Rabies monoclonal antibodies WHO Perspective

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Limitations of blood-derived RIG

- Availability (limited supply)
- Affordability (expensive, often paid out of pocket)
- Safety (ERIG: adverse reactions can occur; varying purity)







Organization

The promise of monoclonal antibodies

Recombinant DNA technology

- Adequate supply (easier to produce, mass production, QC easier)
- Reduced production costs
- Reduces risks of adverse reactions
- Advantage of concentrated neutralizing mAbs



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Rabies mAbs development on the WHO radar since 1990

- 6th WHO consultation on monoclonal antibodies in rabies diagnosis and research, Philadelphia, April 1990
 - Recommendations/steps for development mapped out
 - apps.who.int/iris/bitstream/10665/61437/1/WHO_Rab.Res_90.34.pdf
- WHO Consultation on a Rabies Monoclonal Antibody Cocktail for Rabies Post Exposure Treatment, Geneva, May 2002
 - Plan for evaluation & selection of candidate mAbs and technology transfer plan with WHO CCs.
 - www.who.int/rabies/resources/mabs_final_report_WHO_consultation _2002.pdf



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WHO initiative to develop rabies mAbs 2002-present

- Goal: To make monoclonal antibody products to replace RIG which are available at the lowest possible price to the public sector of developing countries.
- Phase 1, 2002-2006: Select and evaluate potential mAbs donated to WHO by Collaborating Centres for further evaluation
- Phase 2, 2008-present transfer the mAbs to developing country manufacturers (Zydus India, CSIR South Africa, Span Biotherapeutics India)



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Advanced candidates

Product Name	Manufacturer	Stage/Registration No.	Comment
CL184	Crucell, Johnson & Johnson	Phase I (USA) completed ISRCTN18660493	Further clinical trials not planned (communication from Crucell 2016).
		Phase I/II (India) completed ISRCTN12693237	
		Phase II (USA) completed NCT00656097	
		Phase II (India) completed NCT01228383	
		Phase II (Philippines) completed NCT00708084	
RMAb	Partnership between MassBiologics and Serum Institute of India	Phase I (India) completed CTRI/2009/091/000465	Product was licensed in India in August 2016
		Phase II/III (India) completed CTRI/2012/05/002709	
Rabimabs	Zydus Cadila	Phase I/II (India) completed CTRI/2012/12/003225 CTRI/2015/06/005838	Phase III to be initiated in 2017
SYN 023	Synermore Inc.	Phase II (currently recruiting) NCT02956746	Expected completion of phase II in Q2 2017
Human Anti-Rabies MAb	M.T.T.I and NCPC (US & China)	Phase II ongoing www.mtarget.com/mm5/pdfs/pipeline/Rabies MonoclonalAnti.pdf	



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The challenges?



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Challenges of development

Funding

- Costly preclinical and clinical studies
- Return on investment?
- Phase III efficacy challenging
 - Not clear what is required
 - Sample size
 - Confirmed rabies exposure?
- Registering the product in other countries?
 - Differing data requirements?

Challenges of uptake/use

– Decision by policy makers to include mAbs in PEP?

- Inclusion in the WHO essential medicines list
- SAGE recommendation
- Cost effectiveness needed
- Treatment guidelines needed
- Training of HCWs
- Procurement/supply
 - UN procurement / bulk purchase?
 - WHO Prequalification?
 - Shelf-life and stockpiling?

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SAGE working group on rabies vaccines and immunoglobulins

- Established in July 2016. Among other tasks the WG is:
 - Reviewing the evidence and revisiting the current WHO position for RIG and monoclonal antibody use with the view to improve access to care and increase public health impact.
 - Their recommendation will be presented to the next SAGE meeting on 17-19 October 2017.
 - www.who.int/immunization/policy/sage/sage_wg_rabies_jul2016

Thank you



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