1):1-16.
3. Emery P, Fleischmann RM, Strusberg I, Durez P, Nash P, Amante E, Churchill M, Park W, Pons-Estel B, Han C, Gathany TA, Xu S, Zhou Y, Leu JH, Hsia EC. Efficacy and safety of subcutaneous golimumab in methotrexate-naïve patients with rheumatoid arthritis: 5-year results of the GO-BEFORE trial. *Arthritis Care Res (Hoboken)*. 2015 Oct 16. doi: 10.1002/acr.22759
4. Lee WK, Kim GW, Cho HH, Kim WJ, Mun JH, Song M, Kim HS, Ko HC, Kim MB, Kim BS. Erythrodermic Psoriasis Treated with Golimumab: A Case Report. *Ann Dermatol*. 2015 Aug;27(4):446-9.
5. Brady BL, Tkacz JP, Lofland J, Meyer R, Bolge SC. Prescribing Patterns of Intravenous Golimumab for Rheumatoid Arthritis. *Clin Ther*. 2015;37(9):2028-36.
6. Yonemoto Y, Okamura K, Takeuchi K, Ayabe K, Kaneko T, Matsushita M, Tamura Y, Iso T, Okura C, Otsuka K, Inoue H, Takagishi K. Comparison of golimumab 100-mg monotherapy to golimumab 50 mg plus methotrexate in patients with rheumatoid arthritis: Results from a multicenter, cohort study. *Mod Rheumatol*. 2015; 3:1-5.
7. Abreu MT Commentary: Golimumab in Moderate-to-Severe Ulcerative Colitis. *Gastroenterol Hepatol (N Y)*. 2014;10(7):455-6.
8. Sandborn WJ, Feagan BG, Marano C, Zhang H, Strauss R, Johanns J, Adedokun OJ, Guzzo C, Colombel JF, Reinisch W, Gibson PR, Collins J, Järnerot G, Hibi T, Rutgeerts P; PURSUIT-SC Study Group. Subcutaneous golimumab induces clinical response and remission in patients with moderate-to-severe ulcerative colitis. *Gastroenterology*. 2014;146(1):85-95.
9. Thorlund K, Druyts E, Toor K, Mills EJ. Comparative efficacy of golimumab, infliximab, and adalimumab for moderately to severely active ulcerative colitis: a network meta-analysis accounting for differences in trial designs. *Expert Rev Gastroenterol Hepatol*. 2015;9(5):693-700.

10. Kanbe K, Chiba J, Inoue Y, Taguchi M, Yabuki A. Predictive factors related to the efficacy of golimumab in patients with rheumatoid arthritis. *Clin Med Insights Arthritis Musculoskelet Disord.* 2015;8:25-32.
11. McCarty DJ. Golimumab intravenous infusion for the treatment of rheumatoid arthritis. *Nurse Pract.* 2015;40(3):15-8.
12. Smolen JS, Kay J, Doyle M, Landewé R, Matteson EL, Gaylis N, Wollenhaupt J, Murphy FT, Xu S, Zhou Y, Hsia EC. Golimumab in patients with active rheumatoid arthritis after treatment with tumor necrosis factor α inhibitors: findings with up to five years of treatment in the multicenter, randomized, double-blind, placebo-controlled, phase 3 GO-AFTER study. *Arthritis Res Ther.* 2015 Jan 22;17:14. doi: 10.1186/s13075-015-0516-6.
13. Sato E, Tanaka E, Nakajima A, Inoue E, Shimizu Y, Yamaguchi R, Ochiai M, Shidara K, Hoshi D, Sugimoto N, Seto Y, Taniguchi A, Momohara S, Yamanaka H. Assessment of the effectiveness of golimumab 50-mg and 100-mg regimens in patients with rheumatoid arthritis in daily practice. *Mod Rheumatol.* 2015;25(4):528-33.
14. Selmi C, Ceribelli A, Naguwa SM, Cantarini L, Shoenfeld Y. Safety issues and concerns of new immunomodulators in rheumatology. *Expert Opin Drug Saf.* 2015;14(3):389-99.
15. Doyle MK, Rahman MU, Frederick B, Birbara CA, de Vries D, Toedter G, Wu X, Chen D, Ranganath VK, Westerman ME, Furst DE. Effects of subcutaneous and intravenous golimumab on inflammatory biomarkers in patients with rheumatoid arthritis: results of a phase 1, randomized, open-label trial. *Rheumatology (Oxford).* 2013;52(7):1214-9.
16. Chen DY, Chen YM, Hung WT, Chen HH, Hsieh CW, Chen YH, Huang WN, Hsieh TY. Immunogenicity, drug trough levels and therapeutic response in patients with rheumatoid arthritis or ankylosing spondylitis after 24-week golimumab treatment. *Ann Rheum Dis.* 2015 Oct 6. pii: annrheumdis-2015-207978. doi: 10.1136/annrheumdis-2015-207978.
17. Huynh C, Reguiai Z, Lambrecht I, Brochot P, Eschard JP, Salmon JH. First two cases of alopecia areata during golimumab therapy. *Joint Bone Spine.* 2015 Oct 7. pii: S1297-319X(15)00178-5. doi: 10.1016/j.jbspin.2015.08.007. [Epub ahead of print]
18. Brunasso AM, Aberer W, Massone C. Subacute lupus erythematosus during treatment with golimumab for seronegative rheumatoid arthritis. *Lupus.* 2014;23(2):201-3.
19. Zhuang Y, Lyn S, Lv Y, Xu Z, Bouman-Thio E, Masterson T, Ford JA, Keen M, Petty KJ, Davis HM, Zhou H. Pharmacokinetics and safety of golimumab in healthy Chinese subjects following a single subcutaneous administration in a randomized phase I trial. *Clin Drug Investig.* 2013;33(11):795-800.
20. Murdaca G, Spanò F, Puppo F. Selective TNF- α inhibitor-induced injection site reactions. *Expert Opin Drug Saf.* 2013;12(2):187-93.