

# ESETT PHARMACOKINETIC- PHARMACODYNAMIC (PK/PD) STUDY RESULTS

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# Outline

- **Study overview**
- **Lessons**
- **Study Results**
- **Simulation Study**

# ESETT PK/PD Study

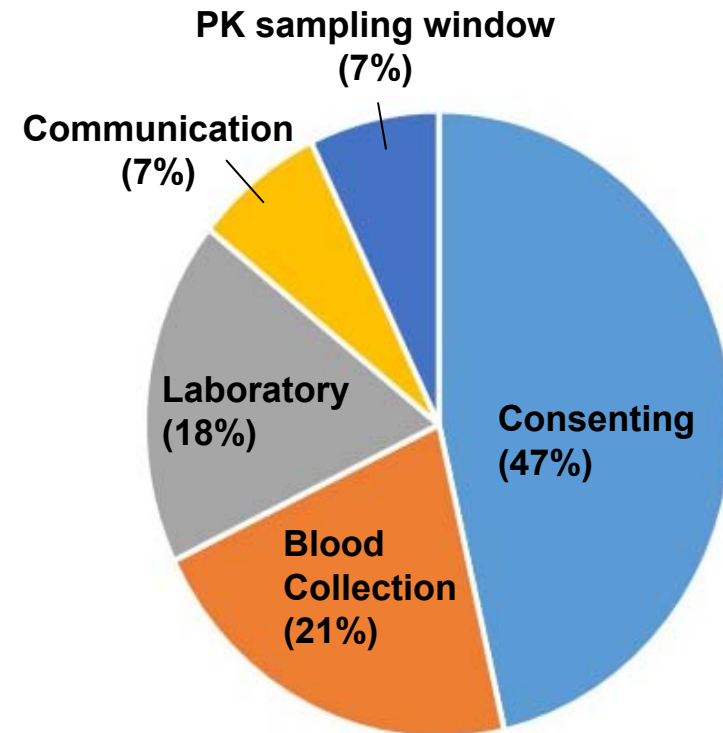
**Aim: Relate drug exposure (area under the curve) with seizure cessation and the key secondary outcomes.**

# Study Timeline

- **ESETT started enrolling Nov. 2015**
- **Adult enrollment closed Oct. 2017**
- **ESETT closed – Dec. 2018**
  
- **PK-PD study funded – 8/15/2017**
- **1<sup>st</sup> enrollment – 11/6/2017**
- **27 children enrolled (~50% of eligible ESETT patients)**
  - **FOS -11**
  - **LEV – 7**
  - **VPA- 9**

# Lessons learned

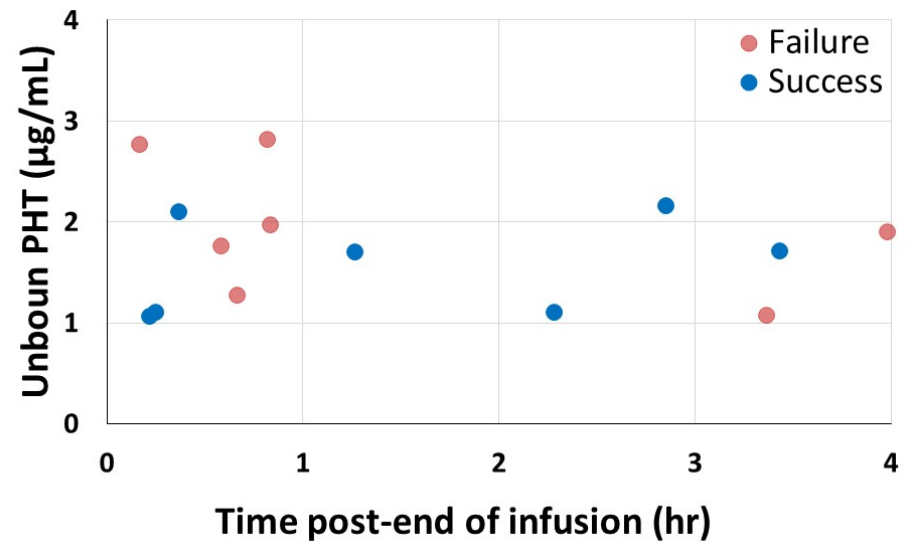
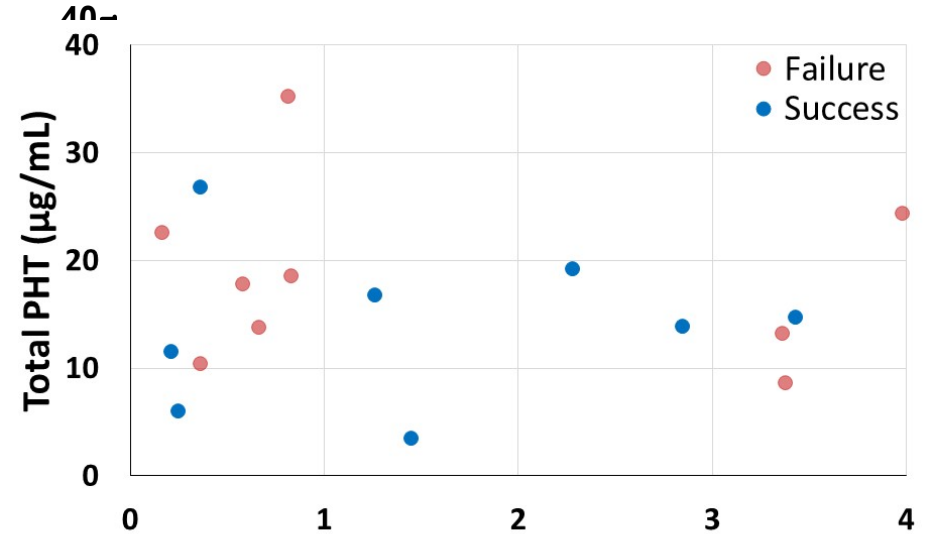
- **Challenges adding PK to ongoing study**
  - *Potential ESETT patients lost because sites initiations were rolling*
  - *Integrate blood sampling into the ESETT procedures*
  - *Continuous communication with sites critical*
- **Consent often required for children**
- **Blood collection challenges**
  - *Too restrictive blood sampling protocol*
  - *If a first sample was collected, second was also obtained.*
  - *Make PK sampling and sample processing procedures simple*
- **Sites were committed to obtaining PK samples**



Reasons for Missed Enrollment  
(N=28)

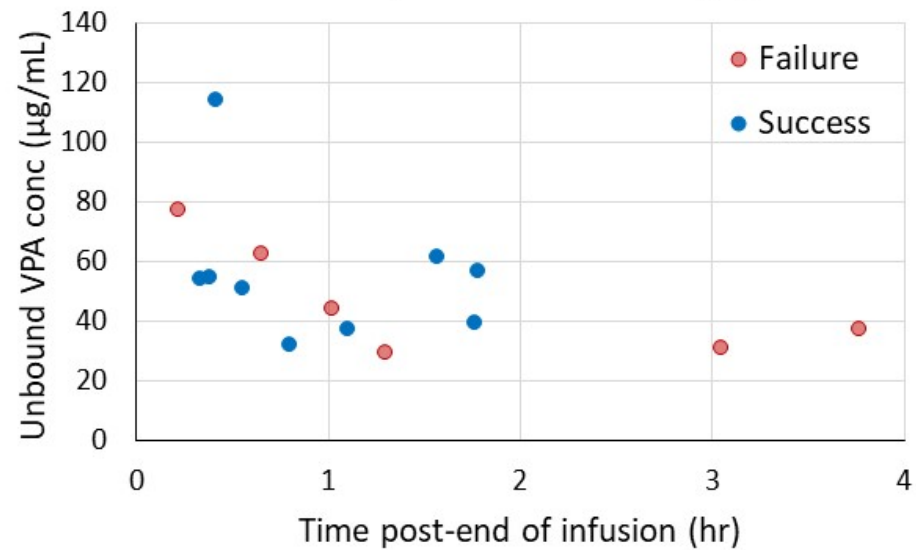
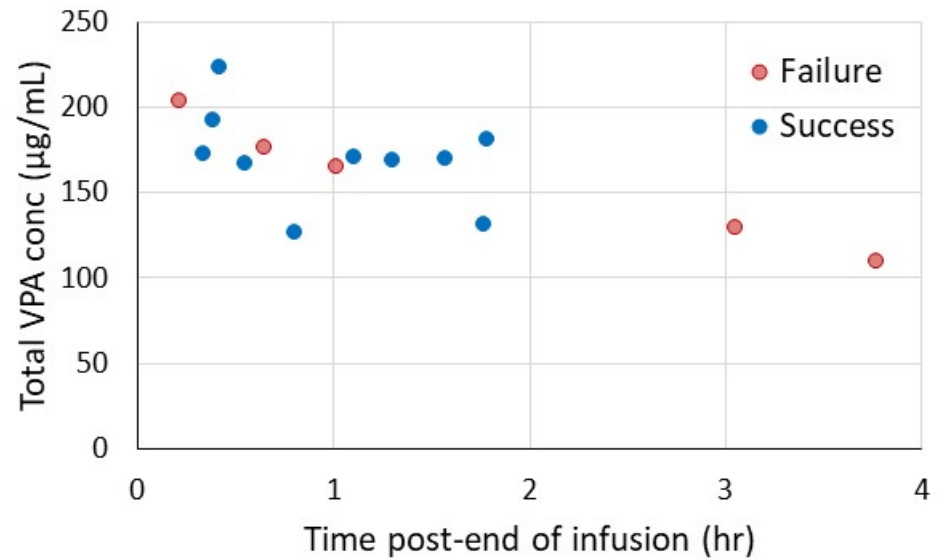
# PHT Concentrations

- N= 11
- Large intra-subject variability
- 81-94% bound



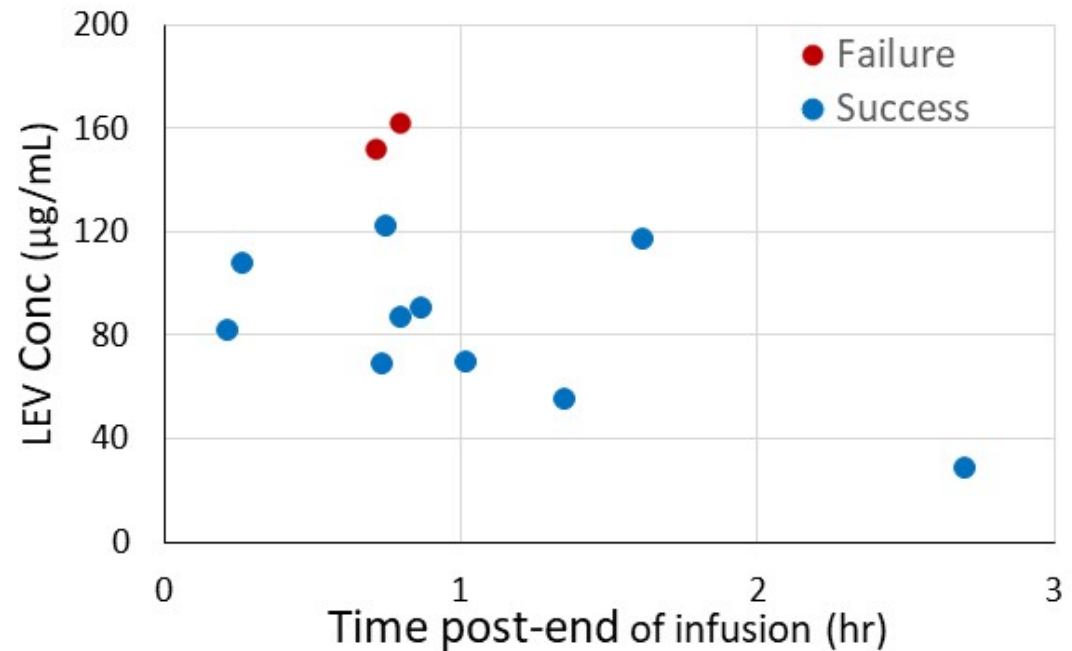
# VPA Concentrations

- N= 9
- 48-82% bound



# LEV Concentrations

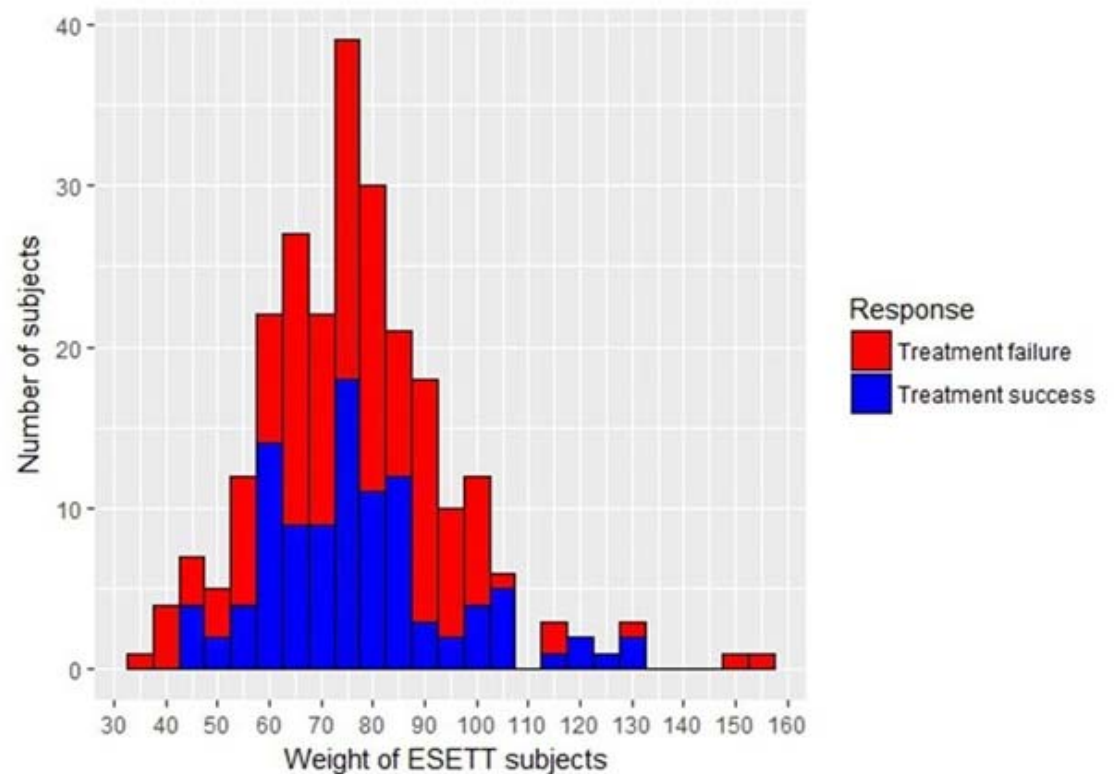
- **N= 7**
- **High between-subject variability**





# Effect of Weight and Dose on Seizure Cessation

- **Weights of 247 adults:**  
36-157 kg
- **122 weighed > 75 kg**
- **Overall success rate:**  
~43% in those < 75 kg  
~39% in those >75 kg
- **Success rates for LEV:**  
40% and 41%, VPA: 41%  
and 47%, and FOS: 40%  
and 41%
- **No statistically significant differences in seizure cessation using dose/weight as primary predictor**



Distribution of weights and responses of adult subjects enrolled in ESETT

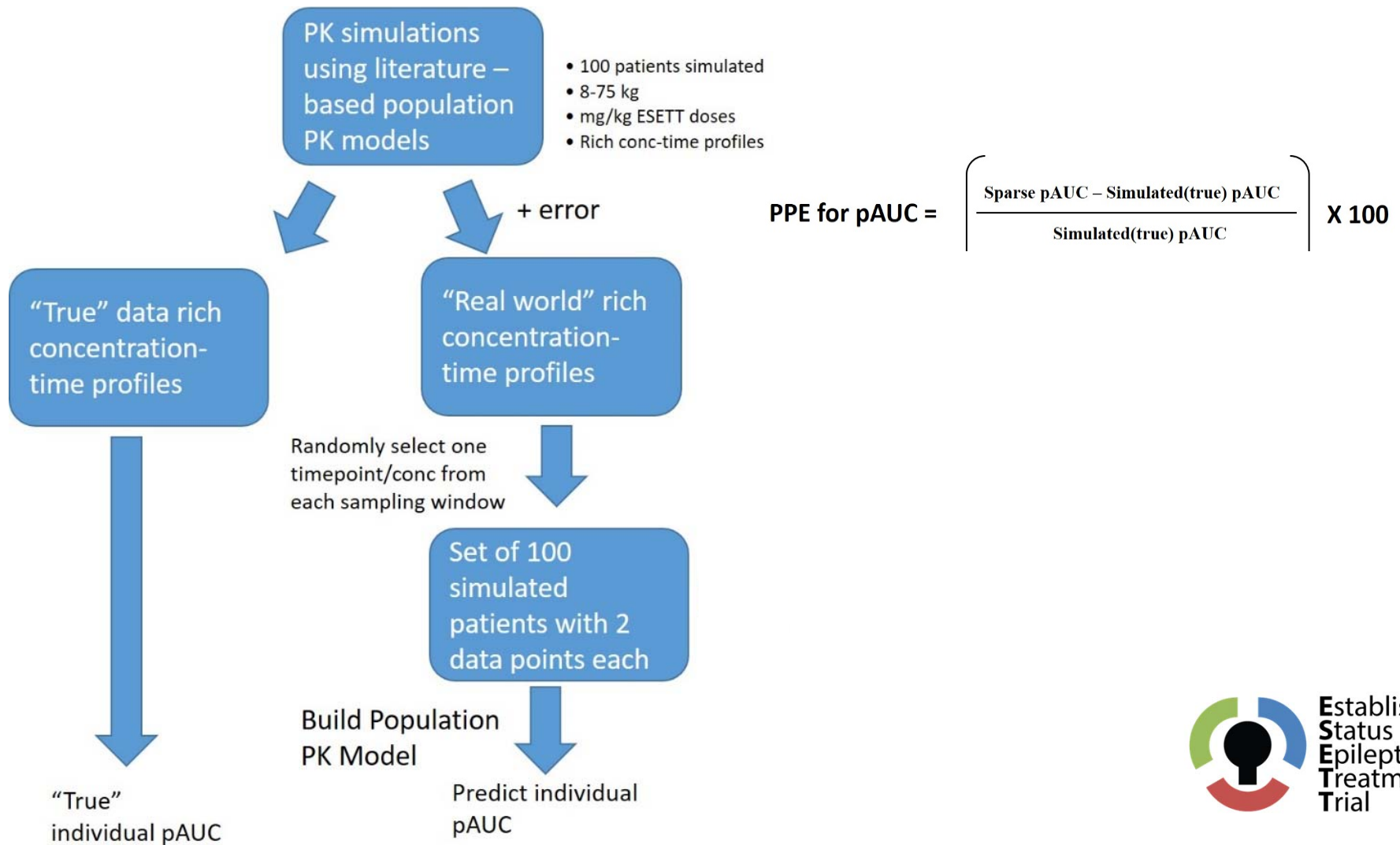
# Summary of Findings

- In children, no strong evidence that drug concentrations help explain treatment response
- In adults, weight-based dosing with a 75 kg cut-off did not appear to have an effect on treatment success
- Small sample size limits our ability to draw conclusions

# PK Simulation Study

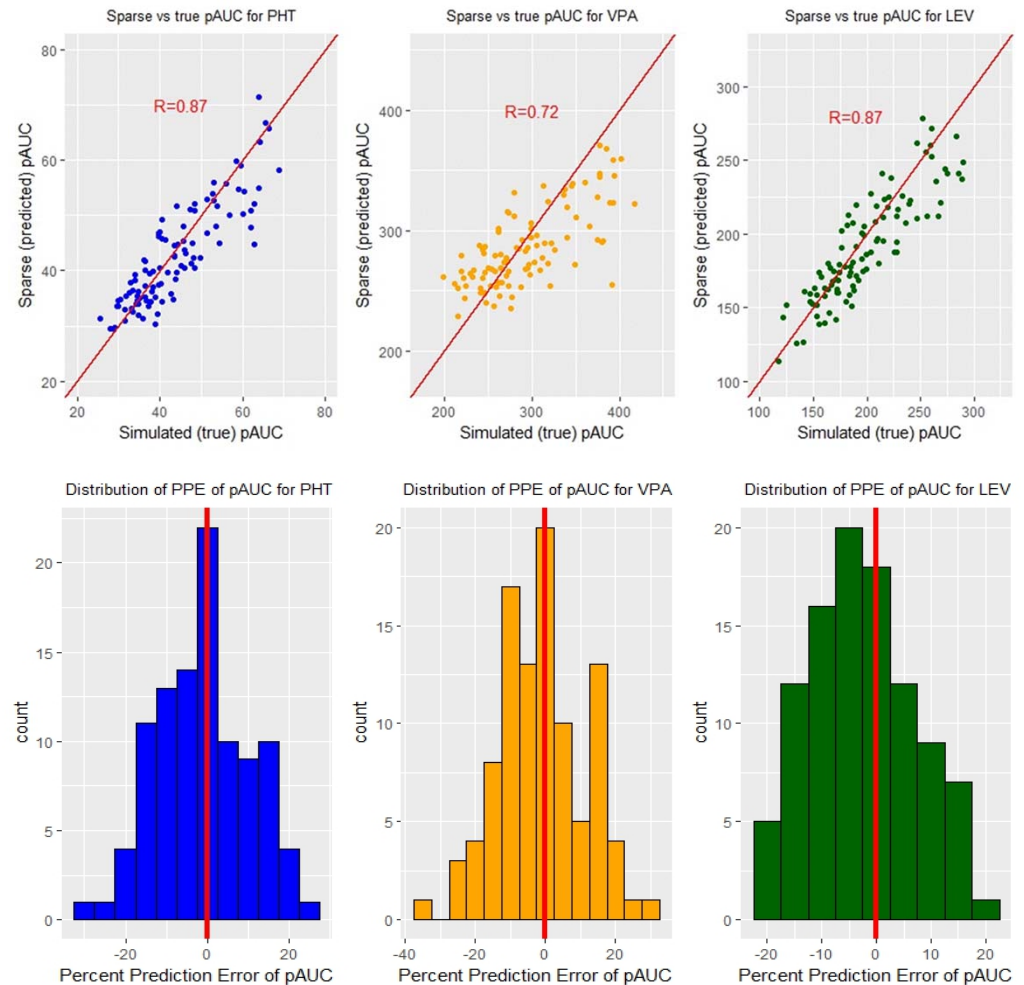
- **PK/PD study objective was to relate early drug exposure (concentrations) with response**
- **Sparse sampling approach (20-50 min and the other within 60-120 min after the start of drug infusion)**
- **Objective: evaluate the performance of this sparse sampling approach to predict partial area under the curve from 20-120 min (pAUC) using a simulated patient population generated from literature-based models for PHT, LEV, and VPA.**

# Simulation Study to Evaluate Feasibility of Sparse PK Sampling Approach



# Simulation Results

- Good correlation between “true” and predicted “sparse” drug exposure pAUCs.
- The percent prediction error was within  $\pm 20\%$  in most cases for all 3 drugs.



# Summary of Findings

- **Sparse sampling approach can accurately predict metrics of early drug exposure.**
- **Allow for exposure-response modeling to investigate factors affecting drug response.**
- **This approach can be explored in other emergent conditions and in children when blood sample limitations exist.**

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**Thank you from the ESETT PK-PD Study  
Team!!**

