THE ADVANTAGES OF THE MONOCYTE ACTIVATION TEST FOR ASSESSING PYROGENICITY

The monocyte activation test (MAT) is a total replacement for the rabbit pyrogen test (RPT) and the bacterial endotoxin test (BET)/limulus amoebocyte lysate (LAL) test. The MAT measures cytokine release from monocytes when human blood is exposed to a test substance. Cytokines released in the activation process are quantified by the enzyme-linked immunosorbent assay (ELISA).

HUMAN-RELEVANT TESTING

- The MAT measures the pro-inflammatory response of human blood to the detection of pyrogens and represents the most human-relevant test.^{1,2}
- The MAT outperforms and replaces current animal tests:
 - There is a lower limit of detection,³ and outcomes are more accurate^{4,5} as well as more cost- and time-effective than with the RPT.
 - Human monocytes can detect more diverse types of pyrogens⁶ than the BET and LAL tests can.
 - There is greater applicability to a variety of products, such as certain drugs⁷⁻⁹ and herbal formulations.¹

FLEXIBLE TESTING FOR ANY FIT-FOR-PURPOSE APPLICATION

- The MAT detects pyrogens in diverse products, including pharmaceuticals, biologics, and medical devices.¹⁰⁻¹⁴ Medical devices can be directly incubated within the MAT system.
- Assays can have multiple endogenous controls to monitor the performance of the test system.¹⁵
- The MAT is validated¹⁶⁻¹⁸ and commercially available as an assay kit.¹⁹
 Protocols can use whole blood, cryopreserved blood, peripheral blood mononuclear cells (PBMCs), or monocyte cell lines.²⁰
 - There are five standardised variants of the assay.²¹

GUIDANCE

- The European Pharmacopoeia general method 2.6.30 Monocyte activation^{22,23} test allows the MAT to serve as a full replacement for the RPT after product-specific validation.
- The International Conference on Harmonisation "recommends that the analytical procedures described in the official pharmacopoeial texts, [*European Pharmacopoeia*] Ph.Eur. 2.6.14. Bacterial Endotoxins, [*Japanese Pharmacopoeia*] JP 4.01 Bacterial Endotoxins Test, and [*United States Pharmacopeia*] USP General Chapter <85> Bacterial Endotoxins Test, can be used as interchangeable in the ICH regions subject to the [specific] conditions". See The **US FDA's CDER and CBER**, <u>Guidance for Industry: Q4B Evaluation and Recommendation of Pharmacopoeial Texts for Use in the ICH Regions, Annex 14, Bacterial Endotoxins Test General.</u>
- US Pharmacopeia general chapter <151>, "Pyrogen Test", allows the use of a "validated, equivalent in vitro pyrogen or bacterial endotoxin test" in place of the in vivo RPT.
- The US FDA's <u>Guidance for Industry Pyrogen and Endotoxins Testing</u>: <u>Questions and Answers</u> (2012) states that alternatives, specifically the MAT, may be used after product-specific validation for biological products, drugs, and devices, even when US Pharmacopoeia monographs require the RPT. The FDA encourages companies to contact the agency to discuss alternative test methods (e.g. in <u>Guidance for Industry: Formal Meetings Between the FDA and</u> <u>Sponsors or Applicants and FDA's guidance on its Pre-Submission Program and Meetings</u>).
- A proposal to evaluate the MAT as a stand-alone release test for medical devices in place of the RPT and BET/LAL when satisfying biocompatibility testing requirements is underway through the US FDA's Medical Device Development Tools programme.
- ISO 10993-1:2018 "Biological evaluation of medical devices Part 1: Evaluation and testing within a risk management process" gives preference to *in vitro* models when they yield equally relevant information.
- The US FDA's Center for Devices and Radiological Health (CDRH) guidance (2020) states that the CDRH accepts validated methods equivalent to the RPT.
- In 2006 and 2007, respectively, ECVAM and ICCVAM²¹ endorsed the MAT for identifying gram-negative endotoxins and recognised its capacity to detect a wider range of pyrogens.

Companies offering MAT kits or services include MAT Research, PyroDex, MilliporeSigma, CTL-MAT, Zwisler Laboratorium, Sandquin, Haemochrom Diagnostica, Confarma, and Microcoat Biotechnologie GmbH.

For more information, please see ThePSCI.eu/our-work/pyrogenicity.

REFERENCES

¹Hartung T. The human whole blood pyrogen test – lessons learned in twenty years. *ALTEX*. 2015:*32*(2):79-100. ²Hartung T. Pyrogen testing revisited on occasion of the 25th anniversary of the whole blood monocyte activation test. ALTEX. 2021; 38(1):3-19. ³Gimenes I, et al. Assessment of pyrogenic response of lipoteichoic acid by the monocyte activation test and the rabbit pyrogen test. Regul Toxicol Pharmacol. 2015;73(1):356-360. ⁴Hoffmann S, et al. International validation of novel pyrogen tests based on human monocytoid cells. J Immunol Methods. 2005;298(1-2):161-173. ⁵Schindler S, et al. Comparison of the reactivity of human and rabbit blood towards pyrogenic stimuli. ALTEX. 2003;20(2):59-63. ⁶Hasiwa N, et al. Evidence for the detection of non-endotoxin pyrogens by the whole blood monocyte activation test. ALTEX. 2013;30(2):169-208. ⁷Vipond C, et al. Limitations of the rabbit pyrogen test for assessing meningococcal OMV based vaccines. ALTEX. 2016;33(1):47-53. ⁸Vipond C, et al. Development and validation of a monocyte activation test for the control/safety testing of an OMV-based meningococcal B vaccine. Vaccine. 2019;37(29):3747-3753. ⁹Etna MP, et al. Optimization of the monocyte activation test for evaluating pyrogenicity of tick-borne encephalitis virus vaccine. ALTEX, 2020;37(4):532-544. ¹⁰Mazzotti F, et al. In vitro pyrogen test – a new test method for solid medical devices. J Biomed Mater Res A. 2007;80(2):276-282. ¹¹Werner L, et al. Detection of pyrogens adsorbed to intraocular lenses: evaluation of limulus amoebocyte lysate and *in vitro* pyrogen tests. J Cataract Refract Surg. 2009;35(7):1273-1280 ¹²Stang K, et al. Highly sensitive pyrogen detection on medical devices by the monocyte activation test. J Mater Sci Mater Med. 2014;25(4):1065-1075. ¹³Brown J. et al. Using the monocyte activation test as a stand-alone release test for medical devices. ALTEX, 2021;38(1):151-156. ¹⁴Hasiwa M, et al. An in vitro pyrogen safety test for immune-stimulating components on surfaces. *Biomaterials*. 2007;28(7):1367-1375. ¹⁵Solati S, et al. An improved monocyte activation test using cryopreserved pooled human mononuclear cells. Innate Immun. 2015;21(7):677-684. ¹⁶Schindler S, et al. International validation of pyrogen tests based on cryopreserved human primary blood cells. J Immunol Methods. 2006;316(1-2):42-51. ¹⁷Daneshian M, et al. Assessment of pyrogenic contaminations with validated human whole-blood assay. *Nat Protoc.* 2009;4(12):1709-1721. ¹⁸Schindler S, et al. Development, validation and applications of the monocyte activation test for pyrogens based on human whole blood. ALTEX. 2009;26(4):265-277. ¹⁹Hennig U. Implementing the *in vitro* pyrogen test: one more step toward replacing animal experimentation. Altern Lab Anim. 2013;41(5):P58-60. ²⁰Koryakina A, et al. Cryopreservation of human monocytes for pharmacopeial monocyte activation test. J Immunol Methods. 2014;405:181-191. ²¹ICCVAM, Validation status of five *in vitro* test methods proposed for assessing potential pyrogenicity of pharmaceuticals and other products, 2008. ²²The European Directorate for the Quality of Medicines & Healthcare. Monocyte-activation test. In 10th ed. *European Pharmacopoeia*. Council of Europe:2020.

²³European Union Reference Laboratory (EURL) ECVAM. EURL ECVAM status report on the development, validation and regulatory acceptance of alternative methods and approaches Publications Office of the European Union;2020.