

Antibodies, antibody fusions and antibody conjugates as drugs

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Biological Drugs II (PROV-204)

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Antibody drug examples:

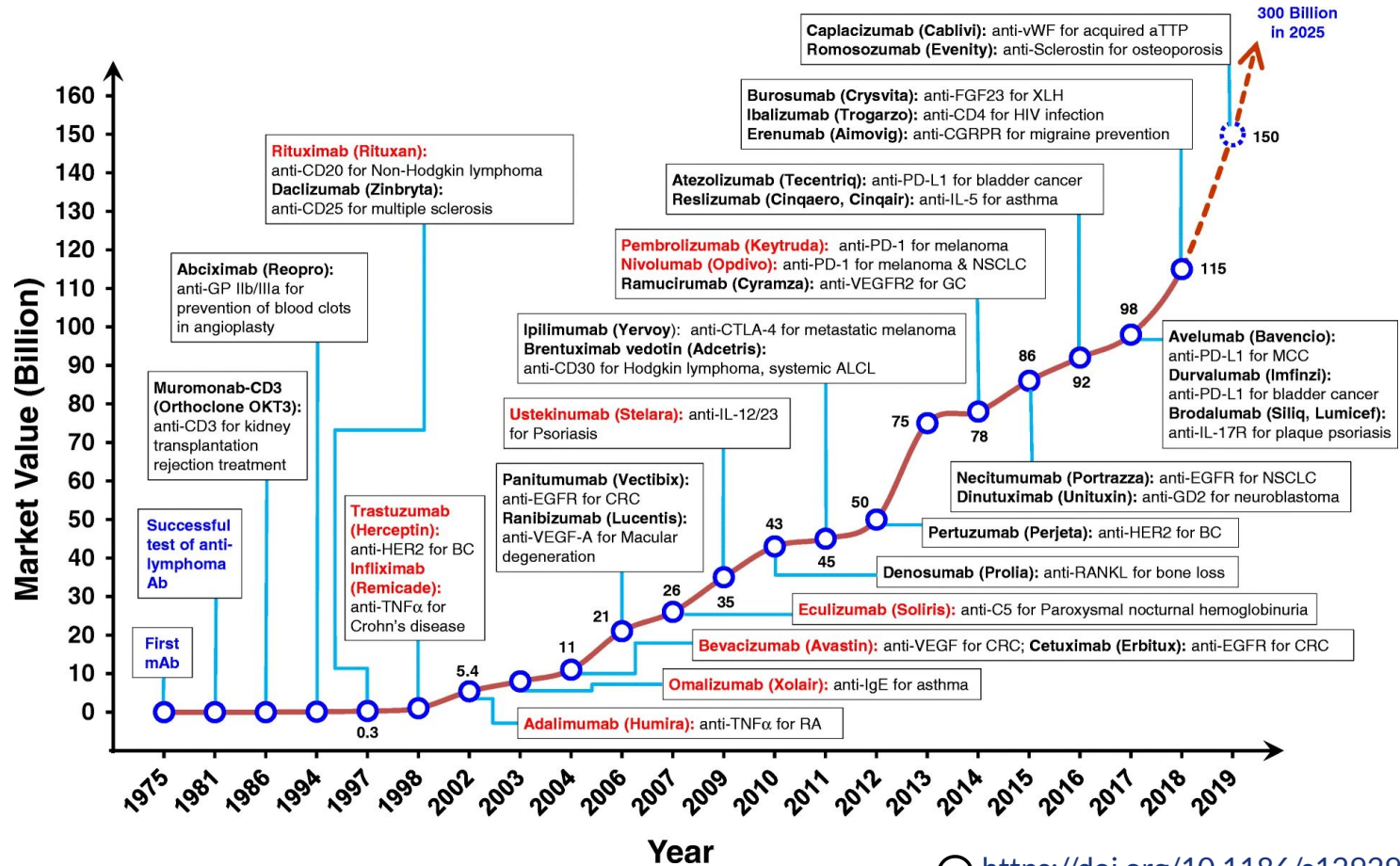
Avastin - 33 years from idea to approval

Herceptin - the 1st personalized drug, patent protection, and biosimilars

Antibody drug conjugates and linking

Kadcyla - weaponized herceptin

Eylea - an antibody fusion protein

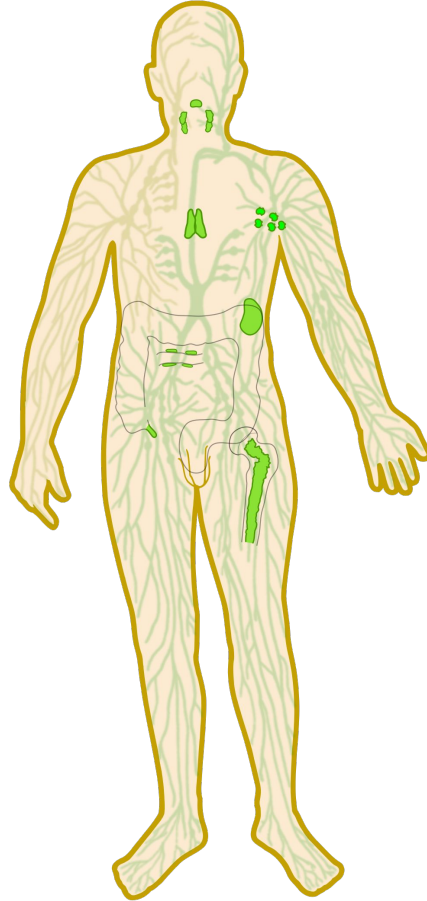


Adaptive immune system:

- Humoral response
- Cellular response

Organs of the immune system

- Lymphatic network & lymph nodes
- Bone marrow
- Thymus
- Spleen
- Tonsills
- Peyer's patches
- Appendix
- ...



Physical barriers:

- Skin
- Mucous membranes

Innate immune system:

- Macrophages,
- Neutrophils
- Bactericidal proteins

Antibodies:

Highly specific protein drugs that the body generates on demand to fight everything non-self (mostly other non-self proteins)

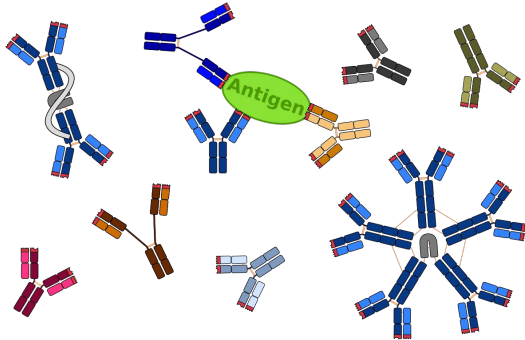
Antigen: the molecule that the antibody targets

Immunogen: a molecule that can elicit an immune response (e.g. the generation of antibodies)

- Largest pools of antibodies in the human body: 1) mucous membranes 2) blood
- Because each of us encounters many different immunogens, our blood contains a complex, unique, and constantly changing mixture of antibody proteins.

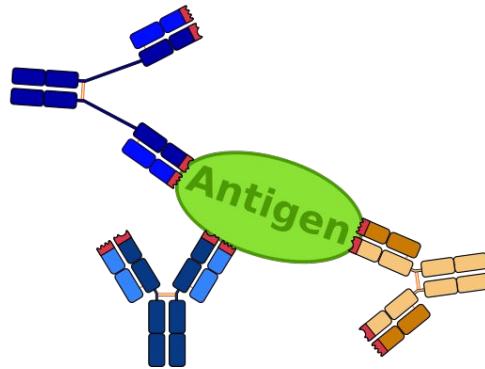
Antiserum*

Blood without cells & clotting factors. Antibodies (= *immunoglobulins*) are the 2nd most abundant blood proteins after albumins, ~15mg/ml.



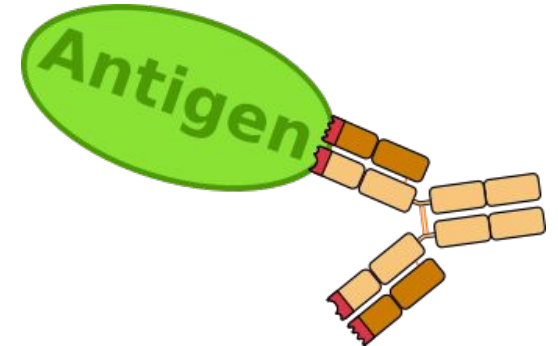
Polyclonal antibody

All immunoglobulins that react with a specific antigen



Monoclonal antibody

One specific Ig protein with a defined amino acid sequence



- Antibody drugs are the oldest efficient drug class that were purposefully developed.
- Effective antibody therapies have been developed and used in Germany as early as 1890 against deadly diseases like diphtheria, tetanus, rabies and snake bites.
- Emil Behring (1854–1917) : Antiserum therapy (serum = blood without blood cells and without clotting factors*). Developed in guinea pigs, large-scale produced in horses.
- Still important for the production of anti-venom (snake, insect, scorpion) and anti-toxin (botulinum, anthrax, tetanus)
- Behringwerke (since 1952 part of Hoechst AG → Sanofi-Aventis)
- <https://www.youtube.com/watch?v=I8ARFXkiAyo>



1. Die Gewinnung des Diphtherieserums aus Pferdeblut im Behringwerk zu Marburg
Nach der Natur gezeichnet von Fritz Gehrke
Einführung des Diphtherieserums unter der Leitung des Reichsanzeigers an einer Schule



Illustration by Fritz Gehrke (1905)

- Paul Ehrlich (1854 – 1915)
- Inventor and coiner of the terms **chemotherapy** and **magic bullet**
- Postulated that poisons can be target specifically to kill a specific cell without harming other cells (**chemical targeting**)
- Close collaborator of Emil Behring and Robert Koch in the generation of antisera
- <https://www.youtube.com/watch?v=0V8Hd5lfheY>
- [10.1159/000443526](https://doi.org/10.1159/000443526)



CC [https://en.wikipedia.org/wiki/File:200_Mark_\(Obverse\).jpg](https://en.wikipedia.org/wiki/File:200_Mark_(Obverse).jpg)

Polyclonal antibody (“antiserum”) production

Ingredients for immunization (more or less unchanged for the last 100 years)

1. Antigen: (highly) purified protein, synthetic peptides (up to ~100 aa)
2. Host: Rabbit, Mouse, Goat, Horse, Human (“convalescent serum”)
3. Adjuvants (Freund’s complete adjuvant (FCA)*, aluminium salts): to be mixed (mostly emulgated) with the antigen to boost the immune response
4. Injection syringe for subq (intradermal, intraperitoneal, footpad, intramuscular) injection
5. Pre-immune serum sample
6. Repeat injection (“booster”): e.g. up to 5 times in rabbits in 3-week-intervals, many different protocols
7. “Test bleeds” (e.g. starting from 2 weeks after 2nd booster) for analysis
8. For small hosts mostly “final bleed”, for larger animals (incl. humans): repeated blood donation/plasmapheresis



 https://commons.wikimedia.org/wiki/File:Rabbit_in_the_farm-1.jpg



me in 1976 (6 months after mAb technology was published)*

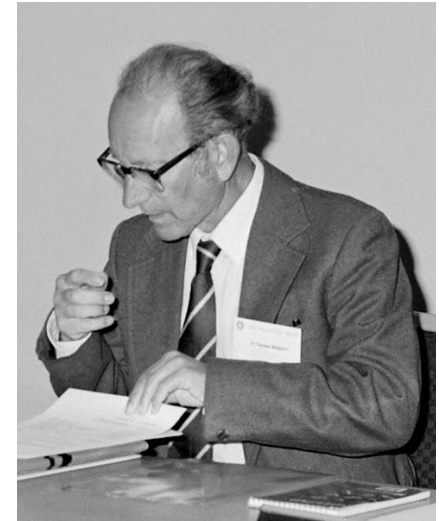
<https://www.whatisbiotechnology.org/index.php/exhibitions/milstein/monoclonals>

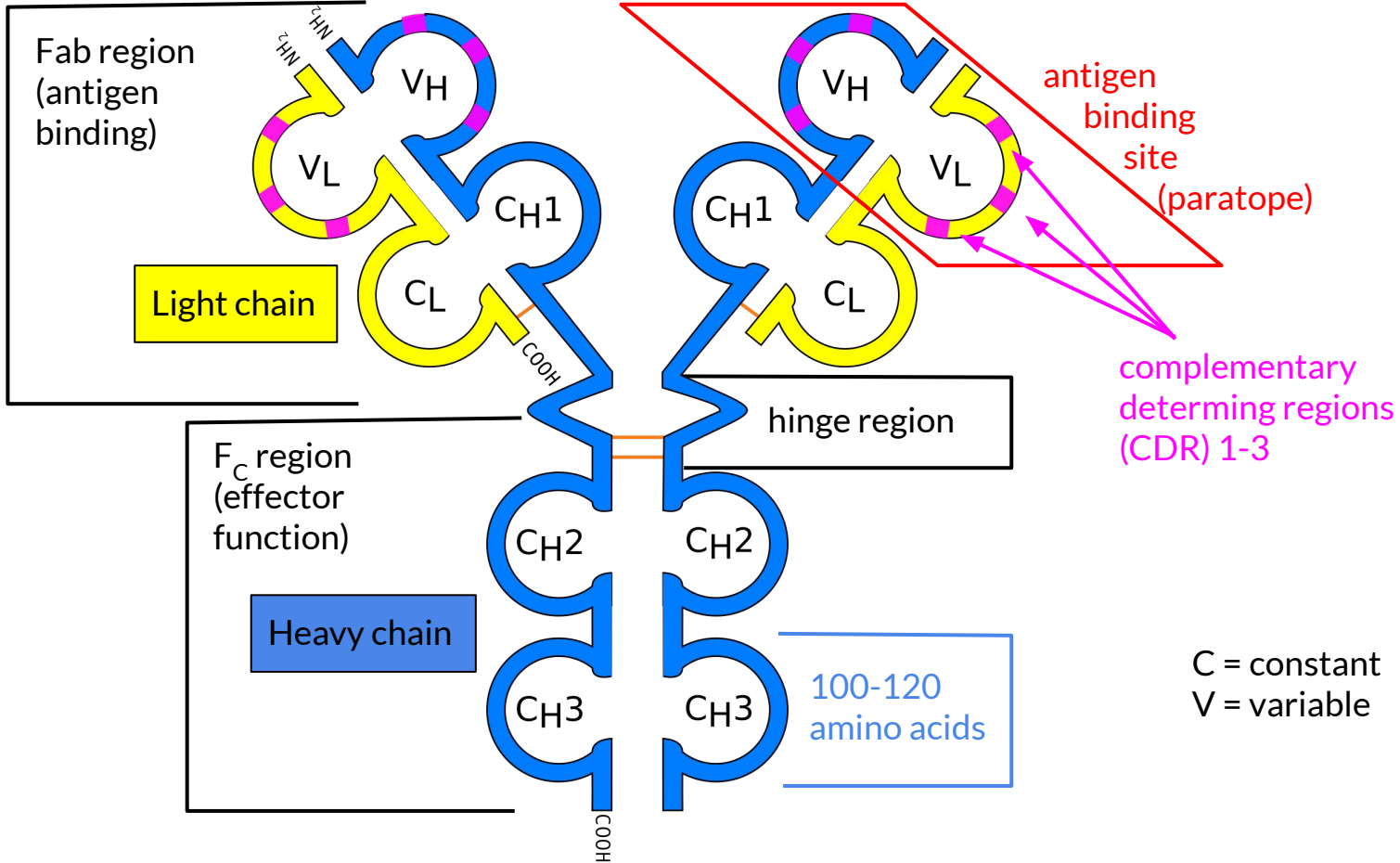
Nature Vol. 256 August 7 1975 p. 495ff

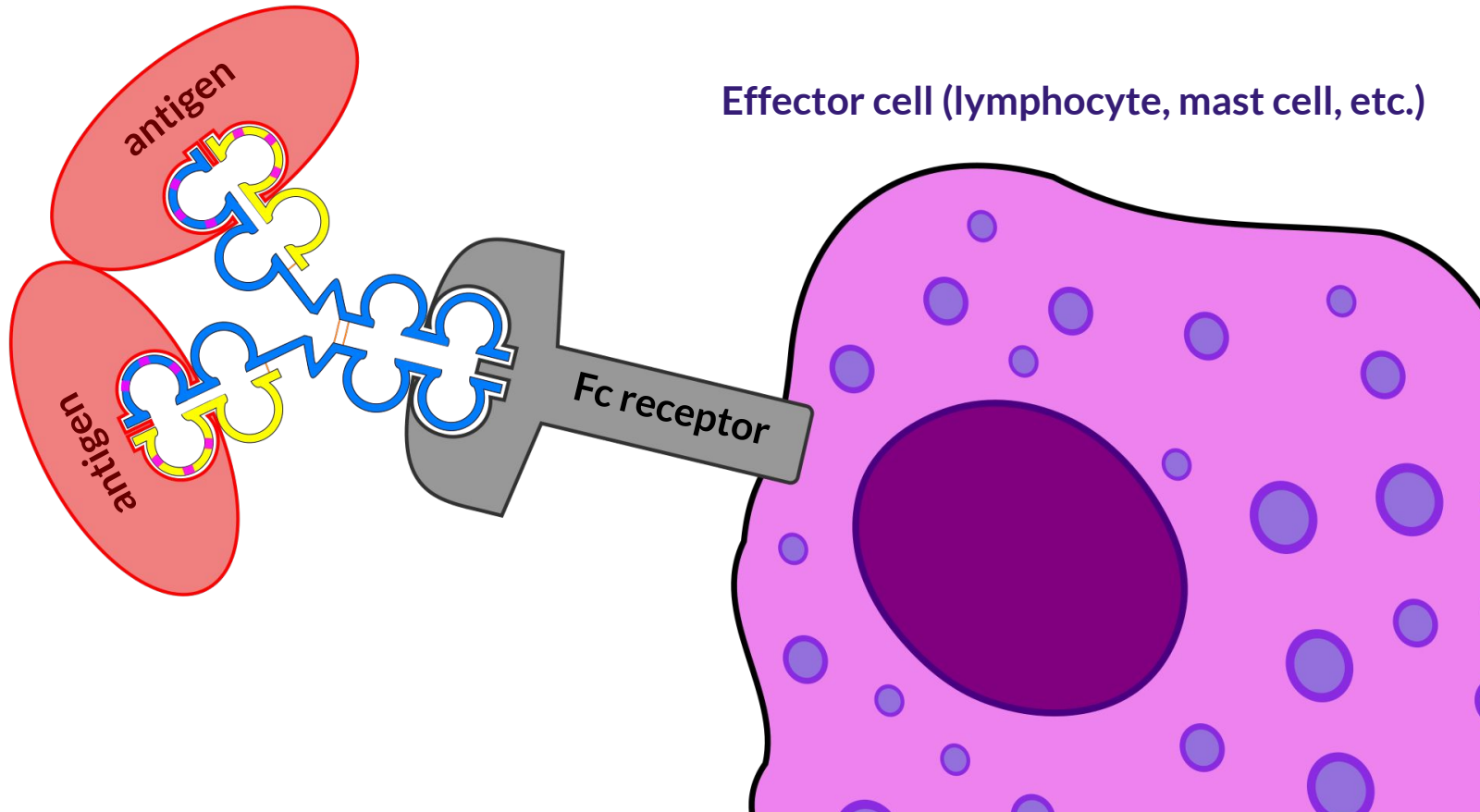
**Continuous cultures of fused cells
secreting antibody of predefined specificity**

G. KÖHLER & C. MILSTEIN

<https://www.nature.com/articles/256495a0>

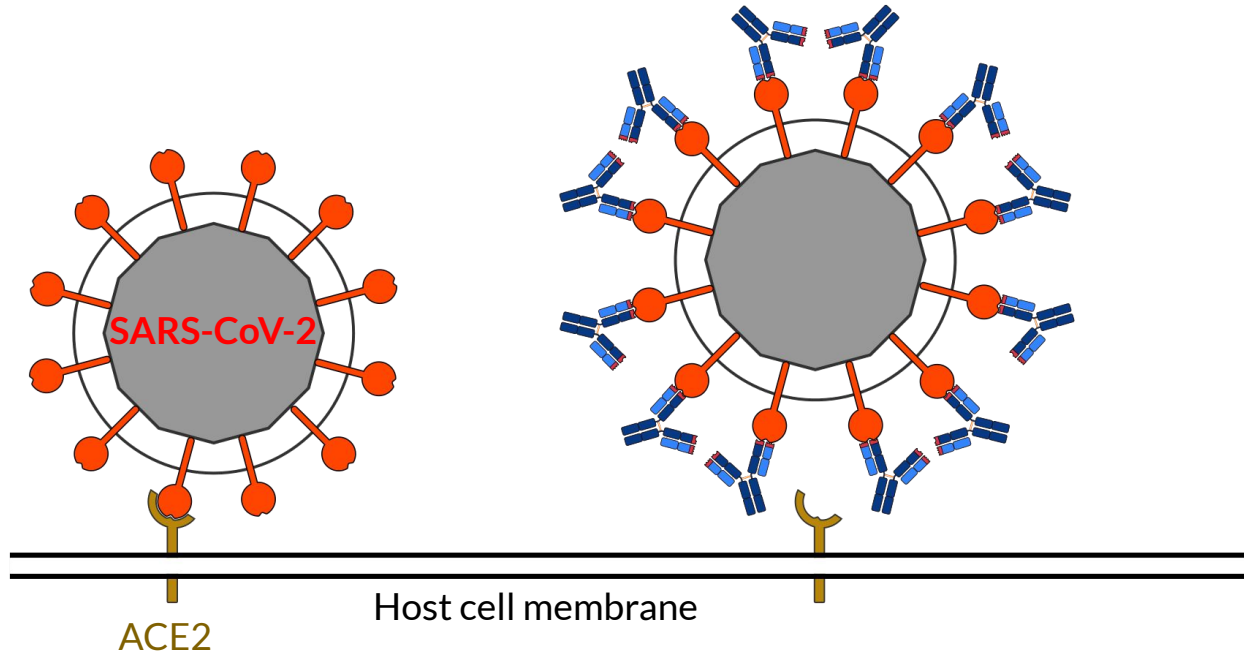






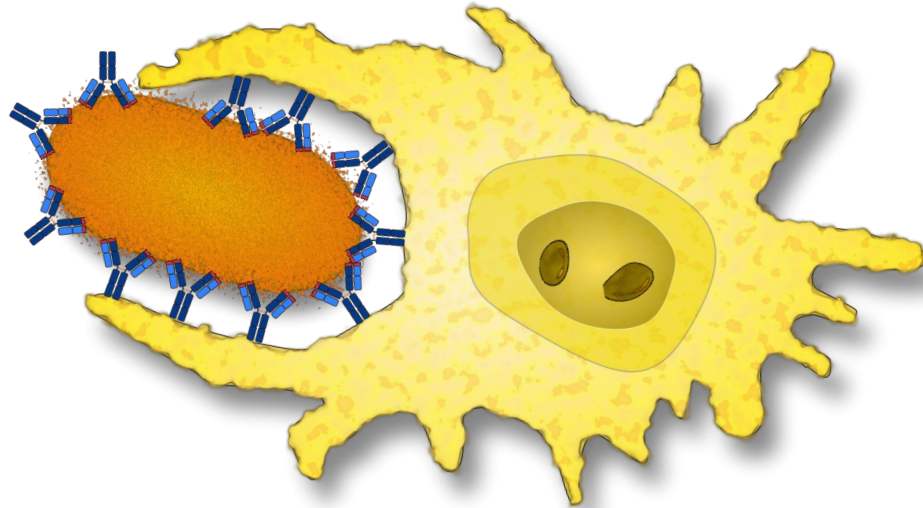
Primary functions of antibodies

1. Neutralization of toxins and pathogens (“neutralizing/blocking” antibody)
Example: Regeneron’s [REGN-COV2 antibody cocktail](#)



Primary functions of antibodies

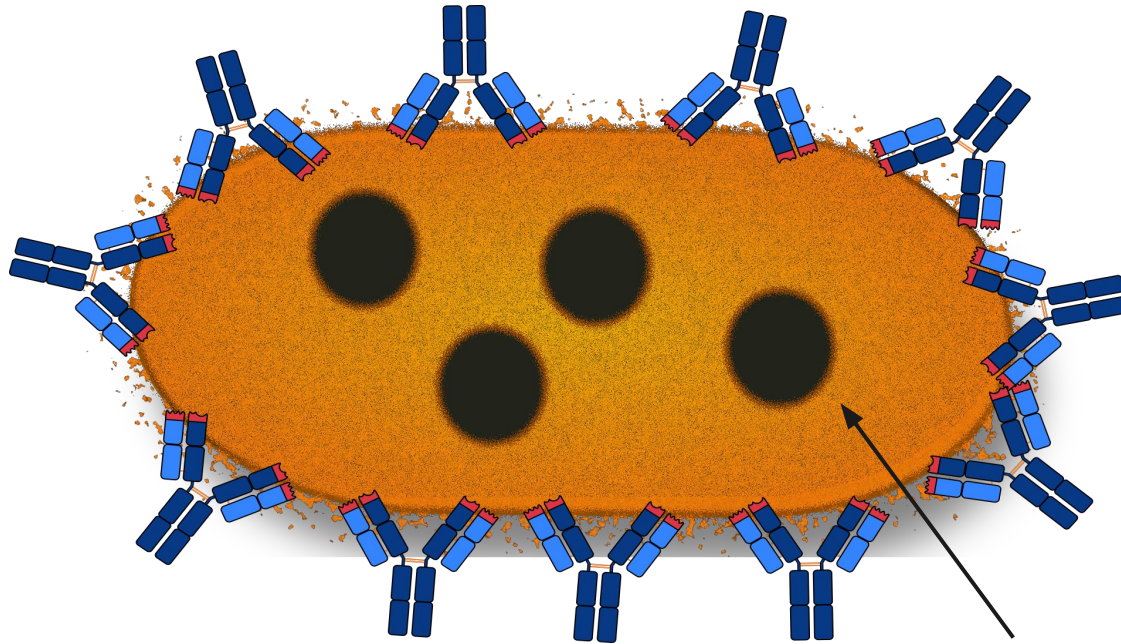
2. Opsonization of pathogens → phagocytosis or cytotoxicity



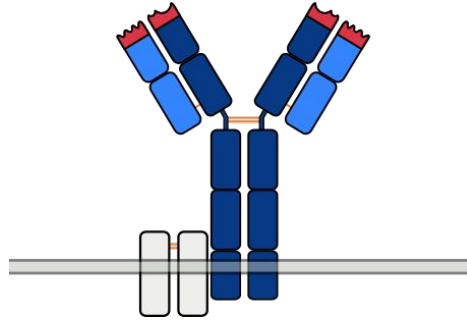
Macrophage

Primary functions of antibodies

3. Complement activation (classic pathway) → membrane perforation by pore-forming proteins

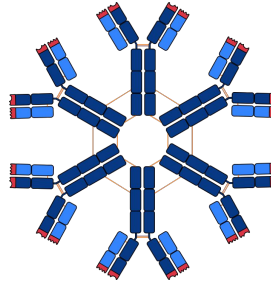


Membrane Attack Complex (MAC)



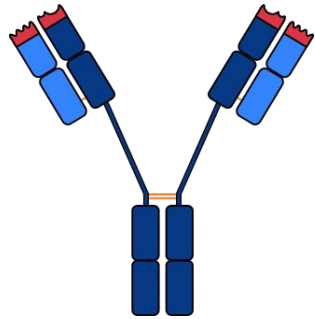
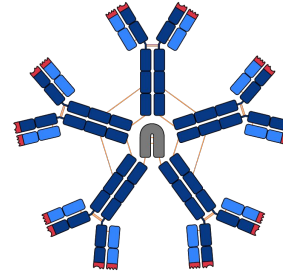
B cell receptor (BCR)

Membrane-bound version of IgM or IgD on transitional & mature B cells

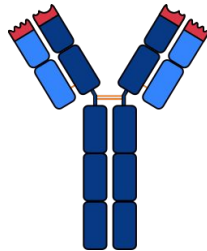


IgM

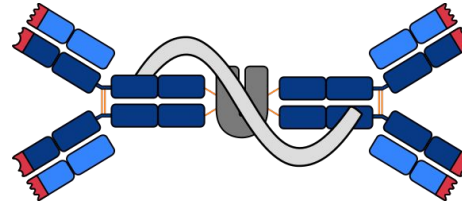
Early immune response, both soluble in the blood and on B cell surface



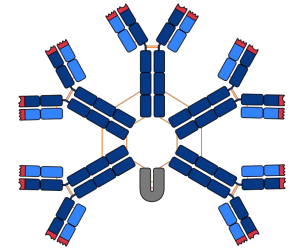
IgD both soluble and on B cell surface



IgE Parasite defence, allergic reactions

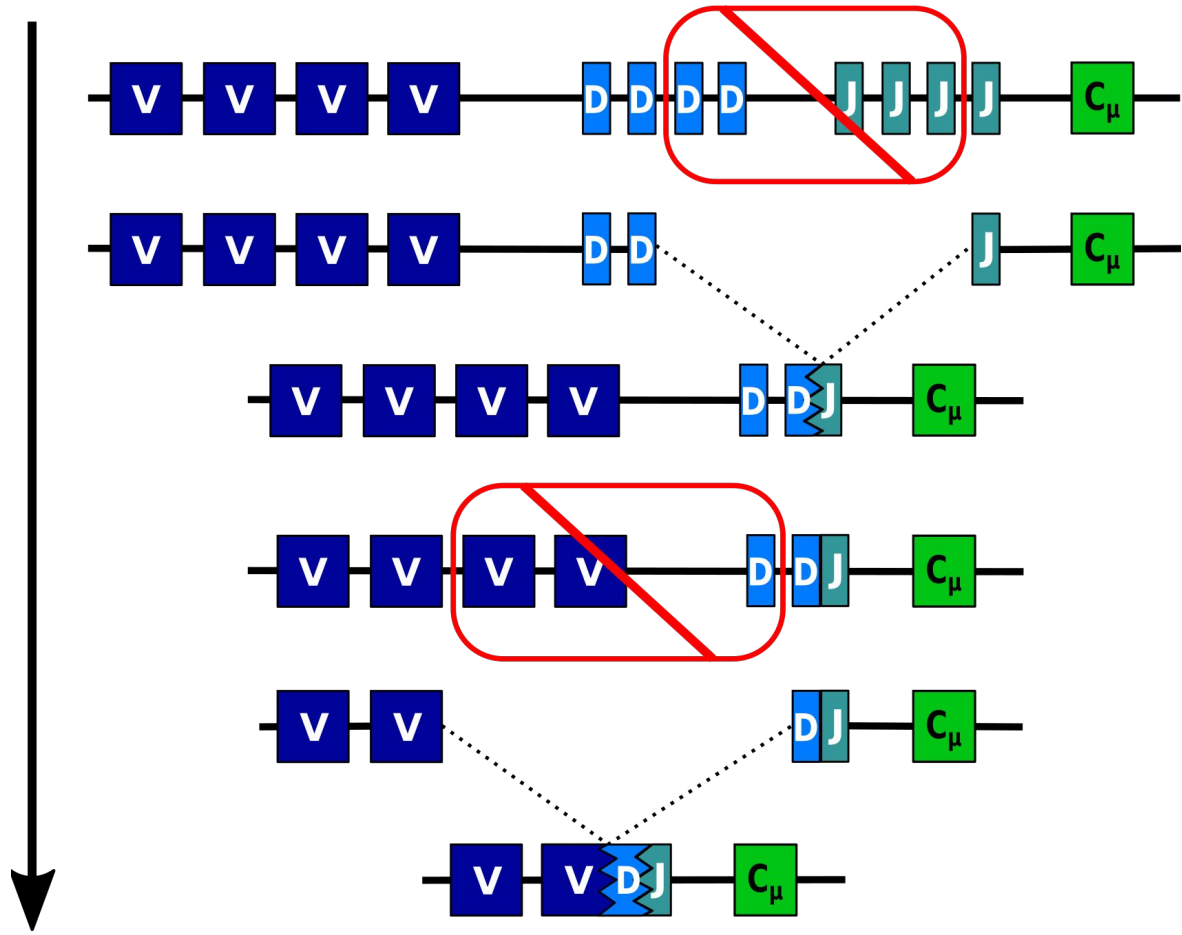


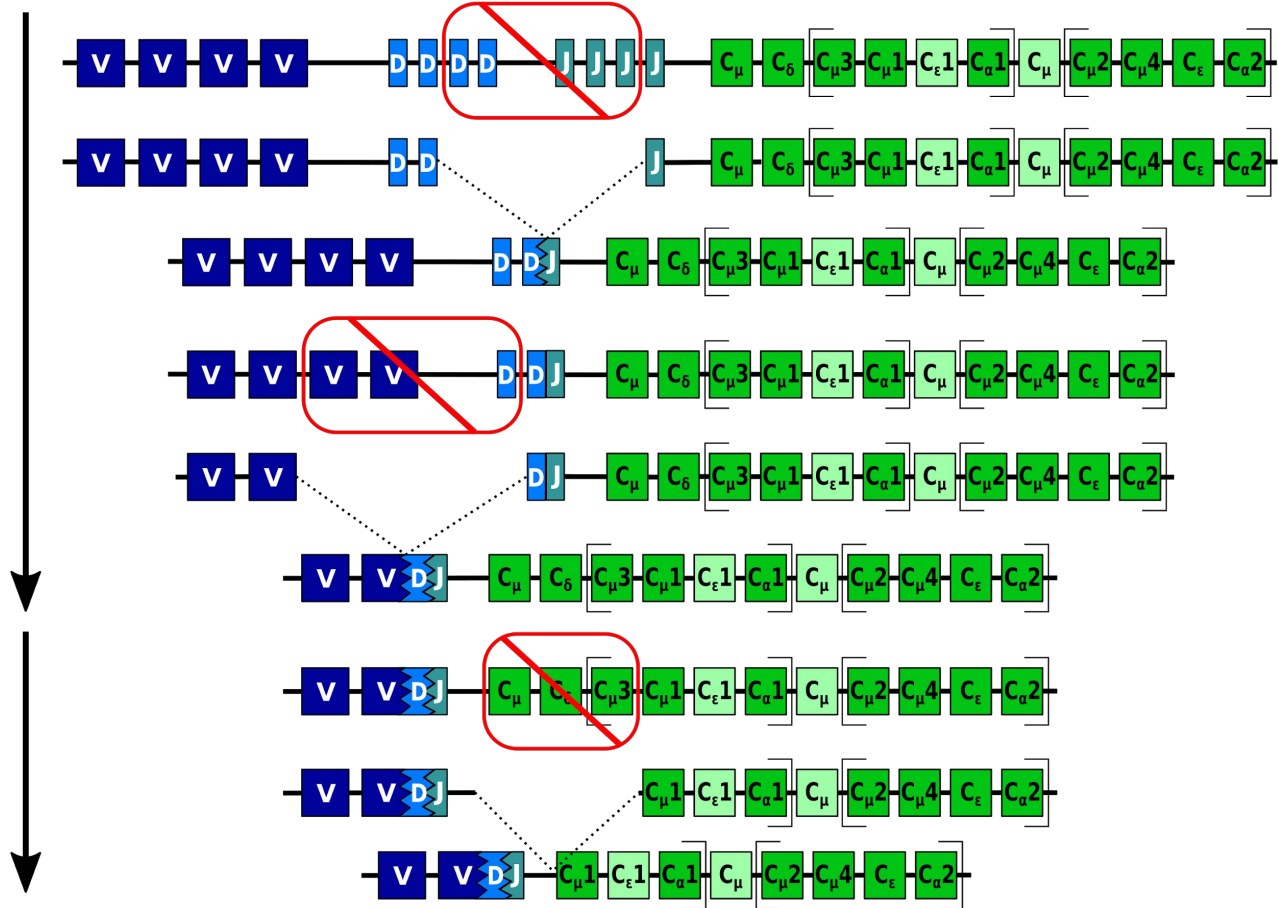
secretory IgA
secreted into mucous, saliva, tears, breast milk



IgG major Ig in the blood, human IgG can cross the placental barrier

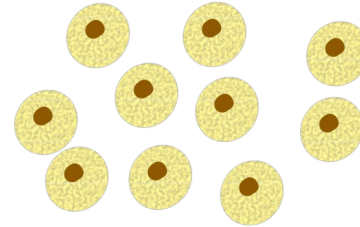
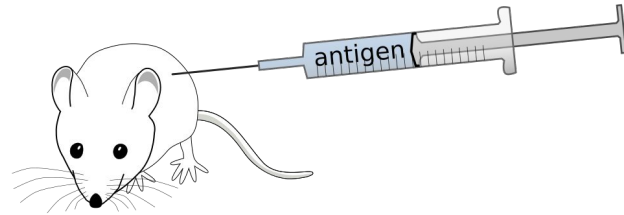
- Millions of different antigens, but only 4 immunoglobulin genes: *IGH* (Ig heavy chain), *IGK*, *IGL* (light chains Ig Kappa and Ig Lambda) and *IGJ* (joining chain)
- Each of us has $<4 \times 10^8$ different antibodies, roughly the same magnitude as B cells in the blood (but most B cells are not in the blood)
 - How does the body generate so many different antibodies?





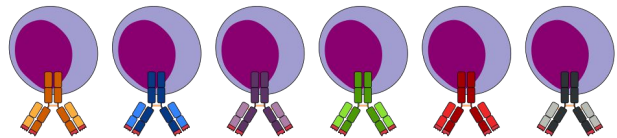
1. Assembly of the heavy chain by recombination from V (+D) + J + C genes
2. Assembly of the light chain by recombination from V + J (two different sets: kappa & lambda)
3. Heavy and light chain combinations
4. Addition and deletion of nucleotides during recombination (“junctional diversity”)
5. Somatic hypermutation upon B cell activation by AID (activation-induced cytidine amidase) enzyme until affinity ceiling reached

Method 1: Generation of mouse monoclonals in mice

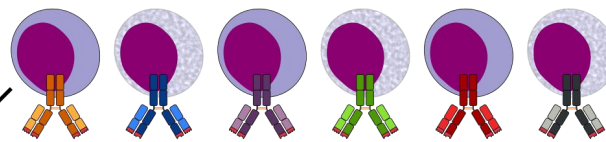


plasma cells from mouse spleen (& lymph nodes) cannot grow for long in cell culture

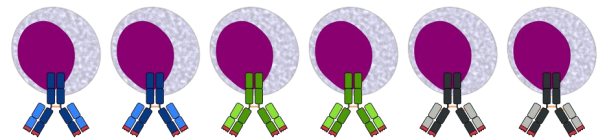
hypoxanthine-guanine phosphoribosyl-transferase (HGPRT)-negative myeloma cell line = cancerous immortal plasma cells



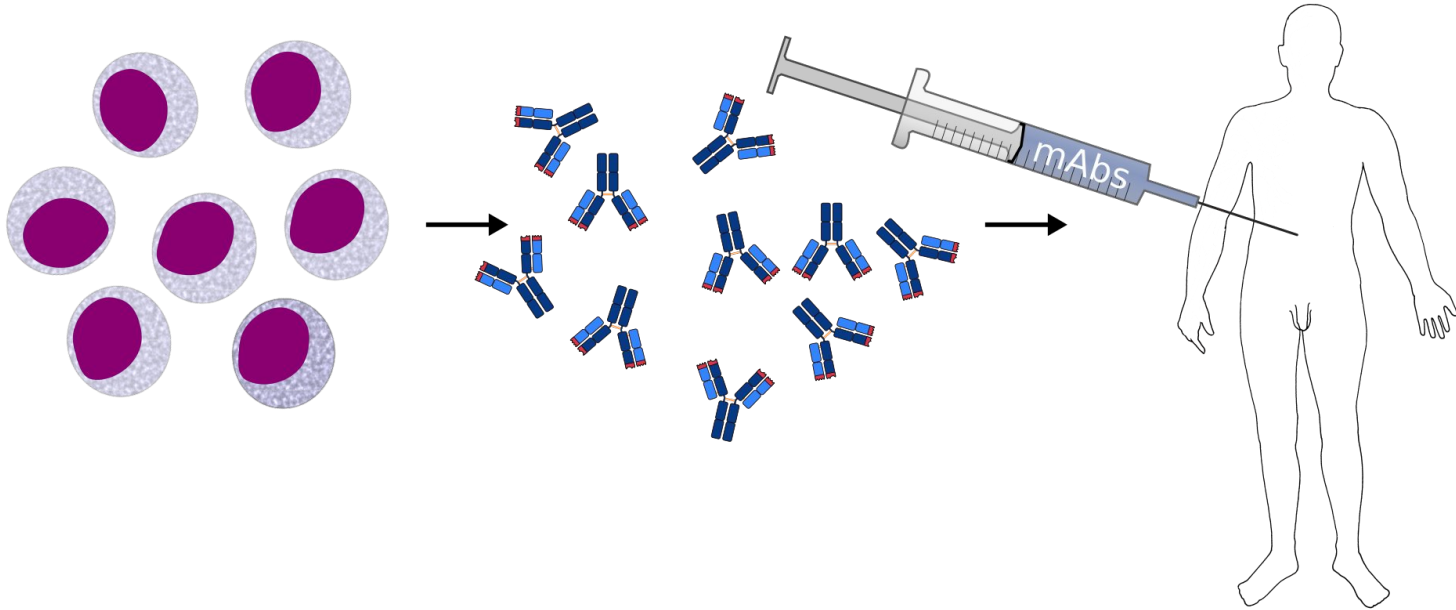
fusion



hypoxanthine-aminopterin-thymidine (HAT) selection



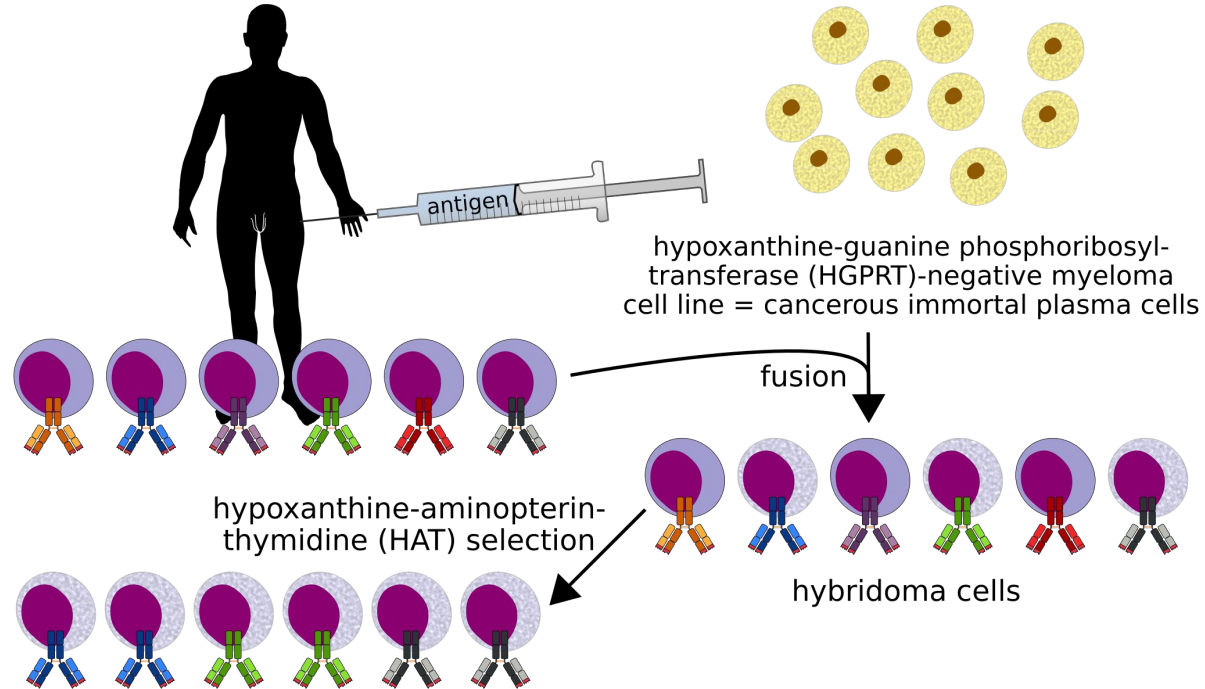
hybridoma cells



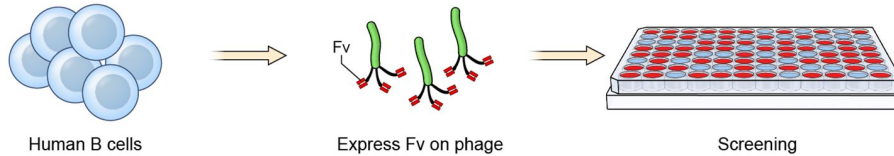
What happens if you inject mouse monoclonal antibodies (mAbs) into humans?

They are eliminated by an immune response!

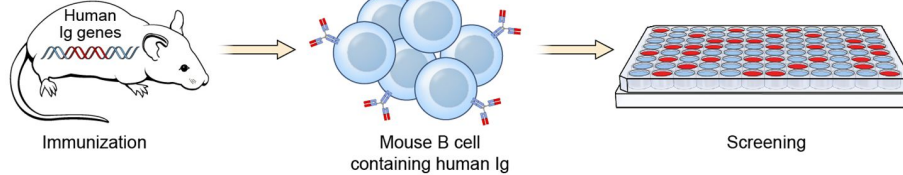
Using the same technology as for mice is not really an option (because most people would like to keep their spleen)



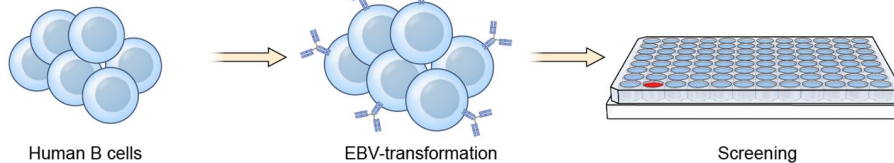
A Phage display



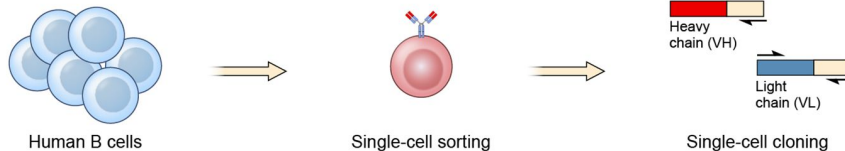
B Transgenic mice



C B cell immortalization

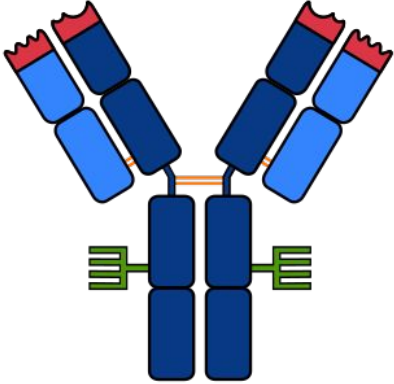


D Single B cell cloning

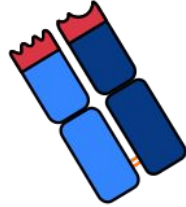


Almost all antibodies presently used in the clinics are made by phage display (A), humanization of mouse antibodies or transgenic mice (B).

B cell immortalization (C) and single B cell cloning (D) are believed to increase in importance in the future.



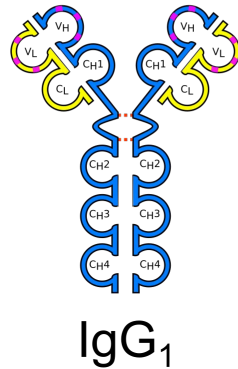
IgG₁
full antibody
~140 kDa



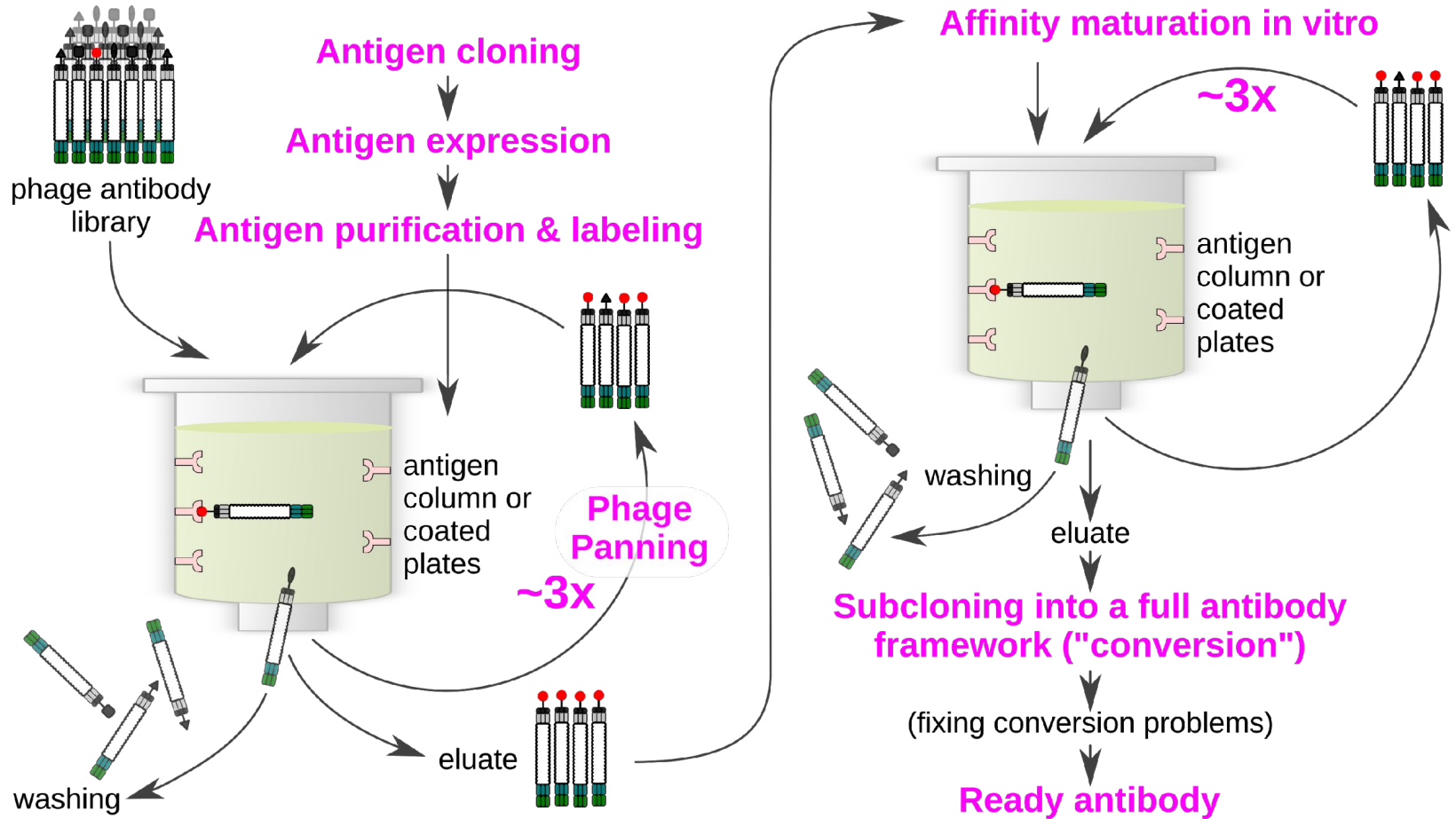
Fab
fragment
antigen binding
~50 kDa



scFv
single chain
variable fragment
~27 kDa



scFv
single chain
variable fragment





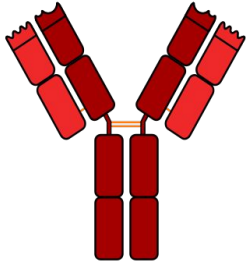
No affinity maturation by somatic hypermutation
(counter-measure: mega-libraries)



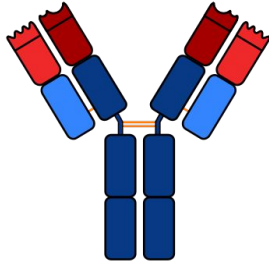
Weak elimination of antibodies with unfavorable physical attributes
(aggregation, protease-sensitive, low protein expression levels, etc.)



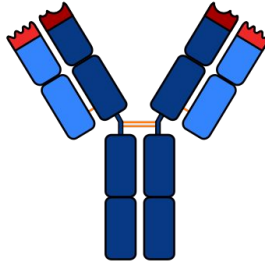
Mouse monoclonal



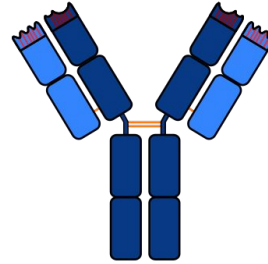
Chimeric monoclonal



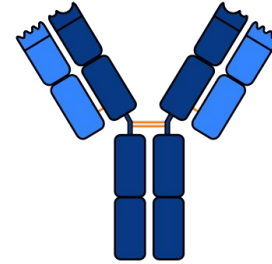
Humanized/ CDR-grafted monoclonal



Phage display synthetic monoclonal



Fully human/ transgenic human monoclonal



e.g. Muromonab ("Murom**o**mab") (Orthoclone OKT3)
1975
Köhler & Milstein

Ritux**i**mab (Rituxan)
1984
Morrison et al.

Bevaciz**u**mab (Avastin)
1986
Jones et al.

Adalim**u**mab (Humira)
1990
McCafferty et al.

Panitum**u**mab (Vectibix)
1994
Lonberg et al. & Green et al.





- XenoMouse: Cell Genesys/Amgen, <https://doi.org/10.1038/nbt1337>
- HuMab mouse: GenPharm/Medarex/Bristol Myers Squibb
- VelocImmune mouse (Regeneron): piece by piece in-place replacement, <https://doi.org/10.1073/pnas.1324022111>
- OmniRat® (OmniMouse®/OmniChicken®): OMT/Pfizer/Ligand: human V + rat C regions <https://doi.org/10.1038/s41598-020-57764-7>
- Alloy Gx™: Alloy Therapeutics Inc., royalty-free and proprietary, new player
- Kymouse™: Kymab Ltd./Wellcome Trust, human V + mouse C regions, <https://doi.org/10.1038/nbt.2825>
- Harbour Antibodies™: Harbour BioMed, normal (“H2L2”) and heavy chain only (“HCAb”), <https://doi.org/10.1073/pnas.0601108103>
- Trianni Mouse™: Trianni Inc., in-place replacement of V regions, <https://www.nature.com/articles/d42473-018-00011-5>

Why are hybridomas not used to produce antibodies in large scale?

- a) They are all initially inherently unstable (because they have a duplicate set of chromosomes); most of them stabilize after prolonged culture.
- b) Due to a), hybridomas are all a bit different from each other.

Antibody production workhorse: CHO (Chinese Hamster Ovary) cells

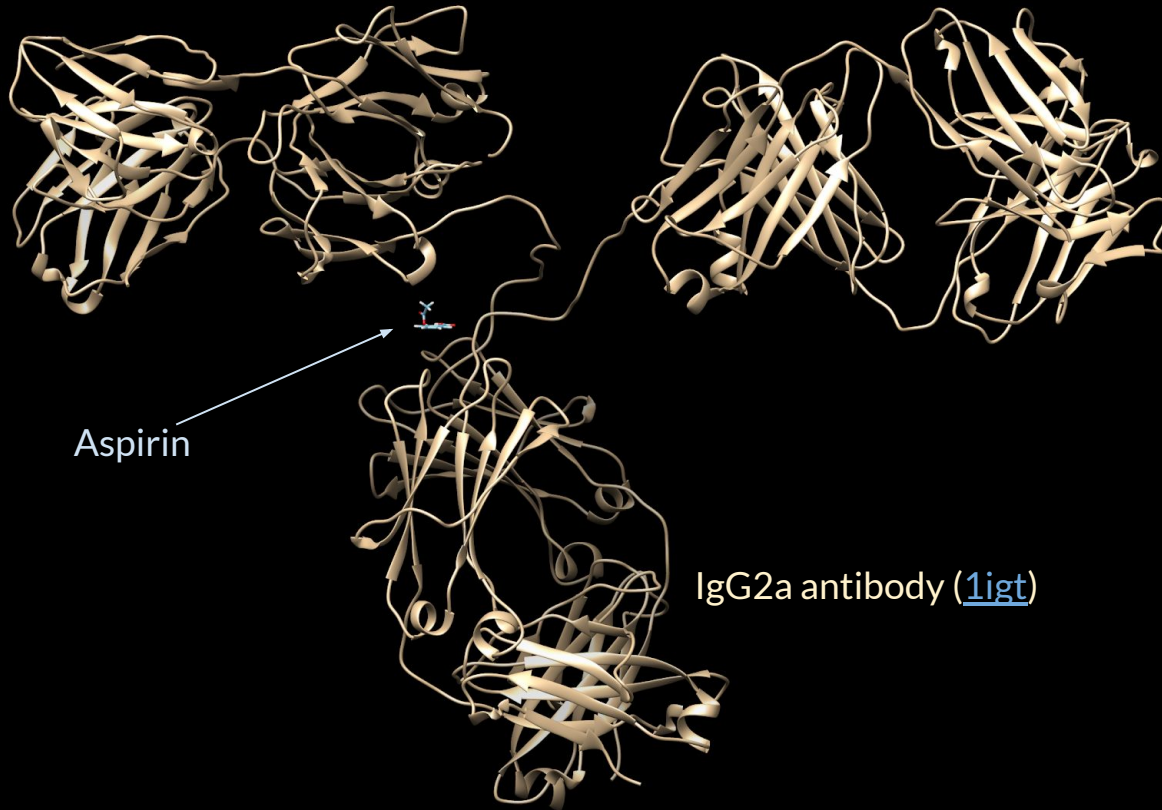
- a) Fast growth
- b) High protein production
- c) Can be grown as adherent and suspension cultures
- d) Mutant lines for cell line selection and amplification systems to increase protein production:
Dhfr-negative CHO cells (e.g. CHO-DG44, [evolution of CHO cells role in cell line development](#))

Why not to use transgenic animals to produce antibodies (e.g. sheep and goats who produce it in the milk)?

Making a CHO cell line takes about 6 weeks. Making a transgenic goat takes about 2 years (and establishing a trip of transgenic goats takes several years).

Why are animal cells used and not human cells?

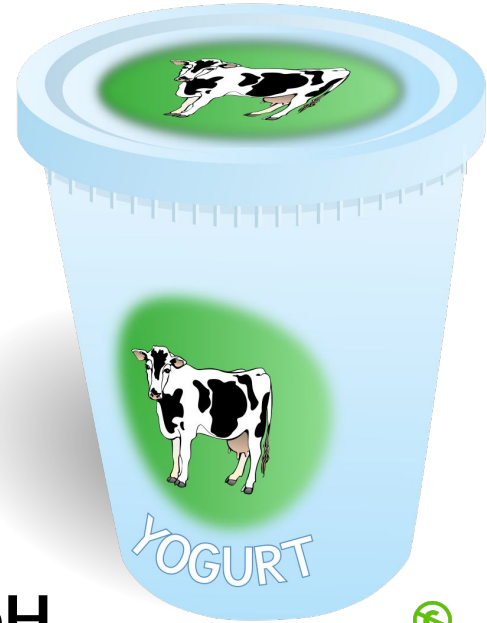
Human cells have been/are used (e.g. HT-1080 for making Epo). However, there is concern about human viruses. Most human viruses do not propagate in rodent cells (see e.g. the vesivirus case).



- Because of the large size (= complexity), the stability of antibodies is a very complex subject.
- Every antibody is different!



Heat

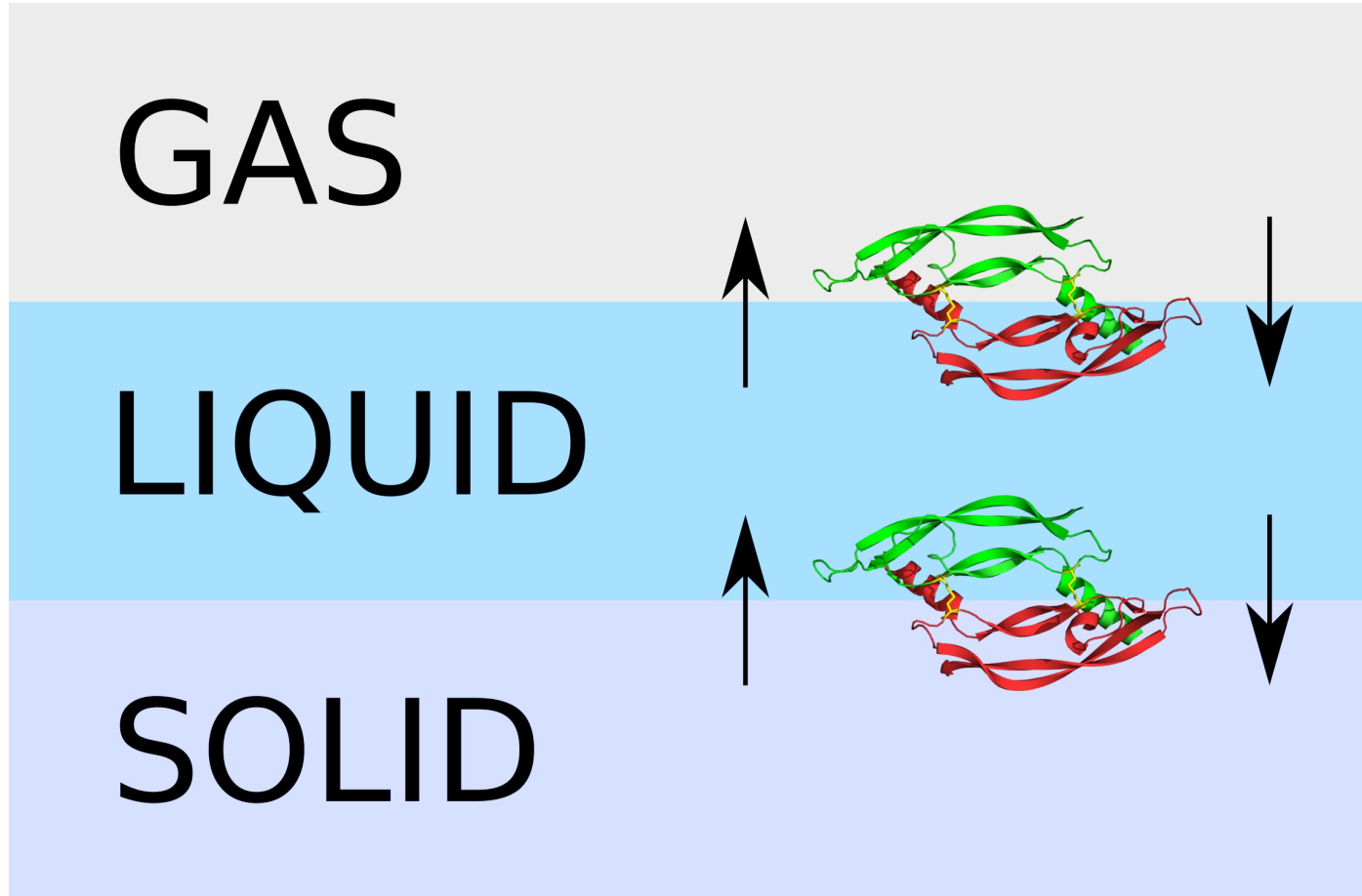


pH

→ Denaturation/Aggregation



Why does the egg white denature despite no pH and temperature change?



How to treat antibody solutions (and generally proteins) in the lab

- *Temperature*: Keep on ice!
- *pH*: Never change the pH (e.g. by diluting into a buffer with a different pH)!
- *Phase transitions*: Avoid freezing and thawing! Avoid making bubbles when pipetting!

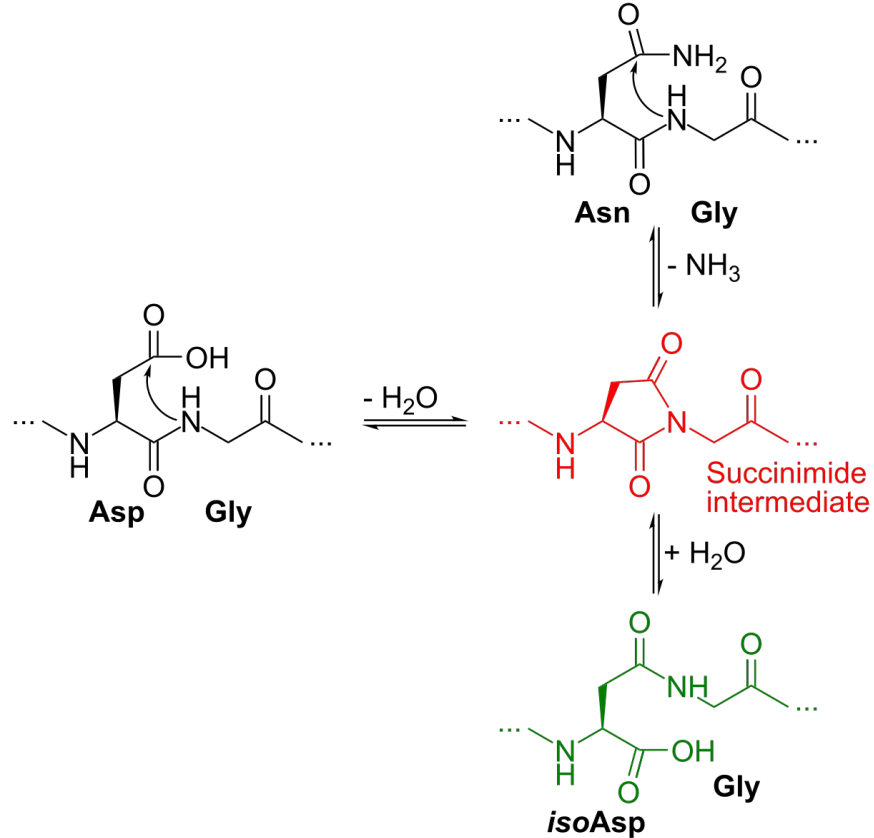


Chemical stability

Chemical and physical degradation are not separate but occur simultaneously and influence each other.

Most chemical degradation reactions require a solvent!
(Completely) dry proteins are stable for thousands of years.*

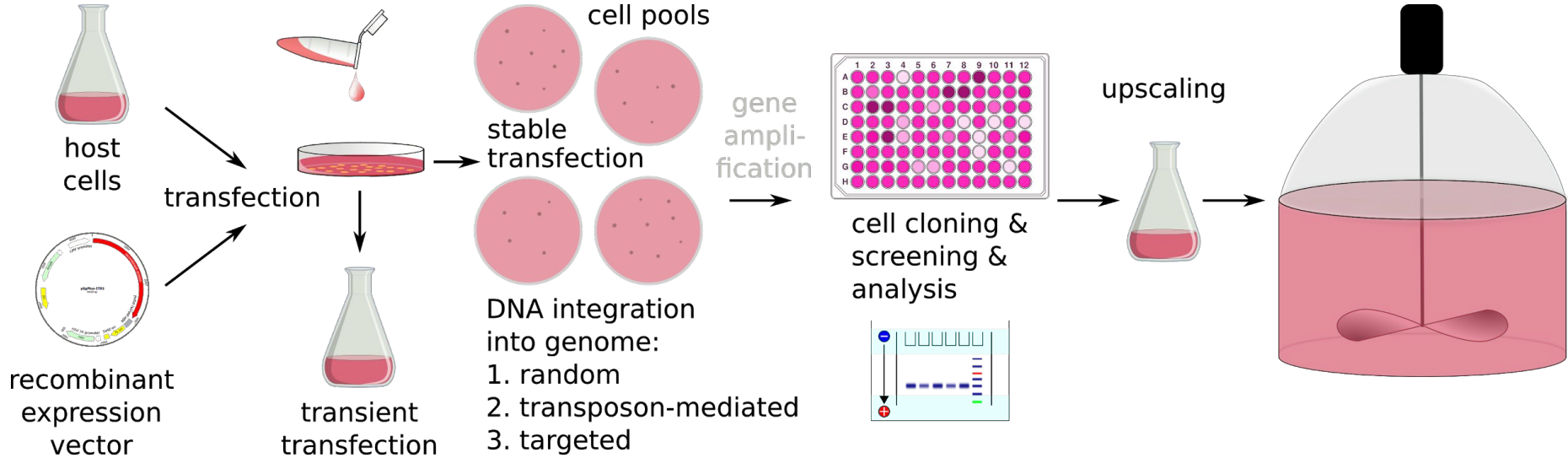
- Oxidation (Cys, His, Met, Phe, Trp, Tyr)
- Deamidation (mostly Asn, Gln)
- Isomerization (Asp, disulfide bonds)
- Cross-linking
- Proteolysis





Possible protein concentrations in conditioned cell culture medium have been constantly rising: ~50mg/l (1986), 4.7g/l (2004), ~10g/l (2019)*

- Higher cell density (medium and fermentation optimization, host cell engineering)
 - Longer production phase (host cell engineering, fermentation optimization)
 - Specific productivity (HT screening, host cell engineering, site-specific integration)
1. Gene amplification systems (MTX, GST)
 2. Targeted integration
 3. Improved vectors
 4. Genetically engineering host cells (e.g. antiapoptotic, capacity for post-translational modification)
 5. Better screening methods
 6. Media optimization
 7. Better culture conditions (“process development innovations”)



salvage pathway

FA: folic acid

FH2: dihydrofolate

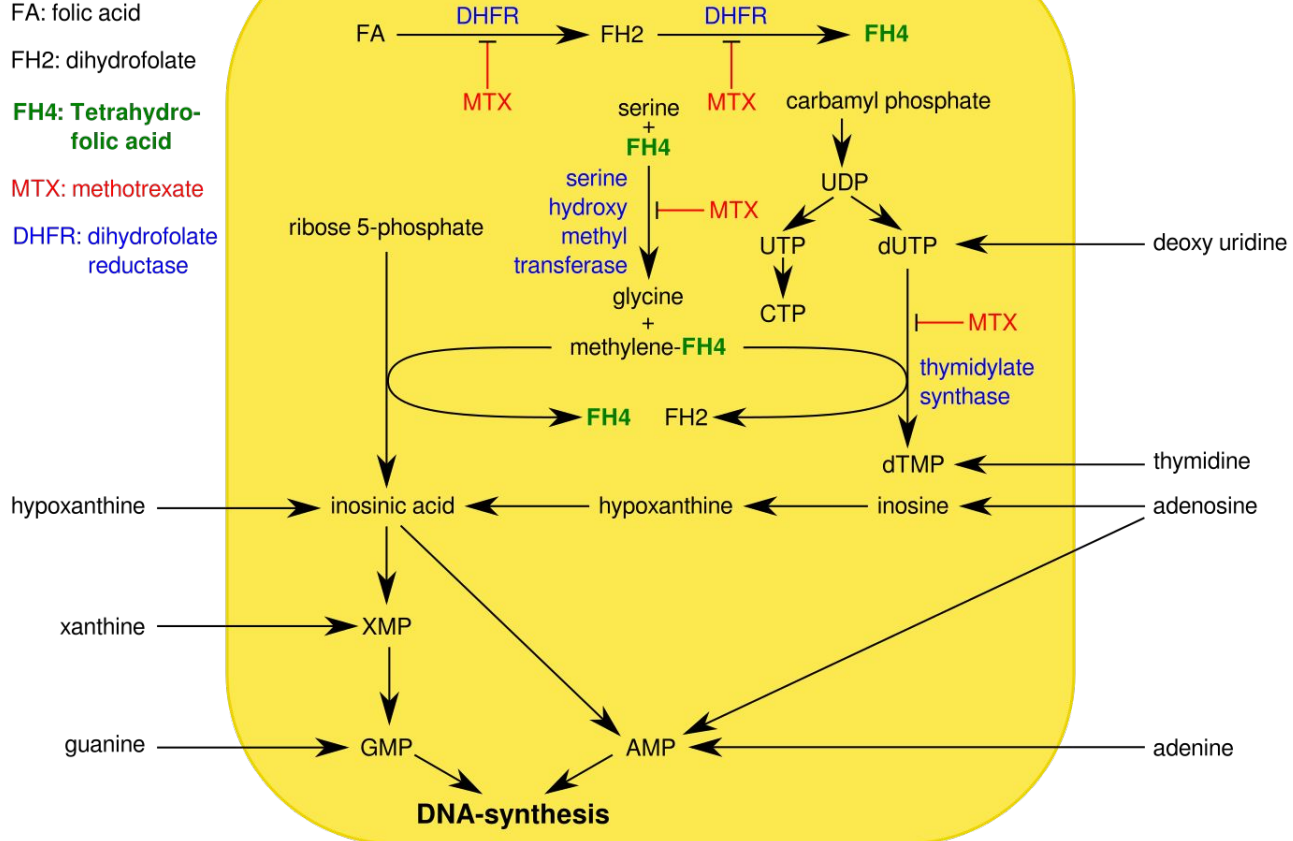
FH4: Tetrahydrofolic acid

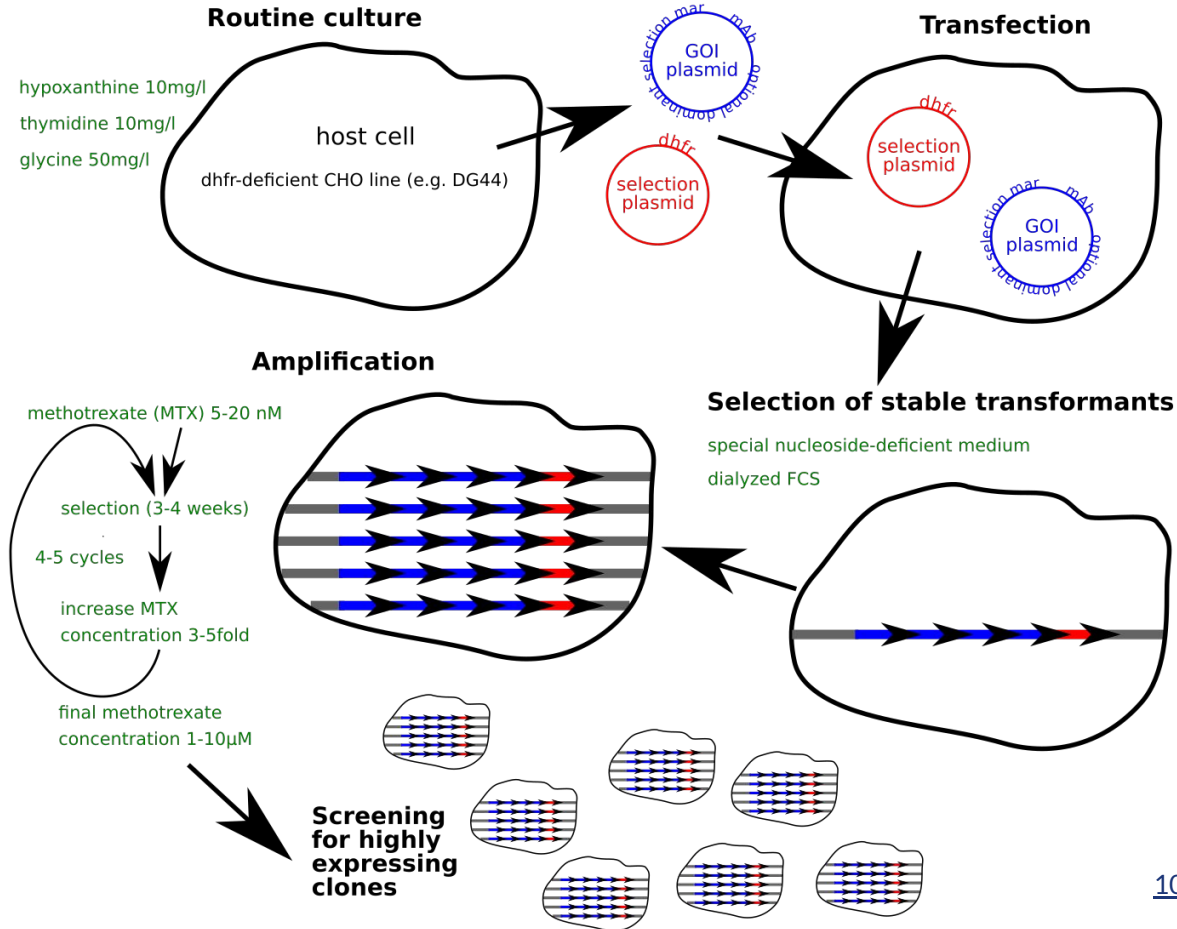
MTX: methotrexate

DHFR: dihydrofolate reductase

de novo pathway

salvage pathway



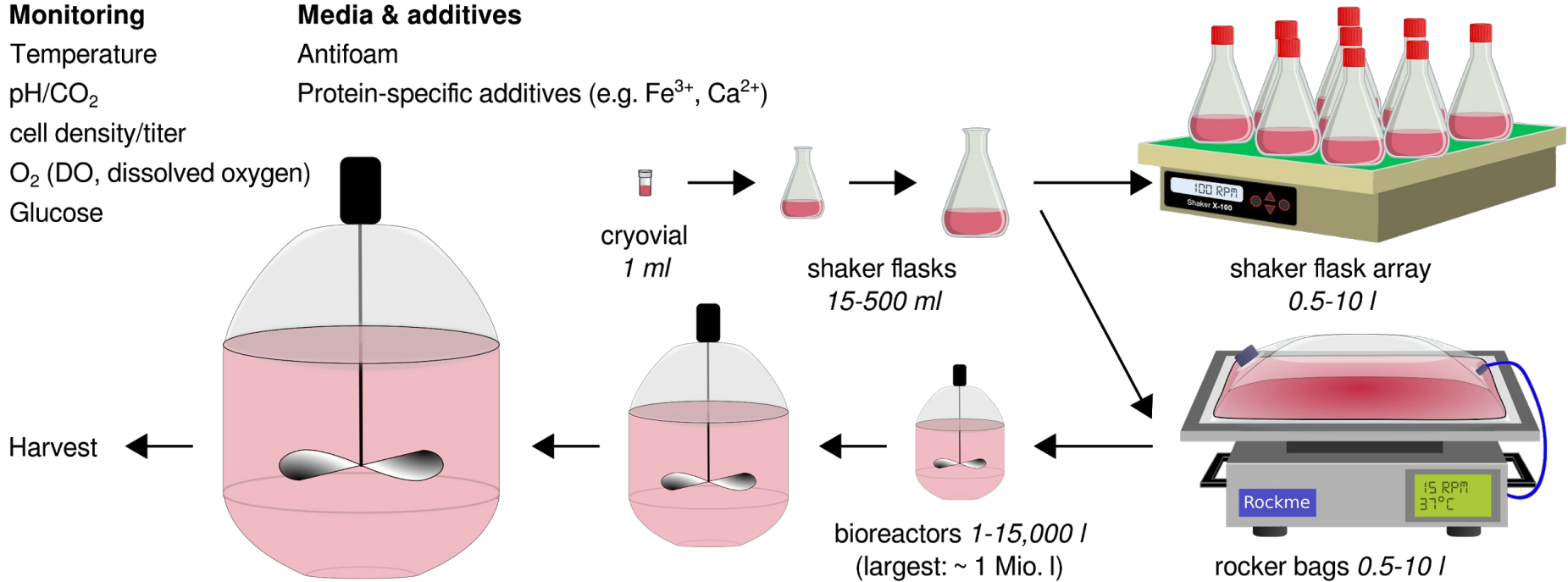


Monitoring

- Temperature
- pH/CO₂
- cell density/titer
- O₂ (DO, dissolved oxygen)
- Glucose

Media & additives

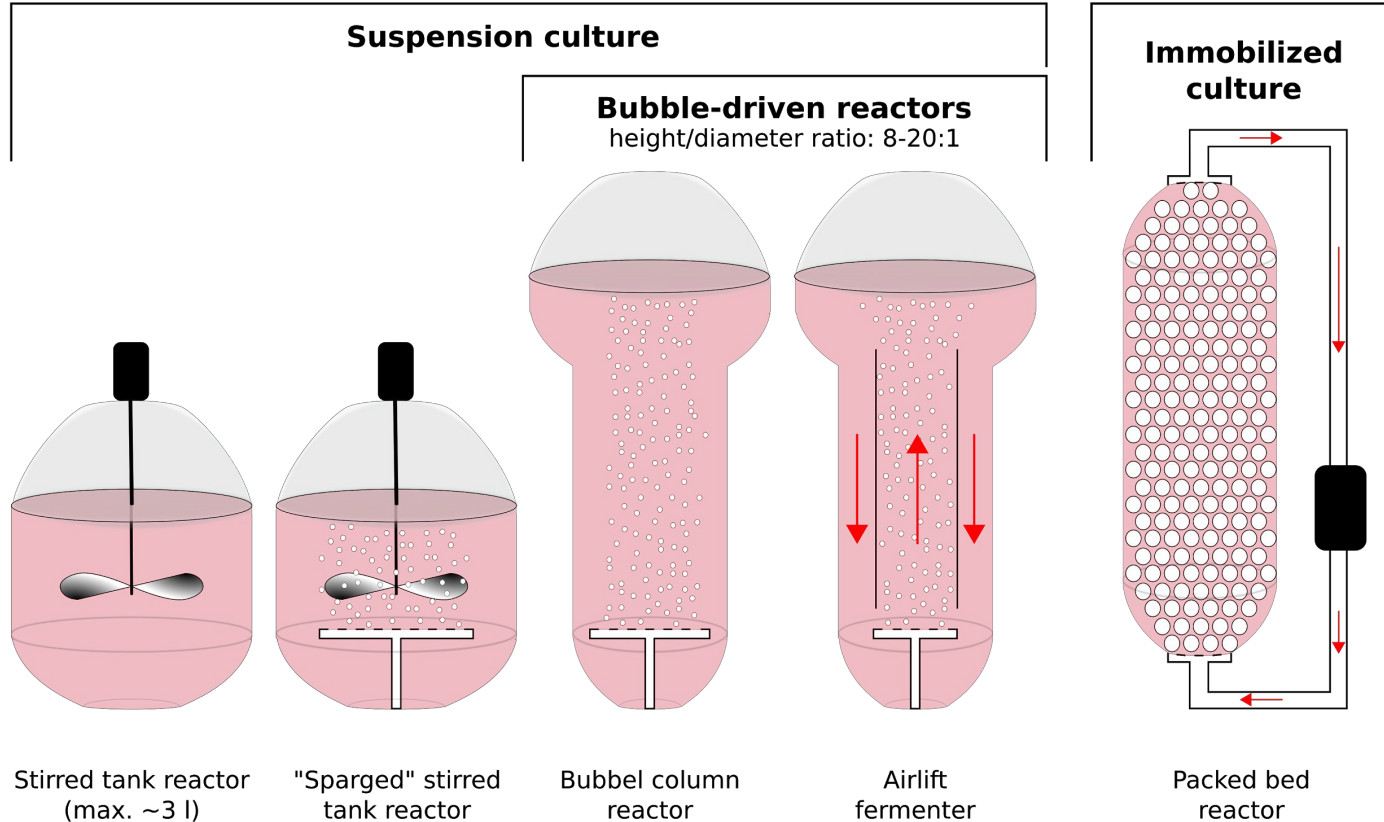
- Antifoam
- Protein-specific additives (e.g. Fe³⁺, Ca²⁺)



Cells don't like to grow alone!

Different operation modes:

- **Batch:** Inoculate final culture with cells. Done.
- **Fed-batch:** Inoculate final culture with cells, but keep adding nutrients/medium during production (mostly glucose)
- **Continuous feed:** Inoculate final culture with cells, add continuously medium during production and withdraw continuously medium & cells for purification.



stirred tank: shear forces from impeller => cell- and protein damage
 bubble-driven: foaming & bubble bursting => (intracellular/extracellular protein?)



© MINIFOR laboratory fermentor-bioreactor advanced kit 1L vessel-right" by LambdaCZ



© Large scale bioreactor by Sanofi Pasteur

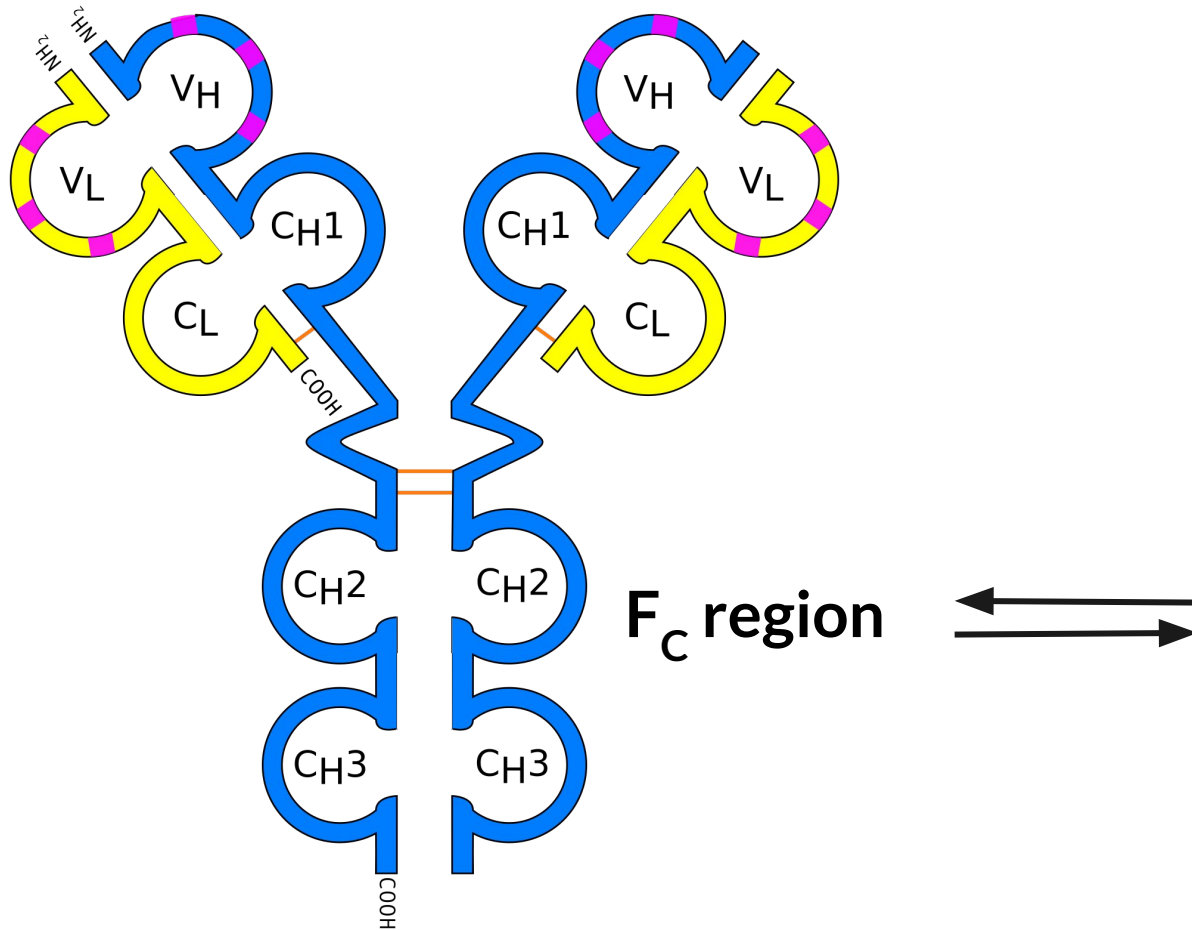
High-tech bioreactors do not necessarily result in higher yields compared to shaker flasks!

Pharmaceutical protein			
Product	Cell line	Application	Retail price per kg
Rituximab	CHO	Lymphoma	\$9,500,000
Eculizumab	NS0 (murine myeloma)	Paroxysmal nocturnal hemoglobinuria	\$23,000,000
Recombinant human growth hormone	<i>E. coli</i>	GH deficiency	\$137,000,000
rFVIIa	CHO	Hemophilia with antibodies against rFVIII	\$2,070,000,000
rHepatitis B Surface Antigen	<i>S. cerevisiae</i>	Vaccine	\$5,400,000,000
rFVIII	CHO	Hemophilia	\$9,600,000,000
Industrial protein			
Product	Cell line	Application	Retail price per kg
Cellulase	<i>T. reesei</i>	Fuel ethanol	\$10
r β -Glucosidase	<i>E. coli</i>	Fuel ethanol	\$37

Retail pricing of recombinant proteins. rFVIIa—recombinant activated factor VII; rFVIII—recombinant factor VIII (<https://doi.org/10.3390/pr7080476>).



- Recouping the development costs
(17% of revenue versus 2% average for a S&P500 company)
- Clinical phase 3 trial costs: ~\$41k per patient
(https://aspe.hhs.gov/system/files/pdf/77166/rpt_erg.pdf)
- Safety issues: keeping the culture contamination-free
(disposable bioreactors for up to 4000l, example of severe drug shortage due to contamination: [Cerezyme for Gaucher disease](#))
- Purity requirements for the end product and the starting material
(also for trivial chemicals such as water)
- Quality control & regulatory oversight



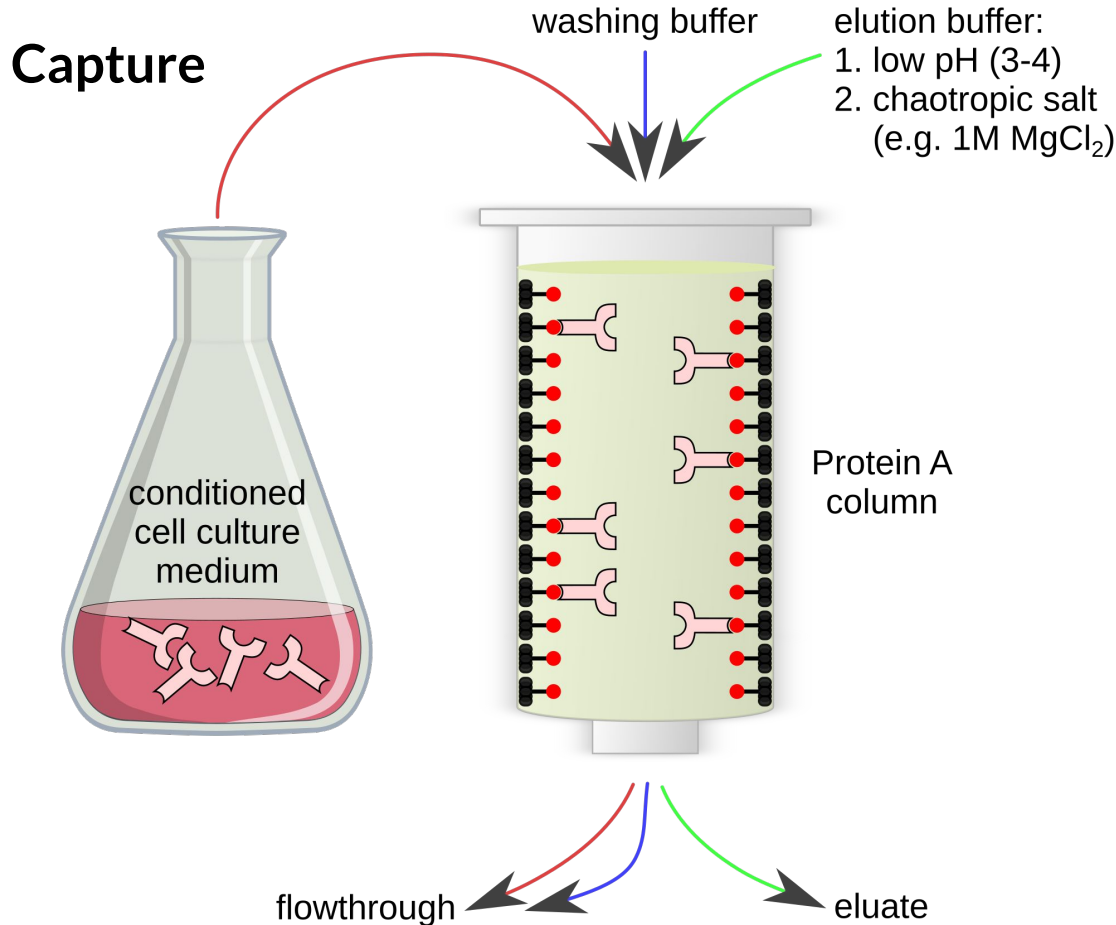
Bacterial surface proteins:

- Protein A
- Protein G
- Protein L



Species	Immunoglobulin	Protein A	Protein G	Protein L*
Human	IgG1	++++	++++	++++
	IgG2	++++	++++	++++
	IgG3	-	++++	++++
	IgG4	++++	++++	++++
	IgM	-	-	++++
	IgA	-	-	++++
	IgE	-	-	++++
Mouse	IgG1	+	++++	++++
	IgG2a	++++	++++	++++
	IgG2b	+++	+++	++++
	IgG3	++	+++	++++
Rat	IgG1	-	+	++++
	IgG2a	-	++++	++++
	IgG2b	-	++	+
	IgG2c	+	++	++++
Goat	IgG	+/-	++	-
Rabbit	IgG	++++	+++	+
Sheep	IgG	+/-	++	-

*Protein L binds only antibodies that contain the a subset of *kappa* light chains: human VkI, VkIII and VkIV (but not to VkII), mouse VkI.



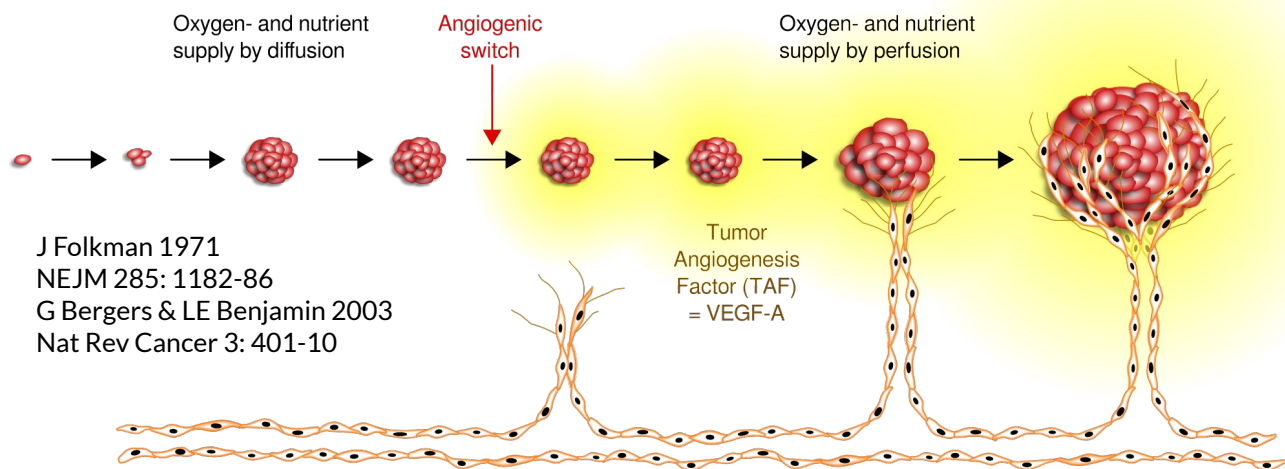
Polishing

- Size-exclusion chromatography (ideal for research but does not scale well since it requires a low $V_{\text{sample}}/V_{\text{column}}$)
- Ion exchange
- “Mixed-mode resins” (e.g. hydroxyapatite: ion exchange & hydrophobic interaction)

- Many advances are kept proprietary (trade-secrets) and are not patented.
- Other systems have been commercialized (i.e. are not available for academic research due to budget limitations).
- Startup companies sometimes prefer old-fashioned systems, which are free from intellectual property rights.



- Avastin (bevacizumab): VEGF monoclonal antibody
- Aflibercept: antibody/VEGF receptor fusion
- Herceptin (trastuzumab): Her2 monoclonal antibody
- Trastuzumab emtansine: Her2-mAb conjugated to DM1 (https://en.wikipedia.org/wiki/Trastuzumab_emtansine), T-DM1 (Kadcyla)



J Folkman 1971
NEJM 285: 1182-86
G Bergers & LE Benjamin 2003
Nat Rev Cancer 3: 401-10



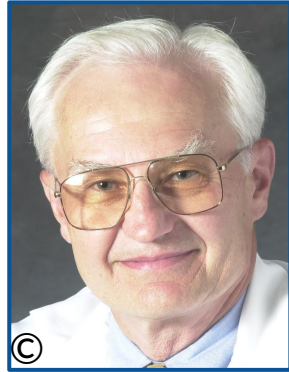
Judah Folkman (1933 - 2008)

Judah Folkman
proposes the
concept
of antiangiogenic
tumor therapy



1971

Harold Dvorak
isolates Vascular
Endothelial
Growth Factor
(VEGF)



1983

Napoleone
Ferrara generates
neutralizing
mouse antibodies
against VEGF



1992

Clinical trials
start with the
humanized
anti-VEGF
antibody
("bevacizumab")

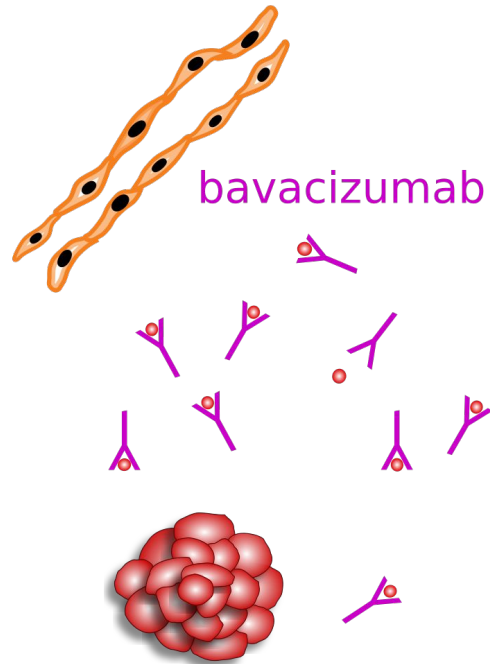
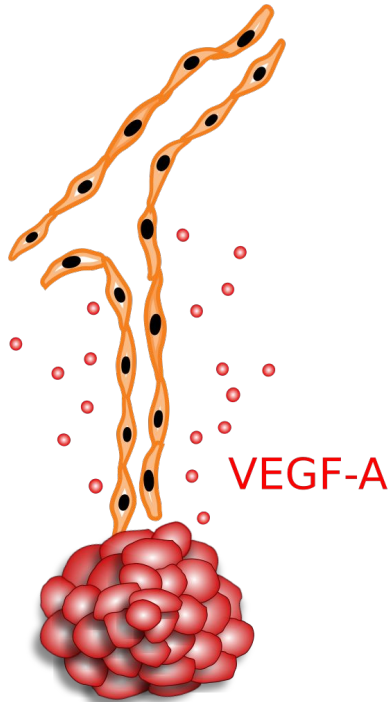
1997

Bevacizumab
receives FDA
approval
for treatment of
colon cancer

2004

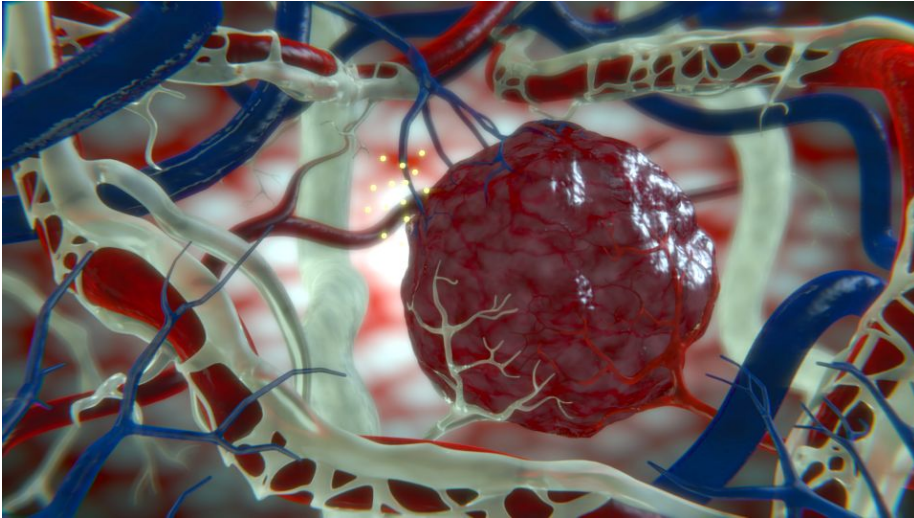


Avastin® (Bevacizumab)



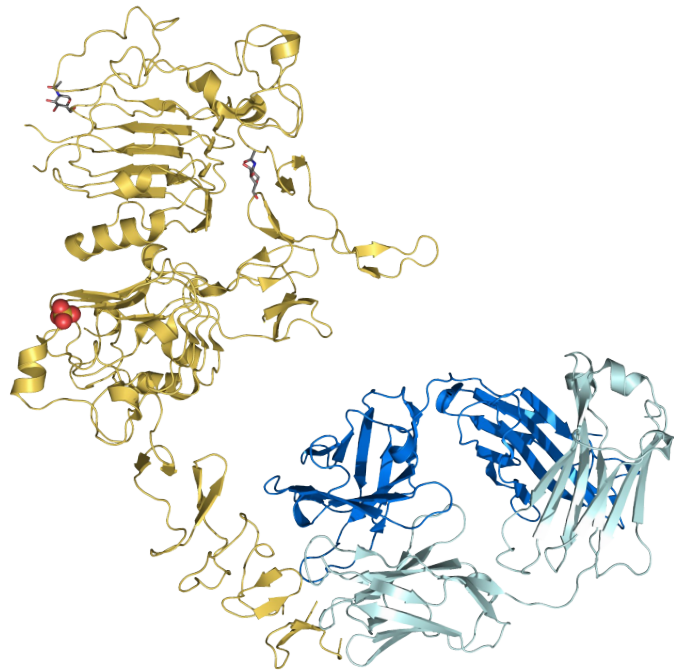
- Humanized mouse monoclonal antibody
- Suppresses the growth of blood vessels (“anti-angiogenic”)
- Hypothesis: Tumors need blood vessels to grow big

<https://doi.org/10.1016/j.bbrc.2005.05.132>



- *Indications:* different cancers (colorectal, lung)
- *Available in Finland:* yes
- *Company:* Genentech (US) → Roche
- *Interesting:* This drug was predicted in 1971 by Judah Folkman
- Market introduction: 2004

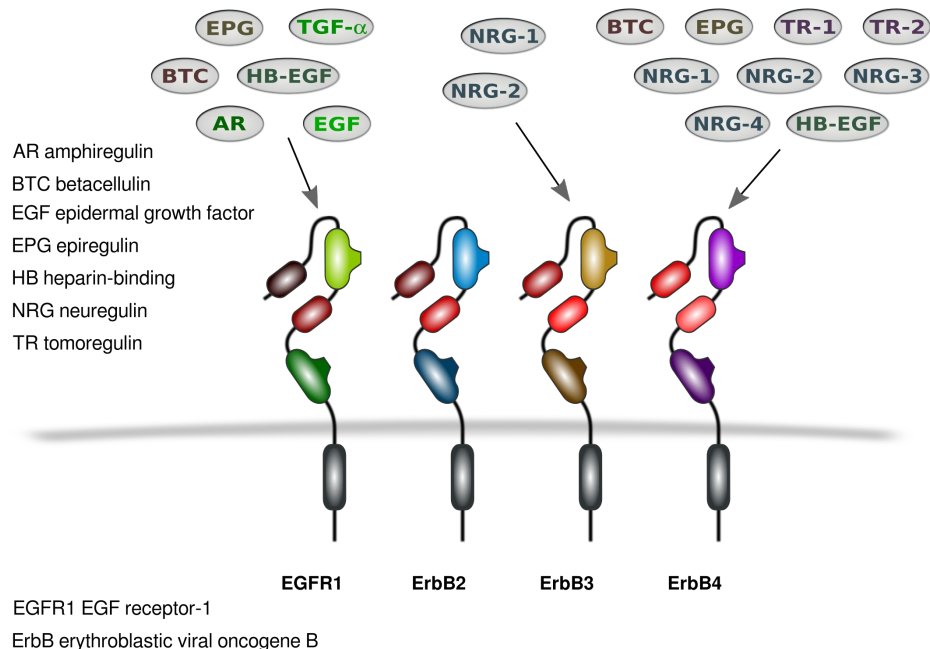
Herceptin® (Trastuzumab)



Antibody against ERBB2 (HER2)

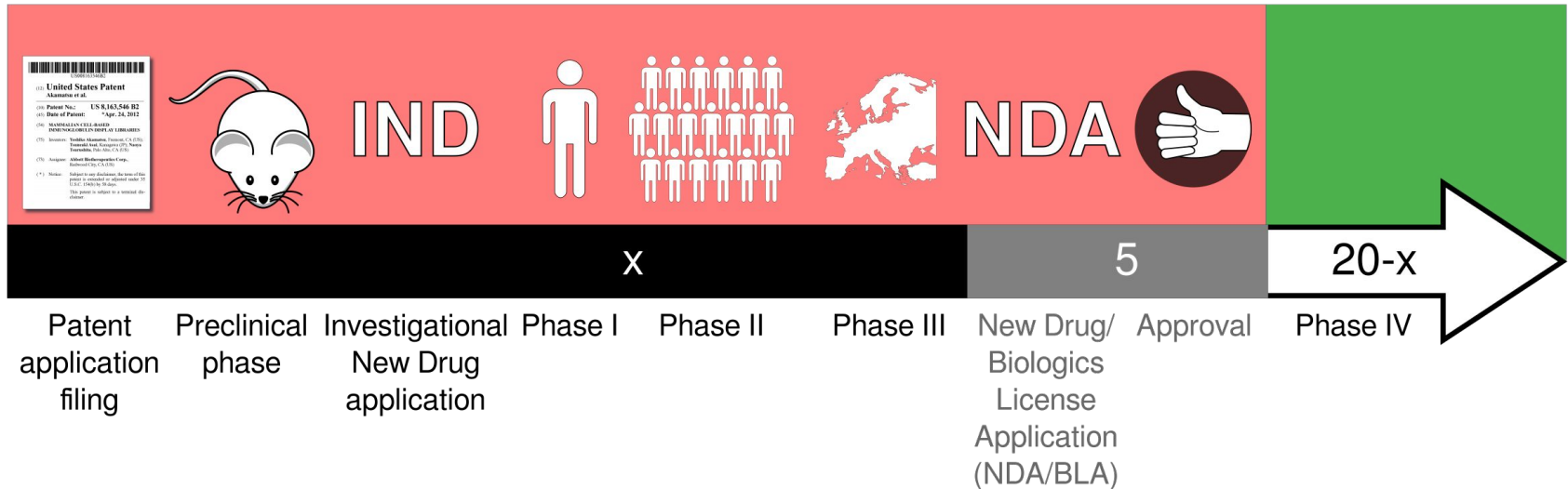
- ErBB2 = tyrosine kinase receptor
- Overexpressed in ~15-30% of breast cancers
- One of the oldest mAbs still in use

<https://www.gene.com/stories/her2/>



- *Indications:* ERBB2⁺ breast cancer
- *Available in Finland:* yes
- *Company:* Genentech (US) →
- *Interesting:* ERBB2 is a receptor, but it has no known ligands, several *biosimilars* available since 2017
- Market introduction: 1998

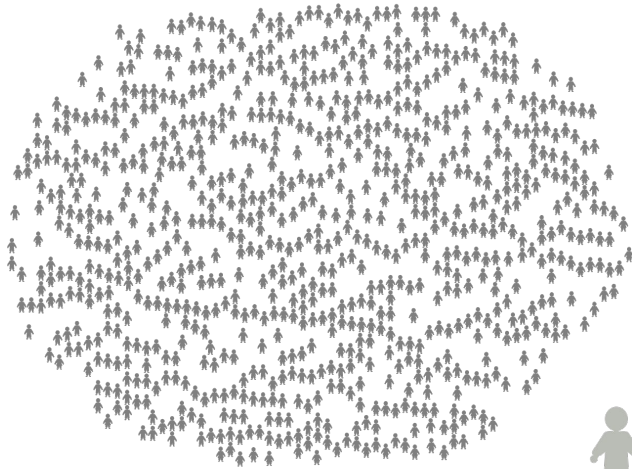
20+5* years of patent protection



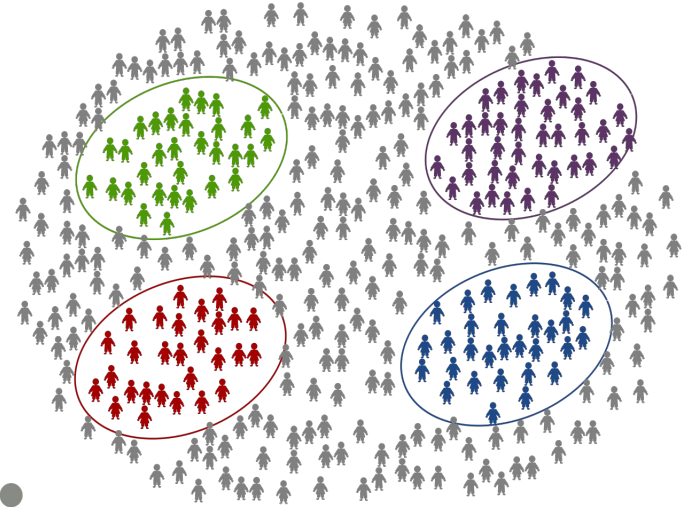
*Only for drug patent (compensation for the expected delay due to approval process).

- Biosimilars copy biologics and are typically launched after the original drug's patent-protection has ended.
- Different regulatory framework compared to original biologics and small molecule drug generics
- Lots of antibody drugs' patent protections will end over the next years: lots of biosimilars
- Reducing prices and increasing availability of biologics

“One-size-fits-all” medicine

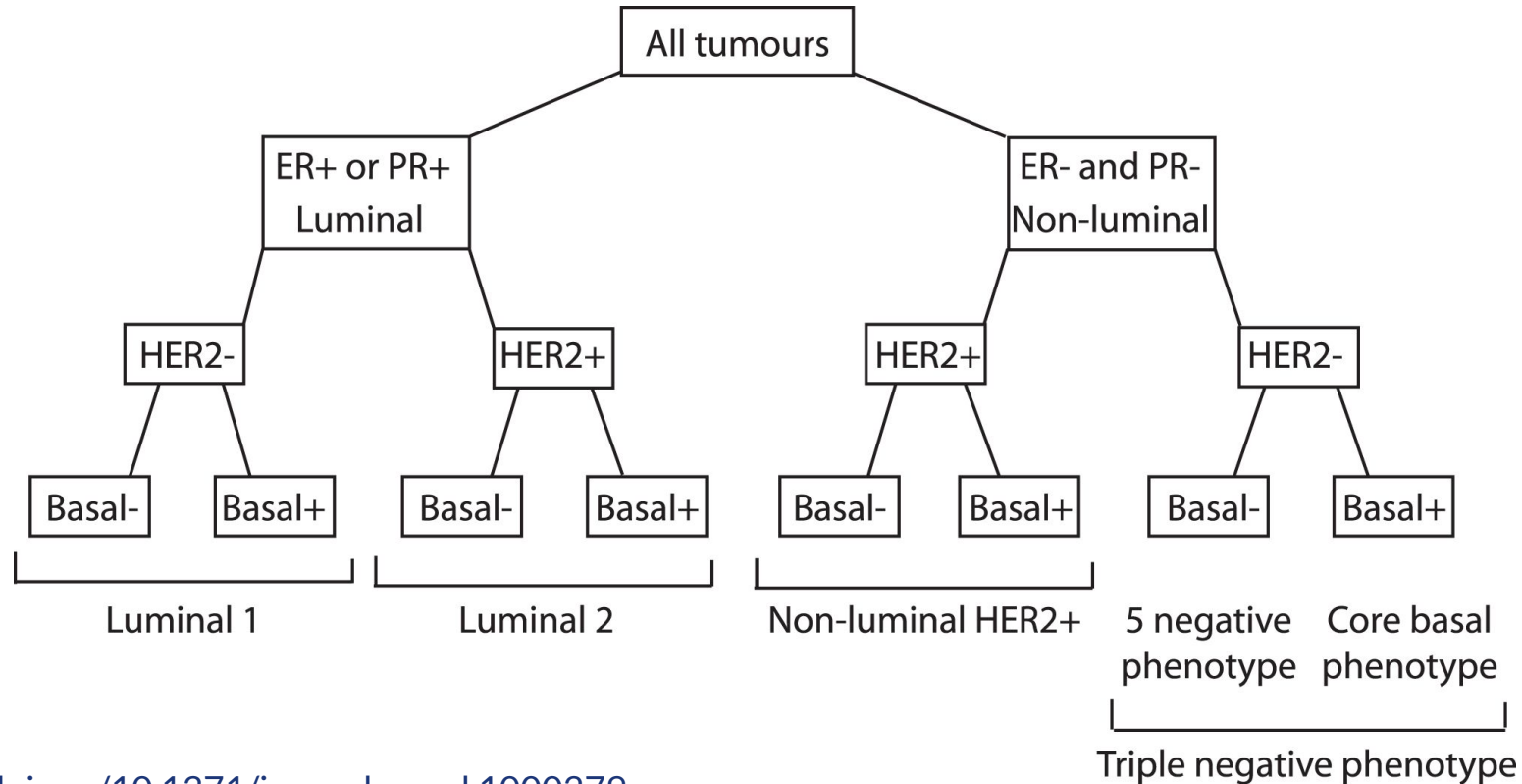


Stratified medicine/Precision medicine



Personalized medicine



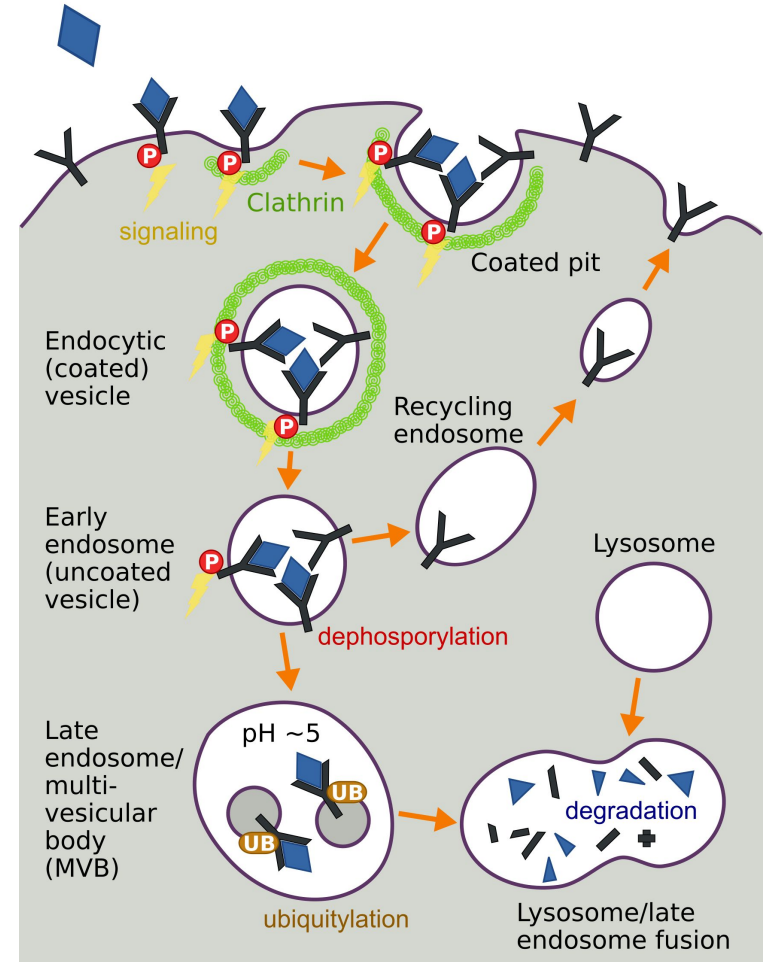


 <https://doi.org/10.1371/journal.pmed.1000279>

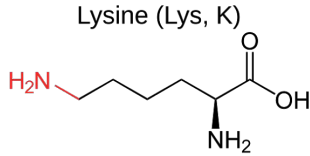
The luminal/basal designation originates from the histological phenotype (cancer cells resemble cells of the lumen-facing or the underlying basal cell layer).

What happens after an activating ligand has bound to a receptor?

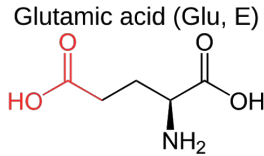
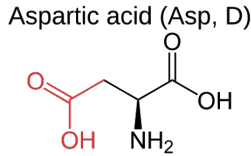
- 1) Signaling
- 2) Receptor/ligand complex internalization (negative feedback loop) into endosomes
- 3) Signaling vs. dephosphorylation
- 4) Sorting of ligand and receptor in late endosomes
- 5) Dissociation of ligand and receptor in late endosomes, ubiquitylation
- 6) Recycling of receptor to the cell surface (via transport vesicles)
- 7) Targeting of ligand (and receptors) to lysosomes for degradation



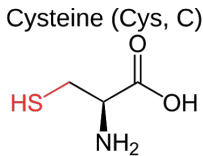
primary amines



carboxyl group

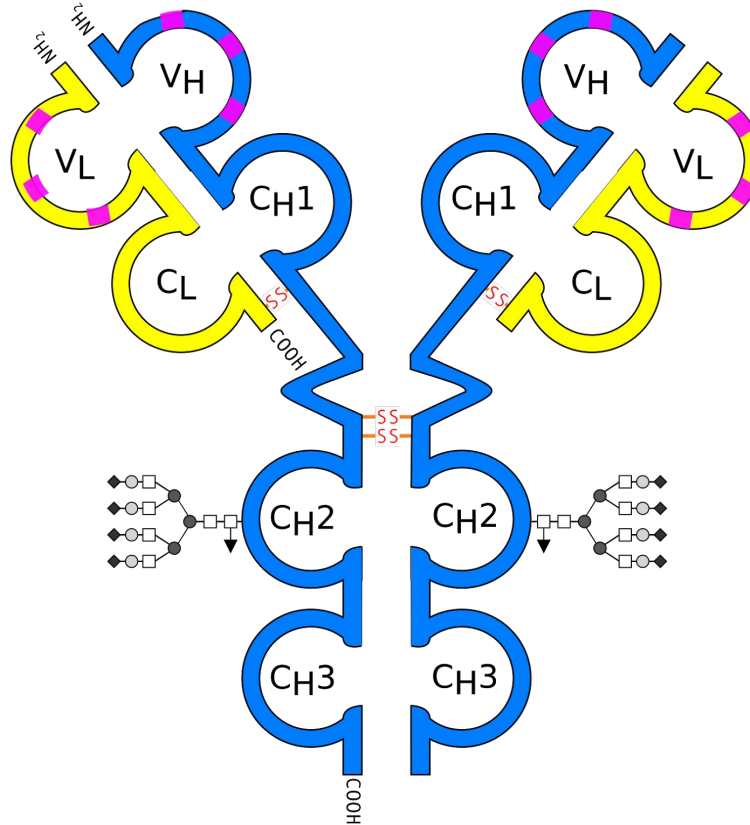


sulfhydryl group



carbonyl group

glyco-
proteins



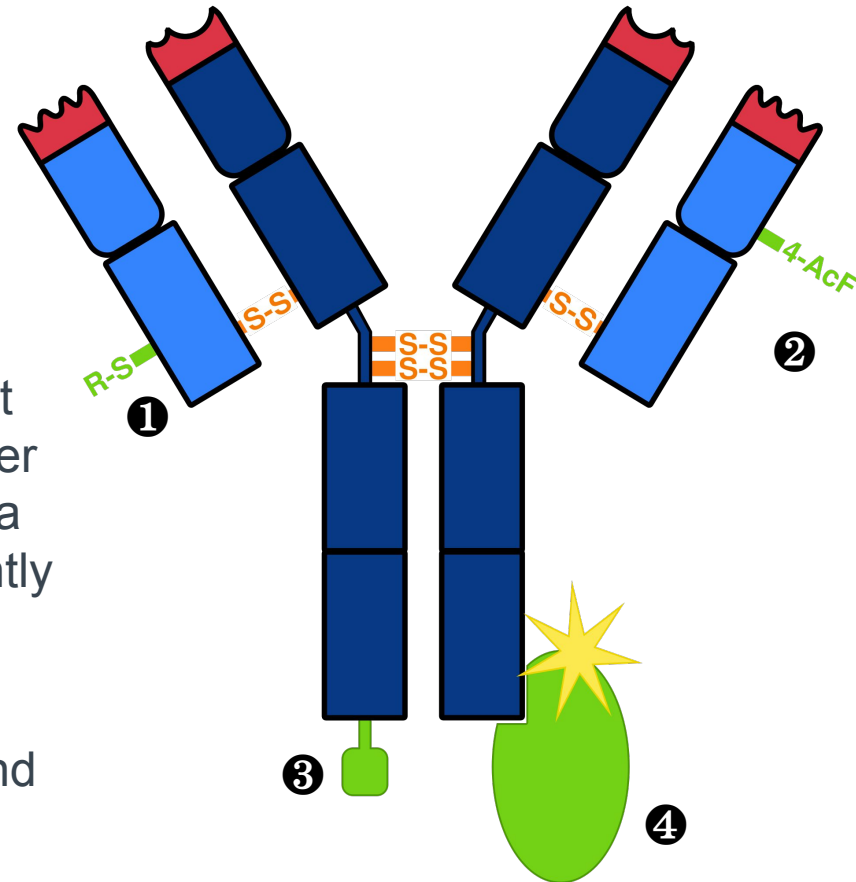
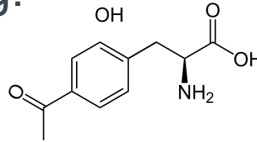
Problem:
All of these
groups
occur
multiple
times
in most
proteins!

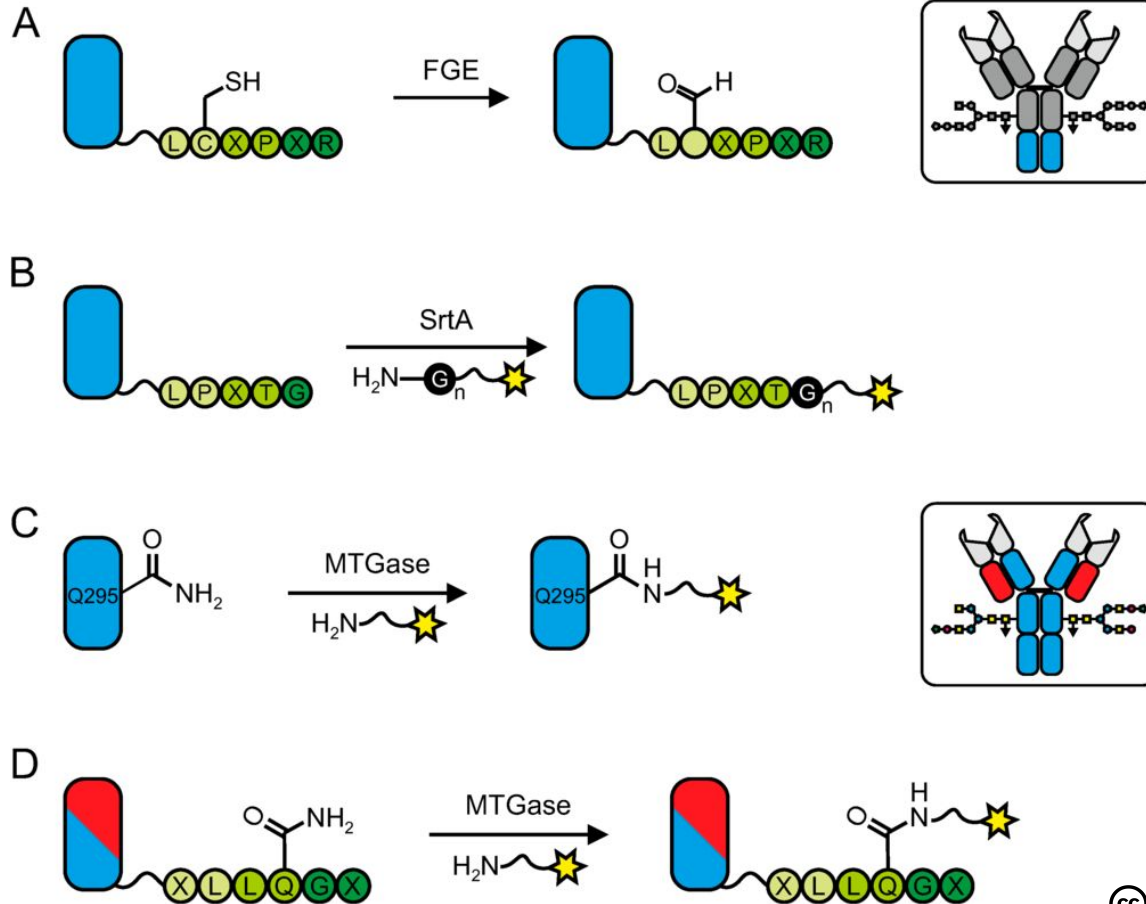
- Conjugate with toxin, tag, enzyme, other protein, radionuclide, etc.
- Immobilize a protein
- Stabilize, capture, other esoteric reasons
- Antibody drug conjugates (ADC) are mostly explored as cancer drugs, the “**payload**” being often a cytotoxic small molecule (combining antibody **specificity** and small molecule **cytotoxicity**)

- Chemical specificity, homobifunctional or heterobifunctional?
- Spacer length and cleavage possibilities
- Hydrophobic or hydrophilic?
- Spontaneously reactive or photoreactive?

- Disuccinimidyl suberate (DSS, links to N-terminal amino group and lysine side chains, typical use: receptor-ligand cross-linking, homobifunctional)
- m-maleimidobenzoyl-N-hydroxysuccinimide ester (MBS, links to N-terminal amino group and lysines side chains on one end and cysteines at the other end, typical use: antibody-enzyme linking, heterobifunctional
Example of heterobifunctional linker use in antibody production use: ADC trastuzumab emtansine (**Kadcyla**®, price ~70000 €/14 treatment cycles à 3 weeks)
- Prelinked popular moieties: biotin, HRP, dyes (most used: N-Hydroxysulfosuccinimide (NHS) esters, “labelling kits”)

1. Engineered cysteines (“THIOMABs”, [10.1038/nbt.1480](https://doi.org/10.1038/nbt.1480)) or selenocysteines* ([10.1073/pnas.0800800105](https://doi.org/10.1073/pnas.0800800105))
2. Non-natural amino acids (e.g. 4-Acetylphenylalanine [10.1039/B108185N](https://doi.org/10.1039/B108185N))
3. Tags: a specific amino acid sequence that is then targeted by an enzyme which either attaches directly the payload or modifies a nearby amino acid, which can subsequently specifically targeted.
4. Non-covalent interactions (e.g. protein A, ZZ), can be converted into a covalent bond by photoinducible ligation



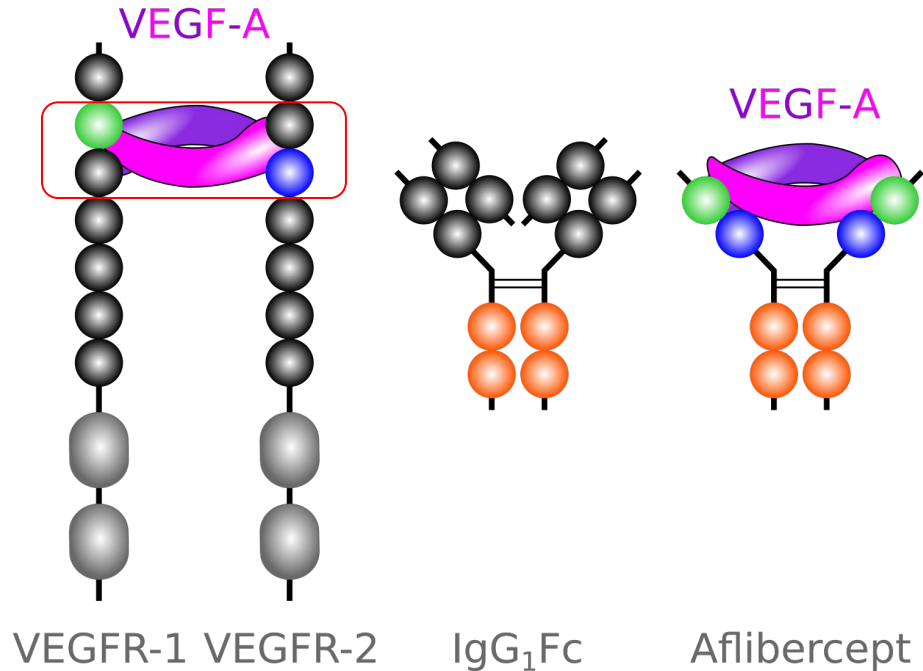


A The formylglycine generating enzyme (FGE) converts the cysteine of a LCXPXR tag into formylglycine, thereby creating a bioorthogonal aldehyde handle for site-specific chemical antibody conjugation.

B Sortase A (Srt A) mediates that conjugation of an LPXTG motif with a polyglycine-functionalized ligand of interest (yellow star).

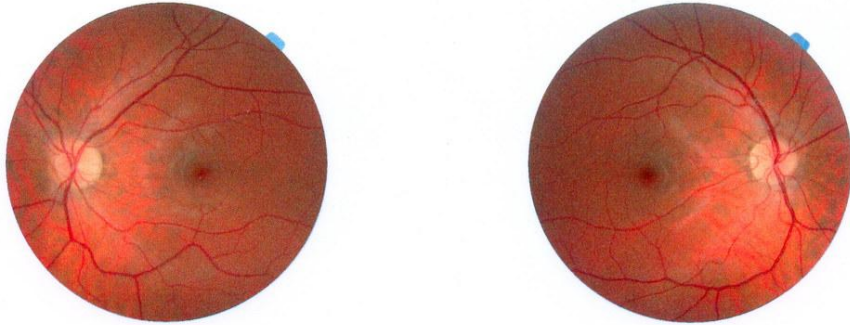
C MTGase-mediated antibody modification targeting the endogenous glutamine at position 295 or **(D)** a glutamine-containing tag.

Eylea® (Aflibercept)



- Soluble VEGF-A receptor, works like Avastin (antibody)
- Suppresses the growth of blood vessels (“anti-angiogenic”)
- 3-part fusion protein from VEGFR-1(D2), VEGFR-2(D3), and IgG₁Fc

<https://doi.org/10.1007/s40123-013-0015-2>



 <https://www.flickr.com/photos/90767393@N00/1612670215>

- *Indications:* wet macular degeneration, diabetic retinopathy (~ growth of blood vessels from the choroid into the retina)
- *Available in Finland:* yes
- *Company:* Regeneron (US)
- *Interesting:* a successful “me-too-drug”
- Market introduction: 2011

- Roitt's Essential Immunology (generation of antibody diversity):
<https://www.terkko.helsinki.fi/roitts-essential-immunology>
- General review about the industrial production of therapeutic proteins:
https://link.springer.com/chapter/10.1007/978-3-319-52287-6_29
- More about the cancer drug Avastin:
Scientific review about its development: <https://doi.org/10.1016/j.bbrc.2005.05.132>
Interview with Napoleone Ferrara: <https://doi.org/10.1387/ijdb.103216dr>
NYT article: <https://www.nytimes.com/2008/07/06/health/06avastin.html>
- More about Herceptin: <https://www.gene.com/stories/her2/>
- Drug Conjugate review: <https://clincancerres.aacrjournals.org/content/17/20/6389>
- Review about the different methods to conjugate: <https://doi.org/10.3390/antib4030197>
- Lab handbook of bioconjugation:
<https://www.thermofisher.com/content/dam/LifeTech/Documents/PDFs/COL06007-Bioconjugation-Handbook-Global.pdf>

- Laboratory: mjlab.fi
(<https://www.helsinki.fi/en/researchgroups/lymphangiogenesis-research-and-antibody-development>)
- Core facility for protein production and purification: b3p.it.helsinki.fi
- jeltsch.org (private rumblings)
- jeltsch.org/science (private rumblings without the non-scientific stuff)
- Questions to: michael@jeltsch.org or via Skype: jeltsch
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