

Resource Summary Report

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ABIRISK

RRID:SCR_003740

Type: Tool

Proper Citation

ABIRISK (RRID:SCR_003740)

Resource Information

URL: <http://www.abirisk.eu/>

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Description: A consortium that seeks to provide an integrated approach to anti-drug immunization by evaluating immunogenicity in hemophilia A, multiple sclerosis, and inflammatory diseases, and exploring new tools for protein drug immunogenicity. The data collected will be pooled in a single immunogenicity databank and will be standardized and used to develop models of anti-drug antibodies. By examining the correlation between patient and clinical factors and the incidence of immunogenicity, it hopes to reduce the regulatory and resource burdens of immunogenicity testing. The objectives of the consortium are: # Access to large cohorts of patients treated with marketed biopharmaceutical products # Complementary expertise for anti-drug antibodies (ADA) assays; standardization and characterization of ADA # Novel integrated approaches to characterize anti-drug lymphocyte responses # Development and validation of innovative prediction tools # Collection and integration of immunogenicity-related data and clinical relevance of ADA ABIRISK is grouped into five working projects, which communicate with one another and provide each other with results and data for analysis. The five working projects are: ADA assay development and validation and cohort management; cellular characterization and mechanisms of the AD immune response; evaluation and development of technologies for predicting immunogenicity; establishment of database, data analyses and integration; and project management and communication.

Abbreviations: ABIRISK

Synonyms: Anti-Biopharmaceutical Immunization: Prediction and Analysis of Clinical Relevance to Minimize the Risk, ABIRISK Project

Resource Type: consortium, data or information resource, organization portal, portal

Keywords: drug, consortium, drug development, biomarker, pharmacogenomics, biopharmaceutical product, immune response, immunogenicity, data sharing, immune system, biopharmaceutical, clinical

Funding: Innovative Medicines Initiative 115303

Resource Name: ABIRISK

Resource ID: SCR_003740

Alternate IDs: nlx_157967

Record Creation Time: 20220129T080220+0000

Record Last Update: 20260905T132507+0000

Ratings and Alerts

No rating or validation information has been found for ABIRISK.

No alerts have been found for ABIRISK.

Data and Source Information

Source: [SciCrunch Registry](#)

Usage and Citation Metrics

We found 17 mentions in open access literature.

Listed below are recent publications. The full list is available at [Kravitz](#) .

Pollastro S, et al. (2024) Sensitive B-cell receptor repertoire analysis shows repopulation correlates with clinical response to rituximab in rheumatoid arthritis. *Arthritis research & therapy*, 26(1), 70.

Martin-Gutierrez L, et al. (2024) Dysregulated lipid metabolism networks modulate T-cell function in people with relapsing-remitting multiple sclerosis. *Clinical and experimental immunology*, 217(2), 204.

van der Weele L, et al. (2022) Longitudinal analysis of anti-drug antibody development in multiple sclerosis patients treated with interferon beta-1a (Rebif™) using B cell receptor repertoire analysis. *Journal of neuroimmunology*, 370, 577932.

Bouget V, et al. (2022) Machine learning predicts response to TNF inhibitors in rheumatoid arthritis: results on the ESPOIR and ABIRISK cohorts. *RMD open*, 8(2).

Karle AC, et al. (2020) Applying MAPPs Assays to Assess Drug Immunogenicity. *Frontiers in immunology*, 11, 698.

Waddington KE, et al. (2020) Using Serum Metabolomics to Predict Development of Anti-drug Antibodies in Multiple Sclerosis Patients Treated With IFN?. *Frontiers in immunology*, 11, 1527.

Jensen PEH, et al. (2019) Detection and kinetics of persistent neutralizing anti-interferon-beta antibodies in patients with multiple sclerosis. Results from the ABIRISK prospective cohort study. *Journal of neuroimmunology*, 326, 19.

Al-Soudi A, et al. (2019) IgG4:IgG RNA ratio differentiates active disease from remission in granulomatosis with polyangiitis: a new disease activity marker? A cross-sectional and longitudinal study. *Arthritis research & therapy*, 21(1), 43.

Bachelet D, et al. (2019) Risk stratification integrating genetic data for factor VIII inhibitor development in patients with severe hemophilia A. *PloS one*, 14(6), e0218258.

Magill L, et al. (2018) Low Percentage of Signal Regulatory Protein γ/γ^+ Memory B Cells in Blood Predicts Development of Anti-drug Antibodies (ADA) in Adalimumab-Treated Rheumatoid Arthritis Patients. *Frontiers in immunology*, 9, 2865.

Schultz HS, et al. (2017) Quantitative analysis of the CD4⁺ T cell response to therapeutic antibodies in healthy donors using a novel T cell:PBMC assay. *PloS one*, 12(5), e0178544.

Link J, et al. (2017) Clinical practice of analysis of anti-drug antibodies against interferon beta and natalizumab in multiple sclerosis patients in Europe: A descriptive study of test results. *PloS one*, 12(2), e0170395.

Jonas SF, et al. (2017) A score test for comparing cross-sectional survival data with a fraction of non-susceptible patients and its application in clinical immunology. *PloS one*, 12(6), e0179896.

Bachelet D, et al. (2016) Occurrence of Anti-Drug Antibodies against Interferon-Beta and Natalizumab in Multiple Sclerosis: A Collaborative Cohort Analysis. *PloS one*, 11(11), e0162752.

Karle A, et al. (2016) Secukinumab, a novel anti-IL-17A antibody, shows low immunogenicity potential in human in vitro assays comparable to other marketed biotherapeutics with low clinical immunogenicity. *mAbs*, 8(3), 536.

Rup B, et al. (2015) Standardizing terms, definitions and concepts for describing and interpreting unwanted immunogenicity of biopharmaceuticals: recommendations of the Innovative Medicines Initiative ABIRISK consortium. *Clinical and experimental immunology*, 181(3), 385.

Mbogning C, et al. (2014) A novel tree-based procedure for deciphering the genomic spectrum of clinical disease entities. *Journal of clinical bioinformatics*, 4, 6.