

Objective and Methods

- To evaluate the rate of discrepancies between observed AUCs measured with a microsampling approach (AUC_{OBS}) and expected AUCs from C_{min} (AUC_{EXP})
- Microsampling AUC monitoring in SOT recipients from Dec 2019 to Feb 2022
- AUC_{OBS} : 8-time point profiles, Volumetric absorptive microsampling (VAMS) (Mitra©, Neoteryx, CA, USA), LC-MS/MS method by Tron et al.¹. Non compartmental PK approach (PK solver)
- AUC_{EXP} : Equations developed by Marquet et al.² and Saint-Marcoux et al.^{3,4}
- Discrepancy: AUC_{EXP} +/-20% from AUC_{OBS} Bland-altman



Results

- Patients and treatment
 - 63 AUCs in 51 patients

Patients' characteristics (n=63 measurements)

Age (median, range)	52 (21;80)
Sex (%H/F)	68 % H / 32 % F
Type of transplantation (% kidney, liver, heart)	78 % K / 20 % L / 2% H
C Reactive Protein (mg.mL ⁻¹) (median, range) (n=46*)	3 (<1;26)
Serum Creatinine (μmol.mL ⁻¹) (median, range) (n=62*)	134 (58;420)
Hematocrit (%) (median, range) (n=62*)	36 (25;47)
Prograf® Immediate-release tacrolimus (n)	31
Advagraf® Extended-release tacrolimus (n)	17
Envarsus®LCP-tacrolimus (n)	15

*data not available for all patients

Median POD = 467 days [7-4255]



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Results

- Patients and treatment
 - 63 AUCs in 51 patients

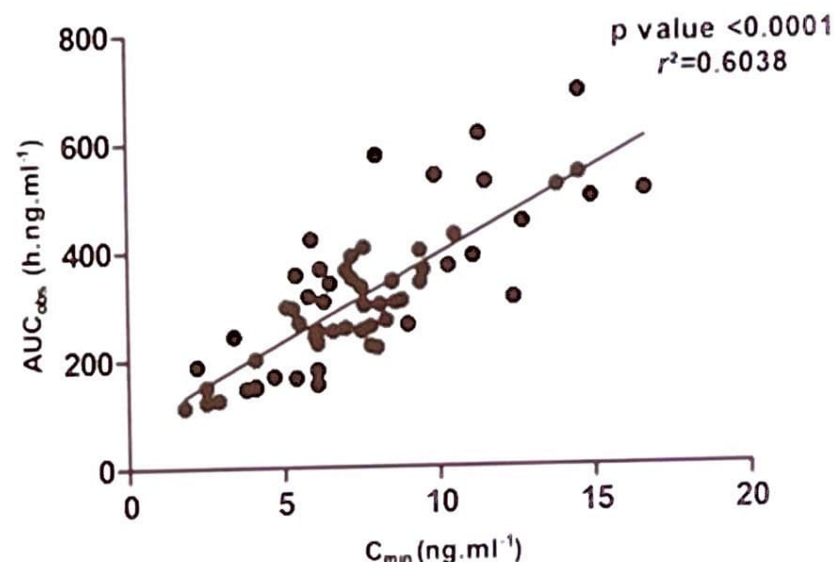
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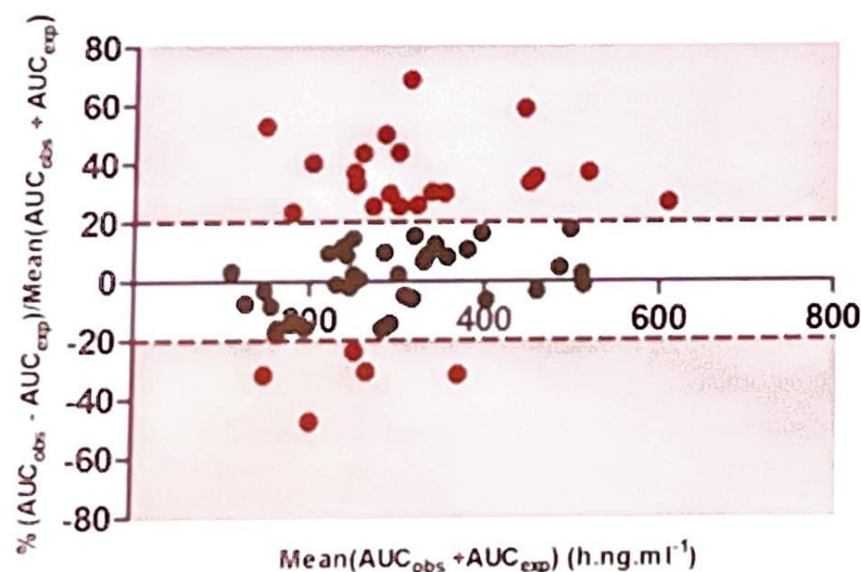
- AUC_{OBS} vs C_{min}





Results

- AUC_{EXP} VS AUC_{CALC}



Bias > 20% in 25/63 patients (39.6%)

20/63 (31.7%) C_{min} underestimated AUC
5/63 (7.9%) C_{min} overestimated AUC



Discussion - Conclusion

- Cmin is not a adequate exposure index in $\approx 40\%$ of patients
- Cmin mostly underestimate AUC -> risk **adverse drug reactions**
- Cohort of patients with AUC for cause!
- No specific equation for LCP-Tacro
- Individualizing Cmin according to **AUC should be proposed to every SOT**
- AUC measured with a microsampling approach **might be the new gold standard**
- Frequent discrepancies might be **an explanation for unexpected drug effect**

