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A Predictive Model for Sub-therapeutic Vancomycin Troughs in Adults

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Results

Background

- Exposure to vancomycin trough concentrations of <10 mg/L can produce strains of vancomycin-intermediate or resistant *Staphylococcus aureus* (S. aureus)
- Despite guideline recommendations to target vancomycin troughs of 10 to 20 mg/L, sub-therapeutic vancomycin troughs occur in upwards of 40% of patients treated with vancomycin
- The goal of this study is to develop a predictive model to identify adult patients likely to have initial subtherapeutic vancomycin troughs

Methods

Study Design

- Cohort study at Cleveland Clinic Health System (CCHS)
- Time frame: September 1st 2020 to August 31st 2021

Inclusion Criteria

- Adults admitted to a CCHS hospital
- The first course of vancomycin therapy during an eligible admission with a steady state trough
- Ordered a pharmacy to dose vancomycin consult

Exclusion Criteria

- Unable to capture critical data points
- Less than four doses of vancomycin for initial regimen
- Supra-therapeutic steady state troughs
- Pregnancy, cystic fibrosis, creatinine clearance less than 30 mL/min, received vancomycin dosed by levels, or on dialysis during vancomycin therapy

Statistical Analysis

- A causal diagram for vancomycin trough levels was prepared
- A predictive model using KNN regression was developed, with predictors selected on the basis of the causal diagram, to predict a sub-therapeutic vancomycin trough level
- The model was validated using 10-fold cross validation



	Sub-therapeutic n = 495	Therapeutic n = 1123	P – value
	50.37 (16.86)	58.79 (13.61)	<0.001
	307 (62.0) 188 (38.0)	685 (61.0) 438 (39.0)	0.738
	355 (71.7) 97 (19.6) 43 (8.7)	842 (75.0) 203 (18.1) 78 (6.9)	0.314
	28.10 (8.41)	30.84 (10.55)	<0.001
	44 (8.9)	154 (13.7)	0.008
	14.50 (1.92)	14.28 (2.14)	0.057
trough	4.97 (1.44)	4.91 (1.52)	0.522
erence	403 (81.4) 92 (18.6)	863 (76.8) 260 (23.2)	0.047
	191 (38.6)	389 (34.6)	0.142

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Results Continued

- Accuracy of vancomycin dosing guideline in achieving a therapeutic vancomycin level was 0.59.
- The predictive model performed better. The mean area under the ROC curve for the 10-fold cross validation was 0.65. The mean accuracy of the model from 10-fold cross validation was 0.69

Discussion

- A predictive model based on a causal diagram for vancomycin trough levels was able to predict a subtherapeutic vancomycin level more accurately than institutional vancomycin dosing guidelines.
- This predictive model could be a useful adjunctive tool in initiating appropriate vancomycin regimens and avoiding the development of *S. aureus* resistance in adult patients.
- Limitations
 - Creatinine clearance is a less than perfect marker of renal function.
 - Definitions of sub-therapeutic, therapeutic, and supra-therapeutic troughs
 - Excluding patients with supra-therapeutic troughs from the model

References

- Rybak MJ, Le J, Lodise TP, Levine DP, Bradley JS, Liu C 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 Jun; 77(11):835-63.
- Rybak MJ, Lomaestro BM, Rotschafer JC, Moellering RC, Craig WA, Bileter M et al. Vancomycin therapeutic guidelines: a summary of consensus recommendations from the Infectious Diseases Society of America, the American Society of Health-System Pharmacists, and the Society of Infectious Diseases Pharmacists. Clin Infect Dis. 2009 Aug; 2009(49):325-7.
- Obara VY, Zacas CP, Dantas de Maio Carrilho CM, and Delfino VD. Currently used dosage regimens of vancomycin fail to achieve therapeutic levels in approximately 40% of intensive care unit patients. Rev Bras Ter Intensiva. 2016 May; 28(4):380-6.
- Levin D, Glasheen JJ, and Kiser TH. Pharmacist and physician collaborative practice model improves vancomycin dosing in an intensive care unit. Int J Clin Med. 2016 Oct; 7(10):675-84.

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