

## The Role of Antibodies in Therapeutics: A Biotechnological Perspective

\*Sonal<sup>1</sup>, Reenu Rana<sup>1</sup>, Neha Dahiya<sup>2</sup>, and Parmjeet Kaur<sup>3</sup>

School of Nutrition and Dietetics, Geeta university, Panipat-132145, Haryana, India

School of Agricultural Studies, Geeta University, Panipat-132145, Haryana, India

School of Sciences, Geeta University, Panipat-132145, Haryana, India

\*Corresponding author's email id: [ap.nd@geetauniversity.edu.in](mailto:ap.nd@geetauniversity.edu.in)\*

### ABSTRACT

Antibodies, key components of the immune system, have garnered significant attention in biotechnology due to their versatile applications in therapeutics for various diseases. The stability, specificity, and adaptability of the antibody framework have played a major role in the rise of antibody-based proteins as a class of biologic therapies. It's true that antibodies are highly accessible to protein engineering, in addition to possessing the innate capacity to bind both antigens and endogenous immune receptors. Many variations of the monoclonal antibody format have therefore shown promise in the treatment of human disease, especially in the domains of immunology. These variations include bispecific antibodies, antibody-drug conjugates, and antibody fragments. This paper explores the structure and function of antibodies, biotechnological advancements surrounding antibodies and their pivotal role in therapeutic interventions. It discusses the production, engineering, and therapeutic applications of antibodies, highlighting their specificity, efficacy, and potential for targeted therapy. Furthermore, this paper elucidates the mechanisms by which antibodies function in various therapeutic modalities and their future prospects in modern medicine.

**Keywords:** Antibodies, Monoclonal Antibodies, Therapeutics, Immunotherapy, Biotechnology, Targeted Therapy

Received 08.10.2024

Revised 29.10.2024

Accepted 19.11.2024

### How to cite this article:

Sonal, Reenu R, Neha D, and Parmjeet K The Role of Antibodies in Therapeutics: A Biotechnological Perspective. Adv. Biores. Special Issue [1] 2024. 141-144

### INTRODUCTION

Antibodies, also known as immunoglobulins, are essential components of the immune system responsible for recognizing and neutralizing foreign substances, such as pathogens and toxins. The human immune system employs a multifaceted Défense strategy against invading pathogens. One of its most potent weapons is the production of antibodies, Y-shaped proteins specifically tailored to recognize and neutralize foreign molecules, like those found on viruses, bacteria, and toxins. Over the years, advancements in biotechnology have enabled the harnessing of antibodies for therapeutic purposes. Diverse initiatives are being undertaken to create improved therapeutic mAbs because existing antibody therapies still require improvement [6,13]. This paper provides an overview of the biotechnological aspects of antibodies, focusing on their production, engineering, and applications in therapeutics. This remarkable specificity allows antibodies to target and eliminate harmful entities while leaving healthy cells unharmed (Figure 1).



Figure 1: Antibody Recognizing Antigen

Antibody recognizing antigen diagram, showing the Y - Shaped antibody with Fab and Fc regions binding to the specific antigen

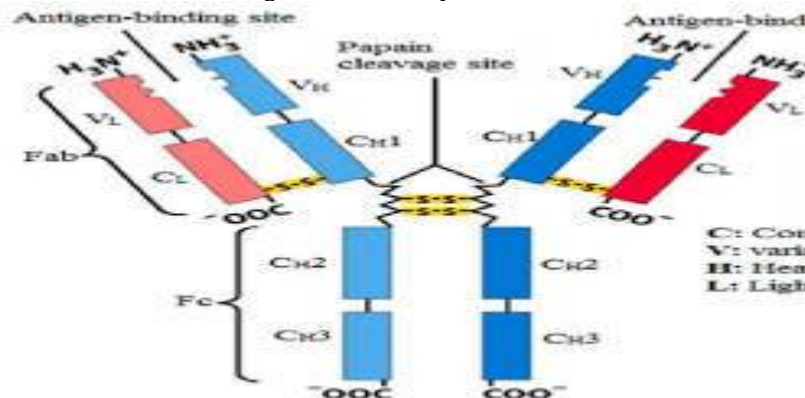
**Antibody discovery:**

i) Mouse immunization followed by hybridoma generation [9], ii) genetically engineered transgenic mice producing human antibodies [2], iii) Human B-cell repertoire technology [3], and iv) *in vitro* techniques like phage display, yeast display, ribosome display, bacterial display, mammalian cell surface display, and mRNA display [3]. These are the four main techniques for antibody discovery technologies.

**Antibody Structure and Function:**

Antibodies, also known as immunoglobulins (Ig), possess a basic Y-shaped structure composed of two heavy and two light chains linked by disulfide bonds (Figure 2). These chains fold into distinct regions: the Fragment antigen-binding (Fab) fragment responsible for specific antigen binding and the Fc fragment that interacts with immune cells, triggering effector functions like phagocytosis and complement activation. The unique amino acid sequence of the Fab region determines the antibody's specificity, allowing it to fit perfectly onto the specific antigen, like a key in a lock.

Figure 2: Antibody Structure



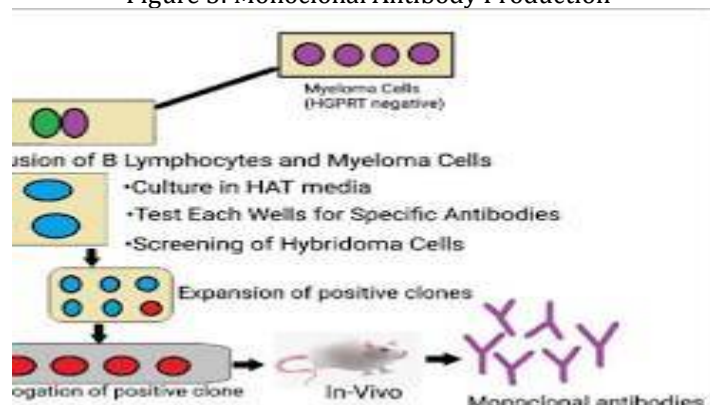
Antibody structure diagram, showing the heavy and light chains, Fab and Fc fragments, and antigen binding site

**Production of Therapeutic Antibodies:**

The production of antibodies for therapeutic use primarily involves two approaches: polyclonal antibody production and monoclonal antibody (mAb) production. Polyclonal antibodies are derived from the immune response of animals, while monoclonal antibodies are produced by hybridoma technology or recombinant DNA technology.

Traditional antibody production relies on hybridoma technology, where B lymphocytes from an immunized animal are fused with cancer cells to create immortal hybridomas continuously producing specific antibodies. The advent of recombinant DNA technology has paved the way for the development of fully human or humanized monoclonal antibodies (mAbs). These mAbs are produced by introducing the genes encoding the desired antibody sequence into host cells, such as Chinese hamster ovary (CHO) cells, enabling large-scale, consistent, and ethical antibody production (Figure 3).

Figure 3: Monoclonal Antibody Production



Monoclonal antibody production diagram, showing steps from B cell isolation to mAb production in host cells

### **Engineering Antibodies for Therapeutic Use:**

Additionally, the antibodies can be designed to have specific qualities of top candidates that are desired, like reduced immunogenicity, high affinity against a target, enhanced effector function, increased protein synthesis, enhanced stability, and more [1–9]. Monoclonal antibody antigens can be divided into two categories: soluble antigen and membrane-bound antigen, depending on where the antigen is located [13]. Enhancing the binding affinity towards an antigen through "affinity maturation" either in vivo or in vitro has been the most widely used method to enhance the effectiveness of antibodies [12]. Nonetheless, a number of techniques have been employed recently to increase the effectiveness of antibodies [14]. The following are some advantages of affinity maturation based on antibody CDR engineering: lower dosages, less adverse effects, and low-cost [9]. Advancements in biotechnology have facilitated the engineering of antibodies to enhance their therapeutic potential. This section discusses various strategies employed in antibody engineering, such as humanization, affinity maturation, and glycoengineering. These techniques aim to improve antibody stability, specificity, and efficacy while minimizing immunogenicity.

### **Therapeutic Applications of Antibodies:**

Antibodies have revolutionized the field of therapeutics, offering a precise and targeted approach to treating various diseases. Some key applications include:

- **Cancer immunotherapy:** Cancer-preventive mAbs have the ability to trigger immune responses through multiple mechanisms, such as direct targeting of malignant cells, delivering the cytotoxicity of effector cells, and retargeting cellular immunity towards malignant cells [11]. Monoclonal antibodies targeting cancer-specific antigens, such as PD-1/PD-L1 and HER2, have demonstrated remarkable success in cancer treatment by enhancing the immune system's ability to recognize and destroy tumour cells. mAbs can target specific surface receptors on cancer cells, blocking their growth and signalling pathways or triggering immune cell attack. Nevertheless, there is still room for improvement in the present antibody therapeutics, hence numerous initiatives are underway to create superior therapeutic mAbs [4,11]. Examples include Trastuzumab (Herceptin) for HER2-positive breast cancer and Rituximab (Rituxan) for various lymphomas.
- **Autoimmune diseases:** Antibodies can be utilized to modulate immune responses in autoimmune diseases like rheumatoid arthritis and multiple sclerosis, offering targeted therapy with reduced side effects. mAbs can suppress the overactive immune response in autoimmune diseases like rheumatoid arthritis and psoriasis. Examples include Adalimumab (Humira) and Infliximab (Remicade).
- **Infectious diseases:** Neutralizing antibodies play a crucial role in combating infectious diseases, as exemplified by the development of monoclonal antibodies for the treatment of viral infections like HIV and COVID-19. mAbs can directly neutralize pathogens or enhance the immune response against them. Examples include Palivizumab (Synagis) for respiratory syncytial virus (RSV) and Alemtuzumab (Campath) for certain types of leukaemia and lymphoma.
- **Chronic Inflammatory Diseases:** Antibodies targeting pro-inflammatory cytokines, such as TNF-alpha and IL-6, have shown efficacy in managing chronic inflammatory conditions like rheumatoid arthritis and inflammatory bowel disease.

**Mechanisms of Antibody Action:** Understanding the mechanisms underlying antibody function is essential for optimizing their therapeutic efficacy. This section elucidates the diverse mechanisms by which antibodies exert their therapeutic effects, including neutralization of pathogens, antibody-dependent cellular cytotoxicity (ADCC), complement activation, and blockade of signalling pathways. Through intracellular signalling by phosphorylating immunoreceptor tyrosine-based activation motifs (ITAMs), immune complexes (ICs) consisting of an antibody-opsonized pathogen activate several FcγRs to induce Antibody-Dependent Cellular Phagocytosis (ADCP) or Antibody-Dependent Cellular Cytotoxicity (ADCC) for the elimination of pathogenic cells [5].

### **Future Perspective and Challenges:**

Despite the remarkable progress in antibody-based therapeutics, several challenges remain, including the development of resistance, immunogenicity, and manufacturing constraints. This section discusses future directions in antibody research, such as the exploration of novel targets, the development of bispecific antibodies, and the application of gene editing technologies. Additionally, strategies to address challenges related to antibody production, formulation, and delivery are proposed.

- **High cost of development and production:** The complex manufacturing process and stringent regulatory requirements contribute to the high cost of these drugs, limiting patient accessibility.

- **Immunogenicity:** In some cases, the body may mount an immune response against the therapeutic antibody, reducing its effectiveness.

**Scientists are actively addressing these challenges by:**

1. Developing more efficient production methods, such as using plant-based platforms or continuous manufacturing processes.
2. Exploring alternative delivery systems, such as nanoparticles, to improve drug targeting and reduce side effects.
3. Engineering antibodies with reduced immunogenicity by modifying their Fc.

**The future of antibody-based therapeutics is promising, with ongoing research focusing on:**

1. **Personalized medicine:** Tailoring antibody therapies to individual patients based on their specific genetic and disease characteristics.
2. **Targeting new disease targets:** Identifying and targeting novel molecules involved in disease processes for more effective therapies.
3. **Exploring combination therapies:** Combining antibody-based drugs with other therapeutic modalities, such as chemotherapy or small molecule drugs, for improved efficacy and overcoming resistance.

## CONCLUSION

Antibodies, nature's defence molecules, have become powerful tools in the fight against various diseases. Their unique targeting capabilities and diverse therapeutic applications position them at the forefront of modern medicine. Antibodies represent a cornerstone of biotechnology-driven therapeutics, offering targeted and precise interventions for a wide range of diseases. Continued advancements in antibody engineering and therapeutic applications hold great promise for improving patient outcomes and advancing the field of medicine.

## REFERENCES

1. Chiu, M. L. & G. L. Gilliland (2016). Engineering antibody therapeutics. *Curr. Opin. Struct. Biol.* 38:163-173.
2. Lee, J. (2019). Molecular-level antibody repertoire profiling and engineering: Implications for developing next-generation diagnostics, therapeutics, and vaccines. *Biotechnol. Bioprocess Eng.* 24:8-11.
3. Frenzel, A., Schirrmann, T. & Hust, M. (2016). Phage display - derived human antibodies in clinical development and therapy. *MAbs.* 8: 1177-1194.
4. Georgiou, G., Ippolito, G. C., Beausang, J., Busse, C. E., Wardemann, H. & Quake, S. R. (2014). The promise and challenge of high-throughput sequencing of the antibody repertoire. *Nat. Biotechnol.* 32: 158-168.
5. Golay, J. & Introna, M. (2012). Mechanism of action of therapeutic monoclonal antibodies: Promises and pitfalls of in vitro and in vivo assays. *Arch. Biochem. Biophys.* 526: 146-153.
6. Goulet, D. R. & Atkins, W. M. (2020). Considerations for the design of antibody-based therapeutics. *J. Pharm. Sci.* 109: 74-103.
7. Haraya, K., Tachibana, T. & Igawa, T. (2019). Improvement of pharmacokinetic properties of therapeutic antibodies by antibody engineering. *Drug Metab. Pharmacokinet.* 34: 25-41.
8. Igawa, T., Tsunoda, H., Kuramochi, T., Sampei, Z., Ishii, S. & Hattori, K. (2011). Engineering the variable region of therapeutic IgG antibodies. *MAbs.* 3: 243-252.
9. Nelson, A. L., Dhimolea, E. & Reichert J. M. (2010). Development trends for human monoclonal antibody therapeutics. *Nat. Rev. Drug Discov.* 9: 767-774.
10. Seung Hyun Kang & Chang-Han Lee (2021). Development of Therapeutic Antibodies and Modulating the Characteristics of Therapeutic Antibodies to Maximize the Therapeutic Efficacy. *Biotechnology and Bioprocess Engineering* 26: 295-311.
11. Stapleton, N. M., Andersen, J. T., Stemerding, A. M., Bjarnarson, S. P., Verheul, R. C., Gerritsen, J., Zhao, Y., Kleijer, M., Sandlie, I., Haas, M., Jonsdottir, I., Schoot, C. E. & Vidarsson, G. (2011). Competition for FcRn-mediated transport gives rise to short half-life of human IgG3 and offers therapeutic potential. *Nat. Commun.* 2: 599.
12. Tabasinezhad, M., Talebkhan, Y., Wenzel, W., Rahimi, H., Omidinia, E. & Mahboudi, F. (2019). Trends in therapeutic antibody affinity maturation: From in-vitro towards next - generation sequencing approaches. *Immunollett* 212: 106-113.
13. Weiner, G. J. (2015). Building better monoclonal antibody-based therapeutics. *Nat. Rev. Cancer.* 15: 361-370.
14. Yu, X., Marshall, M. J. E., Cragg, M. S. & Crispin, M. (2017). Improving antibody-based cancer therapeutics through glycan engineering. *BioDrugs.* 31: 151-166.

**Copyright:** © 2024 Author. This is an open access article distributed under the Creative Commons Attribution License, which permits unrestricted use, distribution, and reproduction in any medium, provided the original work is properly cited.