

Successful validation of a model-informed precision dosing instrument for meropenem in critically ill patients, the DoseCalculator, against NONMEM®

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Background and Objectives



Figure 1: Graphical user interface of the model-informed precision dosing (MIPD) instrument 'DoseCalculator' for dosing optimisation of meropenem in critically ill patients^{1,2,3,4}.

Academic/industry standard

NONMEM®

Objective:

Validation of DoseCalculator incorporated TDMxR algorithm against NONMEM for (i) Estimation of **maximum a posteriori (MAP)** parameters, (ii) **Simulations with MAP parameters & posterior distribution**[#]

Results

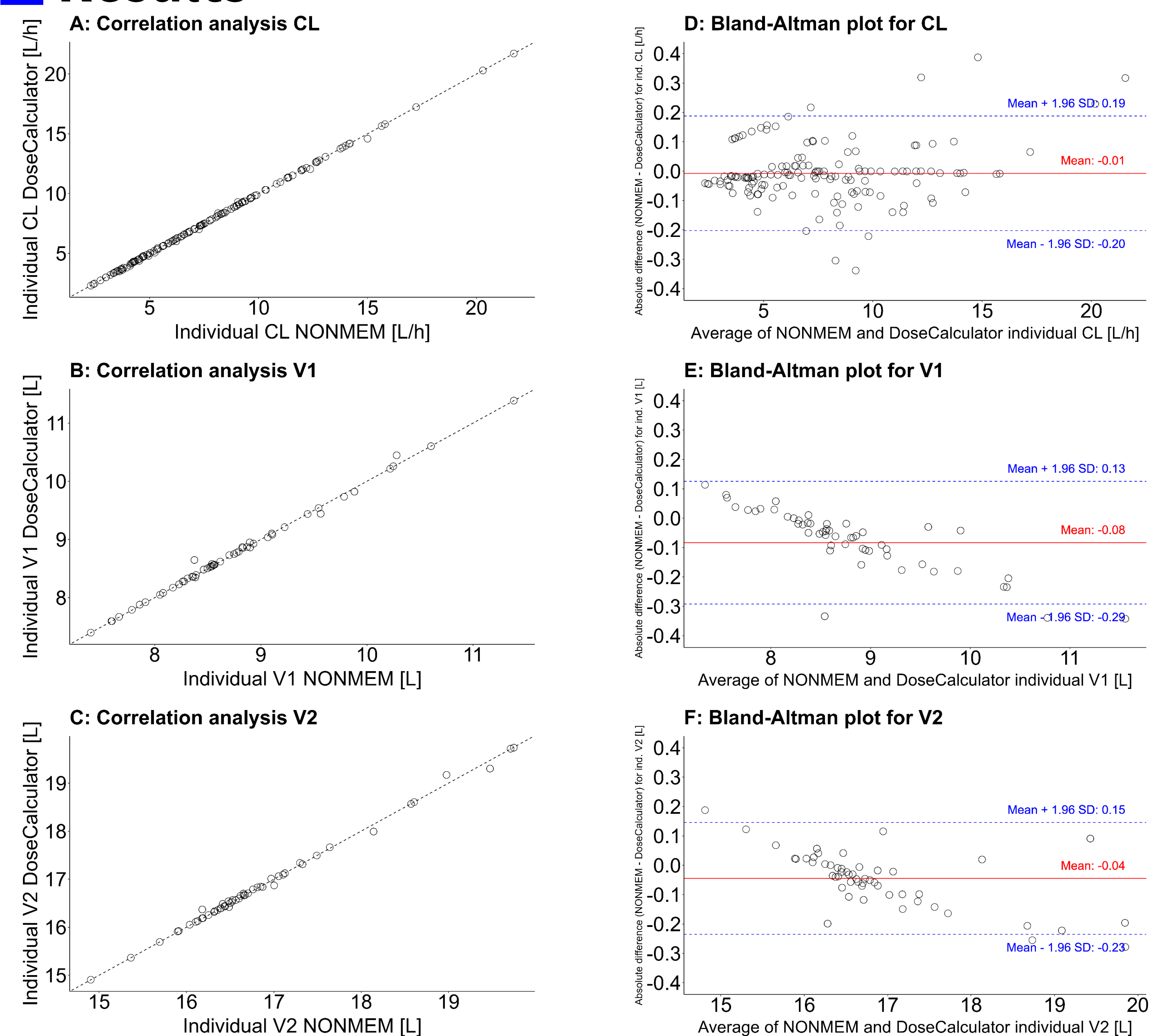


Figure 2: Comparative graphical diagrams of maximum *a posteriori* Bayesian estimation results from 53 critically ill patients derived from DoseCalculator incorporated TDMxR algorithm versus NONMEM. Left panel: Correlation analysis plots of individually predicted PK parameters CL (A), V1 (B) and V2 (C). Dashed line: line of identity. Right panel: Bland-Altman plots for CL (D), V1 (E) and V2 (F) demonstrating absolute differences in each parameter (NONMEM - DoseCalculator) against average values derived from both methods, respectively. Solid red line: mean discrepancy; blue dashed lines: limits of agreement (mean \pm 1.96 standard deviations).

Discussion and Conclusions

- Acceptance criteria met with high agreement in graphical analyses (correlation analysis, Bland-Altman analysis, C(t) simulation plots) between **DoseCalculator incorporated TDMxR algorithm** compared to **NONMEM** for:
 - MAP parameter estimation
 - Individual C(t) simulations (MAP parameter & posterior distribution)[#]
- Higher deviations for $P_{0.05}$ and $P_{0.95}$ due to DoseCalculator using full variance-covariance matrix, whereas diagonal elements of ETC matrix used within NONMEM
- MAP estimation and Bayesian simulation results of DoseCalculator incorporated TDMxR algorithm successfully validated against NONMEM

References
[1] Wicha et al., Int. J. Antimicrob. Agents (2015)
[2] Weber et al., ECCMID (2023)
[3] Weinelt et al., Pharmacometrics (2021)
[4] Ehmann et al., Int. J. Antimicrob. Agents (2019)
[5] Weinelt et al., Antibiot. (2022)
[6] Le Louedec et al., CPT Pharmacometrics Syst. Pharmacol. (2021)
[7] Cunio et al., Clin. Microbiol. Infect. (2021)
[8] Sheiner and Beal, J. Pharmacokinet. Biopharm. (1981)
[9] Sheiner et al., Clin. Pharmacol. Ther. (1979)
[#] approximated by variance-covariance matrix of individual ETAs

Abbreviations
CL Clearance
CLCR_{CG} Creatinine clearance based on Cockcroft-Gault
eGFR Estimated glomerular filtration rate
ETC Variance-Covariance matrix of the individual ETA values
IV Individual variability
MAP Maximum a posteriori
MARE Median absolute relative error
MIPD Model-informed precision dosing
P Percentile
PD Pharmacodynamic
PK Pharmacokinetic
q8h Every 8 h
rBIAS Relative bias
rRMSE Relative root mean squared error
TDM Therapeutic Drug Monitoring
V1 Volume of distribution central compartment
V2 Volume of distribution peripheral compartment

Equations

$$rBIAS, \% = \frac{1}{N} \sum_{i=1}^N \left(\frac{\theta_{i,DoseCalculator} - \theta_{i,NONMEM}}{\theta_{i,NONMEM}} \right) \times 100\%$$
$$MARE, \% = \text{median} \left(\left| \frac{\theta_{i,DoseCalculator} - \theta_{i,NONMEM}}{\theta_{i,NONMEM}} \right| \right) \times 100\%$$
$$rRMSE, \% = \sqrt{\frac{1}{N} \sum_{i=1}^N \left(\frac{\theta_{i,DoseCalculator} - \theta_{i,NONMEM}}{\theta_{i,NONMEM}} \right)^2} \times 100\%$$

Methods

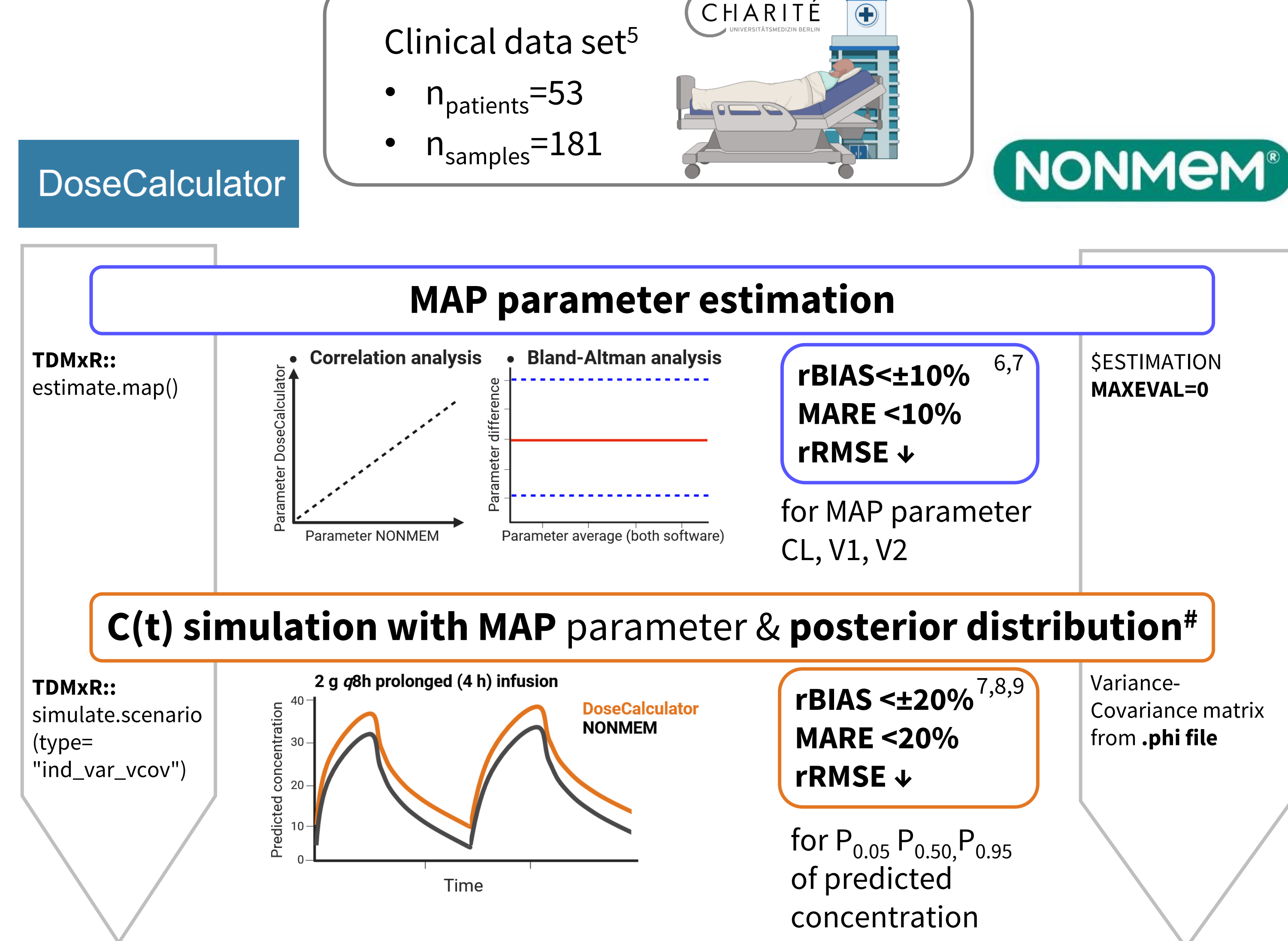


Table 1: rBIAS, MARE and rRMSE for the individual maximum *a posteriori* (MAP) parameters CL, V1, V2 obtained from the DoseCalculator and the NONMEM (reference) after MAP estimation in the DoseCalculator and NONMEM (reference)

MAP parameter	rBIAS (%)	MARE (%)	rRMSE (%)
CL	-0.294	0.0674	1.07
V1	0.191	0.272	0.990
V2	0.0168	0.201	0.517

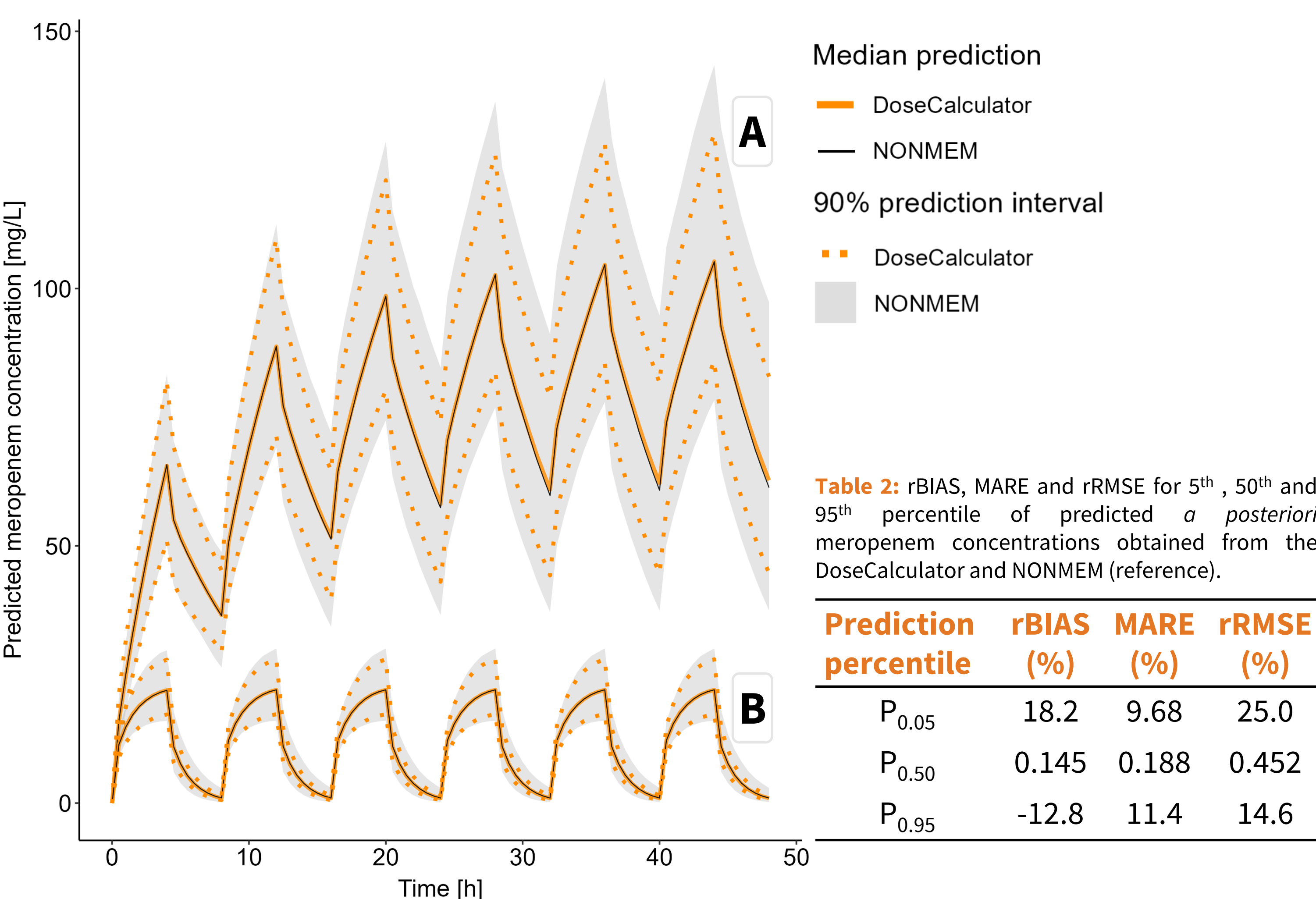


Figure 3: Comparative visualisation of *a posteriori* predicted meropenem concentrations over time in NONMEM and the DoseCalculator for 2 exemplary patients with CLCR_{CG} of (A) 21 mL/min and (B) 408 mL/min and a total number of (A) two and (B) four meropenem samples considered in the Bayesian estimation.

Steps towards clinical implementation

- Internal evaluation of integrated PK model^{3,4}
- Clinical benefit simulation study (PK/PD target attainment improvement, daily dose reduction)²
- Real-world evaluations (sampling time uncertainties, impact of integration of different eGFR formula values)
- Development of implementation concept²
- Clinical validation of Bayesian framework
- Evaluation for patients undergoing extracorporeal methods



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