

Comparison of pharmacokinetic (PK)-guided prophylactic dosing tools in hemophilia A - a pilot study

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Introduction

- Severe and moderate-severe hemophilia A patients administer clotting factor VIII (FVIII) concentrates prophylactically to prevent bleeding events.
- Pharmacokinetic (PK)-guided dosing using Bayesian analysis is used to individualize prophylactic dosing of FVIII.
- In the Bayesian analysis individual PK parameters are calculated by combination of a population PK model and individual observed concentrations.
- Individual PK parameters are used to attain a dosing regime which maintains FVIII plasma trough levels >0.01 IU/mL⁻¹.
- For FVIII several dosing regimes using Bayesian analysis are available.

Objectives

- To compare the performance of Bayesian PK dosing tools for dose individualization of FVIII during prophylaxis.

Methods

Bayesian analysis

- Following a dose of 50 IU/kg Advate three samples were obtained at t=6, 24 and 48 hours (Table 1, Figure 1).[1]
- Individual PK parameters were calculated using the following tools:
 - Bayesian analysis in NONMEM®-software
 - Population PK parameters for Advate were taken from literature.[2]
 - MyPKFiT®, developed by Baxalta/Shire®
 - WAPPS-Hemo portal

Evaluation of performance

- Clearance (CL), distribution volume in steady-state (Vss), half-life, time to 0.01 IU/mL (1%), and calculated dose were evaluated.

Table 1. Patient characteristics

N	7
Age (years, median [range])	33 [8.7 - 70]
Body weight (kg, median [range])	85.3 [56.8 - 103]
Baseline plasma level (IU/mL) ^a	≤ 0.03
Product ^a	Advate®
Dose (IU/kg ⁻¹ [range])	48.5 [46.2 - 55.6]

^aFor each patient

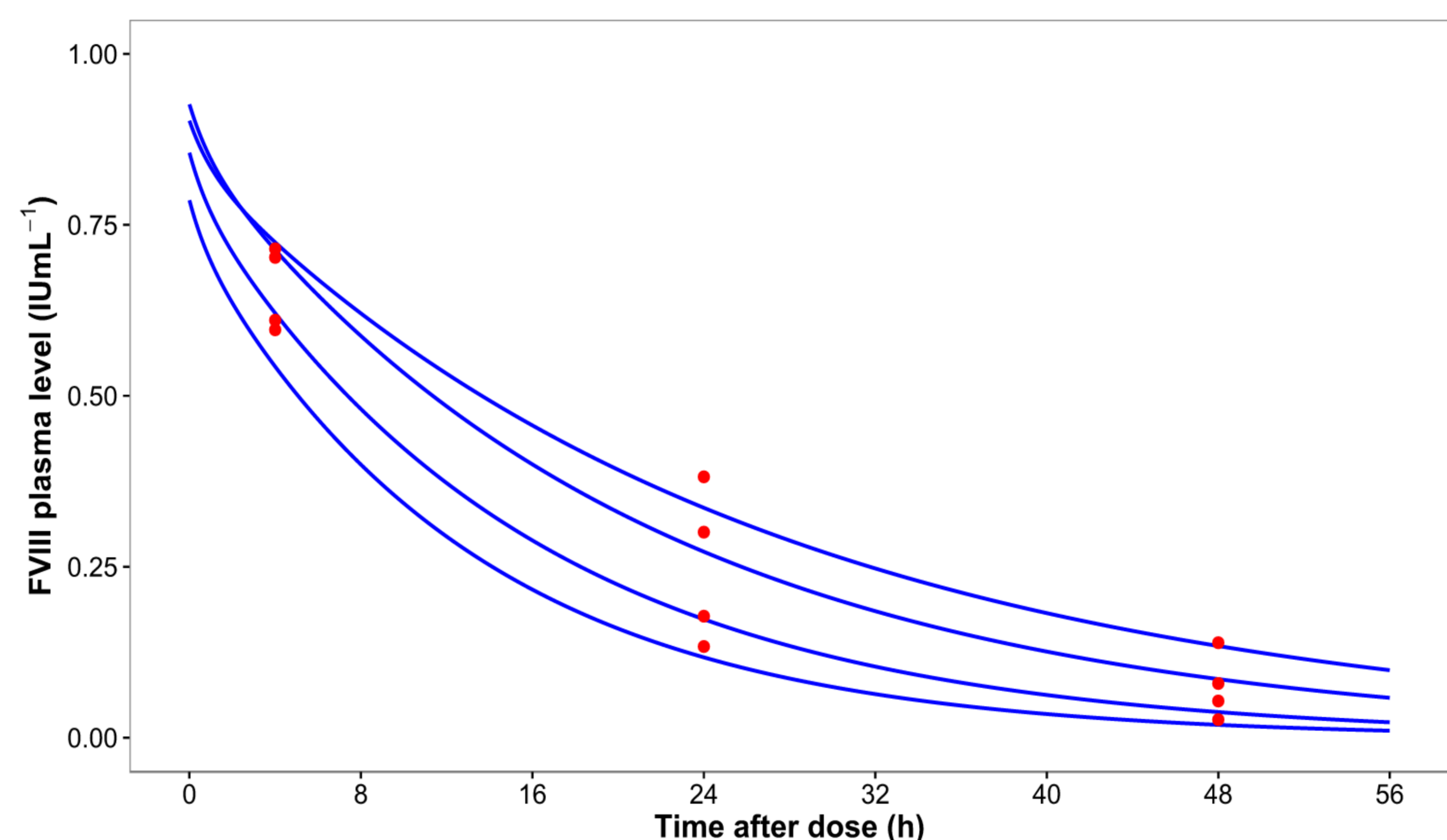


Figure 1. FVIII plasma levels (red dots) of four patients with their corresponding individual PK fits (blue line), after 50IUkg⁻¹ intravenous infusion, using Bayesian analysis in NONMEM® (method 1).[2]

Table 2. Bayesian estimates of PK parameters

Patient	CL ^a (mL/h)		Vss ^b (mL)		Half-life ^c (h)		
	Method 1	Method 2	Method 1	Method 2	Method 1	Method 2	Method 3
1	325	247	3598	4265	7.8	12.7	11
2	198	195	3341	3720	11.8	14.9	12
3	304	278	4828	5150	11.1	14.1	11
4	177	214	2894	3780	11.4	12.8	12
5	124	118	1411	1400	8	9.7	8.5
6	127	130	2235	2600	12.3	11.9	13
7	294	274	4153	4425	9.8	10.4	11

^a Clearance; ^b Distribution volume in steady state; ^c Terminal elimination half-life.
Method 1: Bayesian analysis using NONMEM®. Method 2: MyPKFiT®. Method 3: WAPPS-Hemo portal.

References

- Björkman S, Collins P, Project on Factor VI I/ Factor IX Pharmacokinetics of the Factor VIII/ Factor IX Scientific and Standardization Committee of The Isth. Measurement of factor VIII pharmacokinetics in routine clinical practice. *J Thromb Haemost.* 2013 Jan;11(1):180-2.
- Björkman S, Oh M, Spotts G, Schroth P, Fritsch S, Ewenstein BM, et al. Population pharmacokinetics of recombinant factor VIII: the relationships of pharmacokinetics to age and body weight. *Blood.* 2012 Jan 12;119(2):612-8.

Conclusions

- Differences may exist between the population PK models implemented in the current PK tools, leading to differences in estimation of PK parameters.
- Larger prospective studies are necessary to gain more insight into the difference between the PK tools and its clinical consequences.

Results

Estimated clearance (CL), distribution volume in steady-state (Vss), and terminal elimination half-life are shown in Table 2.

In comparison with method (1) CL was generally estimated lower by (2), although not statistically significant, with a mean difference of 6.9 mLh⁻¹ (95% CI: -14.5, 28.2 mLh⁻¹; p = 0.461).

Method (2) produced higher values for Vss than (1) with a mean difference of 343 mL (95% CI: 34.9, 651.0 mL; p = 0.034).

Method (2) produced higher values for estimated half-life than (1), with a mean difference of 2.04 hours (95% CI: 0.41, 3.68 h; p=0.022).

With respect to the time to reach a FVIII level of 0.01 IU/mL⁻¹ following administration, as shown in Table 3, method (2) produced higher values than (3) with a mean difference of 6.36 hours (95% CI: 1.96, 10.76 h; p=0.012).

The required prophylactic dose was calculated for dosing intervals of 48 and 72 hours. Differences were fairly large between method (1) and (2), which could be explained by longer half-life estimates by method (2) as compared to (1).

Table 3. Bayesian estimates of Time to 0.01IU/mL (1%) and calculated dose

Patient	Time to 1%		Dose ^a (interval 48h)		Dose ^a (interval 72h)	
	Method 2	Method 3	Method 1	Method 2	Method 1	Method 2
1	78	74	2646	768	22928	2860
2	94	83	534	475	2291	1453
3	88	76	942	728	4416	2374
4	80	81	509	595	2284	2184
5	62	61	920	531	7552	2155
6	98	91	314	290	1278	886
7	81	72	1197	802	6698	2887

^a Calculated using a closed-form solution for 2 compartment PK.