Fat-free mass affects the variability

of pretomanid AUC and Cmax in

Rifampicin Resistant-TB patients.

Introduction

Pretomanid is a nitroimidazole antibiotic with activity against both replicating and non-replicating Mycobacterium tuberculosis (TB) bacilli. We aimed to characterise pretomanid pharmacokinetics in rifampicinresistant TB patients enrolled in the TB-PRACTECAL clinical trial. Participants received **pretomanid 200mg daily** as part of bedaquiline, pretomanid, linezolid +/- moxifloxacin +/- clofazimine regimens **for 24 weeks**.

Methods

- Participants enrolled from five sites in
 South Africa and Belarus
- venous blood collected at day 0 (0, 2, 23hrs), week 8 (0, 6.5, 23hrs), 12, 16, 20, 24, 32 and 72 visits
- Plasma was separated, stored at minus
 60°C and transported to a central

Final PK model



- One compartment, first order absorption and elimination model
- Covariates in forward-step (p<0.05)
- BUN, Creatinine clearance, AST, race and treatment regimen
- Final covariates (p<0.001)

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Goodness Of Fit plots clockwise from top left: DV vs PRED, DV vs IPRED, DV vs TAFD, IWRES vs IPRED, CWRES vs PRED, NPDE vs PRED



Visual Predictive Check plot of the final pretomanid model.

The black circles in the figure represents the observed plasma concentrations.

- bioanalytical facility Fat-
- 4. Quantification by **HPLC-MS/MS**
- 5. Modelling using **nlmixr²**

Results

- 94 participants, 954 drug observations
- 36% female
- 42% with HIV
- No severe renal or hepatic abnormality



Fat-free mass

Parameter estimates

Model parameter	Estimate	95% confidence interval	Shrinkage
Ka (h ⁻¹)	0.316	0.233 - 0.429	
CL/F (L/hr)	3.08	2.86 - 3.32	32.7%
V/F (L)	103	85.6 - 124	35.1%
EB Estimates	median	range	
C_{max} (μg/mL)	3.18	1.38 – 6.35	
AUC₀₋₂₄ (µg/mL)	63.8	30.9 – 139	
C_{min} (µg/mL)	1.97	0.065 - 7.70	

Conclusion

- Optimal design-led sparse sampling approach resulted in acceptable model
- Parameter estimates similar to those

Solid black line and dash black line represent the median and 95% confidence interval of observations, respectively. The purple area represents a simulationbased 95 % confidence interval for the median. Simulated prediction intervals for 5% and 95% percentiles are presented with pink





FFM vs clearance, volume of distribution, AUC and Cmax



previously reported

 Need further exploration if pretomanid dose should be weight-banded to account for variability in exposure

Volume of distribution vs Sex, Race and regimen

Population pharmacokinetics of pretomanid in participants of a randomised controlled clinical trial for rifampicin-resistant tuberculosis.



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