



Clinical Outcomes of Vancomycin Area-Under-the-Curve Monitoring: A Quasi-Experimental Study

Ryan Flynn, PharmD

Jena Foreman, PharmD, BCPS, BCIDP

Natalie Tucker, PharmD, BCPS, BCIDP

Alina Viteri, PharmD

HSHS St. John's Hospital, Springfield, IL

HSHS St. Elizabeth's Hospital, O'Fallon, IL

Introduction

- The 2020 Infectious Diseases Society of America (IDSA) vancomycin guidelines recommend area-under-the-curve (AUC) monitoring instead of trough concentration monitoring for patients receiving vancomycin
- Two main methodologies exist for calculating AUC exposure in clinical practice:
 - Pharmacokinetic AUC calculations can be performed with two serum vancomycin levels.⁶
 - Bayesian statistical software to calculate AUC exposure
- Our health system incorporated Bayesian statistical software with the use of a single level to calculate AUC in the Spring of 2021

Highlights

- Total daily dose of vancomycin was numerically lower in the AUC dosing cohort at interim analysis, although not statistically significant (p=0.08)
- An additional 573 patients are required to meet power for this study. A total
 of 703 patients will be included within the final analysis to meet power for
 this retrospective cohort study.

Methods

Patients receiving
Vancomycin

Trough cohort: 1/1/20 –
11/30/20

AUC cohort: 4/1/21 –
11/30/22

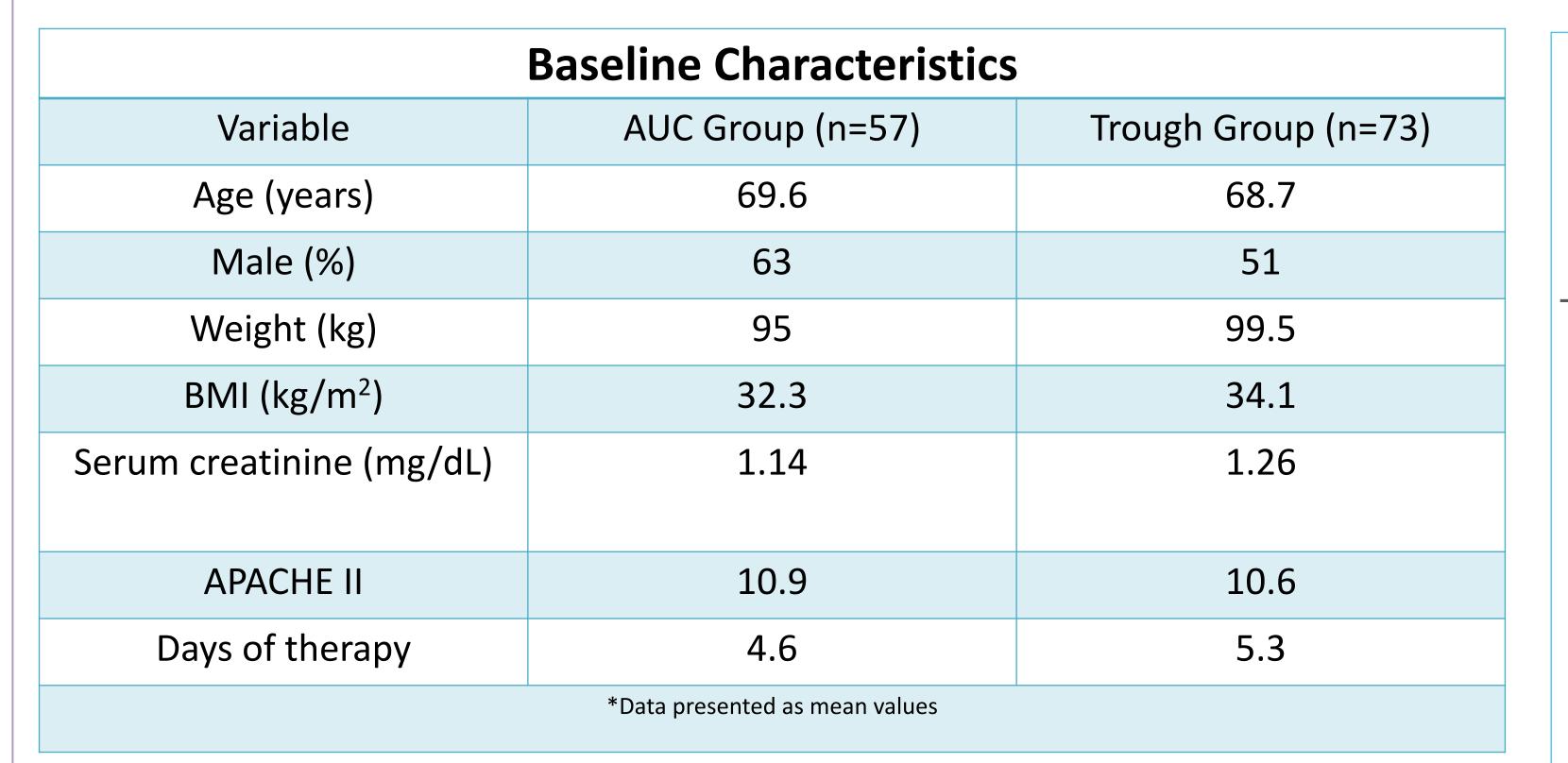
Exclusion Criteria:

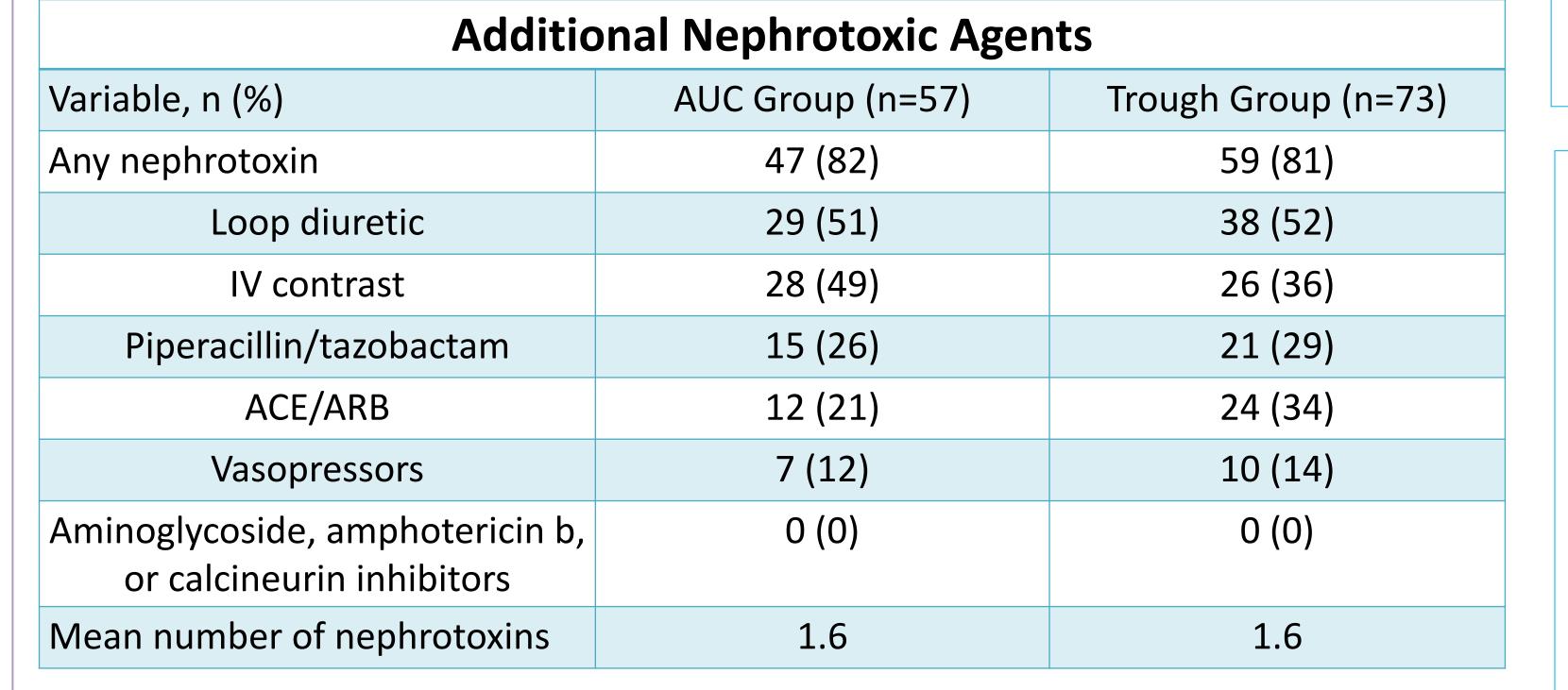
- 1. No vancomycin level available
- 2. Receiving renal replacement therapy
- 3. > 1 dose of vancomycin prior to admission

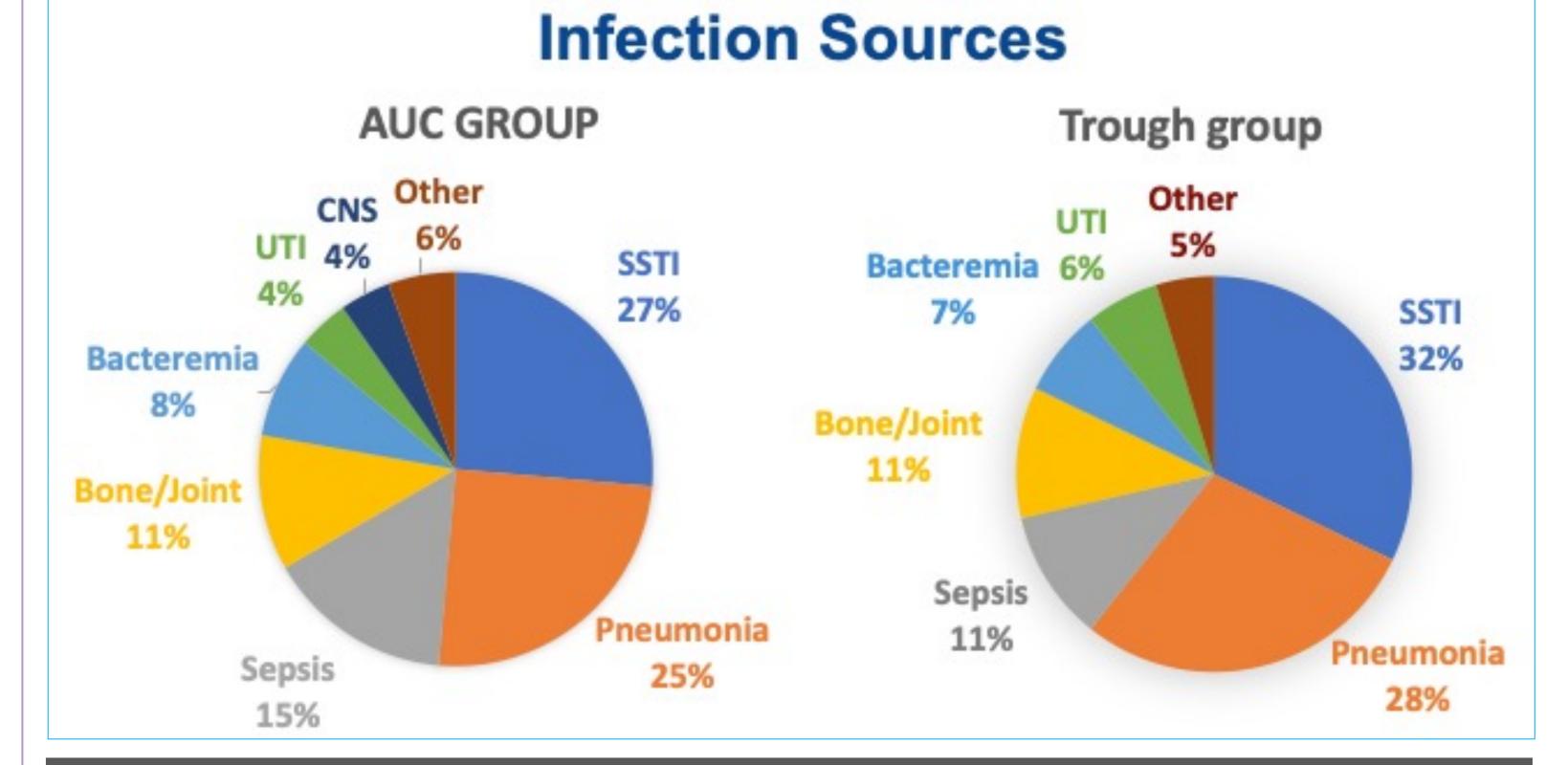
Random sampling of 1000 patients uploaded to Redcap[©] n= 210 at interim analysis

- Education of AUC dosing protocol was performed from December 1, 2020, to March 31, 2021
- Interim Analysis Statistics:
 - Chi square for categorical variables and T test for continuous variables

Results

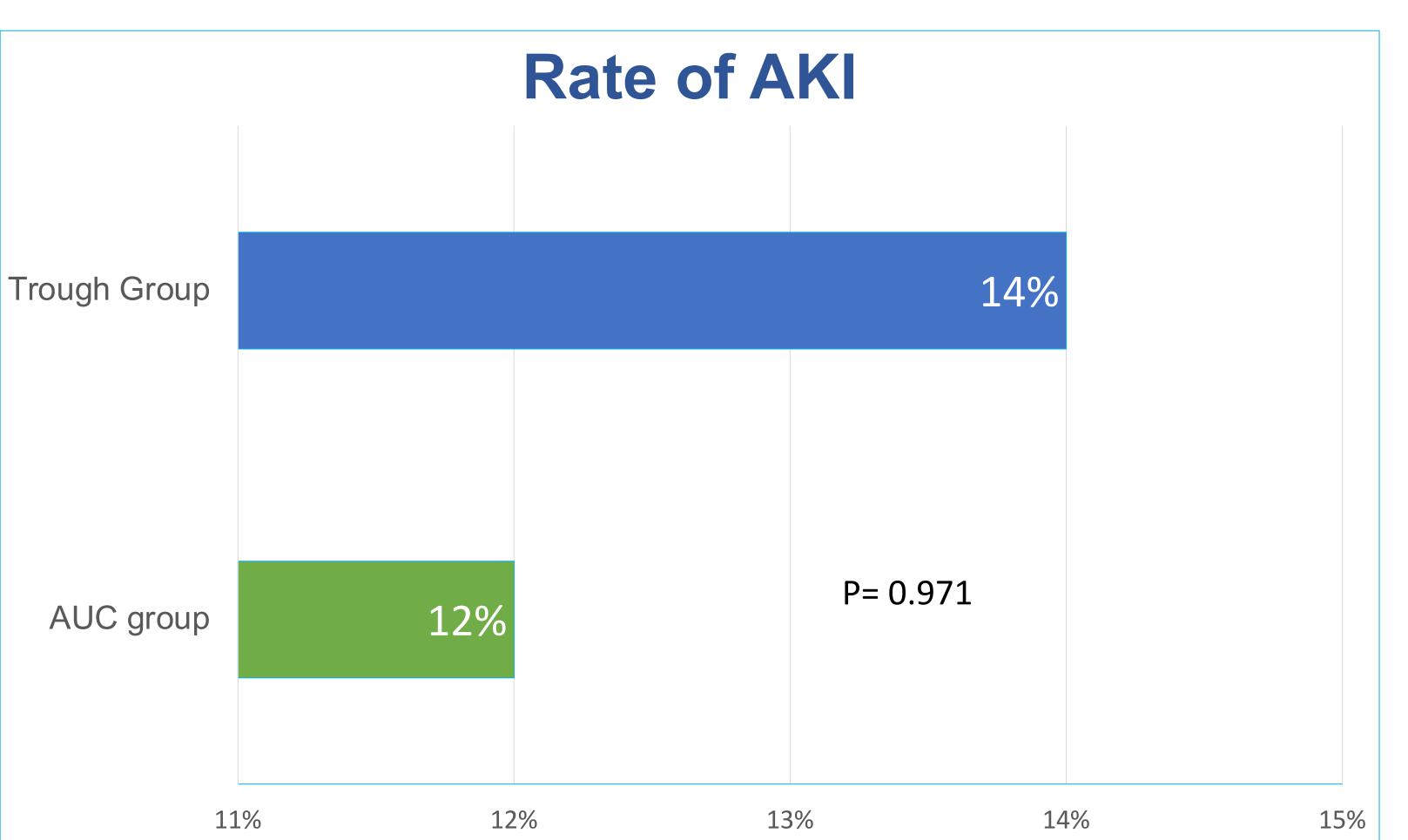


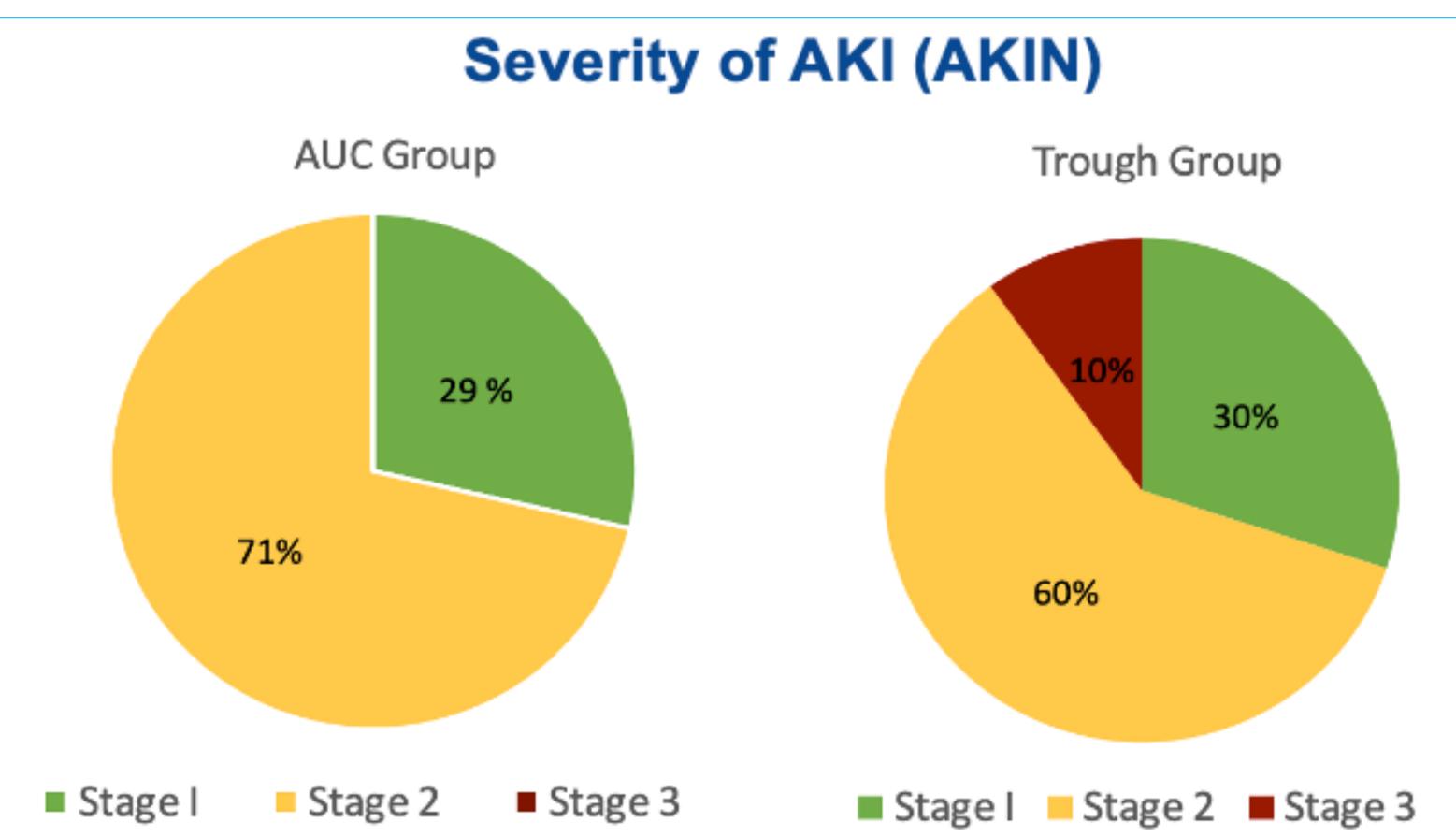




References

- 1. Magill SS, O'Leary E, Ray SM, et al. Antimicrobial Use in US Hospitals: Comparison of Results From Emerging Infections Program Prevalence Surveys, 2015 and 2011. *Clin Infect Dis*. 2021;72(10):1784-1792. doi:10.1093/cid/ciaa373
- 2. Farber, B. and Moellering Jr, R. (1983) Retrospective study of the toxicity of preparations of vancomycin from 1974 to 1981. Antimicrob Agents Chemother 23: 138–141.
- 3. Mohammed, I., Descloux, E., Argaud, L., Le Scanff, J. and Robert, D. (2006) Loading dose of vancomycin in critically ill patients: 15 mg/kg is a better choice than 500 mg. Int J Antimicrob Agents 27: 259–262.
- 4. Finch NA, Zasowski EJ, Murray KP, et al. A quasi-experiment to study the impact of vancomycin area under the concentration-time curve-guided dosing on vancomycin-associated nephrotoxicity. Antimicrob Agents Chemother. 2017;61(12):1-10.
- 5. Rybak MJ, Le J, Lodise TP, et al. Therapeutic monitoring of vancomycin for serious methicillin-resistant *Staphylococcus aureus* infections: a revised consensus guideline and review by the American society of health-system pharmacists, the infectious diseases society of America, the pediatric infectious diseases society, and the society of infectious diseases pharmacists. Am J Health Syst Pharm. 2020;77(11):835-864.
- 6. Drennan PG, Begg EJ, Gardiner SJ, Kirkpatrick CMJ, Chambers ST. The dosing and monitoring of vancomycin: what is the best way forward?. Int J Antimicrob Agents. 2019;53(4):401-407.





Secondary Outcomes			
Endpoint, mean (SD)	AUC Group (n=57)	Trough Group (n=73)	P-value
Daily dose (mg)	1642 (557)	1838 (689)	0.08
Measure trough concentrations (mcg/mL)	n/a	16.1 (5.6)	n/a
Calculated AUC	457 (67)	n/a	n/a
Number of levels drawn	1.4 (0.94)	1.7 (0.99)	n/a

Acknowledgements

Vivek Prakash, MBA

Noyon Shoudho, PharmD Candidate
Tori Wilson, PharmD Candidate

Will Zehnder, PharmD Candidate

