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# Simultaneous optimization of a sparse sampling schedule for estimation of piperacillin population PK and individual $T > MIC$ in severe sepsis patients

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# Aim

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Propose sparse design for simultaneous estimation of

- Population PK
- Individual  $T > MIC$  (Time above the minimum inhibitory concentration)

of piperacillin



# Background

## Piperacillin/tazobactam

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### Empirical antibiotic treatment in septic patients

–Piperacillin/tazobactam (4g/0.5g) q8h

### PK/PD targets

- 100% T>MIC
- 50% T>4xMIC

### Extensive inter-individual PK variations i these patients

–Antibiotic dosing is a challenge

–Interest in deciding characteristics in special populations

### Design for two studies explored

–Children (Henrik Schrøder<sup>1</sup>)

–**Severe sepsis patients** (Kristina Öbrink-Hansen<sup>1</sup>)

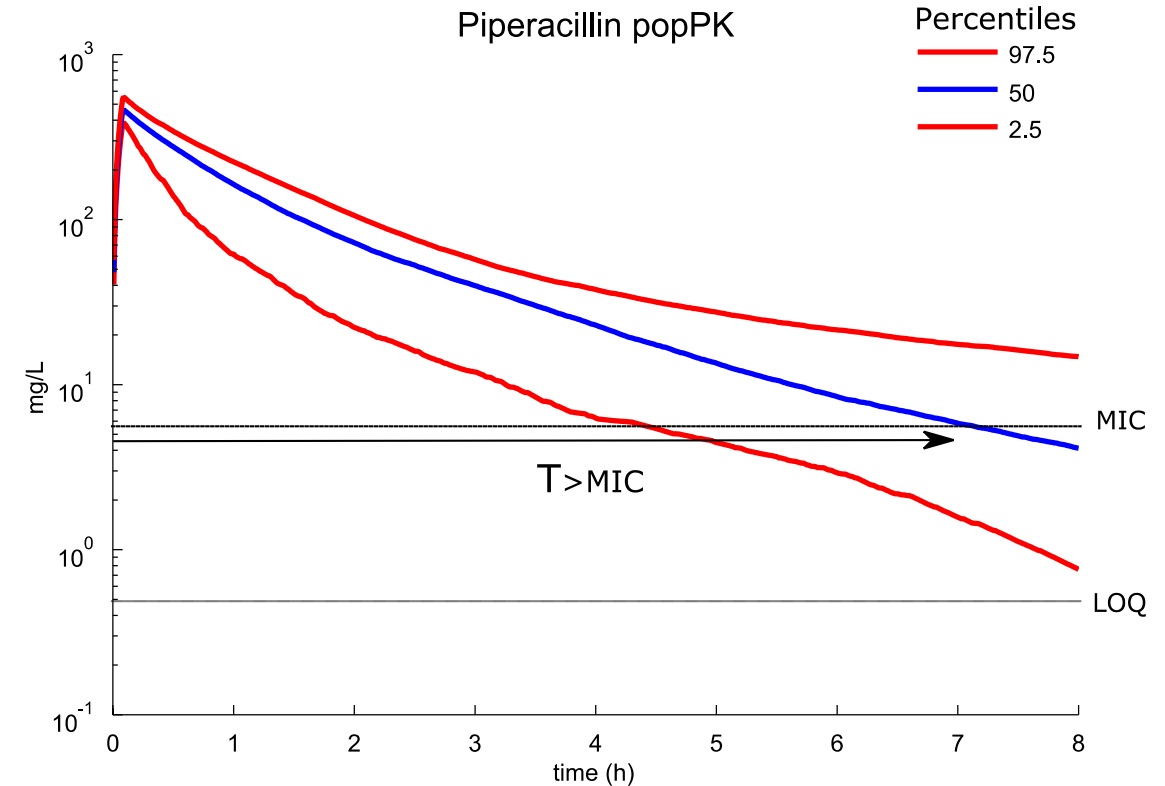


# Background

## Piperacillin popPK model septic shock

Population parameter	Value (RSE%)	
	Typical	IIV
Cl (L/h)	3.6 (15.7%)	71.2%
V1 (L)	7.3 (11.8%)	57.8%
Q (L/h)	6.58 (16.4%)	
V2 (L)	3.9 (9.7%)	
$\beta_{\text{Pcrea}}$ (L/h) / ( $\mu\text{mol/L}$ )	-0.011 (11.9%)	
Proportional error (%)	14.7% (14.4%)	
Cmax (mg/L)	546 (363; 668) <sup>a</sup>	
Cmin (mg/L)	51.7 (10.7; 159.4) <sup>a</sup>	
AUC <sub>0-8h</sub> (mg/L*h)	1148 (739; 2492) <sup>a</sup>	
t <sub>1/2</sub> (h)	3.49 (1.62; 4.47) <sup>a</sup>	

15 patients  
septic shock





# Background

## ICU study severe sepsis

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–Does piperacillin/tazobactam (4g/0.5g) q8h result in therapeutic plasma concentrations?

20 patients, 3 blood samples per patient

–Population PK: 4 (5) population fixed effects + 2 IIV and 1 error

–Fraction achieving  $>4xMIC$  at 50% of dose interval

–Fraction achieving  $>1xMIC$  at 100% of dose interval

How to set up a sampling schedule allowing this?

(Assume generally similar PK to septic shock)



# Background

## Optimization idea

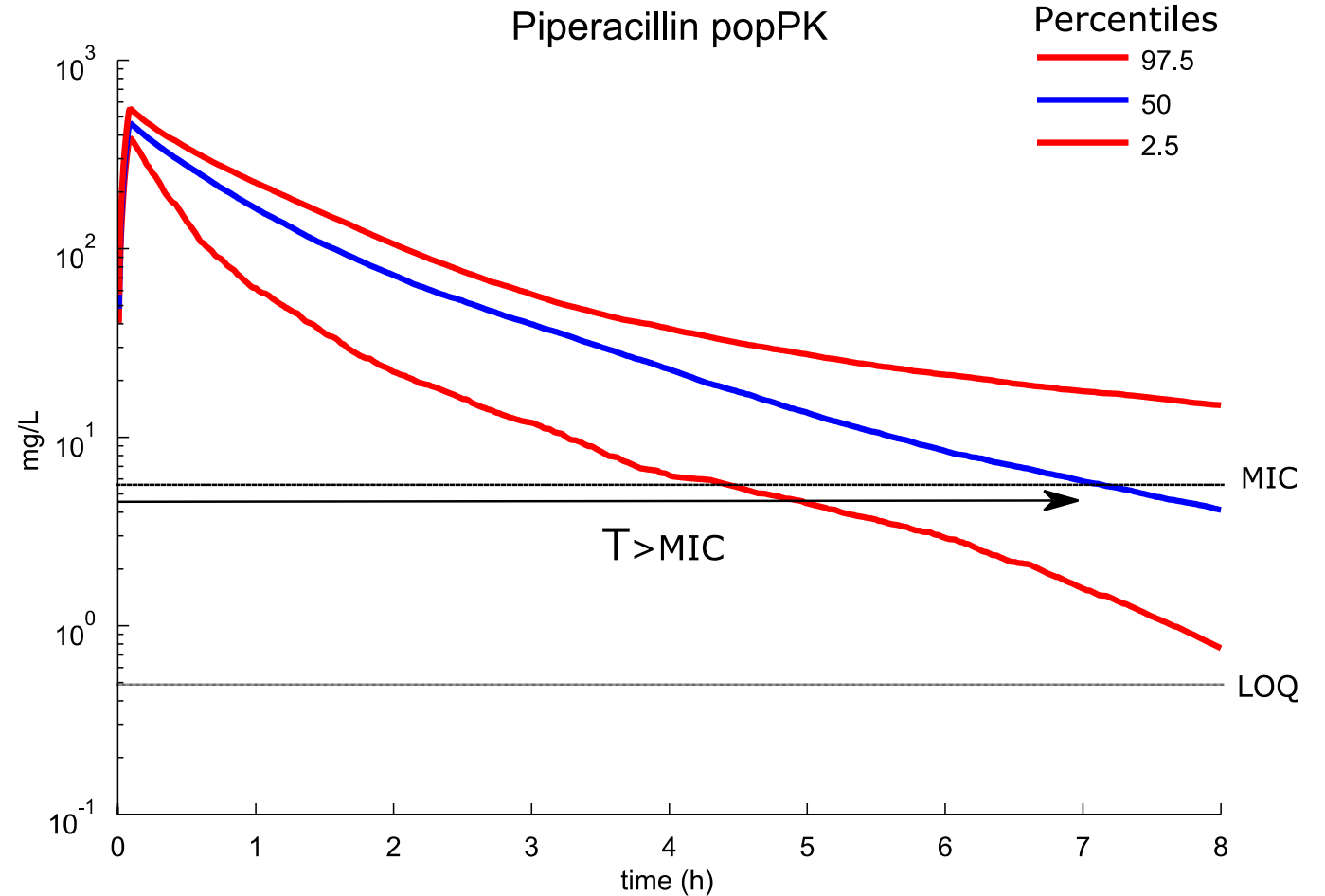
Fixed sampling at 4 and 8h,  
optimize 1 sample freely  
across 2 groups

+ Simple

- 4h sample not necessarily  
good for popPK

- 4h sample has to be taken  
on time for 50%  $T > 4 \times \text{MIC}$

→ not convenient





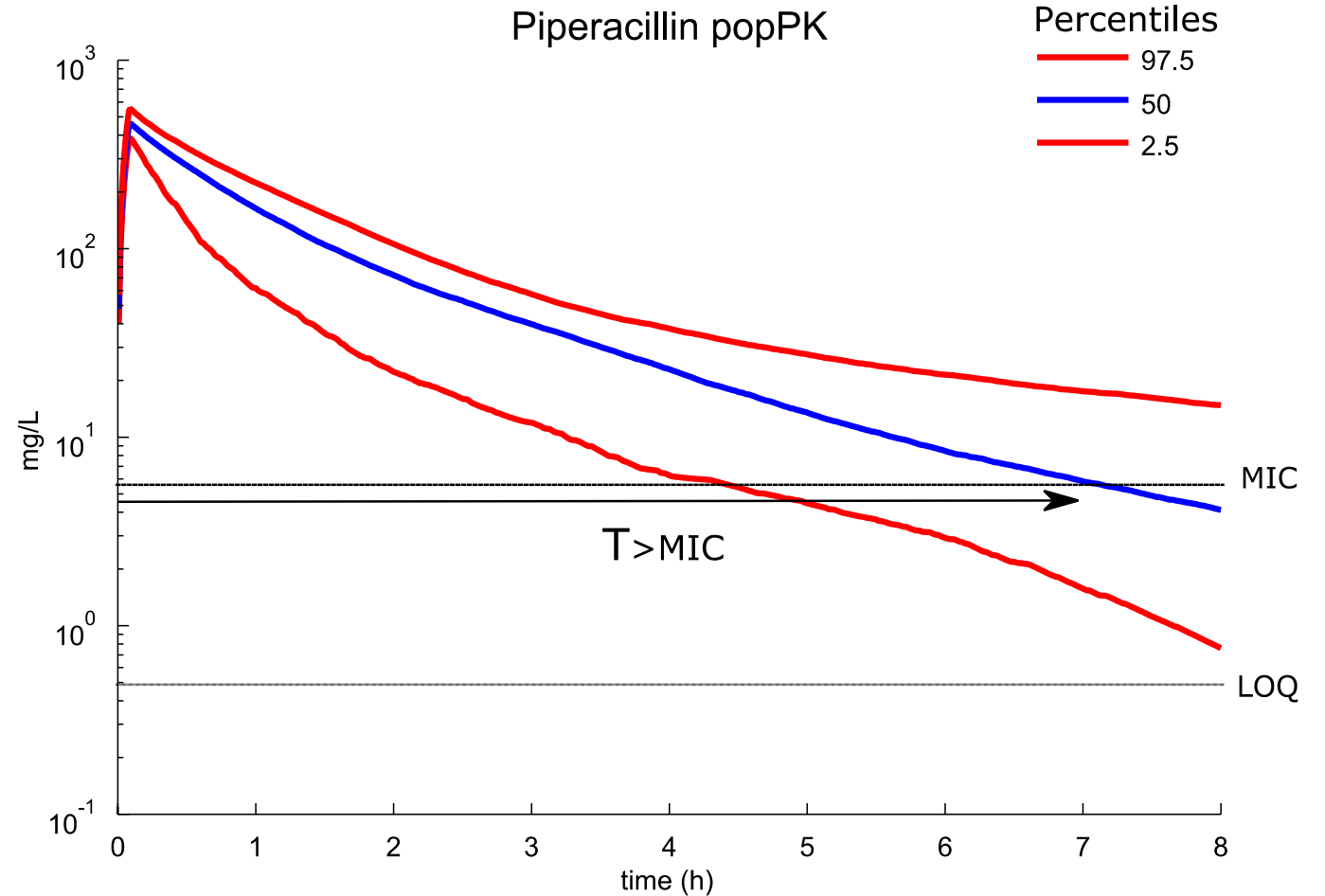
# Background

## Optimization idea

Define individual c-optimality  
criterion for 100%  $T > MIC$  and  
50%  $T > 4 \times MIC$

+ Optimization directly on  
measure of interest

- Complex
- Needs to account for MIC  
distribution in the design





# Background

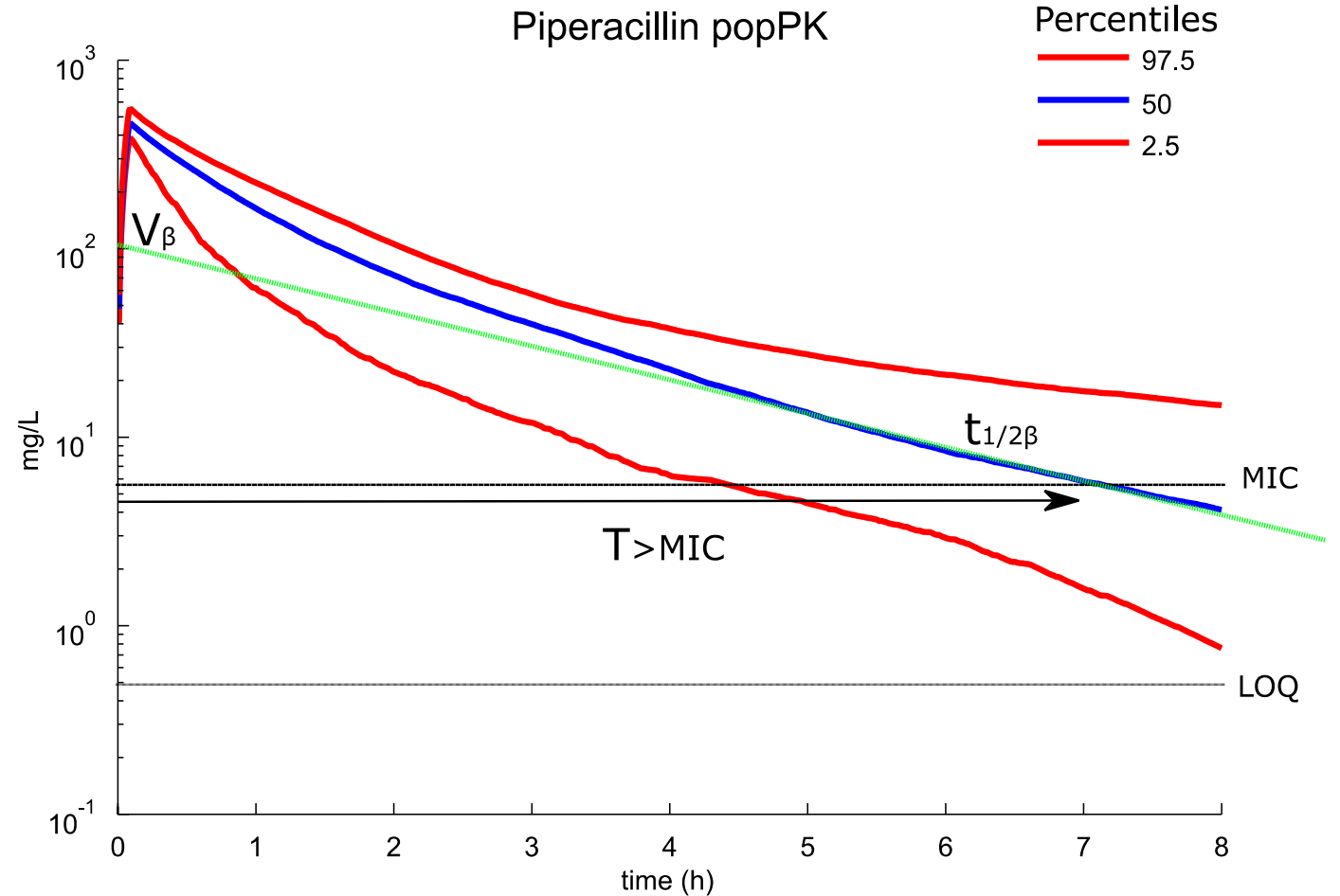
## Optimization idea

$T > MIC$  can be estimated from the individual  $V_{\beta}$ ,  $\lambda_{\beta}$ . Optimize for precision in these.

+ Independent of MIC distribution

- compartmental popPK model

→ Define compound criteria for simultaneous optimization of individual NCA and popPK

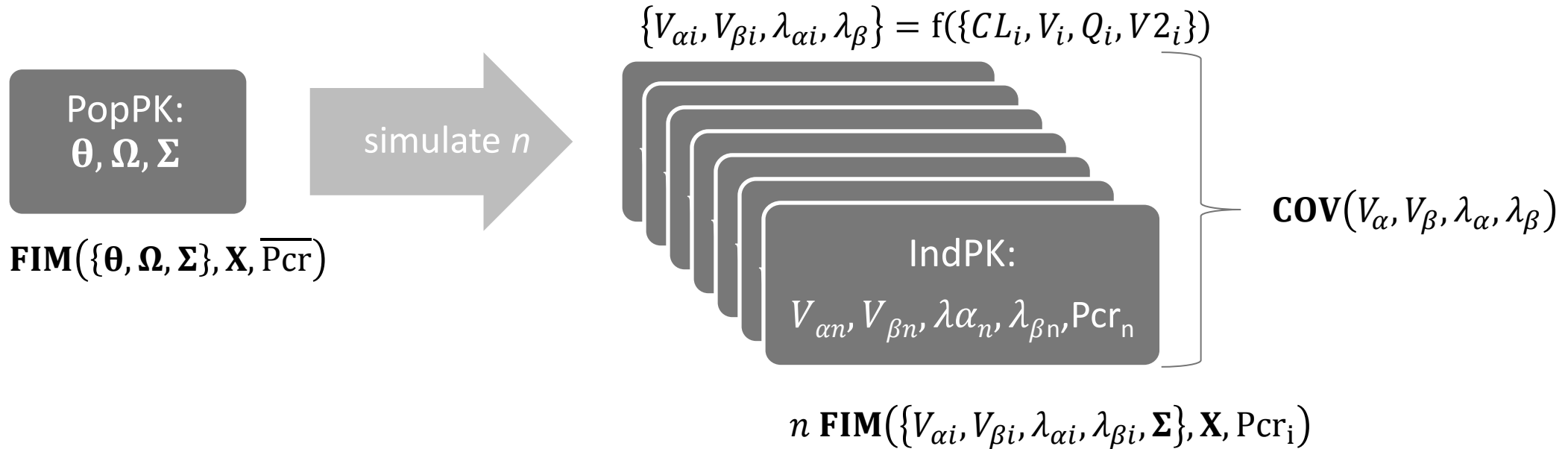






# Methods

## Optimisation critereon



$$\underset{\mathbf{X}}{\operatorname{argmax}} \left[ \ln \left( \frac{|\mathbf{FIM}(\{\theta, \Omega, \Sigma\}, \mathbf{X}, \overline{\text{Pcr}})|}{|\mathbf{FIM}(\{\Sigma\}, \mathbf{X}, \overline{\text{Pcr}})|} \right) + \frac{1}{n} \sum_{i=1}^n \ln \left( \frac{(|\mathbf{FIM}(\{V_{\alpha i}, V_{\beta i}, \lambda_{\alpha i}, \lambda_{\beta i}, \Sigma\}, \mathbf{X}, \text{Pcr}_i) + \mathbf{COV}^{-1}(V_{\alpha}, V_{\beta}, \lambda_{\alpha}, \lambda_{\beta})|)}{|\mathbf{FIM}(\{V_{\alpha i}, \lambda_{\alpha i}, \Sigma\}, \mathbf{X}, \text{Pcr}_i) + \mathbf{COV}^{-1}(V_{\alpha}, \lambda_{\alpha})|} \right) \right]$$

Interesting part<sup>1</sup> of population FIM  
Ds optimality

MAP (Bayesian FIM<sup>2</sup>) Ds optimality<sup>3</sup>  
Sampling based COV(.) for NCA parameters



# Methods

## Optimization

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20 ID, 3 sampling points per ID

2 groups, first and last sample the same time

Implemented in PopED 2.13

–RS-LS-SG optimization

–Reduced FIM, FO approximation

–100 constant individual samples, p-creatinin 50-200  $\mu\text{mol/L}$ , latin-hypercube sampling

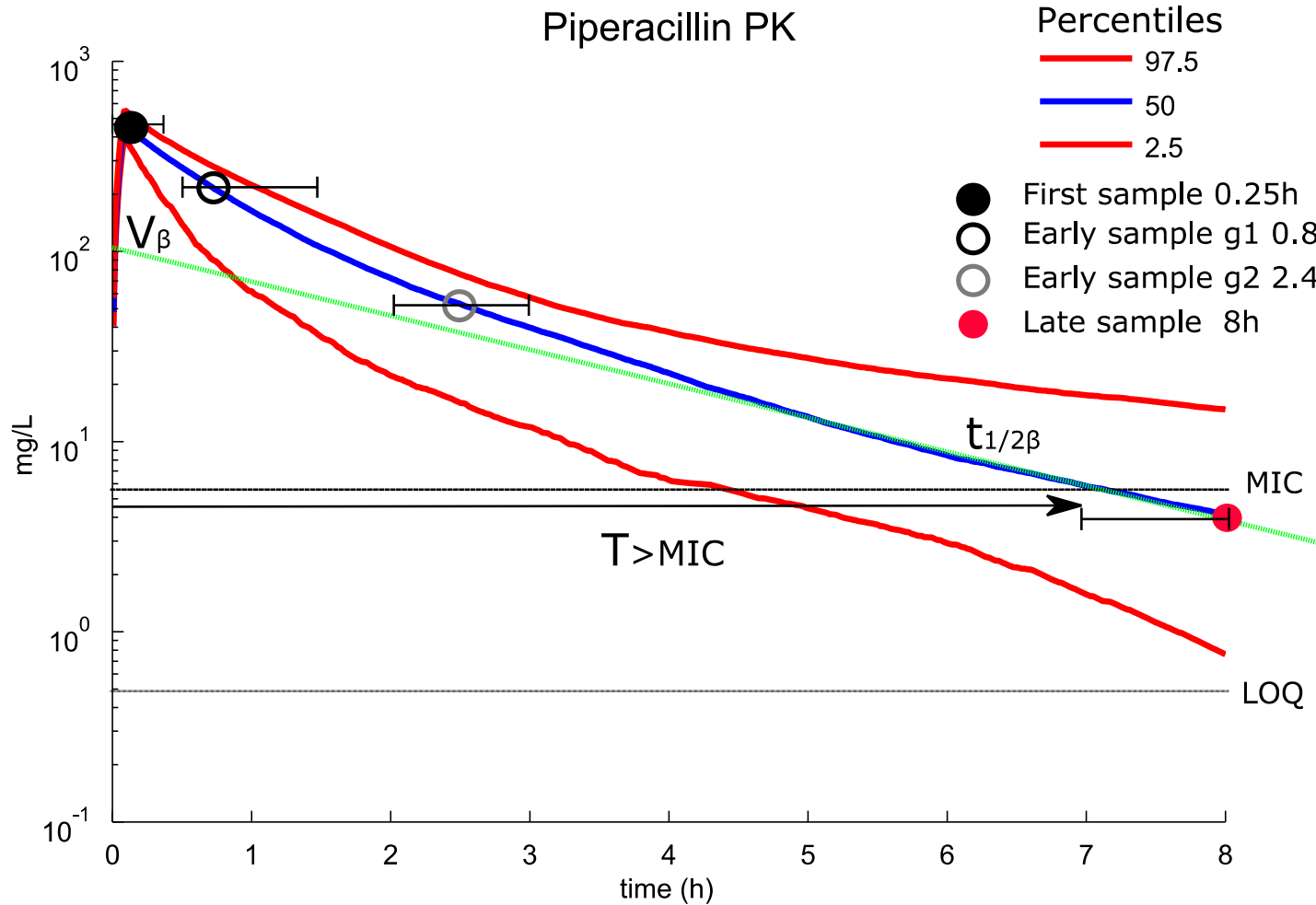
–BLOQ handled by setting sample information to zero

–Pcr covariate parameter fixed



# Results

## Sampling times



### Convenience sampling windows

1. 10 - 20min
2. 0.5 - 1.5h
3. 2 - 3h
4. 7 - 8h



# Results

## Precision and Shrinkage

		Pop PK* RSE**						
		V	Q	Vp	CL	IIV V	IIV CL	RES prop
no spread		0.19	0.53	0.20	0.13	0.00	0.21	0.02
spread		0.23	0.79	0.29	0.13	0.00	0.21	0.02
		Individual NCA SH***						
		$V_\alpha$	$V_\beta$	$\lambda_\alpha$	$\lambda_\beta$			
no spread		0.15	0.14	0.59	0.01			
spread		0.17	0.11	0.57	0.01			

\*Covariate parameter for Pcr not included (Fixed)

\*\*PopED predicted

\*\*\*Predicted from individual FIM (Kristoffersson 2015):

$$\mathbf{SH}_{\text{pred}} = 1 - \sqrt{\text{diag} \left( \mathbf{I} - \left( \frac{1}{n} \sum_{i=1}^n (\mathbf{FIM}_i + \mathbf{Prior})^{-1} \right) \times \mathbf{Prior} \right)}$$



# Conclusion/Outlook

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- **Compound criterion defined**
  - Combines population PK and individual NCA
  - (Could be extended by weighting etc.)
- **Group-wise optimization of sparse sampling schedule**
  - Predicted to achieve sufficient precision in popPK and low SH (high precision) in  $V_{\beta}, \lambda\beta \rightarrow$  allows  $T > MIC$  determination in patient
- **Study recruitment is completed and analysis to be performed this summer**



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# Aknowledgments

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Department of Infectious Diseases

Henrik Schrøder

Kristina Öbrink-Hansen



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Thank you for your attention

**QUESTIONS/COMMENTS?**



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**BACKUP SLIDES**





# Sepsis

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## Sepsis

–At least two SIRS criteria caused by known or suspected infection

## Severe sepsis

–Sepsis with acute organ dysfunction (including hypoperfusion and hypotension) caused by sepsis

## Septic shock

–Sepsis with persistent or refractory hypotension or tissue hypoperfusion despite adequate fluid resuscitation



## ICU study septic shock patients

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- Does piperacillin/tazobactam (4g/0.5g) q8h result in therapeutic plasma concentrations in septic shock patients?
- 15 patients included
  - 8 blood-samples collected from the 3rd consecutive dosing interval
  - 2-compartment model
- Plasma-piperacillin concentrations varied considerably and were associated with p-creatinine
- Patients with impaired renal function were more likely to achieve predefined PK/PD targets than patients with preserved or augmented renal function.
- Prolonged infusion and frequent intermittent dosing increased PTA



# Compartmental to NCA

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$$d = k_{12} + k_{21} + \frac{CL}{V}$$

$$\lambda_{\alpha} = \frac{1}{2} \times \left( d + \sqrt{d^2 - 4 \times k_{21} \times \frac{CL}{V}} \right)$$

$$\lambda_{\beta} = \frac{1}{2} \times \left( d - \sqrt{d^2 - 4 \times k_{21} \times \frac{CL}{V}} \right)$$

$$V_{\alpha} = V \times \frac{\lambda_{\beta} - \lambda_{\alpha}}{k_{21} - \lambda_{\alpha}}$$

$$V_{\beta} = V \times \frac{\lambda_{\alpha} - \lambda_{\beta}}{k_{21} - \lambda_{\beta}}$$