



Validation of a cell-based colorimetric reporter gene assay for the evaluation of Type I Interferons

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ABSTRACT

The biotherapeutic type I interferons (IFN-I) are indicated to treat several diseases. These products are regulated to guarantee safety and efficacy through critical quality attributes. For this purpose, the development of robust assays is required, followed by its validation to demonstrate their suitability for its intended purpose. Despite there are some commercial kits to evaluate IFN-I signaling, these are focused on measuring *in vitro* biological response instead of their validation, which is a pharmaceutical industry requirement. The aim of this work was to validate the HEK-Blue IFN- α/β system evaluating the biological activity of IFN- α/β under good laboratory practices, according to international standards. Our results demonstrated that HEK-Blue IFN- α/β system comply with accuracy ($r^2 > 0.95$) precision ($CV < 20\%$) and specificity for both IFN- α/β ; confirming that this assay is robust for this biotherapeutics' evaluation. Thereby, this bioassay could be implemented as a complementary method to the classical anti-proliferative and anti-viral assays under quality control environments.

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1. Introduction

Type I Interferons (IFN-I) are cytokines composed mainly by IFN- α and β [1], which have important roles in innate and adaptive immune responses with effects over a broad range of mammalian cells [2,3]. The type I IFN display broad biological activity, including control of cell proliferation, induction of genes responsible for protecting cells against the effects of viral infection, regulation of the differentiation state of immune cells and modulation of their function, accordingly these cytokines have been used in the treatment of viral and proliferative disease [4–9].

Type I IFN for therapeutic use are produced by recombinant DNA technology using either eukaryotic or prokaryotic expression systems. For instance, recombinant IFN- β 1a is produced in Chinese

hamster ovary (CHO) cells containing a glycosylation pattern like human IFN- β , while recombinant IFN- β 1b and IFN- α are produced in *Escherichia coli* as a non-glycosylated form with minor modifications in its original amino acid sequence [10,11]. Despite the physicochemical differences between the type I IFN, these proteins exhibit the same function as the native [12] IFN. However, it is well known that the glycosylated isoforms have a longer half-life than the non-glycosylated [10,13].

Biological characterization of recombinant type I IFN is required to confirm their identity and evaluate their strength. These attributes can be assessed by any of the following *in vitro* methodologies: 1) receptor binding assays, 2) antiviral activity in cell culture and/or 3) antiproliferative effects in tumor cell lines [14]. This characterization must be performed throughout different stages of their life cycle (i.e. development, stability tests, and batch release).

Several assays for the evaluation of IFN biological activity require the use of viruses to measure antiviral activity [15]. This implies the compliance of special biosafety measures to handle

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these pathogens. As an alternative, reporter gene assays is an indirect approach to evaluate the activation of signal transduction to measure the function of target genes using fluorescent proteins or colorimetric enzymatic reactions as detection systems [16]. Assays that employ reporter genes have demonstrated to be highly robust in terms of their specificity, sensitivity, precision, and easiness to perform [17–22] than the classical antiviral assays used to evaluate the strength of type I IFN [20,18–22].

HEK-Blue IFN- α/β cells system from InvivoGen[®] is a commercial gene reporter-based bioassay kit designed to evaluate the activation of the type I IFN pathway. This system is based on stable transfection of human embryonic kidney 293 (HEK293) cells that express signal transducer and activator of transcription 2 (STAT2) and IFN regulatory factor (IRF9) human genes to enrich a fully type I IFN signaling pathway. Once IFN- α or IFN- β bind to common receptor IFNAR1/2, allow the recruitment of JAK1 (Janus kinases 1) and Tyk2 (Tyrosine kinase 2), which induce the phosphorylation and dimerization of STAT (Signal Transducer activator of transcription) 1 and STAT 2. This dimer interacts with IRF9 forming the ISGF3 (IFN stimulated gene factor 3) complex. Finally, this transcriptional complex binds to the promoter of ISG54 (IFN-stimulated gene 54) and induce the production of SEAP (secreted embryonic alkaline phosphatase) as a reporter gene [23].

The HEK-Blue IFN- α/β system has been employed for research purposes using *in vitro* infection models, mainly to detect or quantify the production of bioactive IFN-I during viral or bacterial infections [24–30]. This system has also been proposed as a diagnostic tool for the indirect identification of neutralizing autoantibodies against IFN-I in some autoimmune diseases [31].

In this work, we validated the HEK-Blue IFN- α/β gene reporter cell-based bioassay according to the international standard guidelines; International Conference for Harmonization (ICH) Q2 (R1) [32] and the <1033> United States Pharmacopeia (USP) chapter [33] that establish the types and characteristics that should be evaluated during validation execution. This validation was intended to demonstrate that the assay is appropriate to be used under a pharmaceutical quality control environment for the *in vitro* biological activity assessment of biopharmaceutical products containing recombinant IFN- α and IFN- β .

2. Materials and methods

2.1. Materials

HEK-Blue[™] IFN- α/β cells, selected antibiotics (Blasticidin, Normocin, and Zeocin) and SEAP substrate (QUANTI-Blue[™]) were purchased from InvivoGen[®] (San Diego, CA, USA). Fetal Bovine Serum (FBS), trypsin TryPLE Select 1X and Phosphates Buffer Solution (PBS) were purchased from Gibco (GI, NY, USA). Dulbecco's Modified Eagle Medium (DMEM) was purchased from ATCC (Manassas, VA, USA).

Human recombinant type I IFN α -2b and IFN β -1a Chemical Reference Substances (CRS) were purchased from European Directorate for the Quality of Medicines (EDQM) CAS number 99210-65-8 and 145258-61-3, respectively, (Strasbourg, France). IFN- γ was purchased from Thermo Fisher (Waltham, MA, USA).

Human recombinant type I IFN were purchased: IFN α -2b Introna[®] from Merck (New Jersey USA), IFN β -1b Betaferon[®] from Bayer (Berlin Germany), IFN β -1a Avonex[®] from Biogen Idec (Cambridge, Massachusetts) and IFN β -1a Rebif[®] from Merck.

2.2. Cell culture

HEK-Blue[™] IFN α/β cells were grown in DMEM medium with 10% FBS and selective antibiotics: blasticidin, zeocin and normocin (supplemented medium) and incubated at 37 °C, 5% CO₂. The cells

were harvested with trypsin when confluence reached 80%. Then cells were centrifuged, washed and resuspended in PBS. Viable cells were counted by the trypan blue exclusion method and cell concentration was adjusted to 2.8×10^5 cells/mL in a supplemented medium.

2.3. Evaluation of type I IFN response by SEAP activity

HEK-Blue cells were seeded in 96 well plates at a concentration of 50,400 cells/well. Aliquots of IFN- α and IFN- β were prepared independently at different concentrations (from 5×10^{-2} to 5×10^5 IU and 1×10^{-1} to 1×10^6 IU, respectively). Twenty μ L of each IFN at different concentrations were added to corresponding wells and incubated at 37 °C and 5% CO₂ for 24 h. After the incubation period, 20 μ L of supernatant was transferred into a 96-well plate with 180 μ L of QUANTI-Blue[™] ready to use solution (prepared as indicated by manufacturer).

QUANTI-Blue[™] and supernatants were incubated at 37 °C, 5% CO₂ for 3 h. Finally, O.D. at 655 nm was measured in an EPOCH spectrophotometer (BioTek, Winooski, VT, USA).

2.4. Validation

Parameters for validation were established according to the ICH guideline Q2 (R1) and the USP <1033> Biological Assay Validation Chapter [32,33] considering the parameters described below in each characteristic evaluated: dose-response curve (4PL model fitting), specificity, precision, accuracy (dilutional linearity), and system suitability. The acceptance criteria for each evaluated parameter of validation exercise were established according to its intended use that evaluates the biological activity of IFN- α/β *in vitro* for quality control (QC) and biosimilarity assays using IFN α -2b and IFN β -1a international standards. In this sense, it is expected a relative potency specification for batch release analysis establish in the biopharmaceutical industry between 80–125%. Therefore, the %CV should be established at $\leq 20\%$.

2.4.1. Dose-response curve (4PL model fitting)

Independent triplicates were prepared at 12 dilution levels in a range from 5×10^{-2} to 5×10^5 IU and 1×10^{-1} to 1×10^6 IU for IFN- α 2b and IFN- β 1a respectively, in order to obtain the sigmoidal curve from the biological activity of these molecules fitted to the four parameters logistic (4PL) model: bottom and top plateaus, the EC₅₀, and the slope factor (Hills slope). The acceptance criteria were established by the correlation coefficient (r^2) > 0.90 .

2.4.2. Specificity

The specific response was given by the fitting of data curve through a non-linear regression model (4PL). As specificity negative control, we used IFN- γ

2.4.3. Precision

Repeatability was estimated through the percentage of coefficient of variation (CV) from three independent replicates at the slope factor concentrations in the dose-response curve and intermediate precision as the %CV of three independent assays; acceptance criteria were CV $\leq 20\%$ among replicates at all the evaluated levels.

2.4.4. Accuracy (dilutional linearity)

Accuracy was evaluated as dilutional linearity at all dilution levels of the dose-response curve in a concentration range from 70% to 130% for IFN- α 2b and 40% to 120% for IFN β -1b. Acceptance criteria for linearity were $r^2 \geq 0.90$ and slope in a range from 0.80 to 1.25. The nominal value is theoretical according to the dilution of the sample at 70–130% for IFN- α 2b whereas 40–120% for IFN β -1a.

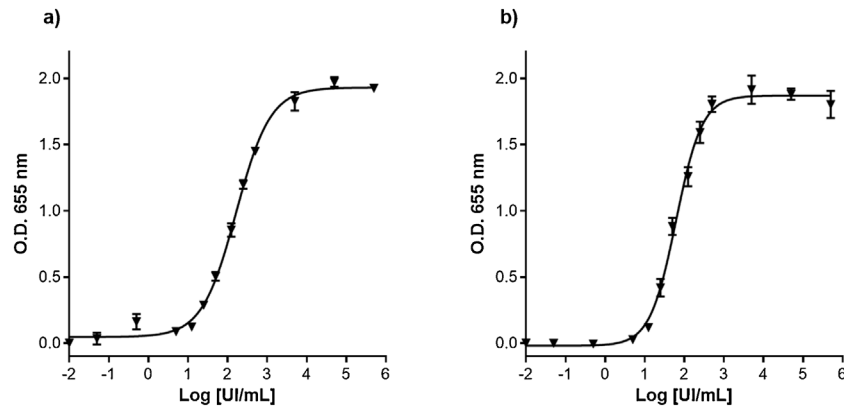


Fig. 1. Four parameters mathematic model fitting. HEK-blue α/β cells were stimulated with increasing concentrations of IFN- α 2b or IFN- β 1a, production of SEAP in culture medium was determined and measured at 655 nm optical density (O.D.). The dose-response curve and 4 PL mathematic model fitting for a) IFN- α 2b ($r^2 = 0.99$) and b) IFN- β 1a ($r^2 = 0.99$) are shown.

While the measured potency was estimated as percentages of relative potency were obtained from EC_{50} values.

2.4.5. System suitability

System suitability was determined considering the capacity to get a sigmoidal dose-response curve. The evaluated parameters were the %CV (from precision), r^2 of the curve within the concentration levels range, the relationship between the upper and lower asymptotes and the distribution of experimental data.

2.5. Performance of HEK-Blue system with commercial therapeutic IFN

The validated HEK-Blue system was tested with medical use type I IFN: Intron A[®], Betaferon[®], Avonex[®], and Rebif[®]. The assay was performed using the established IFN- α/β concentrations and the methodology described.

2.6. Statistical analysis

Data were analyzed with Graph Pad Prism 6.0 software (La Jolla, USA) to evaluate the fit to the 4 PL model and the %CV for replicates.

3. Results

3.1. Optimization of the HEK-Blue IFN- α/β cell system

To optimize the HEK-Blue IFN- α/β cell system we identified the critical steps of the assay and divided into the following three: 1) cell preparation, 2) IFN- α/β binding to its receptor and 3) detection of SEAP activity.

Under our laboratory conditions, the cell preparation considered the number of passages below 12 to guarantee the reproducibility of response, also the adjustment of cell concentration.

In the next step, the type I IFN concentration range was established: from 5×10^{-2} to 5×10^5 IU and 1×10^{-1} to 1×10^6 IU for IFN- α and IFN- β , respectively. The kit's manufacturer established a range between 20–24 hours as incubation of the reaction system; we set 24 h for our assay. To measure the SEAP activity the incubation time was set on 3 h for type I IFN, after testing 0.5, 1.0, 2.0, 3.0 h, it allowed to determine the signal in the low concentration levels and a suitable correlation coefficient with the 4 PL model.

Following these steps, we found that the assay was reproducible to evaluate the response of bioactive IFN- α/β form.

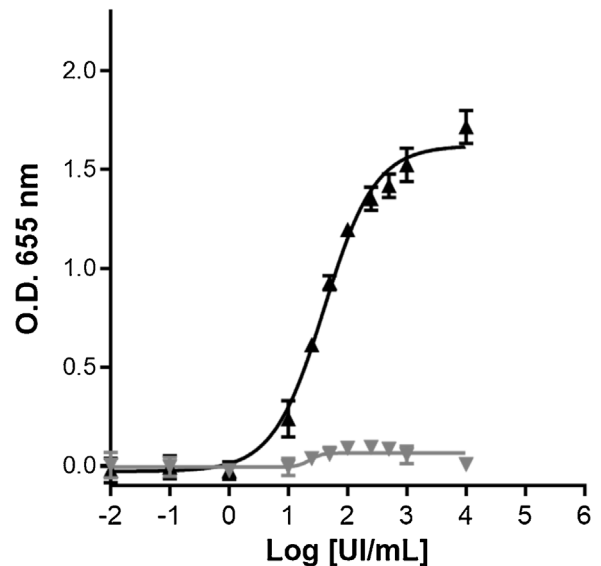


Fig. 2. Specificity. HEK-blue α/β cells were stimulated with increasing concentrations of IFN- α 2b or IFN- γ , the SEAP production in culture medium was determined and measured at 655 nm optical density (O.D.). The response obtained with IFN- α 2b (black line) was fit to 4 PL ($r^2 = 0.99$) but the IFN- γ stimuli (grey line) did not fit to the 4 PL ($r^2 = 0.40$). The results demonstrate the specificity parameter. (For interpretation of the references to colour in this figure legend, the reader is referred to the web version of this article).

Table 1
Repeatability and intermediate precision IFN- α 2b.

Concentration of each level	Acceptance criteria	Repeatability % CV	Intermediate precision		
			Log EC_{50}	% CV	
5×10^{-2}	–	ND	–	ND	
5×10^{-1}	CV $\leq 20\%$	14.6	Day 1	1.80	7.9
5		16.2			
12.5		5.5			
25		9.4	Day 2	1.98	
50		12.2			
125		0.7			
250	3.1	Day 3	2.11		
500	6.2				
5×10^3	7.9				
5×10^4	2.7				
5×10^5					

Table 2
Repeatability and intermediate precision IFN- β 1a.

Concentration of each level	Acceptance criteria	Repeatability % CV	Intermediate precision		
			Log EC ₅₀	% CV	
1 × 10 ⁻¹	–	ND	–	ND	
1	CV ≤ 20%	3.0	Day 1	1.56	16.3
10		8.7			
25		7.7			
50		5.9	Day 2	1.59	
100		6.6			
250	4.2				
500	10.2	Day 3	1.17		
1 × 10 ³	2.5				
1 × 10 ⁴	1.8				
1 × 10 ⁵	2.0				

Once the assay was optimized in our laboratory, the parameters for its validation were established.

3.2. Validation assay

3.2.1. Dose-response curve fitting

As shown in Fig. 1, the biological assay presented a sigmoidal dose-response curve, which fit 4PL showing an $r^2 = 0.97$ for IFN- α 2b and $r^2 = 0.98$ for IFN- β 1a. The curve showed at least two points

in each asymptote and three points in the slope for both IFN- α / β that is a pharmacopeical suggestion to make a suitable fitting for 4PL model according to obtained results of the correlation coefficient (r^2). We included two concentration levels higher than recommended by the manufacturer, these two added points allowed to obtain a better sigmoidal behavior in the curve.

3.2.2. Specificity

In order to test the specificity of the HEK-Blue cell system, we use IFN- γ as a negative control as was previously reported [31]. We are shown that the responses of IFN- α 2b and IFN- β 1a were fitted to 4PL, in contrast, IFN- γ at the same concentration range did not fit to 4PL ($r^2 = 0.4047$) demonstrating the characteristic response of these cells to type I IFN, complying with specificity parameter (Fig. 2). Despite IFN- γ is a cytokine related to IFN- α and IFN- β do not share the same signaling pathway [31]. Although HEK-Blue cells are able to respond to different stimulus included type II IFN such as IFN- γ , the reporter gene under control of ISG54 promoter is induced by type I IFN only, therefore it requires a different transcriptional factor complex, and this explains the high specificity of the assay.

3.2.3. Precision

The precision of the HEK-Blue IFN- α / β cell system showed CV lower than 20% obtained from triplicates of each level of the curve (intra-assay) and EC₅₀ at different days (inter-assay) (Table 1 and 2). Both assays fulfill repeatability and reproducibility.

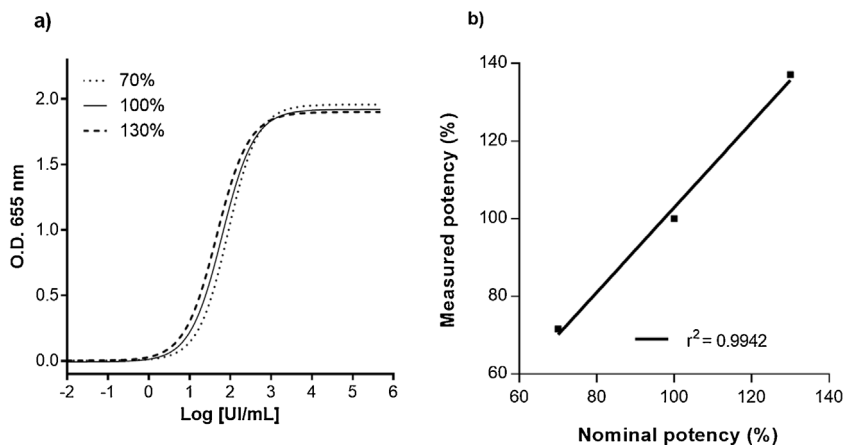


Fig. 3. Accuracy (dilutional linearity) IFN- α 2b. Graphic a) shows dilutional linearity and b) depicts the relationship between nominal and measured potency in a range of 70–130%. The results demonstrate that the bioassay is accurate for IFN- α 2b.

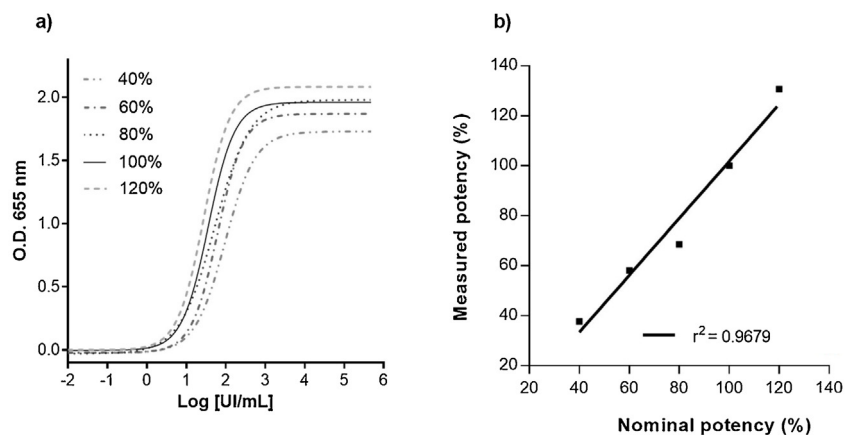


Fig. 4. Accuracy (dilutional linearity) IFN- β 1a. Graphic a) shows dilutional linearity and b) depicts the relationship between nominal and measured potency in a range of 40–120%. The results demonstrate that the bioassay is accurate for IFN- β 1a.

Table 3Summary of validation results for IFN- α 2b and IFN- β 1a.

Characteristic	Parameter	Acceptance criteria	IFN- α 2b results	IFN- β 1a results
4 PL mathematic model fitting	Curve fitting	Fitting of biotherapeutic samples to the 4 PL : $r^2 > 0.90$	0.97	0.98
Specificity	Fit 4 PL with international standards Do not fit 4 PL without international standards	$r^2 > 0.90$ Curve profile	0.97 Do Not fit	0.98 Do not fit
Precision	Coefficient of variation percentage (%CV) among independent triplicates at each concentration level of the dose-response curve	$\leq 20.0 \%$	0.5-18.2%	0.4 - 12.4%
Accuracy	Correspondence between nominal potency and measured potency obtained from dilutional linearity	$r^2 > 0.95$ Slope 0.80-1.25	0.99 1.09	0.97 1.14
System suitability	Ratio between maximum response / minimum response of international standards Differential dose-response between international standards in a determined concentration range	> 1.50	1.88	1.89
	Precision	The dose-response curve fitting to 4 PL $\%CV \leq 20.0 \%$	$r^2 = 0.97$ of fitting to 4 PL in the range of $5 \times 10^{-2} - 5 \times 10^5 \mu\text{g/mL}$ 0.5-18.2%	$r^2 = 0.98$ of fitting to 4 PL in the range of $1 \times 10^{-1} - 1 \times 10^6 \mu\text{g/mL}$ 0.4- 12.4%

The bioassays have intrinsic variability however, the HEK-Blue IFN- α/β cell system showed a CV lower than 20% among replicates in a range of concentrations $5 - 5 \times 10^5$ and $10 - 1 \times 10^6$ UI/mL for IFN- α 2b and IFN- β 1a respectively (intra-assay), meeting with established criteria validation (Table 1 and 2). As indicated in the sample preparation, we tested two lower

concentrations than recommended by InvivoGen[®], those not fulfilled with CV due to the low detection level; our results demonstrated that if these two points were or not considered, the sigmoidal curve was preserved.

The CV of EC₅₀ at three different days (inter-assay) was precise with a CV lower than 20%.

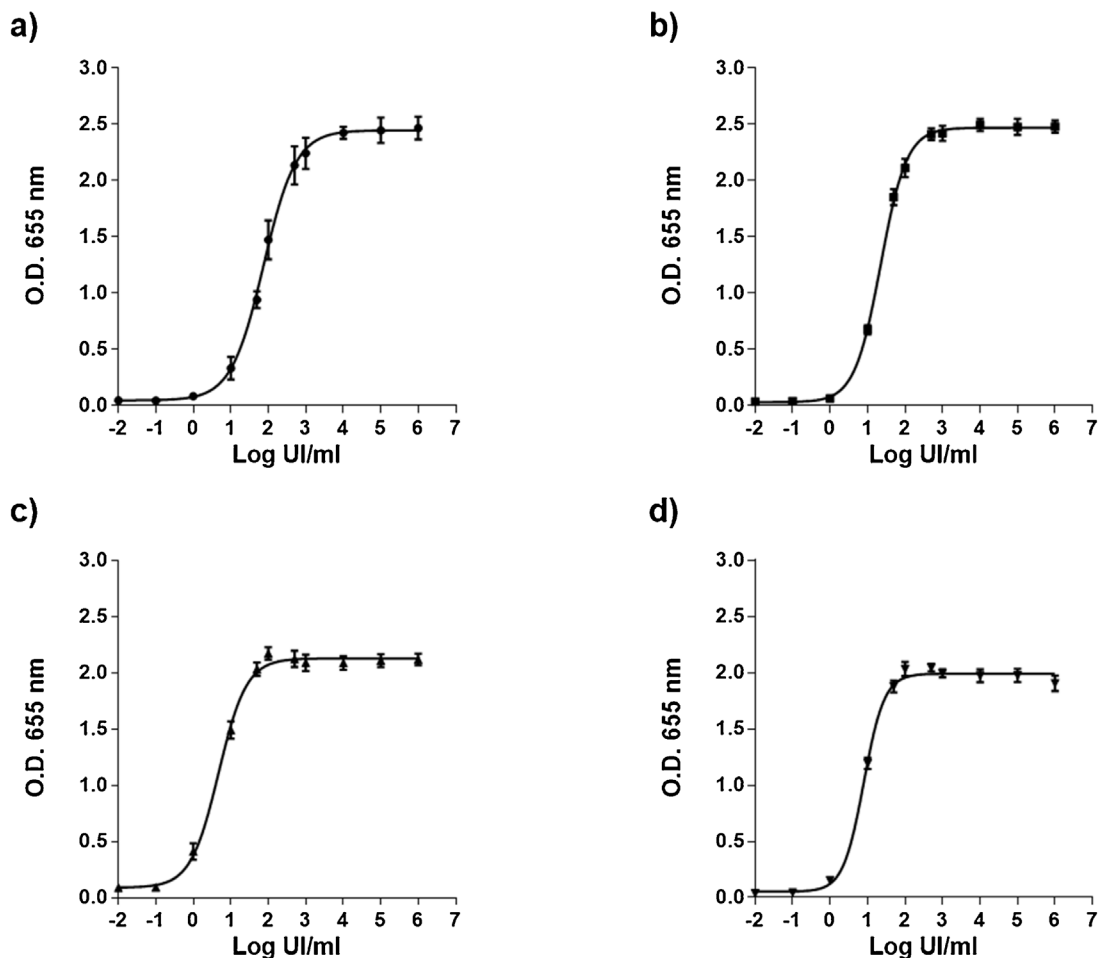


Fig. 5. Evaluation of response induced by commercial type I IFNs. a) Responses obtained from the stimuli with commercial type I IFN: a) Intron A[®] (IFN- α 2b), b) Betaferon[®] (IFN- β 1b), c) Avonex[®] (IFN- β 1a) and d) Rebif[®] (IFN- β 1a). The production of SEAP in the culture medium was determined and measured at 655 nm optical density (O.D). Dose-response curves showed 4 PL fitting: Intron A[®] $r^2 = 0.98$, Betaferon[®] $r^2 = 0.98$, Avonex[®] $r^2 = 0.96$ and Rebif[®] $r^2 = 0.98$.

In summary, this assay satisfies repeatability and intermediate precision for its validation.

3.2.4. Accuracy

In Fig. 3 we demonstrated the accuracy of IFN- α 2b in a dilution range from 70 to 130% with a linear correlation between nominal and measured potencies, $r^2 = 0.99$, and a slope value of 1.09. In the same way in Fig. 4, IFN- β 1a demonstrated dilutional linearity ($r^2 = 0.97$ and slope = 1.140) in a range from 40 to 120% and was able to distinguish two more dilution levels than IFN- α . Both parameters showed to be within the established acceptance criteria.

3.2.5. System suitability

The system suitability was predefined according to 4LP model fitting and precision parameters in order to verify equipment, analytical operations and samples in a routine analysis to guarantee the reliability of results as recommended in the ICH Q2R1 [32]. For system suitability, we defined the same rigor in the acceptance criteria mentioned in the summary of the validation of assay (Table 3).

3.3. HEK-Blue system performance with commercial therapeutic IFN

At present, there are several commercially available IFN α/β for medical uses. Here we proved if the validated HEK-Blue IFN- α/β system is useful to determinate bioactive form of some of this commercial type I IFN through IFNAR signal transduction. Once the assay was validated with international standards, we tested this system with IFN- α 2b (Intron A[®]), IFN- β -1a (Avonex[®] and Rebif[®]) and IFN- β -1b (Betaferon[®]). As it was shown in Fig. 5, the HEK-Blue IFN- α/β system was suitable to detect the bioactive IFN α/β contained in these biotherapeutics, complying with the fit to 4PL.

In summary, the HEK-Blue IFN- α/β system could be useful to evaluate the bioactive type I IFN inside biotherapeutic products despite their origin.

4. Discussion

In this work, we optimized and validated the commercial HEK-Blue IFN- α/β system, which complies with precision, accuracy, specificity and system suitability according to established parameters. As expected, being a biological system, it shows a classical dose-response sigmoidal curve, besides our IFN- α/β results fitted 4PL model.

Both IFN- α/β are recognized by the same receptor IFNAR, differences in their structure might affect cell response [7]. In our results, we observed similar sigmoidal behavior by adjusting concentration range of IFN- α/β however, IFN- β shows higher potency than IFN- α as previously reported [24]. Potency differences could be explained by different molecular mechanisms as the magnitude of the signal by ligand affinity to each IFNAR subunits, response to different type I IFN concentrations and membrane receptor exchange [25–29].

In addition, we proved that the HEK-Blue IFN- α/β system could be used to evaluate bioactive IFN α/β of commercial biotherapeutics: IFN- α 2b, IFN- β -1a, and IFN- β -1b. We found a similar response that fit to 4PL, despite the different source of type I IFN.

Moreover, the recommended use of the HEK-Blue IFN- α/β system in the research field, our results supported that this could be extended for pharmaceutical industry use because it showed to be robust evaluating identity and potency of therapeutic type I IFN, regardless their source.

5. Conclusions

We validated the commercial HEK-Blue IFN- α/β system complying with precision, accuracy, specificity and system

suitability according to established parameters. Our results suggest that this bioassay could be implemented as a complementary method to the classical anti-proliferative and anti-viral assays under a quality control environment because it was robust and easy to perform to evaluate type I IFN biological activity.

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Conflict of interest

Authors declare no conflict of interest.

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References

- [1] K. Oritani, P.W. Kincade, C. Zhang, Y. Tomiyama, Y. Matsuzawa, Type I interferons and limitin: a comparison of structures, receptors, and functions, *Cytokine Growth Factor Rev.* 12 (4) (2001) 337–348.
- [2] N.A. El-Baky, E.M. Redwan, Therapeutic alpha-interferons protein: structure, production, and biosimilar, *Prep. Biochem. Biotechnol.* 45 (2) (2015) 109–127.
- [3] S. Hervas-Stubbs, J.L. Perez-Gracia, A. Rouzaut, M. Fernandez de Sanmamed, A. Le Bon, I.J. Melero, Direct effects of type I IFNs on cells of the immune system, *Clin. Cancer Res.* (2011).
- [4] A.M. Abdel-Aziz, M.A. Ibrahim, A.A. El-Sheikh, M.Y. Kamel, N.M. Zenhom, S. Abdel-Raheim, H. Abdelhaleem, Effect of sofosbuvir plus daclatasvir in hepatitis C virus Genotype-4 patients: promising effect on liver fibrosis, *J. Clin. Exp. Hepatol.* 8 (1) (2018) 15–22.
- [5] N. Papadopoulos, M. Papavdi, A. Pavlidou, D. Konstantinou, H. Kranidioti, G. Kontos, J. Koskinas, G.V. Papatheodoridis, S. Manolakopoulos, M. Deutsch, Hepatitis B and C coinfection in a real-life setting: viral interactions and treatment issues, *Ann. Gastroenterol.* 31 (3) (2018) 365–370.
- [6] C. Mosa, A. Trizzino, A. Trizzino, F. Di Marco, P. D'Angelo, P. Farruggia, Treatment of human papillomavirus infection with interferon alpha and ribavirin in a patient with acquired aplastic anemia, *Int. J. Infect. Dis.* 23 (2014) 25–27.
- [7] L. Bracci, A. Sistigu, E. Proietti, F. Moschella, The added value of type I interferons to cytotoxic treatments of cancer, *Cytokine Growth Factor Rev.* 36 (2017) 89–97.
- [8] A. Sayad, M.K. Kelarijani, E. Sajjadi, M. Taheri, IFNAR1 expression level in Iranian multiple sclerosis patients treated with IFN-B, *Hum. Antibodies* 26 (1) (2017) 17–22.
- [9] D.H. Sterman, C.T. Gillespie, R.G. Carroll, C.M. Coughlin, E.M. Lord, J. Sun, A. Haas, A. Recio, L.R. Kaiser, G. Coukos, C.H. June, S.M. Albelda, R.H. Vonderheide, Interferon beta adenoviral gene therapy in a patient with ovarian cancer, *Nat. Clin. Pract. Oncol.* 3 (11) (2006) 633–639.
- [10] K. Song, I.-S. Yoon, N.A. Kim, D.-H. Kim, J. Lee, H.J. Lee, S. Lee, S. Choi, M.-K. Choi, H.H. Kim, S.H. Jeong, W.S. Son, D.-D. Kim, Y.K. Shin, Glycoengineering of Interferon- β 1a improves its biophysical and pharmacokinetic properties, *PLoS One* 9 (5) (2014)e96967.
- [11] L. Runkel, W. Meier, R.B. Pepinsky, M. Karpusas, A. Whitty, K. Kimball, M. Brickelmaier, C. Muldowney, W. Jones, S.E. Goelz, Structural and functional differences between glycosylated and non-glycosylated forms of human interferon-beta (IFN-beta), *Pharm. Res.* 15 (4) (1998) 641–649.
- [12] M.R. Capobianchi, E. Uleri, C. Caglioti, A. Dolei, Type I IFN family members: similarity, differences and interaction, *Cytokine Growth Factor Rev.* 26 (2) (2015) 103–111.
- [13] R.J. Sola, K. Griebenow, Effects of glycosylation on the stability of protein pharmaceuticals, *J. Pharm. Sci.* 98 (4) (2009) 1223–1245.
- [14] European Medicines Agency, Guideline on Similar Biological Medicinal Products Containing Interferon Beta, (2013).
- [15] A. Meager, Biological assays for interferons, *J. Immunol. Methods* 261 (1) (2002) 21–36.

- [16] D.C. New, D.M. Miller-Martini, Y.H. Wong, Reporter gene assays and their applications to bioassays of natural products, *Phytother. Res.* 17 (5) (2003) 439–448.
- [17] U. Hammerling, E. Bongcam-Rudloff, N. Setterblad, R. Kroon, A.K. Rehnstrom, E. Viitanen, G. Andersson, L. Sjodin, The beta-gal interferon assay: a new, precise and sensitive method, *J. Interferon Cytokine Res.* 18 (7) (1998) 451–460.
- [18] R. Leonart, D. Näf, H. Browning, C. Weissmann, A. Novel, Quantitative bioassay for type I interferon using a recombinant Indicator cell line, *BioTechnology* 8 (1990) 1263.
- [19] U. Canosi, M. Mascia, L. Gazza, O. Serlupi-Crescenzi, S. Donini, F. Antonetti, G. Galli, A highly precise reporter gene bioassay for type I interferon, *J. Immunol. Methods* 199 (1) (1996) 69–76.
- [20] M.D. Fray, G.E. Mann, B. Charleston, Validation of an Mx/CAT reporter gene assay for the quantification of bovine type-I interferon, *J. Immunol. Methods* 249 (1-2) (2001) 235–244.
- [21] Y.J. Seo, G.H. Kim, H.J. Kwak, J.S. Nam, H.J. Lee, S.K. Suh, K.M. Baek, Y.W. Sohn, S. H. Hong, Validation of a HeLa Mx2/Luc reporter cell line for the quantification of human type I interferons, *Pharmacology* 84 (3) (2009) 135–144.
- [22] L. Larocque, A. Bliu, R. Xu, A. Diress, J. Wang, R. Lin, R. He, M. Girard, X. Li, Bioactivity determination of native and variant forms of therapeutic interferons, *J. Biomed. Biotechnol.* (2011) (2011)174615.
- [23] V. Smilovic, S. Caserman, I. Fonda, V. Gaberc-Porekar, V. Menart, A novel reporter gene assay for interferons based on CHO-K1 cells, *J. Immunol. Methods* 333 (1-2) (2008) 192–196.
- [24] E. Frumence, M. Roche, P. Krejbich-Trotot, C. El-Kalamouni, B. Nativel, P. Rondeau, D. Misse, G. Gadea, W. Viranaicken, P. Despres, The South Pacific epidemic strain of Zika virus replicates efficiently in human epithelial A549 cells leading to IFN-beta production and apoptosis induction, *Virology* 493 (2016) 217–226.
- [25] P.B. Devhare, S.N. Chatterjee, V.A. Arankalle, K.S. Lole, Analysis of antiviral response in human epithelial cells infected with hepatitis E virus, *PLoS One* 8 (5) (2013)e63793.
- [26] N. Cloutier, L. Flamand, Kaposi sarcoma-associated herpesvirus latency-associated nuclear antigen inhibits interferon (IFN) beta expression by competing with IFN regulatory factor-3 for binding to IFNB promoter, *J. Biol. Chem.* 285 (10) (2010) 7208–7221.
- [27] M.G. Bego, É.A. Côté, É.A. Cohen, Assessing the innate sensing of HIV-1 infected CD4(+) t cells by plasmacytoid dendritic cells using an ex vivo Co-culture system, *J. Vis. Exp.* (103) (2015) 51207.
- [28] A.M. Gomez, M. Ouellet, M.J. Tremblay, HIV-1-triggered release of type I IFN by plasmacytoid dendritic cells induces BAFF production in monocytes, *J. Immunol.* 194 (5) (2015) 2300–2308.
- [29] K. Hansen, T. Prabakaran, A. Laustsen, S.E. Jorgensen, S.H. Rahbaek, S.B. Jensen, R. Nielsen, J.H. Leber, T. Decker, K.A. Horan, M.R. Jakobsen, S.R. Paludan, *Listeria monocytogenes* induces IFNbeta expression through an IFI16-, cGAS- and STING-dependent pathway, *EMBO J.* 33 (15) (2014) 1654–1666.
- [30] R. Huizinga, W. van Rijs, J.J. Bajramovic, M.L. Kuijff, J.D. Laman, J.N. Samsom, B.C. Jacobs, Sialylation of *Campylobacter jejuni* endotoxin promotes dendritic cell-mediated B cell responses through CD14-dependent production of IFN-beta and TNF-alpha, *J. Immunol.* 191 (11) (2013) 5636–5645.
- [31] L. Breivik, B.E. Oftedal, A.S. Boe Wolff, E. Bratland, E.M. Orlova, E.S. Husebye, A novel cell-based assay for measuring neutralizing autoantibodies against type I interferons in patients with autoimmune polyendocrine syndrome type 1, *Clin. Immunol.* 153 (1) (2014) 220–227.
- [32] International Conference for Harmonization. Validation of Analytical Procedures: Text and Methodology Q2(R1) Version 4, (2005) .
- [33] Biological Assay Validation, USP Pharmacopeical Convention, Rockville, MD, 2013 USP chapter <1033>.