

Deferasirox Assessment and Renal Injury

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Deferasirox and Renal Injury

- What is the impact of deferasirox use in the context of renal injury/impairment
- Is there an exposure-response relationship between exposure and probability of renal injury

↑ Deferasirox exposure with ↓ Renal Function

WARNING: RENAL FAILURE, HEPATIC FAILURE, AND GASTROINTESTINAL HEMORRHAGE

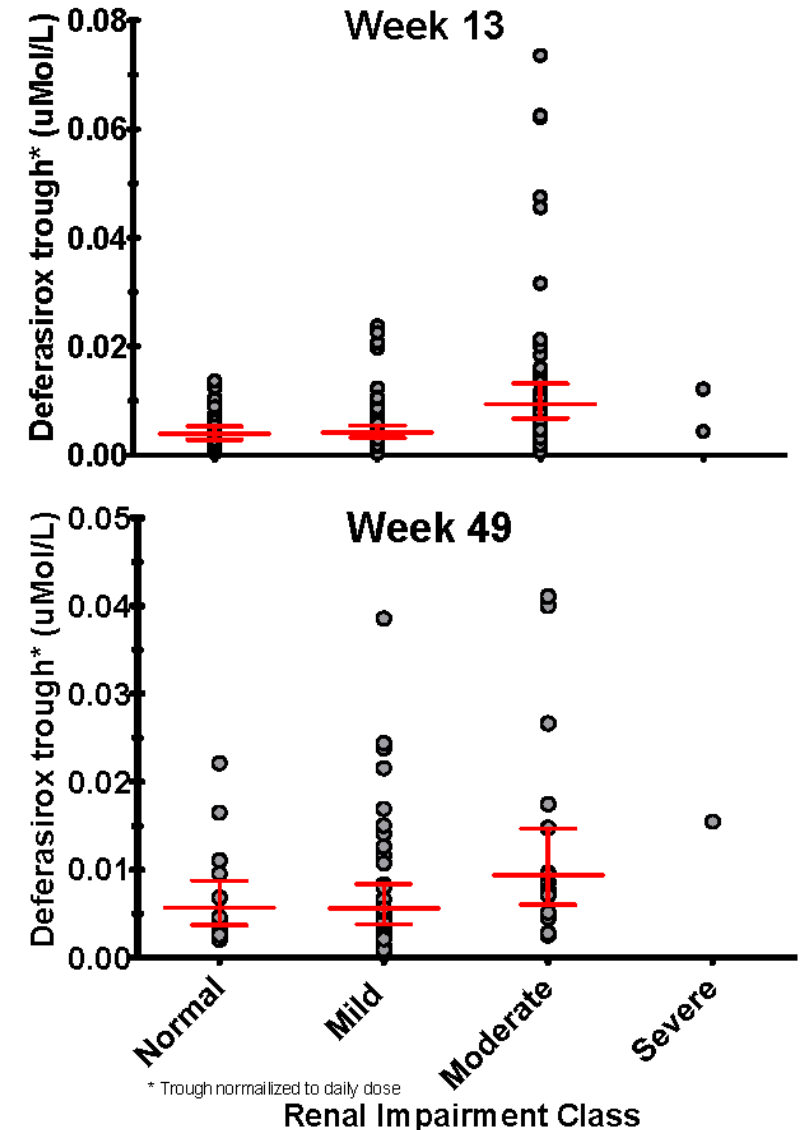
See full prescribing information for complete boxed warning

Exjade may cause:

- renal toxicity, including failure (5.1)
- hepatic toxicity, including failure (5.2)
- gastrointestinal hemorrhage (5.3)

Exjade therapy requires close patient monitoring, including laboratory tests of renal and hepatic function. (5)

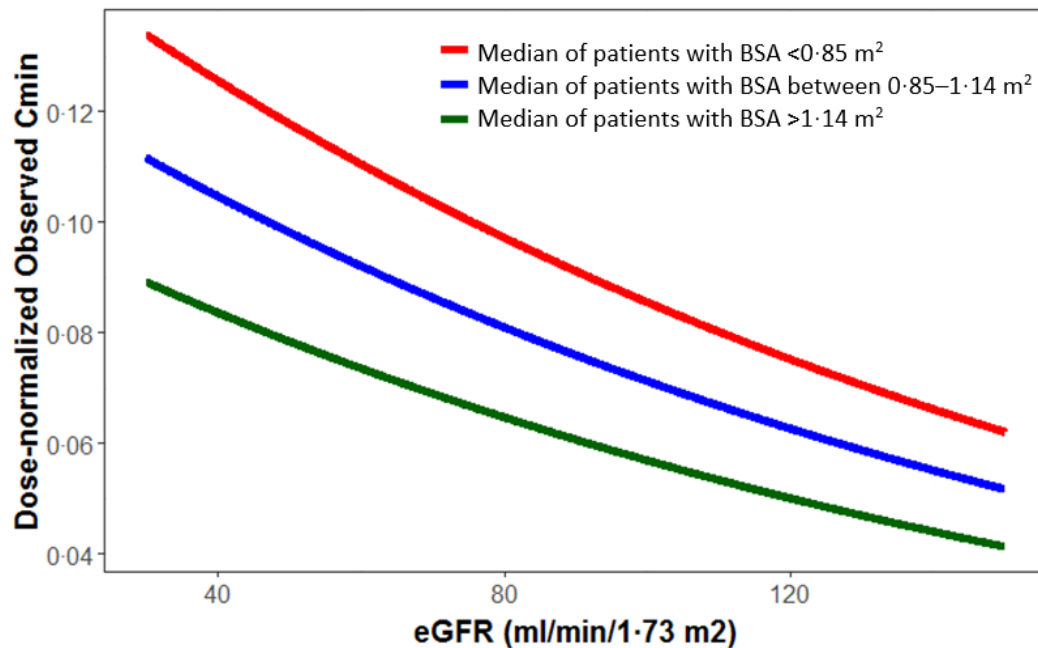
- increase in dose-normalized trough deferiasirox concentrations with declining renal function



Drug use in the context of ↓ renal function results in ↑ drug exposure



- Relationship between eGFR and drug exposure were evaluated using data obtained from pediatric patients¹
- Low eGFR was associated with higher dose-normalized trough concentrations
 - Following a 33% ↓ in eGFR from 120 ml/min/1.73 m² to 80 ml/min/1.73 m², a 29% ↑ in C_{min} is predicted.

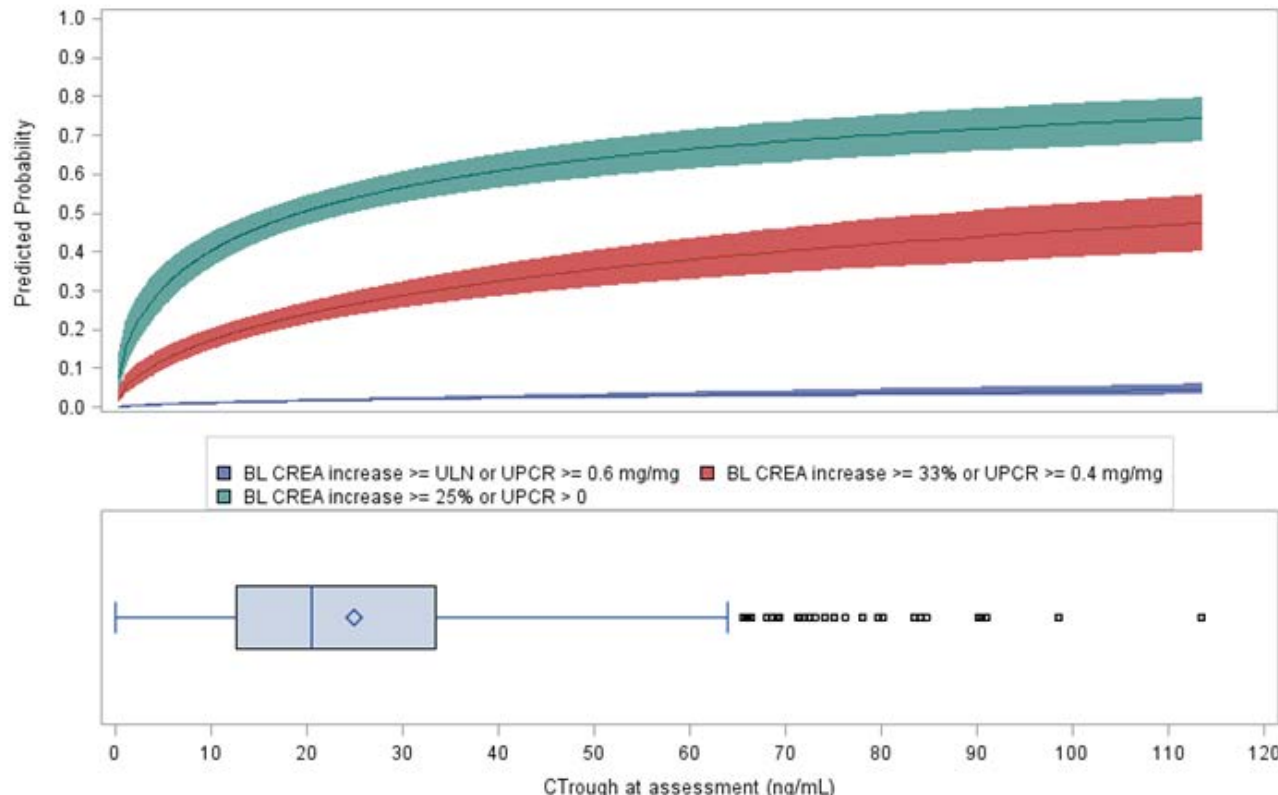


- BSA was a significant covariate indicating that patients with small BSA has higher dose-normalized C_{min} than patients with higher BSA

↑ Probability of Renal Injury with ↑ Deferasirox Exposure



- An increase in drug exposure (C_{min}) was associated with an increase in risk of renal injury
 - Baseline elevation in serum creatinine, disease type and duration of treatment were found to be statistically significant covariates.



- Following a two-fold increase in trough concentration, the estimated probability (odds ratio) (95% CI) of renal injury is 1.52 (1.37, 1.69).

Summary



- Deferasirox can cause renal injury
- Decreases in renal function can lead to increases in deferasirox concentrations
- Higher deferasirox concentrations increases the probability of renal injury