



*Better health through
laboratory medicine.*

PEARLS OF LABORATORY MEDICINE

Therapeutic Drug Monitoring—Chemotherapeutic agents

Jieli Shirley Li, MD, PhD

The Ohio State University Wexner Medical Center

DOI: 10.15428/CCTC.2020.322974

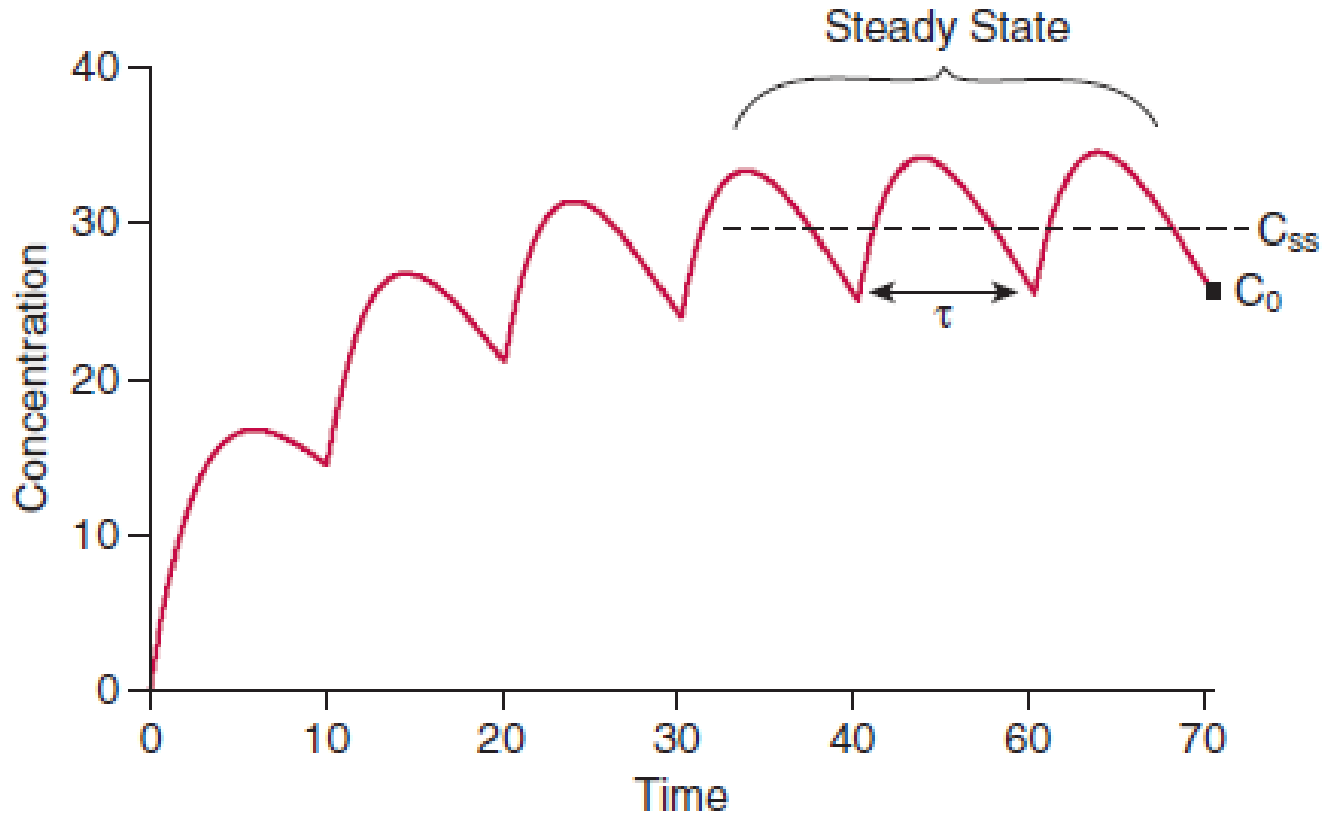


Therapeutic Drug Monitoring

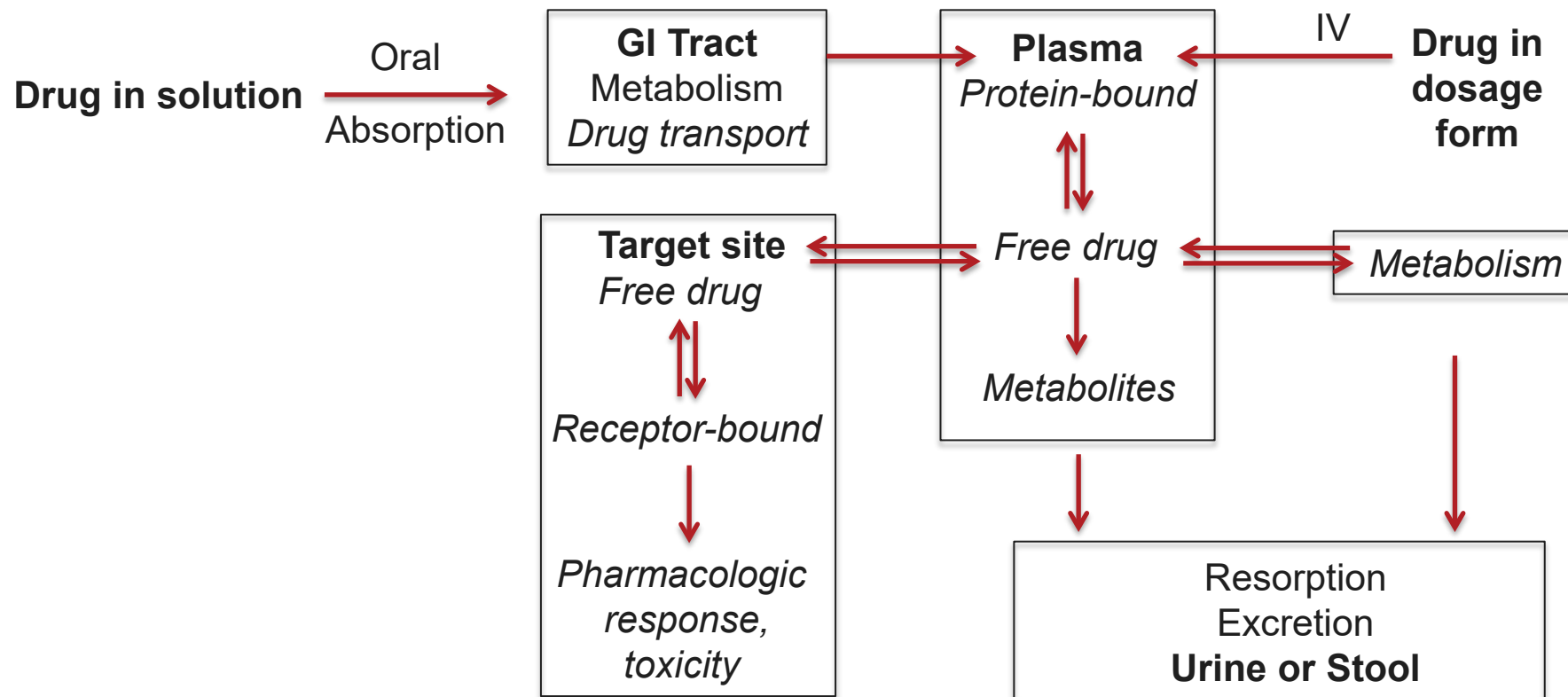
- Narrow therapeutic index
- Used for long-term therapy
- Correlation between serum concentration and clinical response
- Wide interindividual or intraindividual variability in pharmacokinetics
- Absence of a biomarker associated with therapeutic outcomes
- Administered with other, potentially interacting compounds



Steady State



Pharmacokinetics



Clinical Utility

- Initial selection and dosing of a drug
- Wide interpatient variability in absorption, metabolism
- Poor response to therapeutic concentrations
- Not within the therapeutic range
- Population pharmacokinetics not adequately address comorbidities or drug interactions

Analytical Methods

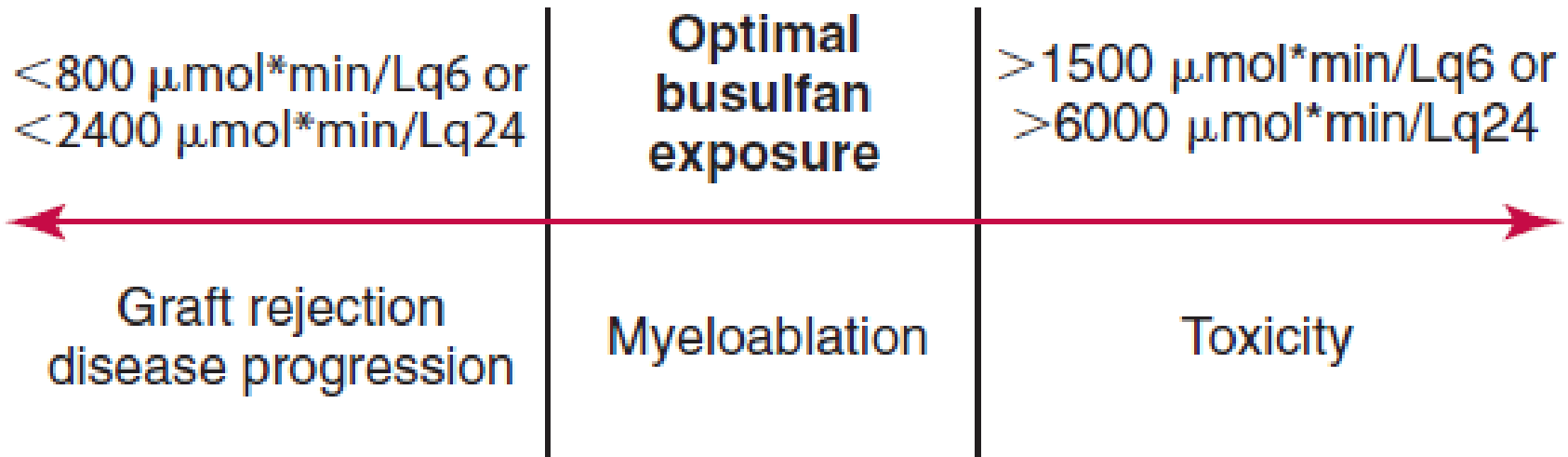
- Immunoassays
 - Enzyme multiplied immunoassay technique (EMIT)
 - Fluorescent polarization immunoassay (FPIA)
 - Cloned enzyme donor immunoassay (CEDIA)
- Chromatographic techniques
 - Gas chromatography- mass spectrometry (GC-MS)
 - Liquid chromatography-mass spectrometry/mass spectrometry (LC-MS/MS)
 - High performance liquid chromatography-ultraviolet (HPLC/UV)



Busulfan

- Hematopoietic stem cell transplantation
- Bone marrow disorders
 - Acute and chronic leukemias
 - Myelodysplastic syndromes
 - β -thalassemia major
 - Polycythemia vera
 - Sickle cell anemia

Busulfan Pharmacokinetics



Busulfan Metabolism

- Cytochrome P450 isoenzymes (primarily CYP3A4)
- Conjugation with glutathione via glutathione S-transferase
- Fluconazole—inhibition of CYP3A4—slow busulfan clearance



Methotrexate

- Acute lymphoblastic leukemia
- Choriocarcinoma and related trophoblastic tumors
- Carcinomas of the breast, tongue, pharynx, and testes
- Maintenance of remission in leukemia
- Severe, debilitating psoriasis
- Carcinoma of the lung and osteogenic sarcoma



Methotrexate Pharmacokinetics

Methotrexate	Minimum Effective Concentration, $\mu\text{mol/L}$	Minimum Toxic Concentration, $\mu\text{mol/L}$	Mean Half-Life, h	Mean Volume of Distribution, L/kg	Mean Protein Binding, %
At 24 hours	<10	>10	1.8	0.55	46
At 48 hours	<1	>1	8.4	0.55	46
At 72 hours	<0.1	>0.1	>10	0.55	46



Methotrexate Elimination

- Renal excretion
 - Large volume of alkaline urine



Methotrexate Toxicity

- High-dose ≥ 500 mg/m²
- Leucovorin "rescue" – also called citrovorum, N-5-formyltetrahydrofolate, the product of dihydrofolate reductase
- Continuous flow hemodialysis
- Intravenous infusion of carboxypeptidase G2



References

1. Tietz Textbook of Clinical Chemistry and Molecular Diagnostics - 5th Edition
2. Tietz Textbook of Clinical Chemistry and Molecular Diagnostics - 6th Edition
3. Henry's Clinical Diagnosis and Management by Laboratory Methods
4. Johnson-Davis KJ, McMillin GA, Juenke JM, Ford CD, Petersen FB. Which Dose of Busulfan Is Best? Clin Chem. 2010 Jul;56(7):1061-4.



Disclosures/Potential Conflicts of Interest

Upon Pearl submission, the presenter completed the Clinical Chemistry disclosure form. Disclosures and/or potential conflicts of interest:

- **Employment or Leadership:** No disclosures
- **Consultant or Advisory Role:** No disclosures
- **Stock Ownership:** No disclosures
- **Honoraria:** No disclosures
- **Research Funding:** No disclosures
- **Expert Testimony:** No disclosures
- **Patents:** No disclosures



Thank you for participating in this
Clinical Chemistry Trainee Council
Pearl of Laboratory Medicine.

Find our upcoming Pearls and other
Trainee Council information at
www.traineecouncil.org

Download the free *Clinical Chemistry* app
on iTunes today for additional content!

Follow us:

