

# Linezolid Toxicity in Clinical Practice: Towards a Better Detection of at-risk Patients?

## Interim Analysis of a Prospective Multicentric Study

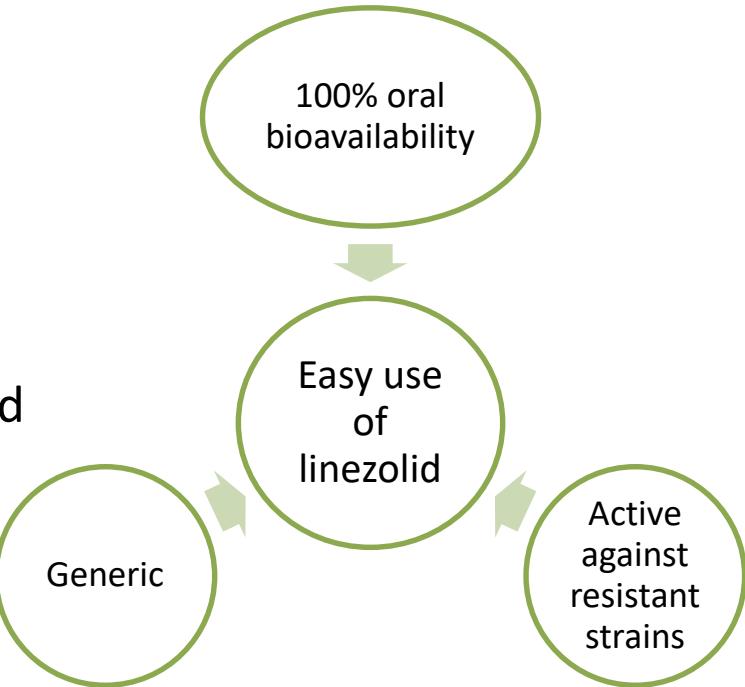
Thirot Hélène<sup>1</sup>

D. Fage<sup>2</sup>, JC Yombi<sup>3</sup>, O. Cornu<sup>3</sup>, C. Briquet<sup>3</sup>, P. Clevenbergh<sup>4</sup>, T. Besse<sup>4</sup>, M. Hites<sup>5</sup>  
F. Cotton<sup>2</sup>, A. Spinewine<sup>1</sup>, F. Van Bambeke<sup>1</sup>

<sup>1</sup> Université catholique de Louvain (Louvain Drug Research Institute), Brussels, <sup>2</sup> Laboratoire Hospitalier Universitaire de Bruxelles, Brussels; <sup>3</sup> Cliniques universitaires St-Luc, Brussels; <sup>4</sup> Centre Hospitalier Universitaire Brugmann, Brussels, <sup>5</sup> Cliniques universitaires de Bruxelles, Erasme, Brussels.

# Linezolid (LZD)

- Oxazolidinone: **Gram positive** bacteria
- Inhibition of the **protein synthesis**
- Skin and soft tissue infections + nosocomial and community-acquired pneumonia
- Maximum of **28 days** of treatment
- 600 mg 2x/day



# Linezolid toxicity

- **Hematological** disorders (anemia – thrombocytopenia)  
→ Weekly blood test recommended
- Lactic acidosis
- Peripheral and optic **neuropathy**

- Higher level of hematological disorders than in the SmPC
- Risk factors: Treatment duration – renal impairment - comorbidities

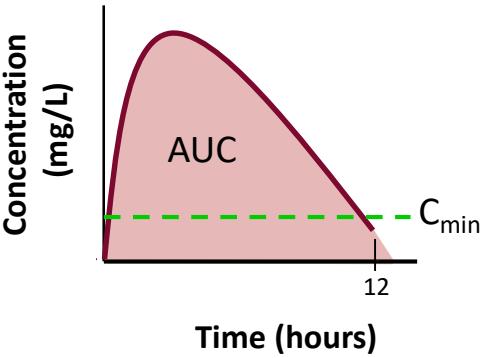


Thirot et al (2021), Antibiotics 10(5):530

SmPC = Summary of product characteristics

# Linezolid monitoring

- **AUC/CMI** = PK/PD parameter driving efficacy
- **$C_{min}$** 
  - Safety indicator
  - Currently recommended range = **2 – 7 mg/L**
  - $C_{min} > 9 \text{ mg/L}$  = increasing risk of developing hematological toxicity



Cattaneao (2016) Int J Antimicrob Agents 48(6):728-731

Fage et al (2021) Talanta; Vol 221 (121641)

# Objectives

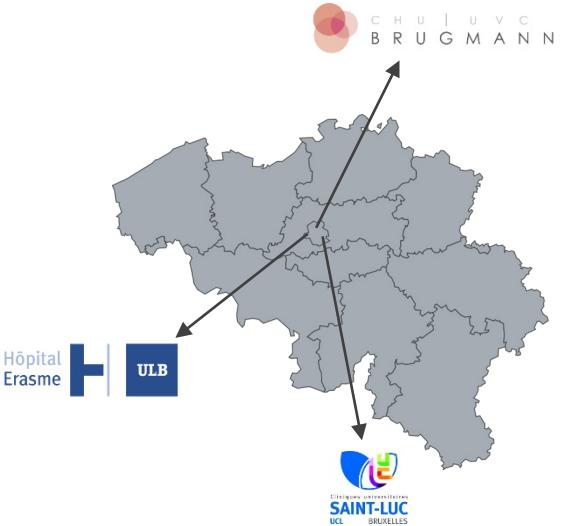
- Assess the rate of LZD adverse drug reactions (ADRs) in clinical practice
- Highlight risk factors associated with the development of ADRs
- Assess the link between  $C_{min}$  and the development of ADRs

# Methodology

Prospective interventional study (3 Belgian hospitals)

## Inclusion criteria:

- Adult patients (> 18 years)
- Treated with linezolid for at least 3 days
- Hospitalized or ambulatory patients



## Exclusion criteria:

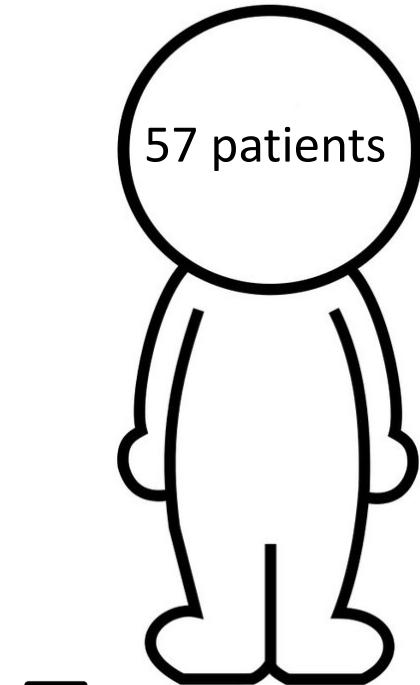
- Platelets level < 75,000 / mm<sup>3</sup> and/or hemoglobin < 8g/dl

## Monitoring:

Blood sampling the day of the follow-up consultation

Blood sampling once a week (according to the duration of the therapy)

# Patients' characteristics



22 (36.1%)	39 (63.9%)	65 (31 - 97)
85 kg (40-154)	72 ml/min (5 - 134)	1 mg/dl (0.32-8.16)
Charlson index 2 (0-6)	46 (75.4%)	15 (24.6%)
600 mg 2x/d	7      54	13 (4 – 117)

# Type of infections and LZD duration

Infection	N (%)	Median treatment duration (range)
<b>BJI</b>	22 (36.1)	28 (9-121)
<b>SSTI</b>	10 (16.4)	11 (8-17)
<b>Secondary bacteremia</b>	8 (13.1)	10.5 (5-23)
<b>Endocarditis</b>	6 (9.8)	14 (9-14)
<b>Septic shock</b>	5 (8.2)	8 (6-10)
<b>UTI</b>	3 (4.9)	7 (5-7)
<b>Pneumonia</b>	2 (3.3)	8.5 (7-10)
<b>Others</b>	5 (8.2)	

# Adverse drug reactions

ADRs	N (%)	% based on ADR in EU SmPC
<b>Thrombocytopenia</b>	18 (29.5)	1 - 10
<b>Anemia</b>	10 (17.5)	1 - 10
<b>Metallic taste</b>	9 (15.8)	1 – 10
<b>Gastro intestinal disorders</b>	17 (28.8)	1 - 10
<b>Tinnitus</b>	1 (1.75)	0.1 - 1
<b>Mycosis</b>	2 (3.5)	1 - 10
<b>Paresthesia</b>	1 (1.75)	0.1 - 1
<b>Hepatic disorders</b>	1 (1.75)	1 - 10



- 11 stops for toxicity (10 hematological toxicity and 1 paresthesia)
- Hematological toxicity : Stop after 9 to 34 days

- **30**  with at least 1 ADR
- Between 1 and 4 ADRs

# Adverse drug reactions

ADRs	N (%)	% based on ADR in EU SmPC
<b>Thrombocytopenia</b>	18 (29.5)	1 - 10
<b>Anemia</b>	10 (17.5)	1 - 10
<b>Metallic taste</b>	9 (15.8)	1 – 10
<b>Gastro intestinal disorders</b>	17 (28.8)	1 - 10
<b>Tinnitus</b>	1 (1.75)	0.1 - 1
<b>Mycosis</b>	2 (3.5)	1 - 10
<b>Paresthesia</b>	1 (1.75)	0.1 - 1
<b>Hepatic disorders</b>	1 (1.75)	1 - 10

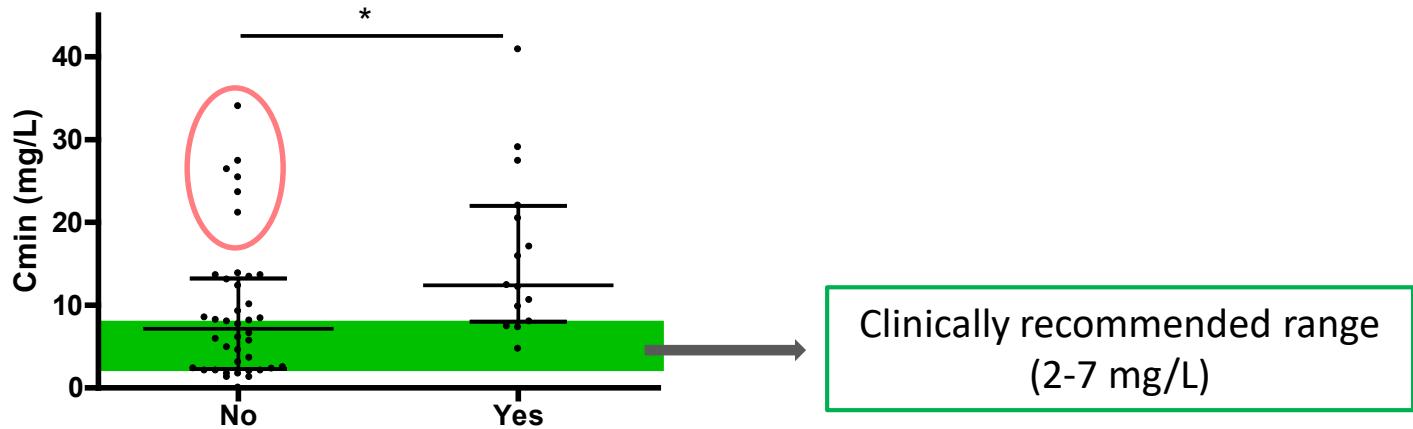


- 11 stops for toxicity (10 hematological toxicity and 1 paresthesia)
- Hematological toxicity : Stop after 9 to 34 days

- **30**  with at least 1 ADR
- Between 1 and 4 ADRs

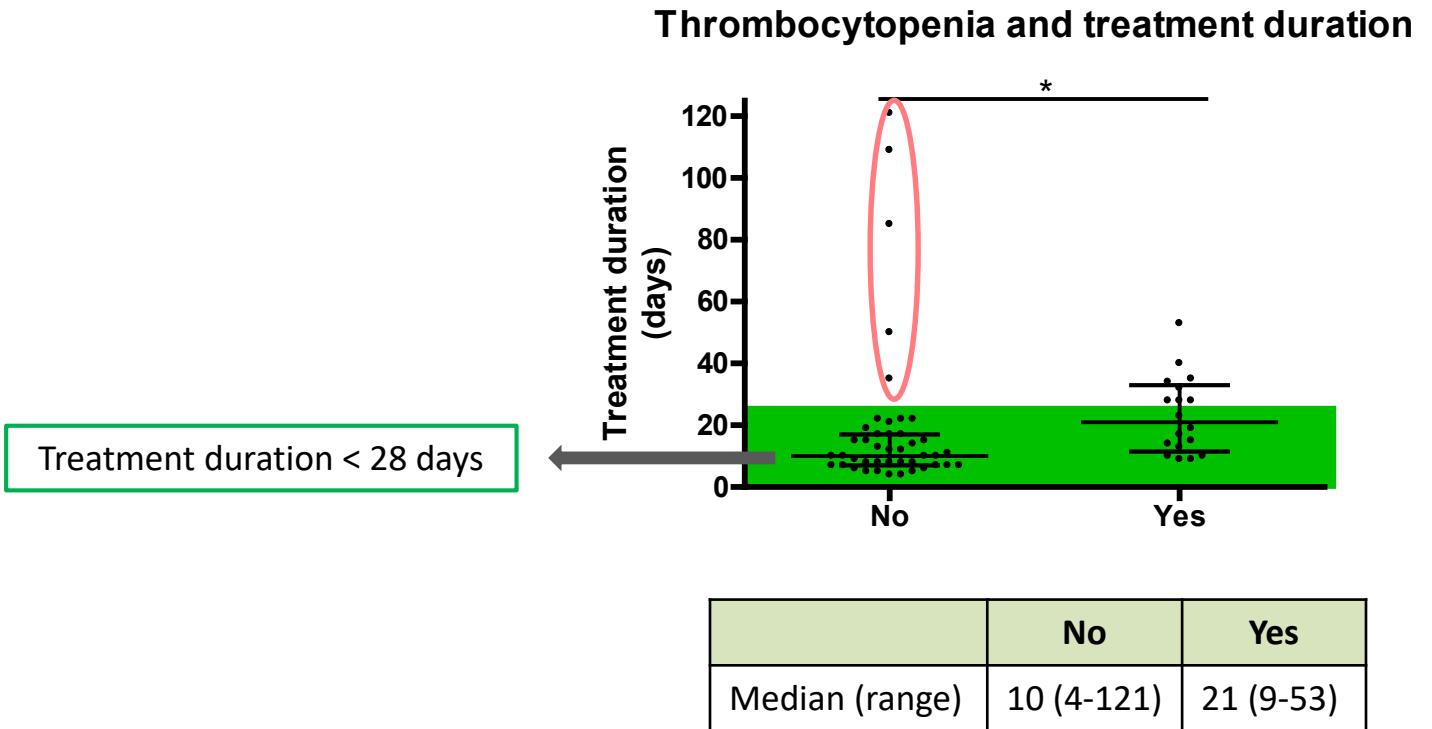
# Adverse drug reactions

## Thrombocytopenia and Cmin



\* Mann-Whitney U test

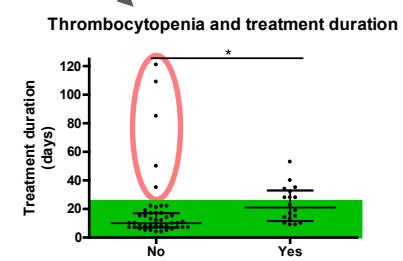
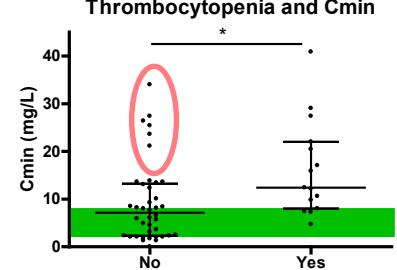
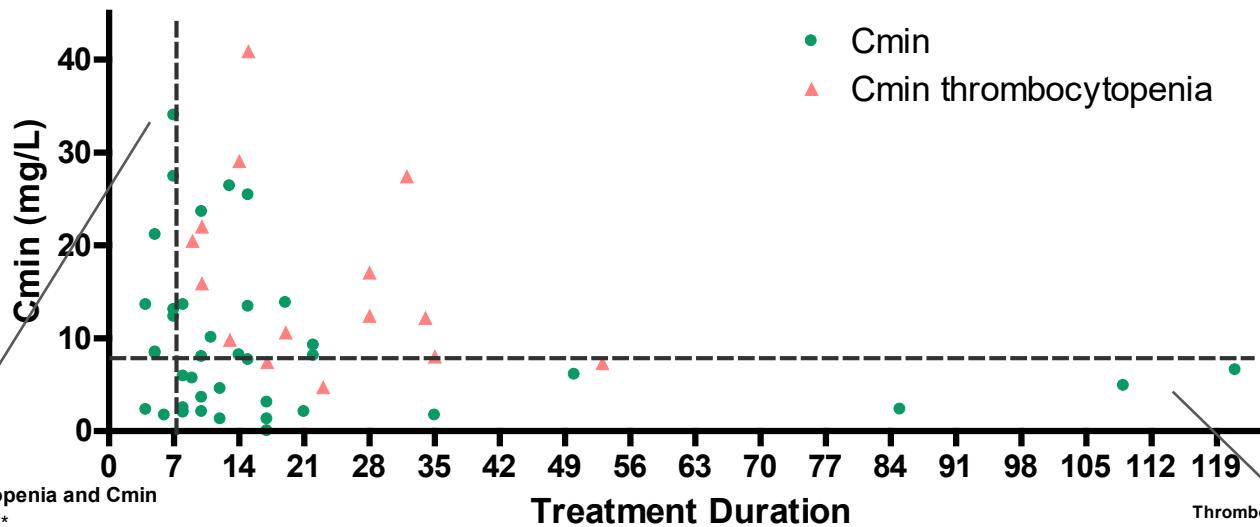
# Adverse drug reactions



\* Mann-Whitney U test

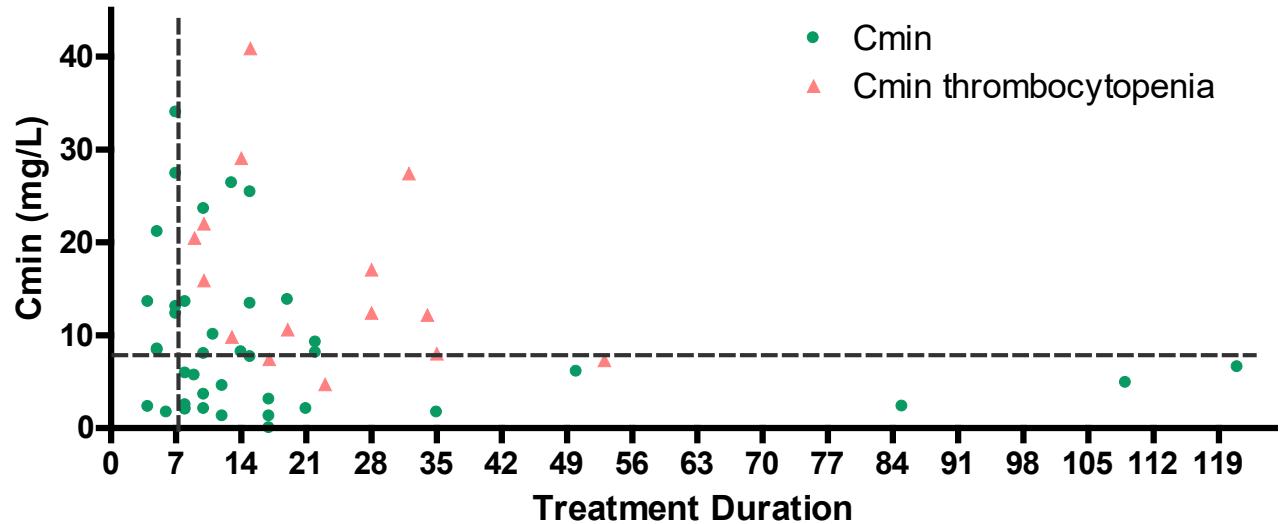
# Linezolid monitoring and ADRs

Cmin (AVG) versus Treatment duration



# Linezolid monitoring and ADRs

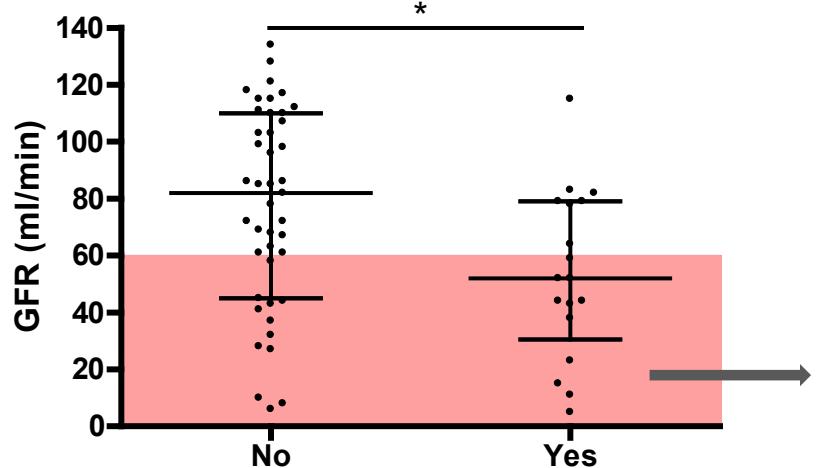
## Cmin (AVG) versus Treatment duration



- Patients with the **longest treatment duration** are patients **without** any ADRs
  - Platelet decrease is observed between 7 and 14 days
  - Patients with high  $C_{min}$  → No toxicity observed because short treatment?

# Adverse drug reactions

Thrombocytopenia and GFR



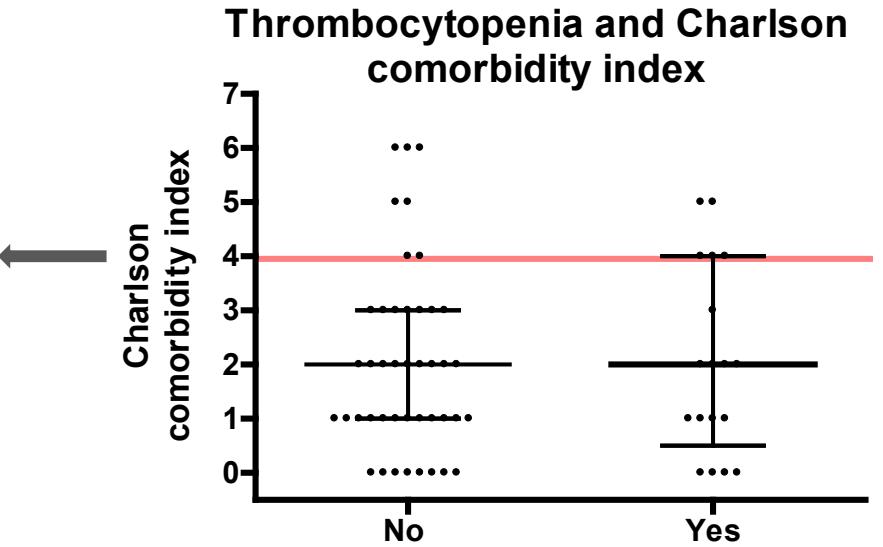
Glomerular filtration rate < 60 ml/min  
→ Renal insufficiency

	No	Yes
Median (range)	82 (6-134)	52 (5-115)

\* Mann-Whitney U test

# Adverse drug reactions

Charlson comorbidity index  $\geq 4$



	No	Yes
Median (range)	2 (0-6)	2 (0-5)

\* Mann-Whitney U test

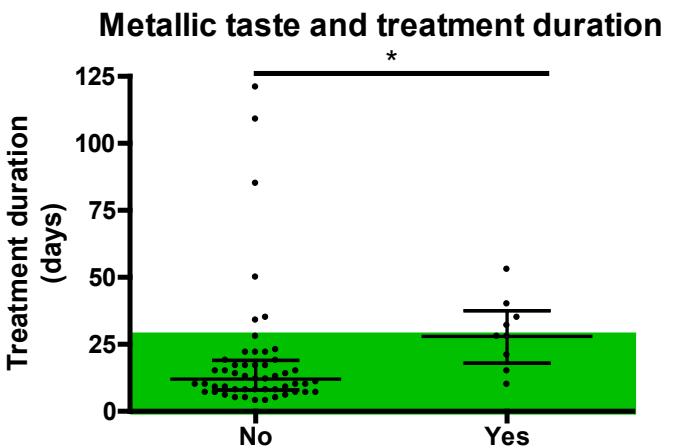
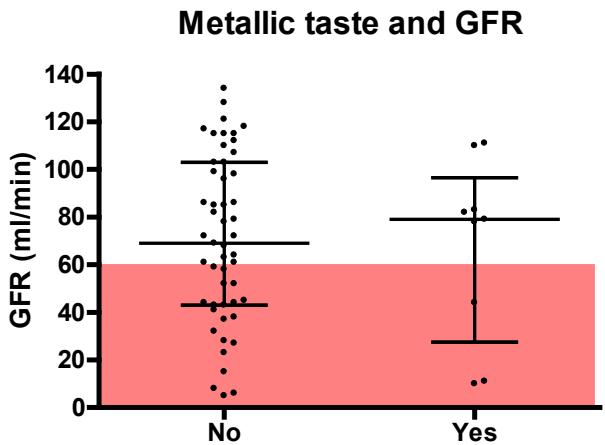
# Key messages

- More frequent ADRs
  - Hematological toxicity (discontinuation)
  - Metallic taste
- Parameters:  $C_{min}$  – renal impairment – longer treatment duration
- Patients can have long treatment duration without ADR
  - $C_{min}$  in the therapeutic range

# Thank you!



# Metallic taste

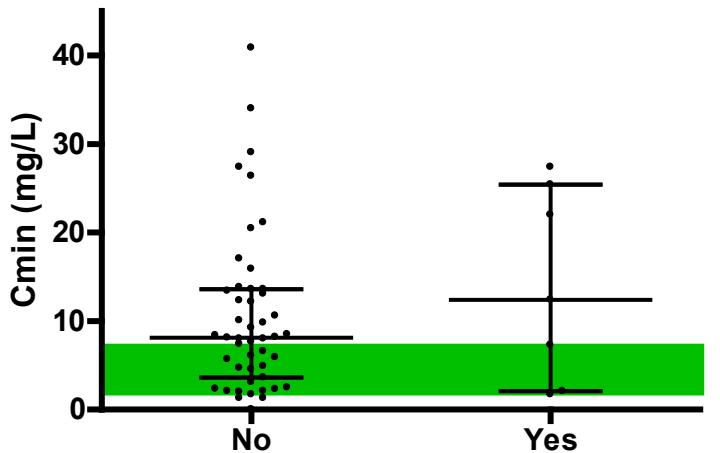


	No	Yes
Median (range)	69 (5-134)	79 (10-111)

	No	Yes
Median (range)	12 (4-121)	28 (10-53)

# Metallic taste

Metallic taste and Cmin



	No	Yes
Median (range)	8.1 (0-40.85)	12.4 (1.7-27.4)

# GFR and Cmin

