Appendix B1

Draft ICCVAM Recommended Protocol for Future Studies Using the Cryopreserved Whole Blood (Cryo WB)/Interleukin-1β (IL-1β) Test Method

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PREFACE

This proposed protocol for the detection of pyrogenicity is based on information obtained from 1) The European Centre for the Validation of Alternative Methods (ECVAM) Cryo WB/IL-1β Background Review Document (BRD) presented in Appendix A of the draft Interagency Coordination Committee on the Validation of Alternative Methods (ICCVAM) Pyrogenicity Test Method BRD, which includes ECVAM Standard Operating Procedures (SOPs) for the Cryo WB/IL-1β test method, and 2) Information provided to the National Toxicology Program (NTP) Interagency Center for the Evaluation of Alternative Toxicological Methods (NICEATM) by Dr. Thomas Hartung, Head of ECVAM. The ECVAM SOPs are based on the Cryo WB/IL-1β methodology first described by Schindler et al. (2004). A table of comparison between the draft ICCVAM recommended protocol and the ECVAM SOP is provided in **Table 1**. Future studies using the Cryo WB/IL-1β test method may include further characterization of the usefulness or limitations of the assay for regulatory decision-making. Users should be aware that the proposed test method protocol might be revised based on additional optimization and/or validation studies. ICCVAM recommends that test method users routinely consult the ICCVAM/NICEATM website (http://iccvam.niehs.nih.gov/) to ensure that the most current test method protocol is used.

Table 1 Comparison of Draft ICCVAM Recommended Test Method Protocol with the ECVAM SOP for the Cryopreserved Whole Blood (Cryo WB)/Interleukin-1β (IL-1β) Pyrogen Test

Protocol Component	Draft ICCVAM Protocol	ECVAM SOP
Test Substance	Test neat or at minimal dilution that produces 50% to 200% of 1 EU/mL EC	Test at MVD
Incubation Plate (number of control or test groups at n=4 each)	NSC (1)	Same as ICCVAM protocol
	EC (5)	EC (2)
	TS (14)	TS (3) x EC (5) spikes
	PPC[1] (0)	PPC (3)
	NPC[1] (0)	NPC (3)
ELISA Plate	Includes seven point IL-1β SC and blank in duplicate	Same as ICCVAM protocol
Decision Criteria for Interference	0.5 x Median OD_{450}[2] of 1 EU/mL EC <2x Median OD_{450} of 1 EU/mL EC	Mean OD_{450}[2] of PPC ≥ 1.6X Mean OD_{450} of NPC
Assay Acceptability Criteria	Mean OD_{450} of 0.5 EU/mL EC ≥ 1.6X Mean OD_{450} of NSC	Same as ICCVAM protocol
	Mean OD_{450} of PPC is 50% to 200% of 0.5 EU/mL EC	Same as ICCVAM protocol
	Mean OD_{450} of NSC ≤0.15[3]	Mean OD_{450} of NSC ≤0.10
	Not included	If one OD_{450} of the 1.0 EU/mL EC>Max, the ELISA may be repeated at reduced incubation time
	EC SC produces OD_{450} values that ascend in a sigmoidal concentration response	Same as ICCVAM protocol
	Quadratic function of IL-1β SC r^2 ≥0.95[3]	Same as ICCVAM protocol
Decision Criteria for Pyrogenicity	OD_{450} Test sample ≥ OD_{450} 0.5 EU/mL EC	Same as ICCVAM protocol

Abbreviations: EC = Endotoxin control; MVD = Maximum Valid Dilution; NPC = Negative Product Control; NSC = Normal saline control;
PPC = Positive Product Control; SC = Standard curve; TS = Test substance

[1] PPC and NPC are evaluated during the interference test.

[2] Median or mean OD_{450} values are corrected (i.e., reference filter reading, if applicable, and NSC are subtracted).

[3] Criteria originated from PBMC SOP.

1.0 PURPOSE AND APPLICABILITY

The purpose of this protocol is to describe the procedures used to evaluate the presence of a pyrogen (i.e., Gram-negative endotoxin) in a test substance. The presence of Gram-negative endotoxin is detected by its ability to induce cytokine IL-1β release from monocytoid cells in human Cryo WB. The quantity of IL-1β released is obtained using an enzyme-linked immunosorbent assay (ELISA) that includes monoclonal or polyclonal antibodies specific for IL-1β. Release of IL-1β is measured by incubation of Cryo WB with test substances or controls (i.e., positive, negative). The amount of pyrogen present is determined by comparing the values of endotoxin equivalents produced by cells exposed to the test substance to those exposed to an internationally-harmonized Reference Standard Endotoxin (RSE)[1] or an equivalent standard expressed in Endotoxin Units (EU)/mL. Based on a rabbit threshold pyrogen dose of 0.5 EU/mL, which was established in a retrospective evaluation of rabbit pyrogen test (RPT) data, a test substance is considered pyrogenic if it induces a level of IL-1β release equal to or greater than that induced by 0.5 EU/mL of endotoxin.

The focus of this protocol is on the use of the Cryo WB/IL-1β test method, specifically for the detection of Gram-negative endotoxin in parenteral pharmaceuticals. The relevance and reliability for non-endotoxin pyrogens (e.g., lipoteichoic acid) has not been demonstrated in a formal validation study.

2.0 SAFETY AND OPERATING PRECAUTIONS

All procedures for procurement of eligible blood donors and blood donations should follow the regulations and procedures set forth by institutional guidelines for utilization of human substances, which include but are not limited to blood, tissues, and tissue fluids. Standard laboratory precautions are recommended including the use of laboratory coats, eye protection, and gloves. If necessary, additional precautions required for specific study substances or hazardous chemicals will be identified in the Material Safety Data Sheet (MSDS).

[1] RSEs are internationally-harmonized reference standards (e.g., WHO *E. coli* Lipopolysaccharide [LPS] 94/580 [0113:H10:K-]; USP RSE Lot G3E069; FDA Lot EC-6). Equivalent endotoxins include commercially available *E. coli*-derived LPS Control Standard Endotoxin (CSE) or other *E. coli* LPS preparations that have been calibrated with an appropriate RSE.

The stop solution used in the ELISA kit is acidic and corrosive and should be handled with the proper personal protective devices. If this reagent comes into contact with skin or eyes, wash thoroughly with water. Seek medical attention, if necessary.

Tetramethylbenzidine (TMB) solution contains a hydrogen peroxide substrate and 3, 3', 5, 5'-TMB. This reagent is a strong oxidizing agent and a suspected mutagen. Appropriate personal protection should be used to prevent bodily contact.

Bacterial endotoxin is a toxic agent (i.e., can induce sepsis, shock, vascular damage, antigenic response) and should be handled with care. Skin cuts should be covered and appropriate personal protective devices should be worn. In case of contact with endotoxin, immediately flush eyes or skin with water for at least 15 min. If inhaled, remove the affected individual from the area and provide oxygen and/or artificial respiration as needed. Skin absorption, ingestion, or inhalation may produce fever, headache, and hypotension.

3.0 MATERIALS, EQUIPMENT, AND SUPPLIES

3.1 Source of Cells

Leukocytes from WB are the source of cells for cytokine production in the Cryo WB/IL-1β test method (Hartung and Wendel, 1999; Schindler et al., 2004, 2006). WB is obtained from healthy human volunteers who have provided their consent according to established institutional guidelines. Volunteers are expected not to have taken any drugs (e.g., prescription drugs, recreational drugs, herbal drugs) and to have been free from illness for at least two weeks prior to donation.

The WB is processed and cryopreserved using either the Konstanz method developed at the University of Konstanz (Schindler et al., 2004) or the PEI method developed at the Paul Ehrlich Institute (Schindler et al., 2006).

3.2 Equipment and Supplies

For all steps in the protocol, excluding the ELISA procedure, the materials that will be in close contact with samples and/or blood cells (e.g., pipet tips, containers, solutions) should be sterile and free from detectable pyrogens.

3.2.1 Blood Incubation

3.2.1.1 *Equipment*

- Centrifuge
- Hood; Bio-safety, laminar flow (recommended)
- Incubator; cell culture (37±1°C + 5% CO_2)
- Pipetter; multichannel (8- or 12-channel)
- Pipetters; single-channel adjustable (20 and 200 µL)
- Repeating pipetter
- Vortex mixer

3.2.1.2 *Consumables*

- Centrifuge tubes; nonpyrogenic, polystyrene (15 and 50 mL)
- Combitips; repeating pipetter (1.0 and 2.5 mL)
- Needle set; Sarstedt multifly, pyrogen-free, 19 mm, 21 gauge for S-Monovette
- Plates; microtiter, nonpyrogenic, 96-well, polystyrene, tissue culture
- Reaction tubes; polystyrene (1.5 mL)
- Reservoirs; fluid
- RPMI-1640 cell culture medium
- Tips; pipetter, sterile, pyrogen-free (20 and 200 µL)
- Tubes; Sarstedt S-Monovette, 7.5 mL, heparinized for blood collection

3.2.2 ELISA

3.2.2.1 *Equipment*

- Microplate mixer
- Microplate reader (450 nm with an optional reference filter in the range of 600-690 nm)
- Microplate washer (optional)

- Multichannel pipetter

3.2.2.2 *Consumables*

- Container; storage, plastic
- Deionized water; nonsterile
- Plates; microtiter, nonpyrogenic, 96-well, polystyrene, tissue culture
- Pyrogen-free water (PFW)
- Reservoirs; fluid
- Tips; pipetter, nonsterile
- Tubes; polystyrene (12mL)

3.2.2.3 *ELISA Kit*

An ELISA that measures IL-1β release from Cryo WB is used. A variety of IL-1β ELISA kits are commercially available and the IL-1β ELISA procedure outlined in this protocol is intended to serve as an example for using an ELISA kit. If the user prefers to prepare an in-house ELISA, then additional reagents would be required. The IL-1β ELISA should be calibrated using an international reference standard (e.g., WHO 86/680) prior to use. The IL-1β cytokine assay kits do not provide the RSE or endotoxin equivalent; therefore, this reagent must be purchased separately. Results obtained using these products are subject to the assay acceptability and decision criteria described in **Sections 8.0** and **9.0**. IL-1β ELISA kit components may include the following:

- ELISA plates coated with anti-human IL-1β capture antibody; monoclonal or polyclonal
- Buffered wash solution
- Dilution buffer
- Enzyme-labeled detection antibody
- Human IL-1β reference standard
- Pyrogen-free saline (PFS)

- Stop solution
- TMB/substrate solution

3.3 Chemicals

- Endotoxin (e.g., WHO *E. coli* LPS 2nd International Standard 94/580; USP RSE *E. coli* LPS Lot G3E069; USP RSE *E. coli* Lot G; FDA *E. coli* Lot EC6)

3.4 Solutions

- RPMI-1640 cell culture medium

4.0 ASSAY PREPARATION

All test substances, endotoxin, and endotoxin-spiked solutions should be stored at 4°C.

4.1 Endotoxin Standard Curve

An internationally harmonized RSE or equivalent is used to generate the endotoxin standard curve. The use of any other *E. coli* LPS requires calibration against a RSE using the Cryo WB/IL-1β test method.

A standard endotoxin curve consisting of a Normal Saline Control (NSC) and five RSE concentrations (0.25, 0.50, 1.0, 2.5, and 5.0 EU/mL) are included in the incubation step (refer to **Table 4-1**) and then transferred to the ELISA plate. To prepare the endotoxin standard curve, first obtain a 2000 EU/mL stock solution by addition of PFW to the lyophilized content of the stock vial by following the instructions provided by the manufacturer (e.g., for a vial containing 10,000 EU, 5 mL of PFW is added). To reconstitute the endotoxin, the stock vial should be vortexed vigorously for at least 30 min or sonicated in a bath sonicator for 5 min. The stock solution is stable for 14 days when stored at 2 to 8°C. An endotoxin standard curve is prepared by making serial dilutions of the stock solution in PFS as described in **Table 4-1**.

Table 4-1 Preparation of Endotoxin Standard Curve

Stock Endotoxin EU/mL	µL of Stock Endotoxin	µL of PFS	Endotoxin Concentration EU/mL
2000[1,2]	50	1950	50[3]
50	100	900	5.0
5.0	500	500	2.5
2.5	400	600	1.0
1.0	500	500	0.50
0.50	500	500	0.25
0	0	1000	0

Abbreviations: EU = Endotoxin units; PFS = Pyrogen-free saline
Each stock tube should be vortexed vigorously prior to its use to make the subsequent dilution.
[1] A 2000 EU/mL stock solution of endotoxin is prepared according to the manufacturer's instructions.
[2] The stock solution of USP RSE may be stored in aliquots and kept at -20°C for up to 6 months. Do not store the endotoxin at -80°C.
[3] This concentration is not used in the assay.

4.2 Test Substances

Liquid test substances should be tested neat or, if interference is detected (see **Section 4.2.1**), diluted in PFS. Solid test substances should be prepared as solutions in PFS or, if insoluble in saline, dissolved in dimethylsulfoxide (DMSO) then diluted up to 0.5% (v/v) with PFS, provided that this concentration does not interfere with the assay. The test substances should be vortexed vigorously for at least 30 min or sonicated in a bath sonicator for 5 min.

4.2.1 Interference Testing

Interference testing must be carried out on any test sample for which no interference information is available. The purpose of the interference test is to determine the lowest dilution (i.e., highest concentration) of a test substance from which an endotoxin spike can be detected (i.e., based on the decision criteria described in **4.2.1.2**). However, to ensure a valid test, a test substance should not be diluted beyond its Maximum Valid Dilution (MVD).

For many marketed products, values for the MVD and the Endotoxin Limit Concentration (ELC) are published in the U.S. Pharmacopeia, the European Pharmacopoeia, and/or Food and Drug Administration (FDA) guidelines. However if one or both of these values are not available, then calculation of the MVD is dependent on the ELC (see **Section 12.3**). If unknown, the ELC can be approximated by dividing the maximum hourly dose of the

product by the hourly dose received per patient. For example, if a product is used at an hourly dose of 100 mg per patient, then the ELC would be 350 EU/100 mg or 3.5 EU/mg.

4.2.1.1 *Reference Endotoxin for Spiking Test Substances*

The WHO-LPS 94/580 [*E. coli* O113:H10:K-] or equivalent international RSE (e.g., USP G3E069, FDA EC-6) is recommended for preparation of the endotoxin control (EC). If a different *E. coli* LPS is used and the potency relative to the RSE is not provided, then each lot must be calibrated against the RSE in the Cryo WB/IL-1β test method. For interference testing, an endotoxin standard curve (see **Section 4.1**) should be included on each plate.

4.2.1.2 *Spiking Test Substances with Endotoxin*

For interference testing, non-spiked and endotoxin-spiked test substances are prepared in microplate wells (n=4 replicates) and an *in vitro* pyrogen test is performed. Either RPMI or a fixed concentration (a concentration selected from the middle of the EC standard curve) of the RSE (i.e., 1 EU/mL) in RPMI is added to the test substance in serial two-fold dilutions. An illustrative example of endotoxin spiking solutions is shown in **Table 4-2.** For non-spiked solutions, 200 µL of RPMI is added to a well followed by 20 µL of the test substance (neat or at serial dilution) and 20 µL of WB. Endotoxin-spiked solutions are prepared by adding 180 µL of RPMI to each well followed by 20 µL of the test substance (neat or at serial dilution) and 20 µL of WB. Then, 20 µL of a 1 EU/mL solution of endotoxin in RPMI is added and the well contents are mixed (see example presented in **Table 4-2)**.

Table 4-2 Preparation of Endotoxin-Spiked and Non-spiked Solutions for Determination of Test Substance Interference in the Incubation and ELISA Test Systems

Sample Addition	Spiked	Non-spiked
	µL/well[1]	
RPMI	180	200
Endotoxin spike solution[2]	20	0
Test substance (neat and each serial dilution)	20	20
Cryo WB	20	20
Total[3]	240	240

Abbreviations: Cryo WB = Cryopreserved whole blood
[1] n=4 replicates each
[2] Endotoxin concentration is 1.0 EU/mL in RPMI.
[3] A total volume of 240 µL per well is used for the incubation.

The lowest dilution of the test substance that yields an endotoxin spike recovery of 50% to 200% in the pyrogen test is determined. The optical density (OD) values of the endotoxin-spiked and non-spiked test substances are calibrated against the endotoxin calibration curve. The resulting EU value of the non-spiked test substance is subtracted from the corresponding EU value of the endotoxin-spiked test substance at each dilution. The % recovery for each sample dilution is then determined from the endotoxin spike solution concentration set to 100%. For example, consider the following interference test results in **Table 4-3**:

Table 4-3 Example of Interference Data Used to Determine Sample Dilution for Assay

Sample Dilution	% Recovery of Endotoxin Control
None	25
1:2	49
1:4	90
1:8	110

Based on these results, the dilution of the test substance used in the *in vitro* pyrogen test would be 1:4 (i.e., the lowest dilution between 50% and 200% of the 1 EU/mL EC).

4.2.2 Interference with ELISA System

If the data obtained from the experiment in **Section 4.2.1** suggests the presence of interference, then a subsequent experiment similar to that described in **Section 4.2.1** would need to be performed to confirm that the test substance(s) does not directly interfere with the ELISA. For this experiment, an ELISA would be performed in the absence of Cryo WB.

5.0 CONTROLS

5.1 Negative Control

A negative control (e.g., PFS is added instead of the test sample) is included in each experiment in order to detect nonspecific changes in the test system, as well as to provide a baseline for the assay endpoints.

5.2 Solvent Control

Solvent controls are recommended to demonstrate that the solvent is not interfering with the test system when solvents other than PFS are used to dissolve test substances.

5.3 Positive Control

An internationally standardized EC (e.g., WHO 94/580; USP G3E069; 0.5 EU/mL) is included in each experiment to verify that an appropriate response is induced.

5.4 Benchmark Controls

Benchmark controls may be used to demonstrate that the test method is functioning properly, or to evaluate the relative pyrogenic potential of chemicals (e.g., parenteral pharmaceuticals, medical device eluates) of a specific class or a specific range of responses, or for evaluating the relative pyrogenic potential of a test substance. Appropriate benchmark controls should have the following properties:

- consistent and reliable source(s) for the chemicals (e.g., parenteral pharmaceuticals, medical device eluates)
- structural and functional similarities to the class of substance being tested
- known physical/chemical characteristics

- supporting data on known effects in animal models
- known potency in the range of response

5.5 Positive Product Control (PPC)

The PPC is a test substance diluted to a level that does not interfere with the test method and does not exceed the MVD. The PPC is obtained by spiking a test substance with a known EC (e.g., 1 EU/mL) and demonstrating that 50% to 200% of the EC is recovered.

5.6 Negative Product Control (NPC)

The NPC is the test substance diluted to the MVD and then spiked with PFS. It is the negative control for the PPC.

6.0 EXPERIMENTAL DESIGN

6.1 Incubation with Test Samples and Measurement of IL-1β Release

6.1.1 Collection of Human Blood

WB is obtained from healthy human volunteers who have provided their consent according to established institutional guidelines. Volunteers are expected not to have taken any drugs and to have been free from illness for at least two weeks prior to donation. The criteria for rejection of data from donors that are low responders or that are suspect due to veracity of health information is addressed in **Section 8.0**.

Fresh WB is drawn by venipuncture using a multifly needle set and collected in heparinized tubes (15 IU/mL lithium heparin). All components of the blood collection system (i.e., syringes, tubes, connecting lines) must be sterile and pyrogen-free.

6.1.2 Cryopreservation Procedure

Two methods are available for cryopreservation of blood 1) The PEI method developed at the Paul Ehrlich Institute and 2) The Konstanz method developed at the University of Konstanz.

6.1.3 PEI Method of Cryopreservation

In the PEI method (Schindler et al., 2006), heparinized WB pooled from five donors is frozen at -80°C in a cryoprotective phosphate buffer (Soerensen's) containing 10% (v/v) pyrogen-free, clinical-grade DMSO in cryotubes.

6.1.3.1 *Konstanz Method of Cryopreservation*

In the Konstanz method (Schindler et al., 2004), pyrogen-free, clinical grade DMSO is added directly to the blood of individual donors at a final concentration of 10% (v/v). The blood is then pooled and 1.2 mL aliquots are placed in cryotubes. The blood is frozen in a computer-controlled freezer using several cycles of programmed freezing down to -120°C. Tubes of blood are then removed from the instrument and placed in liquid nitrogen.

6.1.3.2 *Thawing Procedure*

Calculate the volume of Cryo WB needed to carry out the assay (20 µL/well or 1.92 mL/96-well plate) and remove a sufficient number of aliquots from the freezer. Place the tubes in an incubator at 37±1°C and allow them to thaw for 15 min. In a laminar flow hood, unscrew the caps and pool the Cryo WB in a centrifuge tube. Mix the tubes by gentle inversion. **Do Not Vortex**.

6.1.4 Incubation Plate

Test substances are prepared at a level of dilution that did not show interference with the test system or for which it is known that interference does not occur. Each incubation plate can accommodate an endotoxin standard curve, a NSC, and 14 test samples (see **Table 6-1**).

Table 6-1 Overview of Incubation Plate Preparation in the Cryo WB/IL-1β Test Method (PEI Method)

Number of Wells	Sample	RPMI	EC	Test Sample	Cryo WB[1]	Mix the samples; incubate overnight at 37±1°C in a humidified atmosphere with 5% CO_2.	Mix the samples; immediately transfer to an ELISA plate[4] and run ELISA or store plate at -20°C or -80°C.
		µL					
20[2]	EC	180	20	0	40		
4	NSC	220	0	0	20		
56[3]	Test samples (1-14)	200	0	20	20		

Abbreviations: EC = Endotoxin control; NSC = Negative saline control; Cryo WB = Cryopreserved whole blood

[1] For the Konstanz method of cryopreservation, 20 µL of Cryo WB is used and the volume of RPMI is adjusted to 200 µL.

[2] Five EC concentrations (0.25, 0.50, 1.0, 2.5, 5.0 EU/mL) in quadruplicate.

[3] 14 test samples (n=4) per plate.

[4] An IL-1β standard curve is prepared in Columns 11 and 12 on the ELISA plate. Therefore, 80 wells are available for test samples and controls on the incubation plate.

6.1.5 Incubation Assay for IL-1β Release

Blood samples are prepared in a microtiter plate using a laminar flow hood. All consumables and solutions must be sterile and pyrogen-free. Each plate should be labeled appropriately with a permanent marker. An overview of the incubation plate preparation is shown in **Table 6-1**. The incubation procedure is outlined below:

Step 1. Refer to the incubation plate template presented in **Table 6-2**.

Step 2. Using a pipetter, transfer either 200 or 180 µL of RPMI into each well (for the Konstanz or PEI method of cryopreservation, respectively – refer to **Step 5** below).

Step 3. Transfer 20 µL of test sample into the appropriate wells as indicated in the template.

Step 4. Transfer 20 µL of the EC (standard curve) and the NSC controls in quadruplicate into the appropriate wells according to the template.

Step 5. Transfer either 20 or 40 µL of Cryo WB (for the Konstanz or PEI method of cryopreservation, respectively) into each well and mix by gently swirling the plate.

Step 6. Mix the contents of the wells thoroughly by gently pipetting up and down five times using a multichannel pipetter, changing the tips between each row in order to avoid cross-contamination.

Step 7. Place the covered plate in a tissue culture incubator for 10 to 24 hr at 37±1°C in a humidified atmosphere containing 5% CO_2.

Step 8. If using the Konstanz method, freeze the plate at -20°C or -80°C until the contents of the well are completely frozen and then, thaw the plate at RT or in a water bath not exceeding 37°C.

Step 9. Prior to transferring the test samples onto the ELISA plate, mix the contents of the wells by pipetting up and down three times using a multichannel pipetter, changing the tips between each row in order to avoid cross-contamination.

Note: The aliquots may be tested immediately in the ELISA or stored at -20°C or -80°C for testing at a later time. After transfer to the ELISA plate, freeze the remaining aliquots at -20°C or -80°C for subsequent experiments, if necessary (see Assay Acceptability and Decision Criteria in **Sections 8.0** *and* **9.0***).*

Table 6-2 Incubation Plate - Sample and Control Template

	1	2	3	4	5	6	7	8	9	10	11	12
A	EC[1] 5.0	EC 5.0	EC 5.0	EC 5.0	TS3	TS3	TS3	TS3	TS11	TS11	Void[3]	Void
B	EC 2.5	EC 2.5	EC 2.5	EC 2.5	TS4	TS4	TS4	TS4	TS11	TS11	Void	Void
C	EC 1.0	EC 1.0	EC 1.0	EC 1.0	TS5	TS5	TS5	TS5	TS12	TS12	Void	Void
D	EC 0.50	EC 0.50	EC 0.50	EC 0.50	TS6	TS6	TS6	TS6	TS12	TS12	Void	Void
E	EC 0.25	EC 0.25	EC 0.25	EC 0.25	TS7	TS7	TS7	TS7	TS13	TS13	Void	Void
F	NSC	NSC	NSC	NSC	TS8	TS8	TS8	TS8	TS13	TS13	Void	Void
G	TS1[2]	TS1	TS1	TS1	TS9	TS9	TS9	TS9	TS14	TS14	Void	Void
H	TS2	TS2	TS2	TS2	TS10	TS10	TS10	TS10	TS14	TS14	Void	Void

Abbreviations: EC = Endotoxin control; NSC = Negative saline control; TS = Test substance

[1] EC value (e.g., EC 5.0) represents the endotoxin concentration in EU/mL.

[2] TS number (e.g., TS1) represents an arbitrary sequence for individual test substances.

[3] Columns 11 and 12 are reserved for the IL-1β standard curve on the ELISA plate (see **Table 6-3**).

6.2 ELISA to Measure IL-1β Release

6.2.1 IL-1β Standard Curve

An IL-1β standard, supplied with the ELISA kit, is used. IL-1β standards are typically supplied in lyophilized form and should be reconstituted according to the manufacturer's instructions. The stock solution should be diluted in RPMI to the following concentrations: 0, 62.5, 125, 250, 500, 1000, 2000, and 4000 pg/mL. Each well on the ELISA plate will receive 100 µL of an IL-1β blank or standard.

6.2.2 ELISA

The manufacturer's instructions provided with the ELISA kit should be followed and a typical experimental design is outlined below. If the user prefers to prepare an in-house ELISA, then appropriate modification and validation of these changes would be necessary. The ELISA should be carried out at room temperature (RT) and therefore all components must be at RT prior to use. Do *not* thaw frozen specimens by heating them in a water bath. A suggested ELISA plate template is shown in **Table 6-3**, which includes a five-point EC standard curve, a NSC, an eight-point IL-1β standard curve (0 to 4000 pg/mL), and 14 test

substances in quadruplicate. The EC standard curve, the NSC, and the test sample supernatants are transferred directly from the incubation plate. The IL-1β standard curve is prepared as described in **Section 6.2.1**. An overview of the ELISA plate preparation is shown in **Table 6-4.**

Step 1. Add 100 µL of enzyme-labeled detection antibody to each well.

Step 2. After pipetting up and down three times to mix the supernatant, transfer 100 µL from each well of the Incubation Plate (A1-10; H1-10) to the ELISA plate.

Step 3. Add 100 µL of each IL-1β standard (0 to 4000 pg/mL) into the respective wells on the ELISA plate.

Step 4. Cover the microtiter plate(s) with adhesive film and incubate for 90 min on a microplate mixer at 350-400 rpm at 20 to 25°C.

Step 5. Decant and wash each well three times with 300 µL Buffered Wash Solution and then rinse three times with deionized water. Place the plates upside down and tap to remove water.

Step 6. Add 200 µL of TMB/Substrate Solution to each well and incubate at RT in the dark for 15 min. If necessary, decrease the incubation time.

Step 7. Add 50 µL of Stop Solution to each well.

Step 8. Tap the plate gently after the addition of Stop Solution to aid in mixing.

Step 9. Read the OD_{450} within 15 min of adding the Stop Solution. Measurement with a reference wavelength of 600-690 nm is recommended.

Table 6-3 ELISA Plate - Sample and Control Template

	1	2	3	4	5	6	7	8	9	10	11	12
A	EC[1] 5.0	EC 5.0	EC 5.0	EC 5.0	TS3	TS3	TS3	TS3	TS11	TS11	IL-1β[3] 0	IL-1β 0
B	EC 2.5	EC 2.5	EC 2.5	EC 2.5	TS4	TS4	TS4	TS4	TS11	TS11	IL-1β 62.5	IL-1β 62.5
C	EC 1.0	EC 1.0	EC 1.0	EC 1.0	TS5	TS5	TS5	TS5	TS12	TS12	IL-1β 125	IL-1β 125
D	EC 0.50	EC 0.50	EC 0.50	EC 0.50	TS6	TS6	TS6	TS6	TS12	TS12	IL-1β 250	IL-1β 250
E	EC 0.25	EC 0.25	EC 0.25	EC 0.25	TS7	TS7	TS7	TS7	TS13	TS13	IL-1β 500	IL-1β 500
F	NSC	NSC	NSC	NSC	TS8	TS8	TS8	TS8	TS13	TS13	IL-1β 1000	IL-1β 1000
G	TS1[2]	TS1	TS1	TS1	TS9	TS9	TS9	TS9	TS14	TS14	IL-1β 2000	IL-1β 2000
H	TS2	TS2	TS2	TS2	TS10	TS10	TS10	TS10	TS14	TS14	IL-1β 4000	IL-1β 4000

Abbreviations: EC = Endotoxin control; NSC = Negative saline control; TS = Test substance
[1] EC value (e.g., EC 5.0) represents the endotoxin concentration in EU/mL.
[2] TS number (e.g., TS1) represents an arbitrary sequence for individual test substances.
[3] IL-1β values in columns 11 and 12 are in pg/mL.

Table 6-4 Overview of ELISA Procedure

Enzyme-labeled Antibody (µL)	**Material transfer from Incubation Plate (µL)**	Incubate 90 min on a plate mixer at 350-400 rpm.	**TMB/Substrate Solution (µL)**	Incubate 15 min at RT in dark.	**Stop Solution (µL)**	Read optical density at 450 nm with a 600-690 nm wavelength reference filter.
100	100		200		50	

Abbreviations: RT = Room temperature

7.0 EVALUATION OF TEST RESULTS

7.1 OD Measurements

The OD of each well is obtained by reading the samples in a standard microplate spectrophotometer (i.e., plate reader) using a visible light wavelength of 450 nm (OD_{450}) with

a 600 to 690 nm reference filter (recommended). OD_{450} values are used to determine assay acceptability and in the decision criteria for the detection of endotoxin in a test substance (see **Sections 8.0** and **9.0**).

8.0 CRITERIA FOR AN ACCEPTABLE TEST

Obtain the PPC and the corresponding NPC by interference testing of a test substance in the presence and absence of a fixed quantity of endotoxin (i.e., 1.0 EU/mL) in quadruplicate. An EC (five-point standard curve) and a NSC should be included in each experiment. An IL-6 standard curve should be included in each ELISA as shown in the template presented in **Table 6-3**. An assay is considered acceptable only if the following minimum criteria are met:

- The quadratic function of the IL-1β standard curve produces an $r \geq 0.95$ and the OD_{450} of the blank control is below 0.15.
- The endotoxin standard curve produces OD_{450} values that ascend in a sigmoidal concentration response.

9.0 DATA INTERPRETATION/DECISION CRITERIA

9.1 Decision Criteria for Determination of Pyrogenicity

The *t*-test is used to compare the data of a test sample against the data of the EC (0.5 EU/mL) that is performed in parallel. If this test results in a significant *p*-value (i.e., smaller than 1%), then the sample is considered to be non-pyrogenic, and as pyrogenic if otherwise (Hoffmann et al., 2005), as long as the assay acceptability criteria in **Section 8.0** has been met.

10.0 STUDY REPORT

The test report should include the following information:

Test Substances and Control Substances

- Name of test substance
- Purity and composition of the substance or preparation
- Physicochemical properties (e.g., physical state, water solubility)

- Treatment of the test/control substances prior to testing (e.g., vortexing, sonication, warming, resuspension solvent)

Justification of the In Vitro Test Method and Protocol Used

Test Method Integrity

- The procedure used to ensure the integrity (i.e., accuracy and reliability) of the test method over time
- If the test method employs proprietary components, documentation on the procedure used to ensure their integrity from "lot-to-lot" and over time
- The procedures that the user may employ to verify the integrity of the proprietary components

Criteria for an Acceptable Test

- Acceptable concurrent positive control ranges based on historical data
- Acceptable negative control data

Test Conditions

- Cell system used
- Calibration information for the spectrophotometer used to read the ELISA
- Details of test procedure
- Description of any modifications of the test procedure
- Reference to historical data of the model
- Description of evaluation criteria used

Results

- Tabulation of data from individual test samples

Description of Other Effects Observed

Discussion of the Results

Conclusion

A Quality Assurance Statement for Good Laboratory Practice (GLP)-Compliant Studies

- This statement should indicate all inspections made during the study and the dates any results were reported to the Study Director. This statement should also confirm that the final report reflects the raw data.

If GLP-compliant studies are performed, then additional reporting requirements provided in the relevant guidelines (e.g., OECD 1998; EPA 2003a, 2003b; FDA 2003) should be followed.

11.0 REFERENCES

EPA. 2003a. Good Laboratory Practice Standards. Toxic Substances Control Act. 40 CFR 792.

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12.0 TERMINOLOGY AND FORMULA

12.1 Assay Sensitivity (λ)

For an *in vitro* cell-based assay, the variable λ is defined as the lowest statistically significant point on the standard endotoxin concentration-response curve and represents the relative sensitivity of the test method for the detection of endotoxin (i.e., level of detection).

12.2 Endotoxin Control (EC)

The EC is incubated with Cryo WB and serves as the positive control for the experiment. The results should be compared to historical values to insure that it provides a known level of cytokine release relative to the NSC.

12.3 Endotoxin Limit Concentration (ELC)

The ELC is the maximum allowable concentration of endotoxin for a particular product and is expressed in EU per volume (mL) or weight (mg). The ELC is defined by the FDA or specified in the USP[2]. It is calculated as the product of K/M, where:

K is the threshold pyrogen dose for parenteral use in rabbits or humans (5.0 EU/kg). At an injection volume of 10 mL/kg, K is equal to 0.5 EU/mL.

M is the larger of the rabbit dose or the maximum human dose administered in one hour as defined below and varies with test substance[3].

12.4 Maximum Valid Dilution (MVD)

The MVD is the maximum dilution of a test substance that can be tolerated in a test system without exceeding the ELC, if the test substance must be diluted as a result of assay interference. Dilutions beyond the MVD would not be valid for endotoxin detection in the

[2] ELC values for most marketed pharmaceutical products are provided in the USP or in other pharmacopoeial or regulatory publications (e.g., European Pharmacopoeia, Japanese Pharmacopoeia, Pharmacopoeial guidelines, FDA publications).

[3] Values for most marketed pharmaceutical products are provided in the USP or in other pharmacopoeial or regulatory publications (e.g., European Pharmacopoeia, Japanese Pharmacopoeia, pharmacopoeial guidelines, FDA publications).

test system. Calculation of the MVD is dependent on whether or not the ELC for a test substance is published. When the ELC is known, the MVD is:

MVD = (ELC x Product Potency [PP])/λ

As an example, for "Cyclophosphamide Injection," the ELC is 0.17 EU/mg, PP is 20 mg/mL, and the assay sensitivity is 0.1 EU/mL. The calculated MVD would be 34. The test substance can be diluted no more than 1:34 prior to testing.

If the ELC is not known, the MVD is:

MVD = PP/Minimum Valid Concentration (MVC)

where, MVC = (λ x M)/K

where, M is the maximum human dose

As an example, for "Cylophosphamide Injection," the PP is 20 mg/mL, M is 30 mg/kg, and assay sensitivity is 0.1 EU/mL. The calculated MVC is 0.6 mg/mL and the MVD is 33.3. The test substance can be diluted no more than 1:33 in the assay prior to testing.

12.5 Negative Product Control (NPC)

The NPC is a test sample to which PFS is added. The NPC is the baseline for determination of cytokine release relative to the endotoxin-spiked PPC.

12.6 Negative Saline Control (NSC)

The NSC is Cryo WB (in RPMI) incubated with PFS (used for dilution of test substance) and is used as the blank.

12.7 Parenteral Threshold Pyrogen Dose (K)

The value K represents the threshold pyrogen dose for parenteral products for rabbits and humans. Based on experimental data, K is fixed at 5.0 EU/kg. For intrathecal products, K is 0.2 EU/kg.

12.8 Positive Product Control (PPC)

The PPC is a test substance spiked with the control standard endotoxin (i.e., 0.5 EU/mL or an amount of endotoxin equal to that which produces ½ the maximal increase in OD from the

endotoxin standard curve) to insure that the test system is capable of endotoxin detection in the product as diluted in the assay.

12.9 Product Potency (PP)

The concentration for a test substance is the PP typically expressed as μg/mL or mg/mL.

12.10 Rabbit Pyrogen Test Dose or Maximum Human Dose (M)

The variable M represents the rabbit test dose or the maximum human dose in 1 hr. The variable M is expressed in mg/kg and varies with the test substance. For radiopharmaceuticals, M should be adjusted to account for product activity (radioactive decay) at time administration. An average human standard weight of 70 kg is used for the calculation. If a pediatric dose should be used and it is higher than the adult dose, then it should be used in the formula.