

Research, Development, Production, and Safety of Biosynthetic Human Insulin

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This paper provides some historical aspects on the research and development of Humulin® (rDNA origin), the first human health-care product derived from rDNA technology more than a decade ago. Also referred to as biosynthetic human insulin, Humulin® is currently produced via the human proinsulin route, using an *Escherichia coli* fermentation process. The authenticity, high purity, and safety of BHI has been investigated and verified by a complex battery of analytical and physicochemical methods. The daily treatment of more than two million diabetic patients worldwide with this rDNA human insulin not only demonstrates the value of rDNA technology in providing an important medical product, it is assurance that diabetic patients will have unlimited supplies of this vital hormone as well as potential analogue refinements.

HISTORY— Humulin® was the first marketed human health-care product derived from rDNA technology. This important achievement in 1982 was the result of a vast network of basic and applied scientific advances that began in the 1950s with the classic structural studies on DNA by Watson and Crick (1) and on insulin by Sanger (2). Many of the new research developments in cell biology and rDNA technology of the early 1970s were discussed at the 16th Lilly Insulin Symposium in Indianapolis on 24–25 May 1976, which featured a central theme of insulin biosynthesis (3). At that time, a group of

Lilly scientists was actively investigating several alternatives to glandular insulin. We were especially interested in the new biotechnology because it seemed to offer a viable way to provide a nonpancreatic source of insulin that could eliminate the predicted worldwide shortage expected by the end of the 20th century (4,5).

The subsequent race to synthesize the human insulin gene in the late 1970s was chronicled by Hall (3); a 10-year anniversary celebration commemorating its development was held 1 December 1988 at the Arnold and Mabel Beckman Center of the National Acad-

mies of Sciences and Engineering, Irvine, CA. Many of the scientists who helped “lay the foundation” for this occasion presented recollections of their research programs. A booklet of 20 previously published papers written by the speakers was compiled (1,4–22), and a videotape was made of the event (23). David Goeddel from Genentech indicated that the first rDNA human insulin was obtained on 24 August 1978 (3,23). A small but detectable amount was determined by RIA after combining A- and B-chains that were individually expressed in *E. coli* using chemically synthesized genes (17). Especially important for the timely success of this project was a newly developed method for rapid chemical synthesis of DNA (6,18,20,24). Also important was the emerging technology of RP-HPLC, which not only aided the purification and preparation of appropriate DNA fragments, but also the detection and characterization of the expressed proteins (16,17). RP-HPLC continues to play a vital role in the day-to-day manufacturing and analytical operations for Humulin® (25–31).

Soon after the first biosynthesis of human insulin chains in *E. coli*, Lilly entered into a contractual arrangement with Genentech, whereby Lilly would develop and commercialize the preparation of rDNA human insulin (unofficially referred to as recombinant human insulin or, more particularly, BHI) using the Genentech plasmids that contained the synthetic A- and B-chain genes (5). Subsequently, this arrangement included the gene for authentic human proinsulin. This was an enormous undertaking by Lilly because significant resources were required for the many phases of research, development, control, and clinical evaluation of this new product from rDNA technology (22). Likewise, many regulatory and fermentation containment issues had to be addressed (4,5,22,32–36). It also is noteworthy that new personnel were added to the Metabolic-Endocrine Division of the FDA in antic-

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BHI, biosynthetic human insulin; RIA, radioimmunoassay; RP-HPLC, reversed phase-high performance liquid chromatography; FDA, Food and Drug Administration; CNBr, cyanogen bromide; Trp LE', tryptophan synthetase protein; ECPs, *E. coli* proteins/peptides; S-SO₃, S-sulfonate; Met, methionine.

Table 1—Chronological developments for BHI via *E. coli* fermentation

24 August 1978	First rDNA human insulin (~20 ng) prepared by Goeddel et al. (working at City of Hope and Genentech), (3, 17, 23) using A- and B-chains expressed in <i>E. coli</i> with chemically prepared genes and an A+B-chain combination procedure
25 August 1978	Genentech and Lilly sign agreement to commercialize rDNA human insulin, announced 6 September (3, 5)
June/July 1979	A few milligrams of biologically active BHI (as demonstrated in rabbits) obtained from an improved chain combination procedure, (38) using A- and B-chains from multiple 10-L fermentations conducted at both Genentech and Lilly
5 October 1979	Lilly received permission from the Recombinant Advisory Committee for 150-L fermentations
7 December 1979	Zinc crystals obtained from first significant batch of BHI (Fig. 4); probably the first crystals of an rDNA product
April 1980	605 mg of BHI obtained in Indianapolis for pharmacology, analytical, and toxicology studies
May 1980	Team led by LeRoy Baker obtained 753 mg of BHI at Lilly Research Centre Limited, Erl Wood Manor, in England for clinical pharmacology in the U.K.
3–4 June 1980	Conference on Insulins, Growth Hormone, and Recombinant DNA Technology held at the National Institutes of Health (sponsored by the FDA's Bureau of Drugs) (32, 39, 71–73)
15 July 1980	First doses of BHI administered to normal human volunteer subjects at Guy's Hospital in London (Fig. 5; 41).
July/August 1980	Normal and diabetic subjects in Austria, Germany, Greece, and the U.K. received BHI in clinical pharmacology studies (74). BHI also supplied to numerous laboratories for in vitro testing and animal experimentation (75)
September 1980	Basic and clinical investigators meeting in Athens, Greece (76)
December 1980	Basic and clinical investigators meeting in Wiesbaden, Germany (76)
9 July 1981	First 40,000-L fermentation completed in Indianapolis (W. L. Muth, unpublished observations)
June 1982	Symposium on results of extensive clinical testing in Europe and the U.S. (78)
26 August 1982	Approval to market BHI in U.K.
13 October 1982	Approval to market BHI in Germany
28 October 1982	Approval to market BHI in the U.S.
10 April 1986	Approval to market BHI derived from human proinsulin in the U.S. Similar approval followed in other countries
1992	BHI registered and marketed in 65 countries

ipation of the many new drug applications involving rDNA technology (37).

Initial fermentations were restricted to 10 L or less (35), which necessitated multiple *E. coli* K12 fermentations to obtain just a few milligrams of each insulin chain. By the end of 1979, larger-scale fermentations were allowed and a small, but significant, amount of BHI was prepared by an improved chain combination method (38). This rDNA human insulin was identical in all respects to a pancreatic human insulin standard (39–40), thus providing encouragement to scale-up and move into clinical evaluation quickly. In fact, the first rDNA human insulin was administered to normal volunteer subjects at Guy's Hospital, London, in July of 1980 (41). Table 1 summarizes several events in the development of BHI.

PREPARATION AND EVALUATION OF RDNA HUMAN INSULIN IN *E. COLI*

— Lilly has prepared BHI by two different means—initially, by a chain combination procedure (21,38–40) and, since 1986, by transforming human proinsulin into human insulin (21,42–44). Both options are outlined in Fig. 1. The decision to begin manufacturing BHI using separate A- and B-chain fermentations was prompted by the ready availability of the appropriate A- and B-chain genes, the in-house expertise in chain combination chemistry, plus the added safeguard during the early rDNA era that only inactive protein products were being expressed in *E. coli*. Although the chain combination procedure worked quite well, the proinsulin approach required fewer processing steps (Fig. 2) and, consequently, superseded the chain method in 1986 (Table 1). Furthermore, the proinsulin

route allows for the preparation of authentic human proinsulin, split forms of human proinsulin, as well as C-peptide for various research investigations (45–49). Also, the use of biosynthetic human proinsulin, which is chemically and structurally identical to endogenous proinsulin, distinguishes the production of Humulin® from a yeast-derived human insulin that is produced via a nonhuman proinsulin precursor protein (50–53).

Other changes also have occurred. Originally, Lilly used the Genentech plasmids that led to the expression of A- and B-chains fused to a large *E. coli* polypeptide (1004-residue form of β -galactosidase) via a Met linkage (21,40,54), which was conveniently cleaved with CNBr. Subsequently, better yields were obtained with the tryptophan promoter system (54,55) in which the resulting chimeric fusion protein consists of a 190 amino acid-tryptophan synthetase pro-

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Methods for Producing Biosynthetic Human Insulin

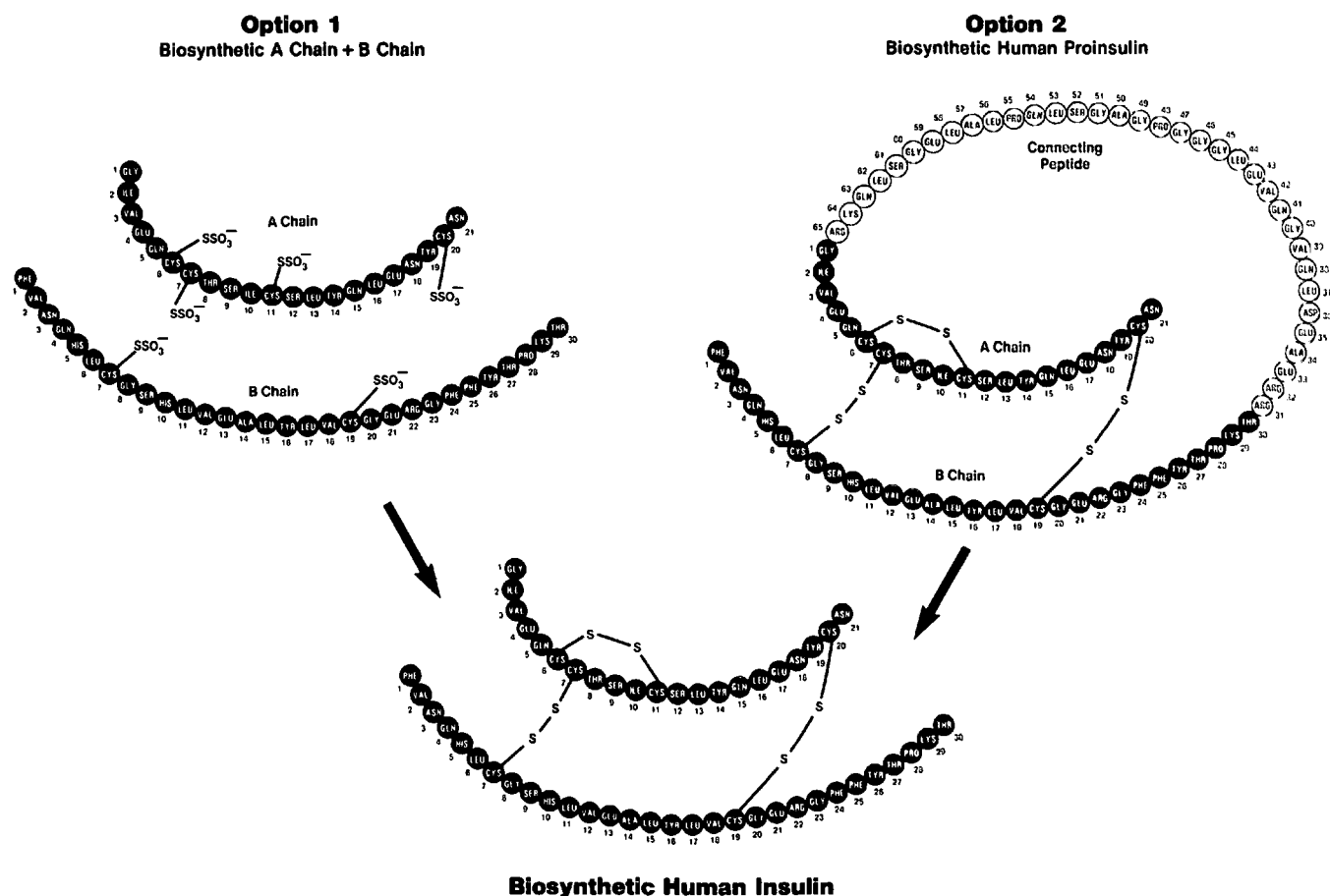


Figure 1—Two pathways for producing BHI. From Frank and Chance (43). © by MMV Medizin Verlag, Munich.

tein (Trp LE') joined to the desired product through a CNBr-cleavable Met residue (Fig. 2). The transmission electron micrograph of *E. coli* shown in Fig. 3 illustrates the accumulation of Trp LE'-Met-Human Proinsulin into dense cytoplasmic inclusion bodies (56,57).

An impressive collaboration has been in effect throughout the Lilly organization as BHI has evolved from the microgram scale to mega-kilogram scale since 1978. Humulin® is rapidly becoming a dominant insulin for diabetic use. Today, more than two million patients worldwide use Humulin® to control diabetes. In the U.S., this rDNA human insulin is used in more patients than all

other available insulins combined. We cannot begin to give appropriate credit to all the coworkers and collaborators who have contributed to the BHI project. However, we have listed most of the references for published papers in Table 2 to give an idea of the broad spectrum of effort required to develop and market this rDNA product.

Some of the analytical issues on this project necessitate further mention because extensive characterization was required to ensure that the diabetic patient received a safe and efficacious therapy. In fact, in becoming the first company to produce an rDNA product for human use, Lilly faced many new prob-

lems and challenges. The major challenge was to rigorously characterize BHI and determine its purity on a lot-by-lot basis to assure a safe and clinically effective material. Therefore, we established an extensive battery of analytical tests, many of which were quite complex and not routinely conducted in the conventional analytical laboratory. Initially, we used a number of physicochemical and analytical tests on reference standard materials to establish that we were making a human insulin identical to pancreatic human insulin (Table 3). These studies were conducted on BHI prepared by both the A- + B-chain and the proinsulin routes. We demonstrated that,

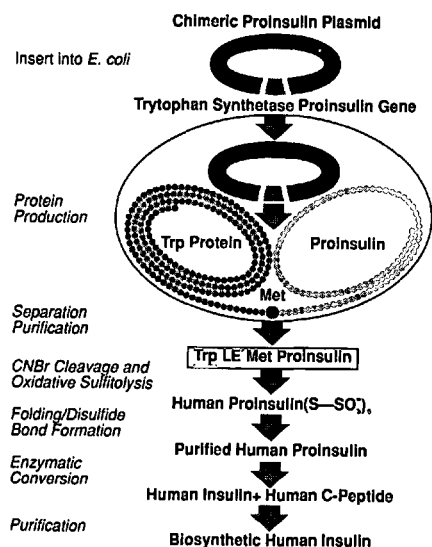


Figure 2—General scheme for producing human insulin via the proinsulin route. From Galloway et al. (45) and Galloway (108) as adapted originally from Frank and Chance (44).

though obviously of greater purity, biosynthetic Humulin® was identical chemically, physically, and biologically to human insulin extracted from the pancreas (5,21,38–40,42–44,58–61).

Defining the purity of Humulin® was a two-part challenge. First, we determined the nature and amount of impurities related to human insulin; second, we investigated the amount of impurities related to the host cell *E. coli*. In the case of the impurities related to human insulin, extensive efforts were made to prove that the folding and disulfide bonds of Humulin® were correct (21,22,38,43,60). Using RIAs, chemically related impurities, such as human proinsulin or C-peptide, were shown to be essentially absent from the product (44). Current batches of Humulin® consistently assay <1 ppm of proinsulin. Other chemical derivatives, such as A-21 desamido insulin, are controlled by carefully optimizing the isolation process for the product (60).

The major noninsulin contaminant issue we encountered in the development of Humulin® was that of host

cell or ECPs. Considerable effort was first expended to develop an assay that would allow measurement of ECPs in our bulk insulin to prove its purity (21,62,63). As a further precaution, we undertook very large clinical studies to search for any

possible immune response to these putative ECPs (60). In these studies, 18,500 serum samples from about 3,400 patients were assayed; 1,270 patients had used Humulin® for more than one year and 800 for at least two years. No defin-



Figure 3—Transmission electron micrograph of *E. coli* cells fixed in late log phase of growth from a culture producing Trp LE¹-Met-Human Proinsulin chimeric protein. Dense granulelike inclusion bodies represent expressed fused-gene protein (original magnification of × 89,000; reduced to 70% of original for publication). Photograph provided by Dan C. Williams of the Lilly Research Laboratories (56,57).



Figure 4—First zinc insulin crystals obtained on BHI (39,40; see 39 for a color photograph of these crystals). The crystallization experiment was conducted by James A. Hoffmann, and the photomicroscopy was provided by Fred P. Mertz (grandson of the first Lilly chemist) of Lilly Research Laboratories.

able antibody response to ECPs was observed in patients treated with Humulin®.

Overall, no evidence suggests that any ECPs that might be present in Humulin® elicit an immune response. Thus, all of these studies clearly demonstrate that Humulin® is a very pure, homogeneous, native human insulin molecule that is clinically safe and effective. Equally important is Humulin®'s relative lack of immunogenicity when compared with animal insulins (64–66). The production of Humulin® via rDNA technology ensures unlimited supplies of highly purified human insulin products for the future (67). Certainly the preparation, development, and marketing of the first rDNA human insulin 11 years ago was an important accomplishment on the part of the Lilly organization and the hundreds of employees and collaborators throughout the world. It has also paved the way for an explosive development in biotechnology products (68,69). This effort, in a small way, rivals the incomparable efforts by Lilly during the early 1920s to make animal insulin available as a life-saving medicine (70). It is inter-

Table 2—Pertinent references concerning the research, development, production, and control of BHI via *E. coli* fermentation

Chemical DNA synthesis	Itakura et al. (6, 18, 20); Crea et al. (16); Riggs (79); Riggs et al. (19, 24, 80)
Molecular biology, cloning and expression in <i>E. coli</i>	Goeddel et al. (17); Riggs (79); Riggs et al. (19, 24); Burnett (54)
Chimeric fusion protein product	Kleid et al. (55); Williams et al. (56); Paul et al. (57); Burnett (54); Muth (34–36); Muth et al. (81); Patrick and Lagu (31); Prouty (82)
<i>E. coli</i> fermentation containment	Johnson (4, 5, 32, 33); Burnett and Marsh (83); Muth (34–36, 84, 85)
<i>E. coli</i> fermentation development, production and control	Rosteck and Hershberger (86); Hershberger and Rosteck (87, 88); Muth (34–36, 84, 85)
Large-scale isolation and purification	Johnson (89); Kroeff et al. (27); Prouty (82, 90–92); Riemen (93)
Characterization and authenticity	Johnson (5, 21); Galloway and Chance (22); Chance et al. (38–40); Frank and Chance (43, 44); Frank (60); Farid et al. (28)
X-ray diffraction studies	Chawdhury et al. (58, 61); Smith et al. (59)
Analytical development and control	ECPs—Baker et al. (62); Ross et al. (63); Frank et al. (94); Frank and Chance (44) Insulin—Kroeff and Chance (25); Frank and Chance (44); Smith et al. (26); Sittampalam et al. (95); Farid et al. (28); Frank (60); DiMarchi et al. (29); Patrick and Lagu (31); Atkins et al. (30); Nielsen et al. (96)
Product registration process	Galloway and Chance (22); Dinner and Fose (97, 98); Giss (99); Weissinger (100)
Formulation development	Massey and Sheliga (101); Blackshear et al. (102)
Clinical immunology	Fineberg et al. (64–66); Galloway et al. (103)
General and reviews	Johnson (4, 5); Galloway (46); Enzmann and Burnett (104); Ladisch and Kohlmann (105); Skyler et al. (106); Galloway et al. (107)



Figure 5—First volunteers to receive injections of BHI on 15 July 1980 (41). Left to right: Del Evans, Brian Swann, Roger Harrison, Alan Glynn, William Ross, Alec Todd, Richard Marsden, and Gordon Snook. Photograph provided by Brian Swann of Lilly Research Centre Ltd., Erl Wood Manor, Surrey, England. Information from the archives about this study was provided by Richard Lucas, also of Lilly Research Centre, Ltd.

esting to speculate about the nature and timing of the next major breakthrough for the treatment and/or prevention of diabetes. Hopefully, it will not take an-

other 60 years. Perhaps recombinant technology, with its potential to provide human insulin analogues with more optimal and convenient time actions, and thus better patient compliance, is the key to the next discovery (this issue, Galloway, p. 16–23).

Table 3—Tests used to evaluate BHI

USP rabbit hypoglycemia assay (144 rabbits)
Insulin radioreceptor assay
Amino acid composition
Amino acid sequence
Gel electrophoresis
FAB/Mass spectroscopy
Disulfide bond verification
HPLC
Peptide mapping
Zinc crystallization
X-ray crystal structure
2D NMR
Limulus assay for bacterial endotoxin
Insulin receptor assays (in vitro)
USP rabbit pyrogen test
BP proteolytic activity assay
Proinsulin RIA
C-Peptide RIA
E. coli peptide RIA

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