

# Population pharmacokinetics and pharmacogenetics of everolimus in renal transplant patients on a calcineurin inhibitor free regimen

D.J.A.R.Moes<sup>1,2</sup> (PharmD), RR. Press<sup>1,2</sup> (PharmD), J. den Hartigh<sup>1</sup> (PharmD, PhD), T. van der Straaten<sup>1</sup> (PhD), Johan W. de Fijter<sup>2</sup> (MD, PhD), Henk-Jan Guchelaar<sup>1</sup> (PharmD, PhD).

<sup>1</sup>Department of Clinical Pharmacy and Toxicology, Leiden University Medical Center, Leiden, The Netherlands.

<sup>2</sup>Department of Nephrology, Leiden University Medical Center, Leiden, The Netherlands.

## Aim

- Describe pharmacokinetics of everolimus in renal transplant patients following oral administration of everolimus twice daily in absence of CNI's and to identify covariates explaining variability.

## Conclusions

- The concentration time profile of oral everolimus was best described by a two compartment pharmacokinetic model with lag-time.
- The demographic covariate Ideal Weight explained 15.4 % of the variability in distribution volume of the central compartment.
- Explaining variability in pharmacokinetics could help to predict everolimus dosage to quickly reach and maintain adequate exposure during therapy.
- ABCB1, CYP3A5, CYP2C8, Pregnan X receptor do not significantly influence everolimus pharmacokinetics.

## Results

Table 1: Baseline characteristics of the patients included in the everolimus population PK/PG analyses

|  | Mean  | SD   | Median | Range       |
|--|-------|------|--------|-------------|
| Male                                   | 35    |      |        |             |
| Female                                 | 18    |      |        |             |
| Age (yrs)                              | 50    |      | 22-71  |             |
| Caucasian (%)                          | 81    |      |        |             |
| Weight (kg) *                          | 80.5  | 16.3 | 77.2   | 52 - 128.8  |
| Body surface Area (m <sup>2</sup> ) ** | 1.96  | 0.23 | 1.93   | 1.51 - 2.52 |
| Lean Body Mass (kg) **                 | 60.4  | 8.6  | 59.4   | 43.2 - 79.9 |
| Ideal Body Weight (kg) **              | 68    | 7.5  | 68.3   | 52 - 83.1   |
| Height (m) **                          | 173.6 | 10.2 | 174    | 152 - 194   |
| Creatinine clearance (ml/min)*         | 116   | 34.1 | 116    | 59 - 226    |
| Everolimus Dose (mg)*                  | 2.44  | 0.75 | 2.25   | 0.75 - 4.5  |
| Hematocrit (L/L)                       | 0.38  | 0.04 | 0.38   | 0.26 - 0.48 |
| Albumin (g/L)                          | 42.36 | 3.64 | 43     | 25 - 49     |

\* During trial, \*\* At first TDM moment

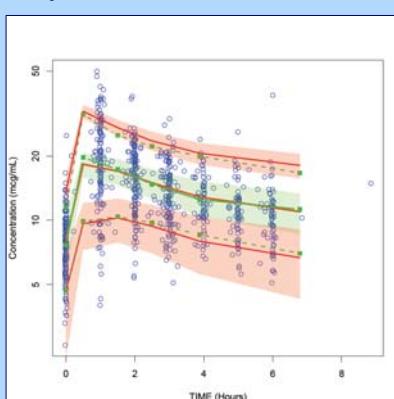


Figure 2:

Prediction corrected Visual predictive check with 80 % prediction interval. The observed concentrations are shown as open circles. The dashed lines with squared symbols represent the observation intervals. The solid lines represent the prediction interval. The shaded areas around the prediction intervals represent the 95 % confidence interval around each of the prediction interval.

## Introduction

- Everolimus (Certican®, Novartis, Basel, Switzerland) is an orally administered immunosuppressive agent targeting the mTOR receptor.
- Everolimus is indicated for prevention of acute and chronic rejection of solid organ transplants.
- Everolimus is characterized by its high variability in pharmacokinetics and narrow therapeutic window (1-2).
- Explaining variability in pharmacokinetics could help to predict everolimus dosage to quickly reach and maintain adequate exposure during therapy.

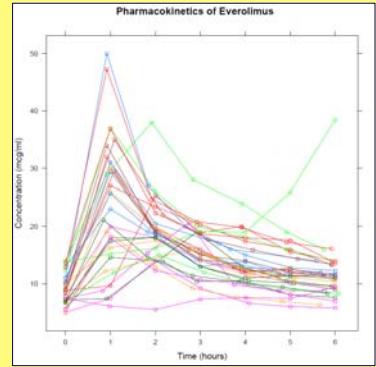


Figure 1:

Concentration time curves of 32 renal transplant patients receiving 3 mg everolimus twice daily measured with LC-MS/MS showing large variability in pharmacokinetics.

## Materials & Methods

- 53 stable renal transplant recipients on everolimus and prednisolone studied from 6 months up to 2 years after transplantation (3).
- Therapy started with 3 mg everolimus twice daily following routine TDM with a target AUC of 120 mcg\*h/L.
- Dataset consisted out of 786 whole blood samples collected from 35 males and 18 females determined with LC-MS/MS.
- Development of population pharmacokinetic base model.
- Covariate analysis with demographic covariates such as Weight, Height, Age, Hematocrit, IWT, BSA, BMI, Albumin, Sex, and pharmacogenetic covariates ABCB1, CYP3A5, CYP2C8 and Pregnan X Receptor .
- Analysis was performed using NONMEM 7.1.2, R-Statistics and Pirana (5).

Table 2: Summary of model parameter estimates

| PK Parameter                       | Base Model |        | Final Model |        | 1000 bootstrap runs |                 |
|------------------------------------|------------|--------|-------------|--------|---------------------|-----------------|
|                                    | Mean Value | RSE(%) | Mean Value  | RSE(%) | Median Value        | 95% CI          |
| CL                                 | 18         | 4.5    | 17.9        | 4.5    | 18.0                | 16.4 to 19.7    |
| F (fixed)                          | 1          | 0      | 1           | 0      | 1.0                 | 1 to 1          |
| V <sub>d</sub> (L)                 | 153        | 5.7    | 148         | 6.2    | 146.7               | 130.0 to 166.4  |
| Q (L/h)                            | 56.1       | 6      | 55.7        | 6.8    | 55.7                | 49.1 to 64.1    |
| V <sub>p</sub> (L)                 | 495        | 9.7    | 498         | 13.8   | 491.9               | 325.1 to 1209.3 |
| k <sub>el</sub> (h <sup>-1</sup> ) | 7.36       | 8.8    | 7.55        | 14.2   | 8.0                 | 5.1 to 15.1     |
| Lagtime                            | 0.714      | 3.3    | 0.709       | 2.1    | 0.714               | 0.67 to 0.80    |
| Dose CL (TDM effect)               | 0.505      | 16.8   | 0.532       | 15.9   | 0.545               | 0.3 to 0.7      |
| $\alpha_{w/F}$ on V <sub>c/F</sub> | -          | -      | -1.41       | 27.1   | -1.4                | -2.30 to -0.56  |
| <b>Interindividual variability</b> |            |        |             |        |                     |                 |
| IVV CL (CV%)                       | 26.4       | 18.8   | 26.2        | 18.7   | 24.9                | 13.5 to 35.0    |
| IVV V <sub>c</sub> (CV%)           | 32.5       | 20.2   | 27.7        | 14.7   | 26.6                | 16.3 to 35.7    |
| IVV Ka (CV%)                       | 110.5      | 17.6   | 108.6       | 20.2   | 104.9               | 45.9 to 152.0   |
| <b>Interoccasion variability</b>   |            |        |             |        |                     |                 |
| IOV Ka (CV%)                       | 131.1      | 13.3   | 135.6       | 14.7   | 140.8               | 99.5 to 189.3   |
| IOV F (CV%)                        | 25.9       | 7.2    | 25.9        | 6.9    | 25.9                | 22.2 to 29.4    |
| <b>Random residual variability</b> |            |        |             |        |                     |                 |
| $\sigma^2$ (proportional error)    | 14.0       |        | 13.9        |        | 13.9                | 11.8 to 16.2    |

Table 3: Genotype distribution in study Population (N=53)

| SNP                              | Frequency | ABCB1 HAP1 | ABCB1 HAP2 | N   | Haplotype frequency (%) | CYP2C8 HAP1 | CYP2C8 HAP2 | N  | Haplotype frequency (%) |      |
|----------------------------------|-----------|------------|------------|-----|-------------------------|-------------|-------------|----|-------------------------|------|
| ABCB1 C1236T (rs1128503)         | 8         | T/T        | 25         | C/T | 20                      | C/C         | CCG         | 13 | CCG                     | 0.52 |
| ABCB1 G2677T (rs2032582)         | 6         | G/G        | 25         | G/T | 22                      | T/T         | CCG         | 2  | TTT                     | 0.33 |
| ABCB1 T3435C (rs1045642)         | 7         | T/T        | 30         | C/T | 16                      | C/C         | CCG         | 19 | TCG                     | 0.08 |
| ABCB1 129CT (rs3213619)          | 50        | T/T        | 3          | C/C | 0                       | C/C         | CCT         | 1  | CTG                     | 0.04 |
| CYP2C8 (rs10509681)              |           |            | 47         | T/T | 6                       | C/T         | CTG         | 2  | CTT                     | 0.02 |
| CYP2C8 (rs11572080)              |           |            | 6          | C/T | 47                      | C/C         | CTT         | 1  | CCT                     | 0.01 |
| CYP3A5*3 (rs776746)              | 47        | G/G        | 4          | A/A | 2                       | A/A         | TCG         | 7  |                         |      |
| CYP3A5*6 (rs10264272)            | 0         | G/G        | 53         | A/G | 0                       | A/A         | TTT         | 1  |                         |      |
| PXR (NR1 2) G-24113A (rs2276706) | 7         | T/T        | 23         | C/T | 23                      | C/C         | TTT         | 2  | TCG                     | 2    |
| PXR(NR1 2) A+7635G (rs6785049)   | 7         | G/G        | 20         | A/G | 26                      | A/A         | TTT         | 5  |                         |      |

## References

- Kirchner GI, Meier-Wedderbach I, Manns MP. Clinical pharmacokinetics of everolimus. Clin Pharmacokinet 2004;43:83-95.
- Kovanci JM, Kahan BD, Kaplan B, Lorber M, Rouilly M et al. Longitudinal assessment of everolimus in de novo renal transplant recipients over the first post-transplant year: pharmacokinetics, exposure-response relationships, and influence on cyclosporine. Clin Pharmacol Ther 2001;69:48-56.
- Bemelman FJ, de Mair EF, Press RR, van Kan HJ, ten Brink B, Homan van der Heide JJ, de Fijter HW. Minimization of maintenance immunosuppression after renal transplantation: an exploratory analysis. Transplantation 2009;88:421-8.
- Mats G, Garrison R & Nick Hollord. A Tutorial on Visual Predictive Checks. PAGE. Abstracts of the Annual Meeting of the Population Approach Group in Europe. ISSN 1871-6032.
- Ketzer RJ, van Beurden M, Blijlevens JH, Schellens JHM, Huitema ADR, Pirnia and PCluster: A modeling environment and cluster infrastructure for NONMEM. Comput Methods Programs Biomed [Internet]. 2010 Jun.

