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INTRODUCTION

A growing number of medicines are based on biological molecules such as proteins and monoclonal antibodies. These novel drugs have resulted in new, more effective treatments for a number of serious conditions. Yet sometimes these medicines trigger a response from the patient's immune system, which can decrease the effectiveness of the drug or cause severe side effects.

The aim of the IMI-founded **ABIRISK** project "**Anti-Biopharmaceutical Immunization: Prediction and Analysis of Clinical Re to Minimize the Risk**", is to shed new light on the factors behind this immune response. The project, which represents the first concerted effort to solve this problem, officially kicked off March 1st, 2012. ABIRISK project will aid in the creation of new, safer **biopharmaceuticals (BPs)** and also generate tools to determine how individual patients are likely to respond to them both in clinical trials and after release to the market.

The ABIRISK consortium (presently made up of thirty-five partners, twenty-four of which are academic institutions, nine are EFPIA member companies and two are small and medium enterprises, with thirteen countries represented), has been designed to meet all of these requirements in order to target three types of disorders: **Hemophilia A, Multiple sclerosis and Inflammatory diseases: inflammatory rheumatisms (including rheumatoid arthritis) and inflammatory bowel diseases.**

ABIRISK Project will collect data both retrospectively from patients suffering from various types of diseases and treated with various BPs at European centers with a high level of experience in clinical research and will prospectively recruit additional patients in dedicated studies during the 5 years of this program. Guidelines and Standard Operating Protocols for the study of anti-drug immunization will be established and used to standardize the collection of prospective data from these patients.

ABIRISK Project thus represents a unique opportunity to create an interdisciplinary task force of clinical centers especially designed to study immune responses against biopharmaceuticals.

WELCOME

Dear Reader,

We would like to welcome you to the January 2017 issue of the **ABIRISK Scientific Newsletter**. The Scientific Newsletter gives you a monthly update on the most relevant literature related to ABIRISK topics published around the globe, both inside and outside ABIRISK consortium.

Each month we draw your attention to a selection of articles that we think make a difference in their respective fields.

In addition, you will find in this issue some regulatory news on biopharmaceuticals

We look forward to your visit on **ABIRISK** website for more information and updates on the program.

Enjoy reading !

Best wishes

The ABIRISK management team

LITERATURE

This month's selected articles

Both papers demonstrate that the rate of immunogenicity is very low with tocilizumab, an anti-IL6R very broadly used in the treatment of RA: between 0 and 1.5%. It may explain that this drug is almost as efficient in monotherapy than in association with methotrexate. Interestingly, healthy donors show the same frequency of naive TCZ-specific and infliximab-specific CD4+ T cell precursors. Thus, the low prevalence of ADAs to TCZ might result from interleukin-6 blockade.

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Methods

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Inflammatory Bowel Disease

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Systemic lupus erythematosus

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REGULATION

FDA

Guidance

[Clinical Pharmacology Data to Support a Demonstration of Biosimilarity to a Reference Product](#)

EMA

[Scientific guidance on post-authorisation efficacy studies - First version](#), adopted

[Draft guideline on the clinical investigation of human normal immunoglobulin for intravenous administration \(IVIg\)](#), draft: consultation open

[Guideline on the principles of regulatory acceptance of 3Rs \(replacement, reduction, refinement\) testing approaches](#), adopted (updated)

Opinion/decision on a Paediatric investigation plan (PIP): Humira, [Adalimumab](#)

Therapeutic area: Dermatology/Immunology-Rheumatology-

Transplantation/Ophthalmology/Gastroentology-Hepatology (updated)

Human medicines European public assessment report (EPAR): [Simponi](#), golimumab

Revision: 26, Authorised

[Biosimilar medicines](#) (updated)

[Clinical pharmacology and pharmacokinetics: questions and answers](#) (updated)

Referral: Article 31 referrals, [Factor VIII](#) (updated)

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