



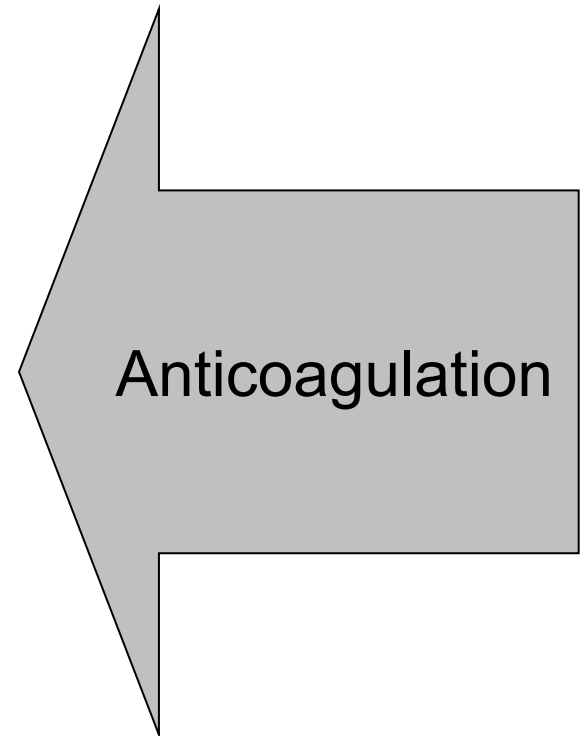
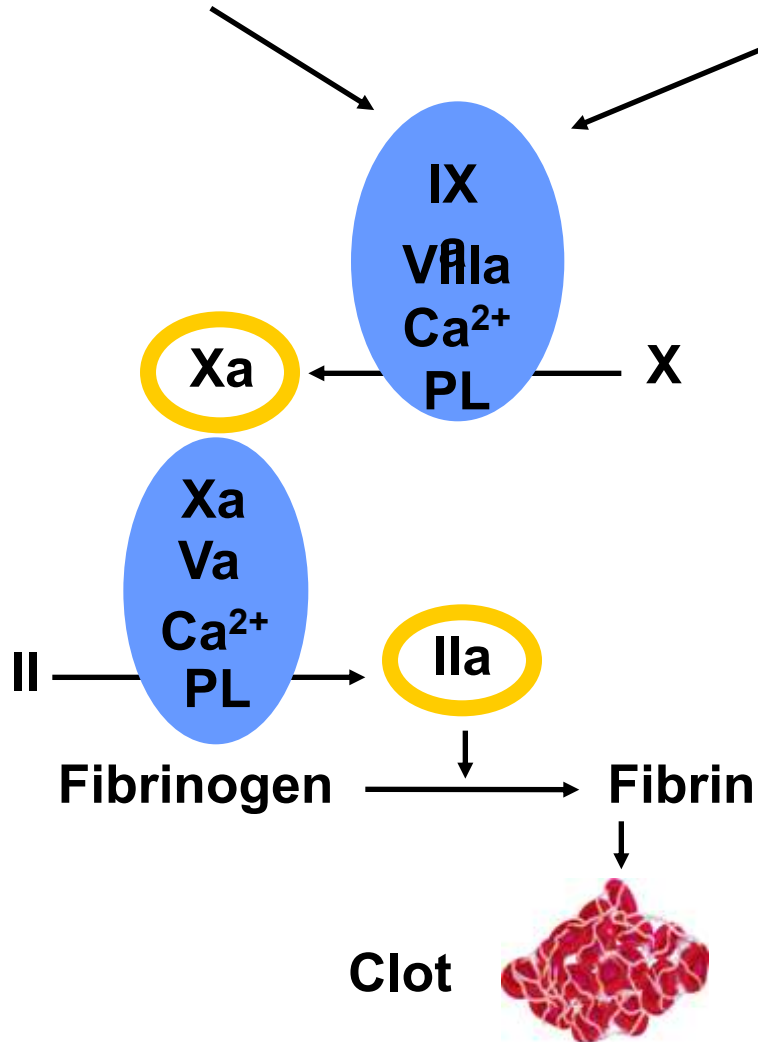
# Monitoring new oral anticoagulants- Practical approach

*ECAT 2014*

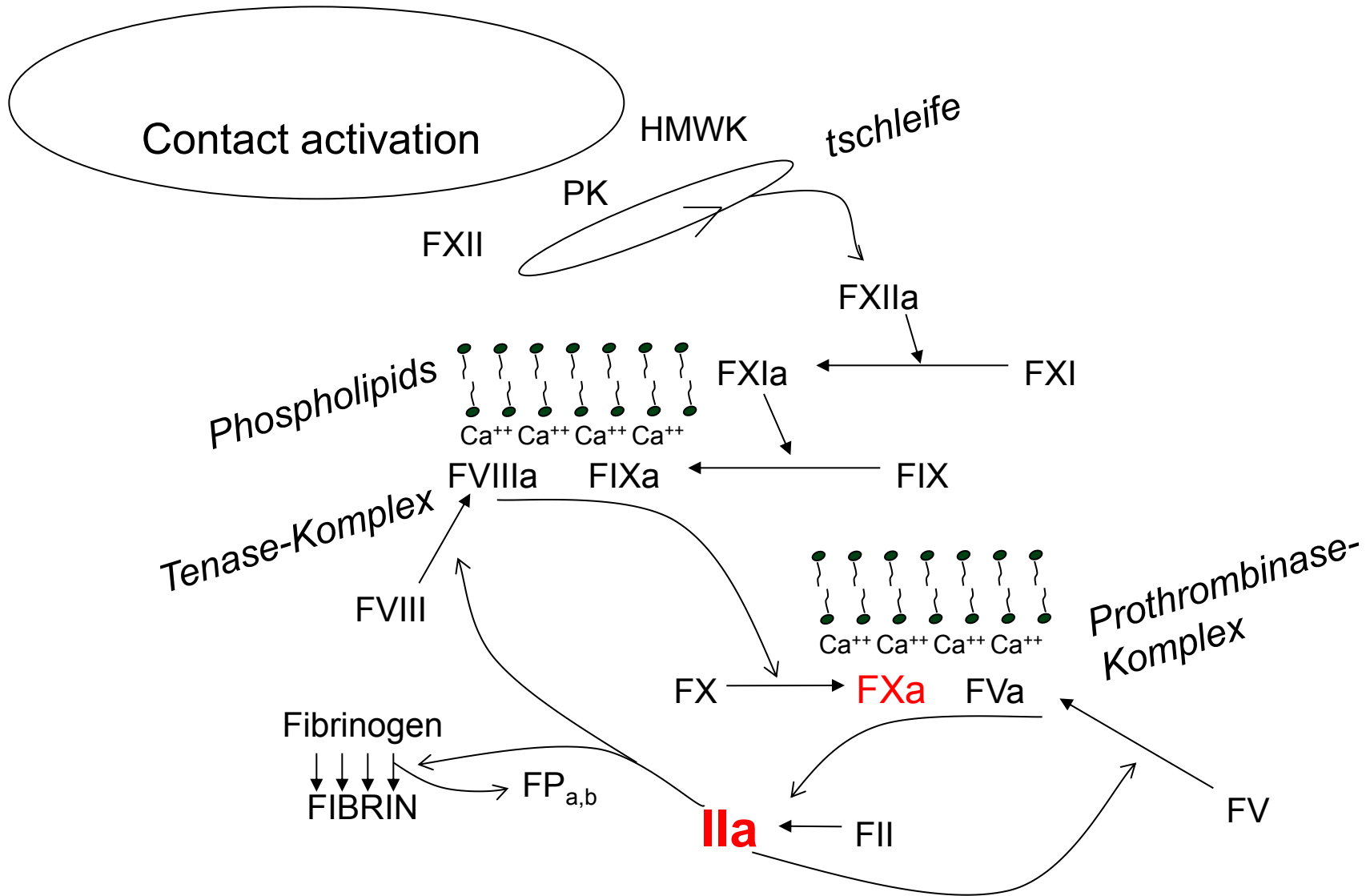
Michael Spannagl  
Klinikum der Universität München

**Intrinsic pathway**

**Extrinsic pathway**



# Clot test in concert



# Introduction: aPTT: physiological basis of the monitoring of anticoagulants

## contact activator


FXII, prekallikrein, kininogen

FXIa

phospholipids -  $\text{Ca}^{++}$  - FIXa - FVIIIa

phospholipids -  $\text{Ca}^{++}$  - FXa - FVa

FIIa  fibrin  detection of clotting

*standardization*   
*not part of hemostatic process*

*acute phase reaction*

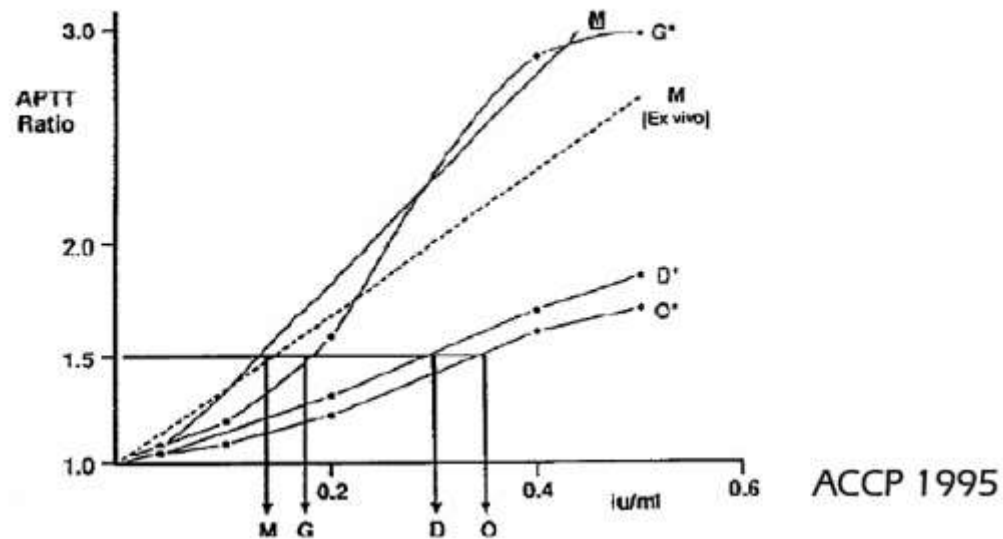
*main action of direct / indirect anticoagulants*

> 300 aPTT methods (combinations instrument – reagents)

0,3 IU heparin (aXa activity) → aPTT: 48-108 sec

therapeutic ranges (0.3-0.7 IU /ml) → aPTT ratio: 1.6-2.7 to 3.7-6.2

option: calibration of local combination instrument – reagent (lot?)  
towards heparin concentration




# Anticoagulants


## direct

## indirect

**FXa**

**Thrombin**

 **Rivaroxaban**  
(oral)

 **Apixaban**  
(oral)

Hirudin

Argatroban

 **Dabigatran**  
(oral)

AT-**Pentasaccharid**

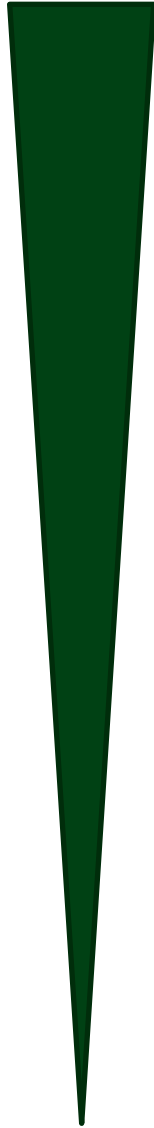
AT-**NMH**  
Danaparoid-Na

AT-UFH

HCo II-  
Dermatansulfate



*Thrombin-Inhibition*



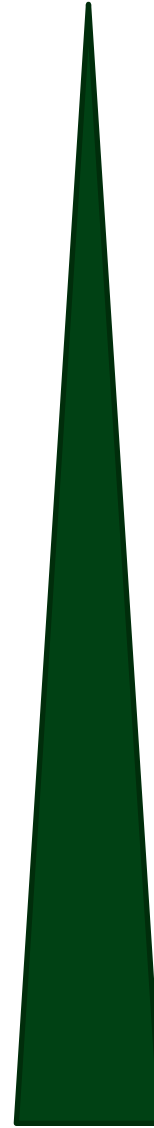
**(Hirudin)**  
**Argatroban**  
**Dabigatran**

VKA  
Heparin

NMHs  
Danaparoid

Fondaparinux

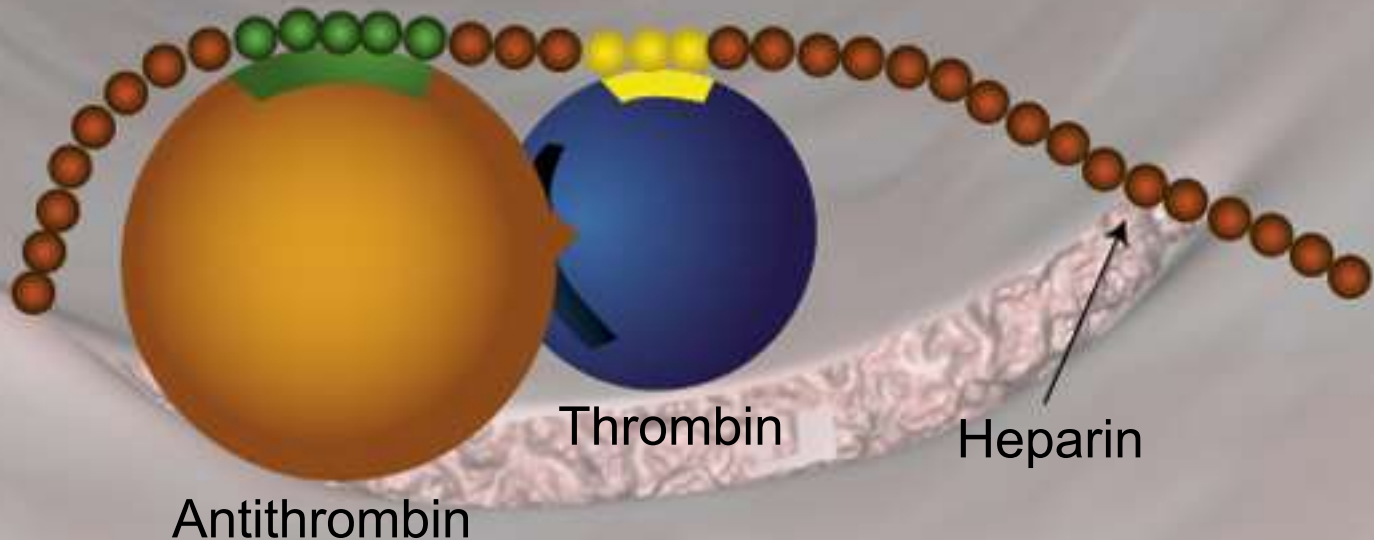
**Rivaroxaban**  
**Apixaban**  
**(Edoxaban)**



*Faktor-Xa-Inhibition*

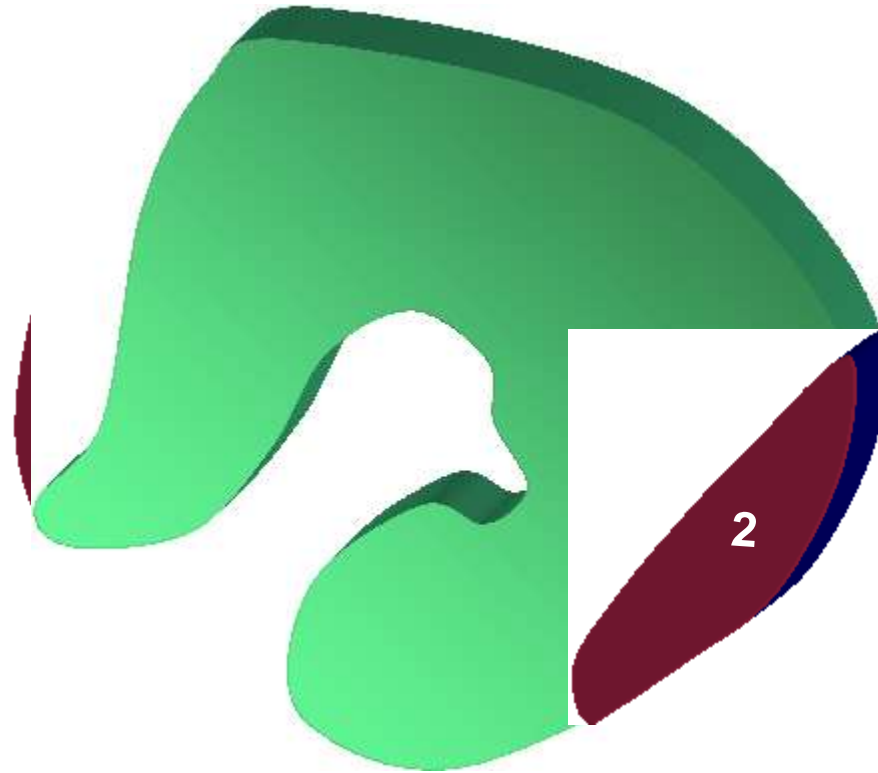
# Indirect thrombin inhibition

## Heparin/antithrombin/thrombin complex

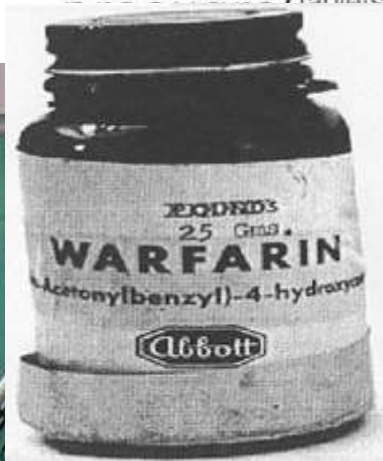




# Direct Inhibitor



Reversible Inhibition



Dieser Patient steht unter Antikoagulationenbehandlung mit Marcumar®

individuelle Ziellereich INR/Quick®

Benutztes Thromboplastin

Name:  Vorname:  Nachname:

Strasse:

PLZ:  Wohnort:

Telefon:

Regimezeit:

Medikation:

Behandlung(s) / Arzt/Nachname:

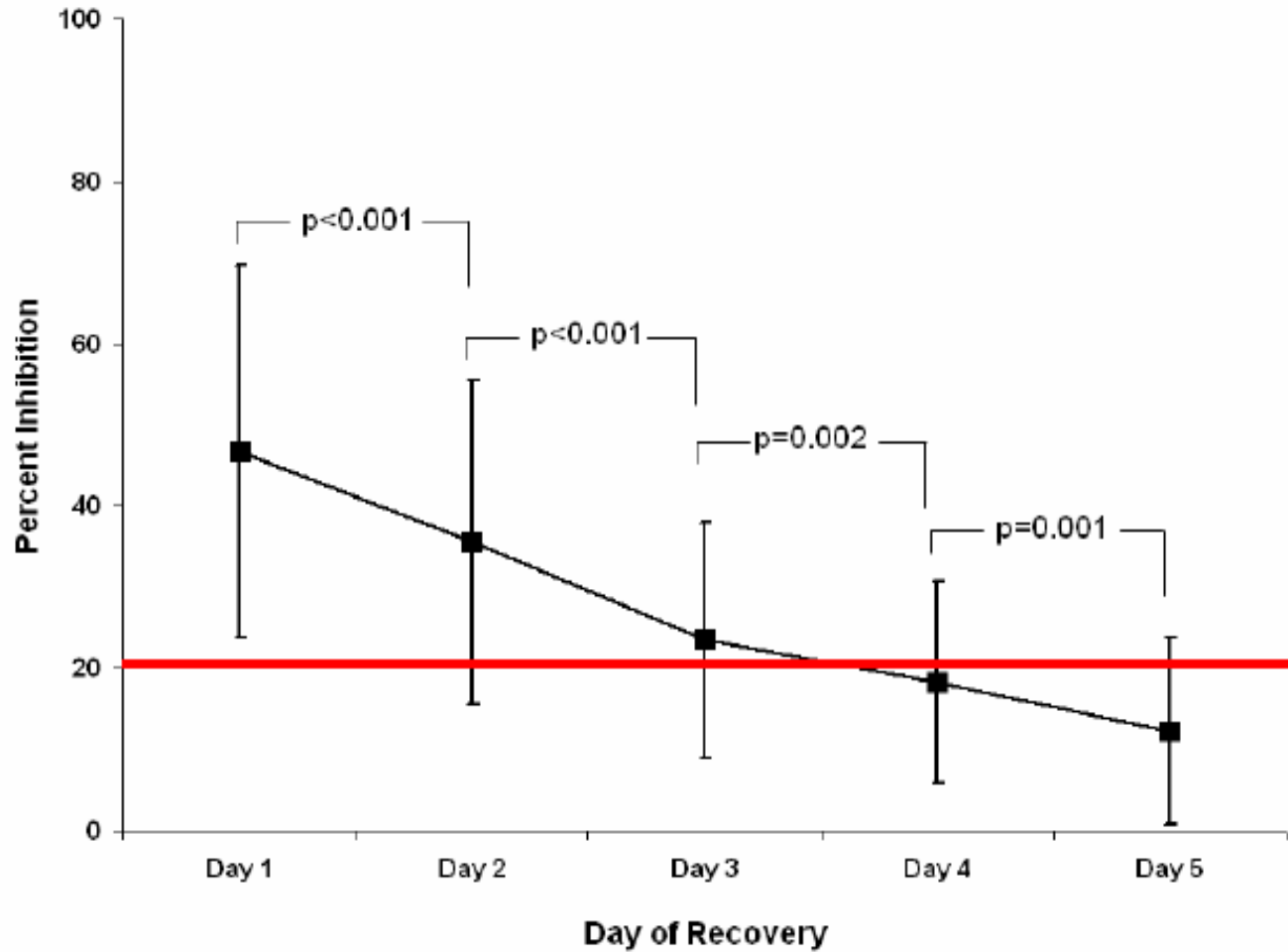
Name:  Strasse:

PLZ:  Wohnort:  Telefon:



# Wiedereinsetzen der normalen Thrombozytenfunktion durch Neubildung (Clopidogrel)

Price et al (AJC 2006)



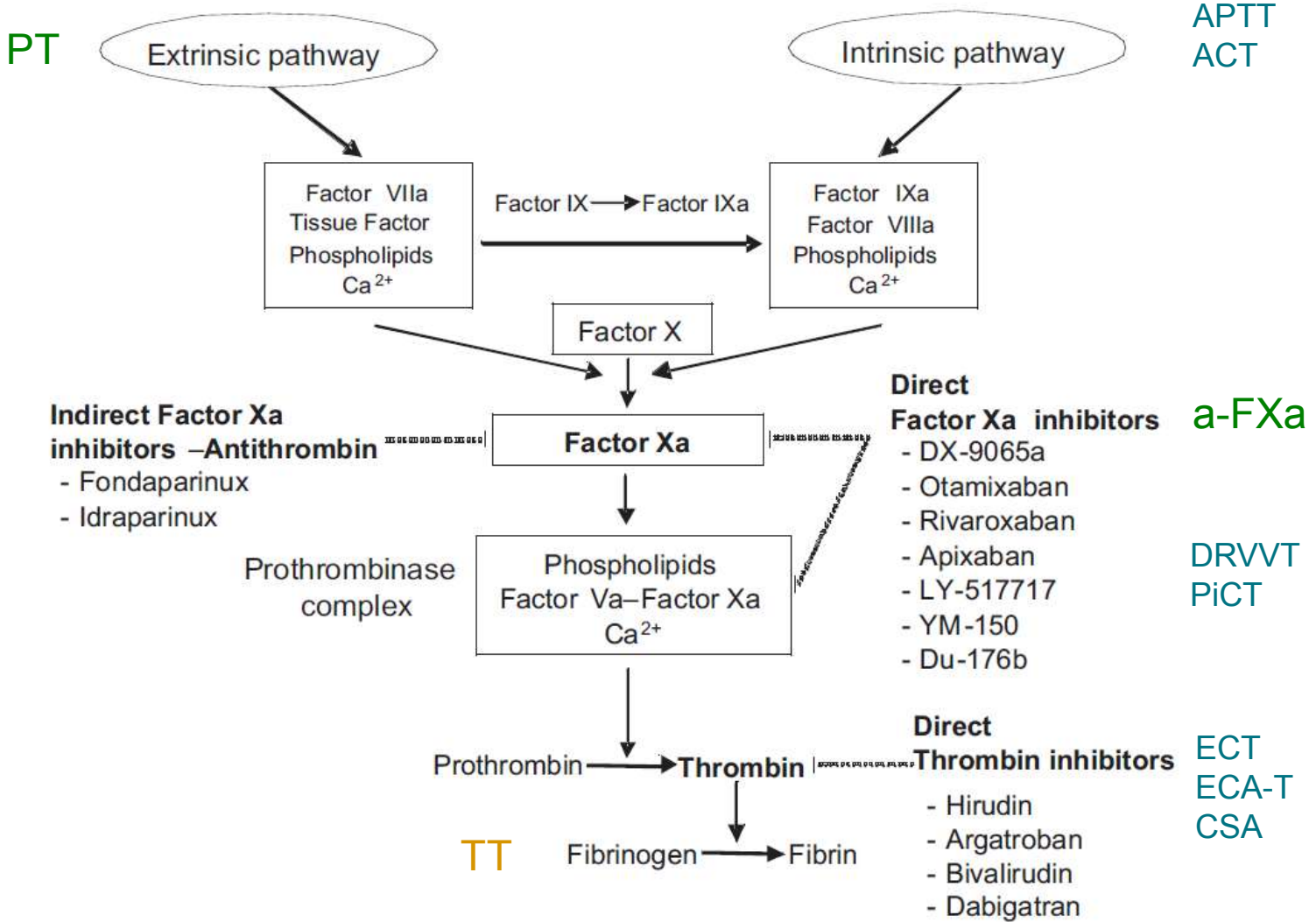
**Tab. 1** Application, dynamics and pharmacological monitoring of antiaggregants and anticoagulants

monitoring, pharmacological properties	anticoagulant or antiaggregant							
	ASS	ADP receptor blockers	VKA	DOACs (thrombin inhibitor)	thrombin inhibitors (i.v.)	DOACs (Xa inhibitors)	UFH	LMWH
pharmacokinetic (PK)	---	---	---	diluted thrombin time (ECT, anti-IIa)	ECT, anti-IIa	anti-Xa	---	anti-Xa
pharmacodynamic (PD) *	aggregation in liquid phase or on surfaces		PT, INR	aPTT (PT)	aPTT ACT	PT (aPTT)	aPTT ACT	---
rapid change in PK/PD	---	---	---	+	++	+	++	+
application	p.o. or i.v.	p.o.	p.o.	p.o.	i.v.	p.o.	i.v.	s.c. (i.v.)

PT: prothrombin time; INR: international normalized ratio; aPTT: activated partial thromboplastin time; ACT: activated clotting time; TT: thrombin time; ECT: ecarin clotting time; \* see Table 2 for details with regard to DOACs and global coagulation testing

# NOAC - DAOC

## Drug Monitoring

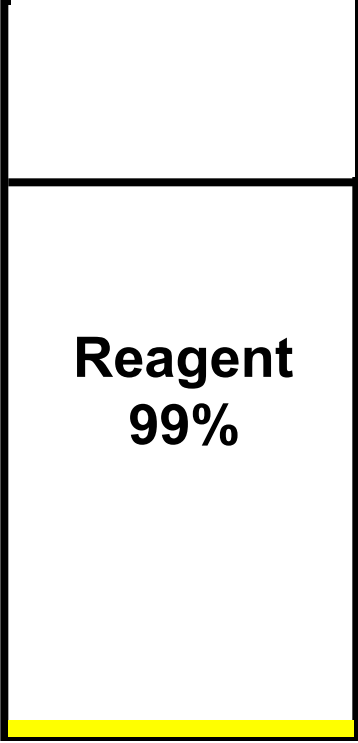
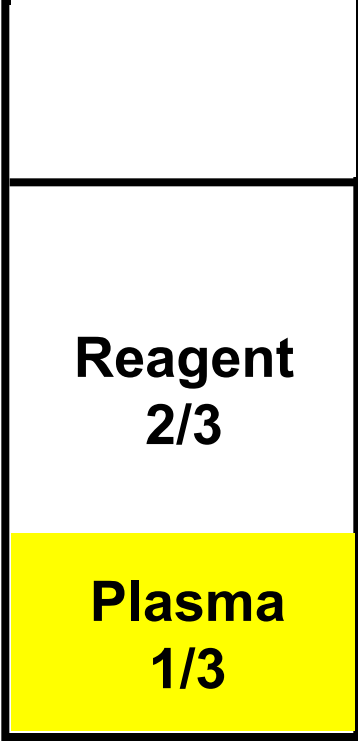
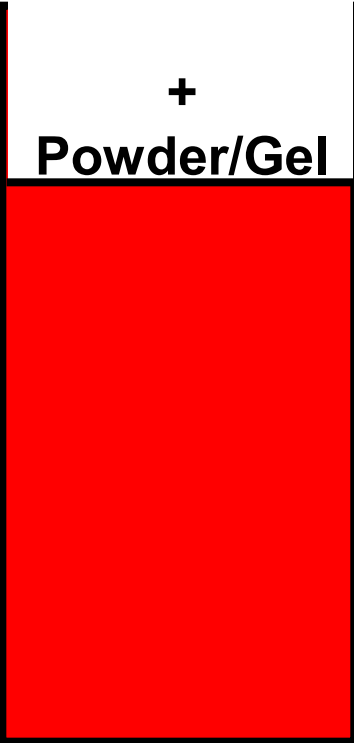


# PRE/ANALYTICS - MATRIX

**Whole Blood:  
ACT**

**aPTT**

**Anti- IIa/Xa Inhib.:  
Synth. Substrate**



# PRE/ANALYTICS - MATRIX

**Whole Blood  
ACT**

**aPTT  
dilTT**

**Anti- IIa/Xa  
Synth. Substrate**

**+  
Powder/Gel  
Reagent**

**Reagent  
2/3**

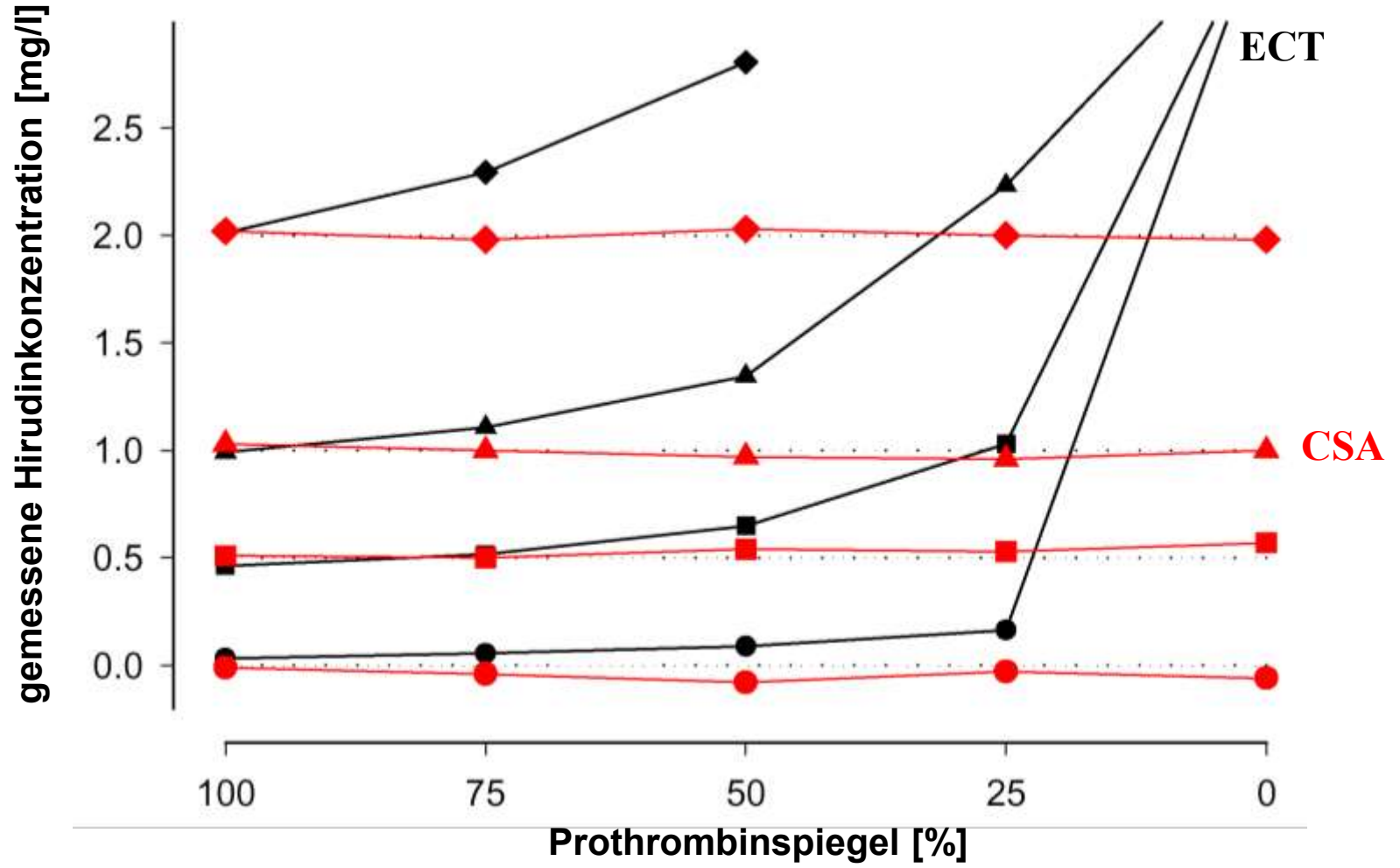
**Plasma  
1/3**

**Reagent  
99%**

**Plasma  
1%**

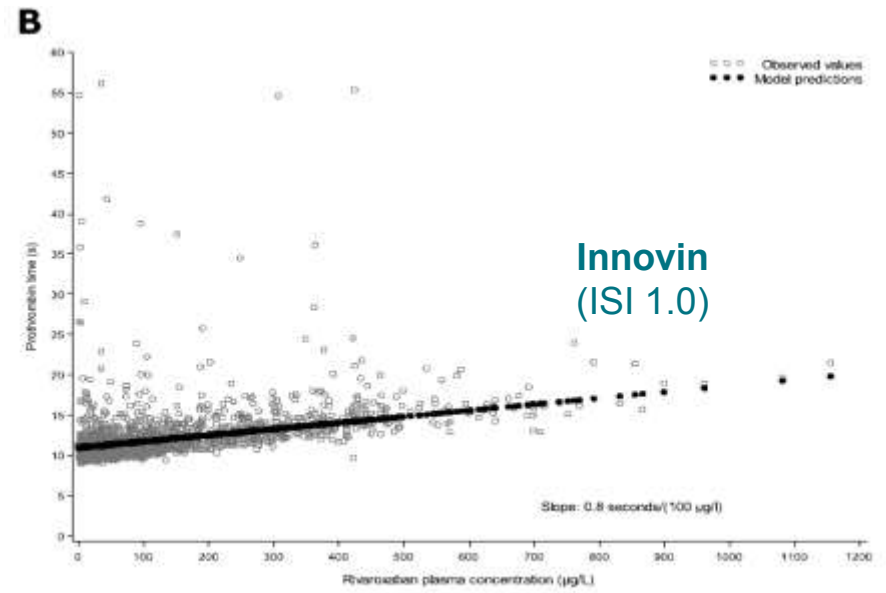
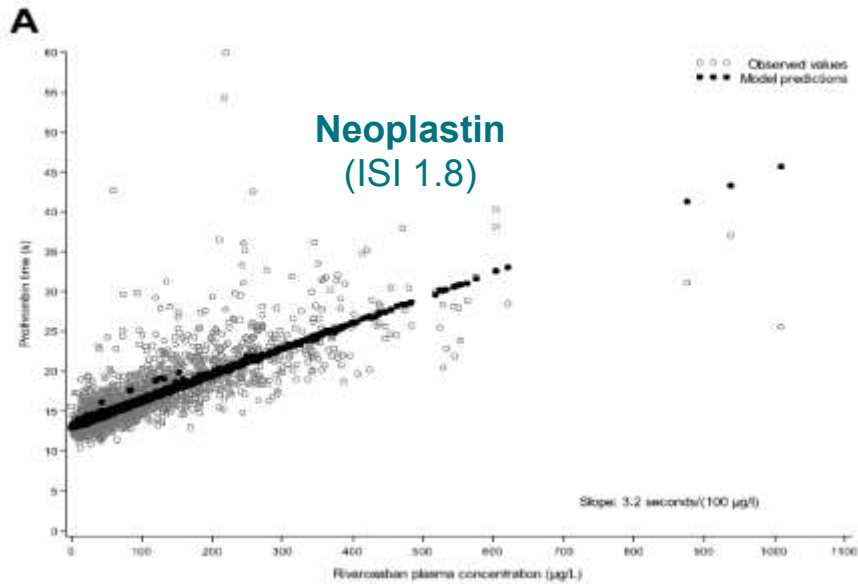




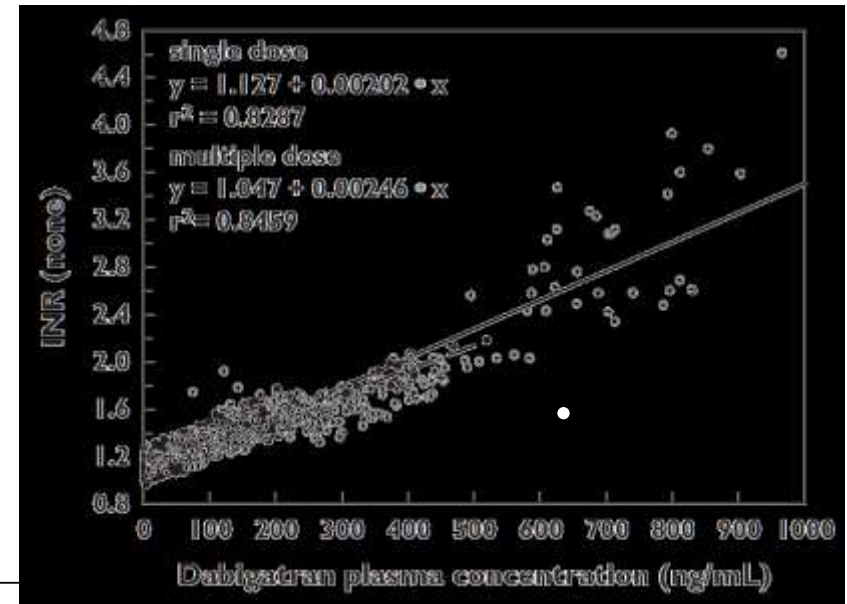
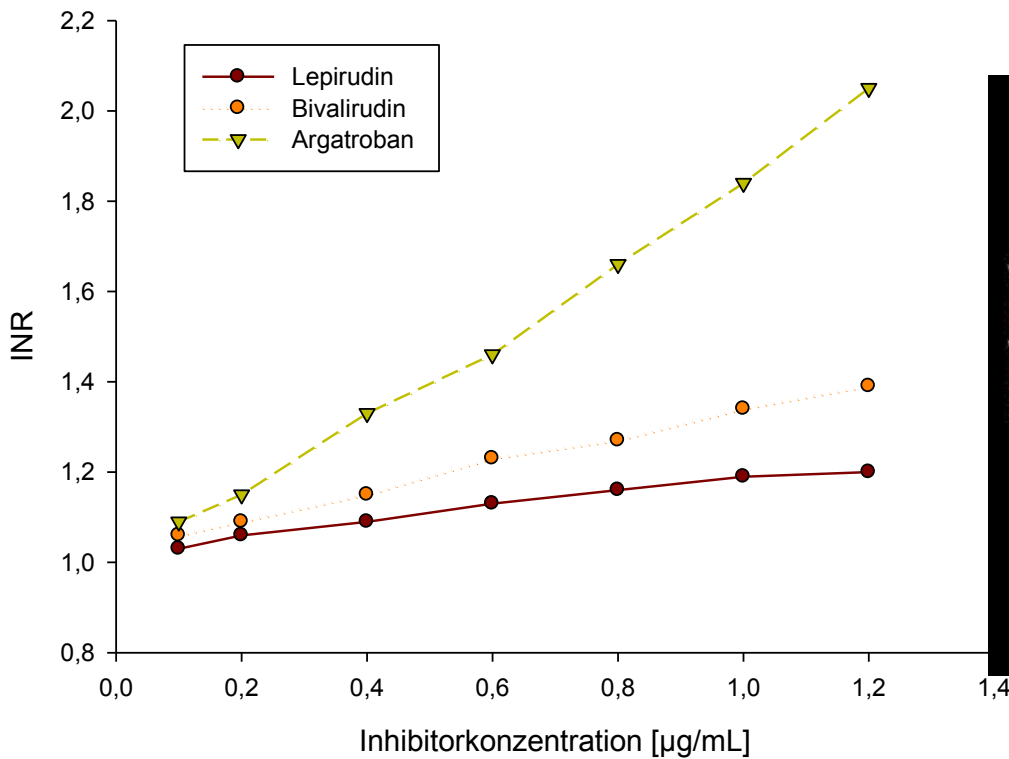




# Rivaroxaban

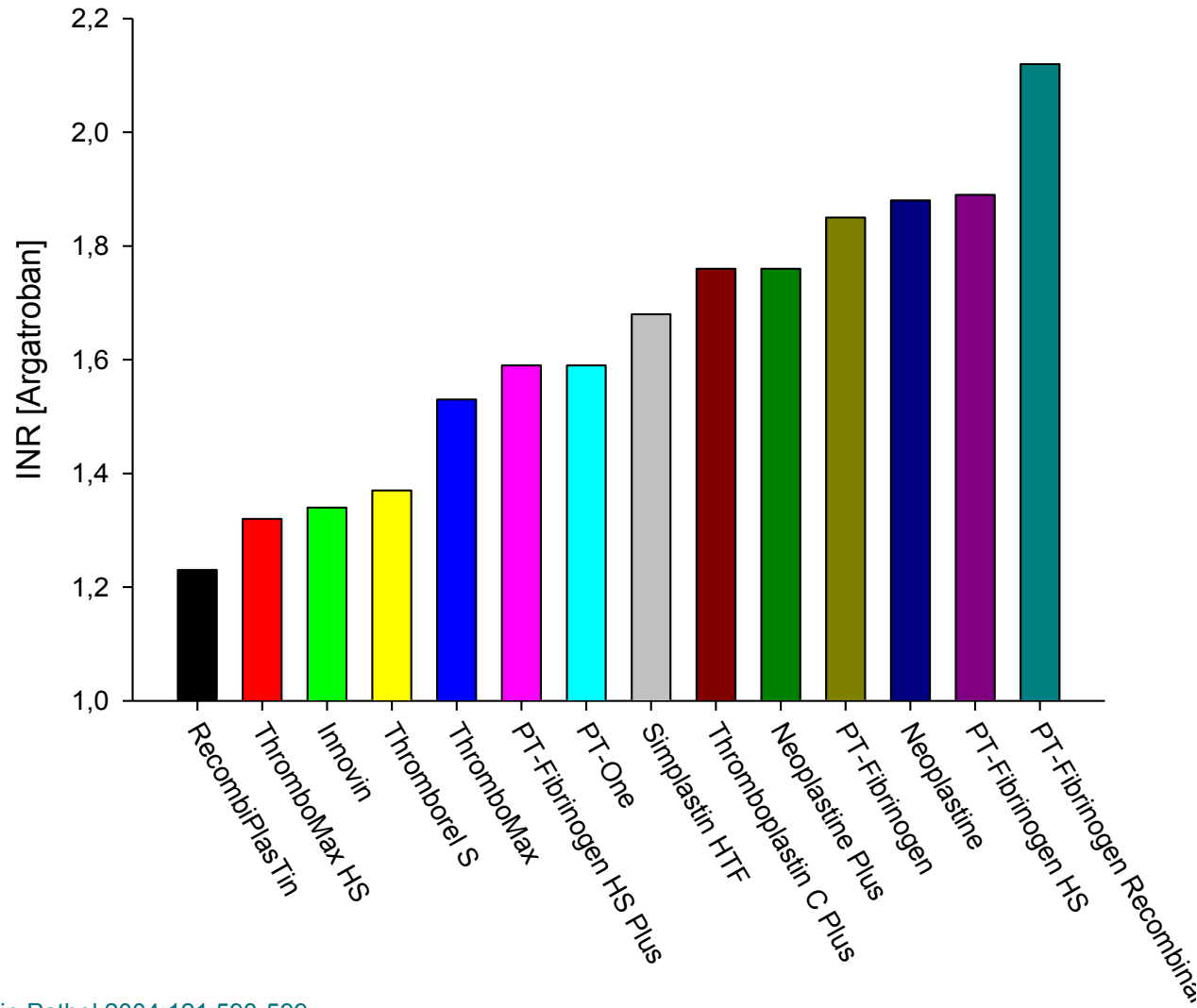


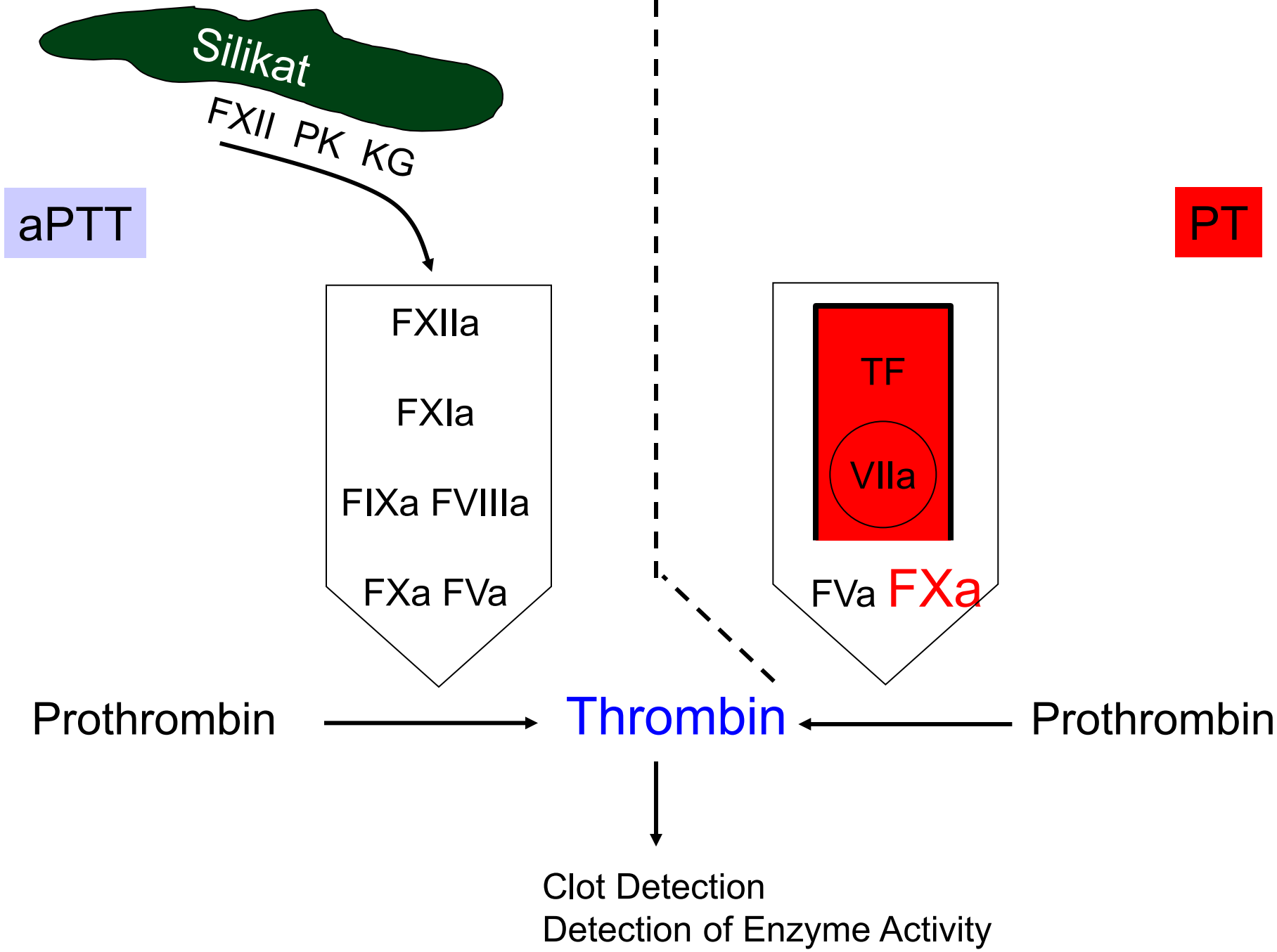
# Influence of direct thrombin inhibitors on INR



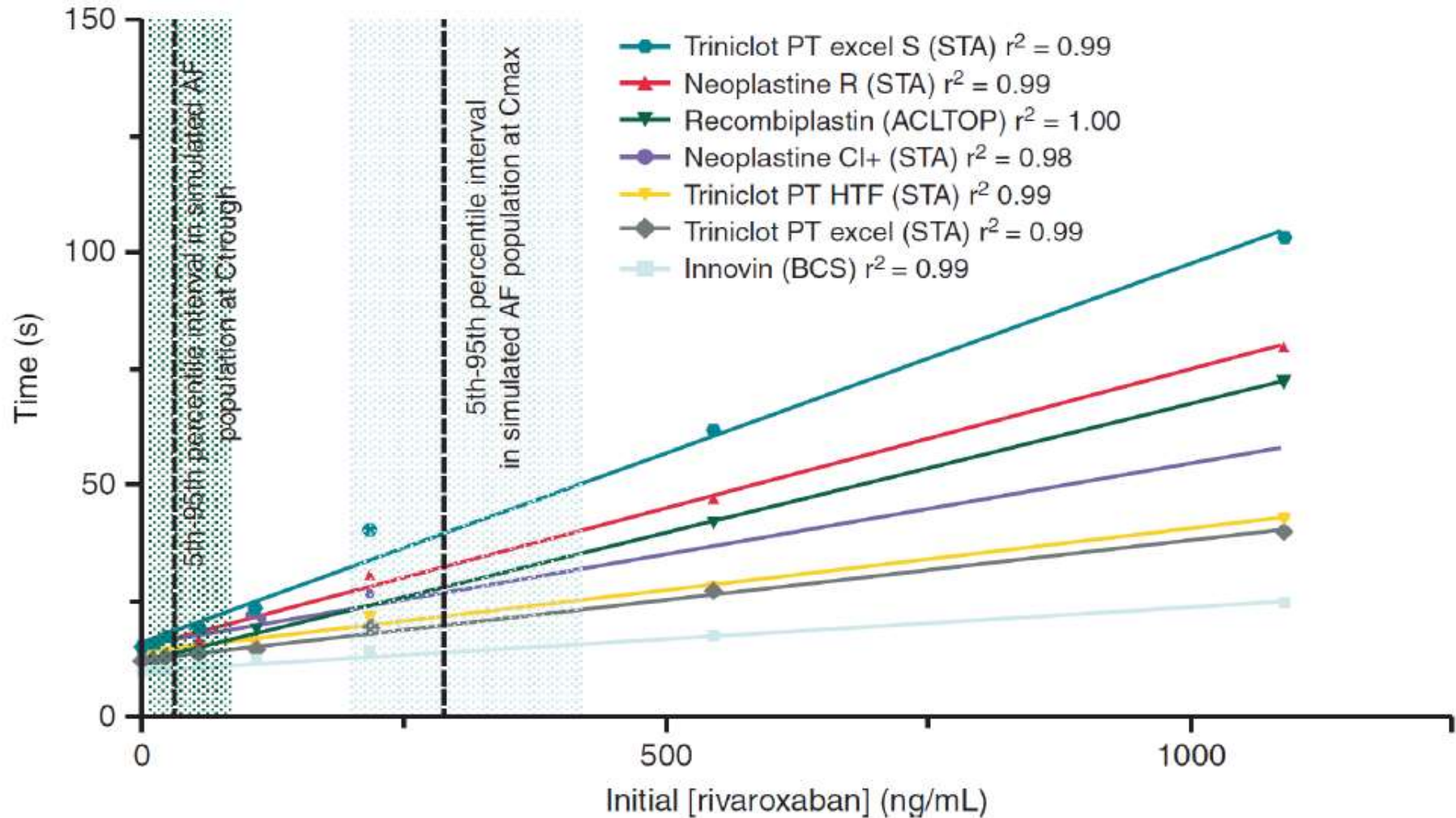
# INR and argatroban therapy

Influence of the thromboplastin

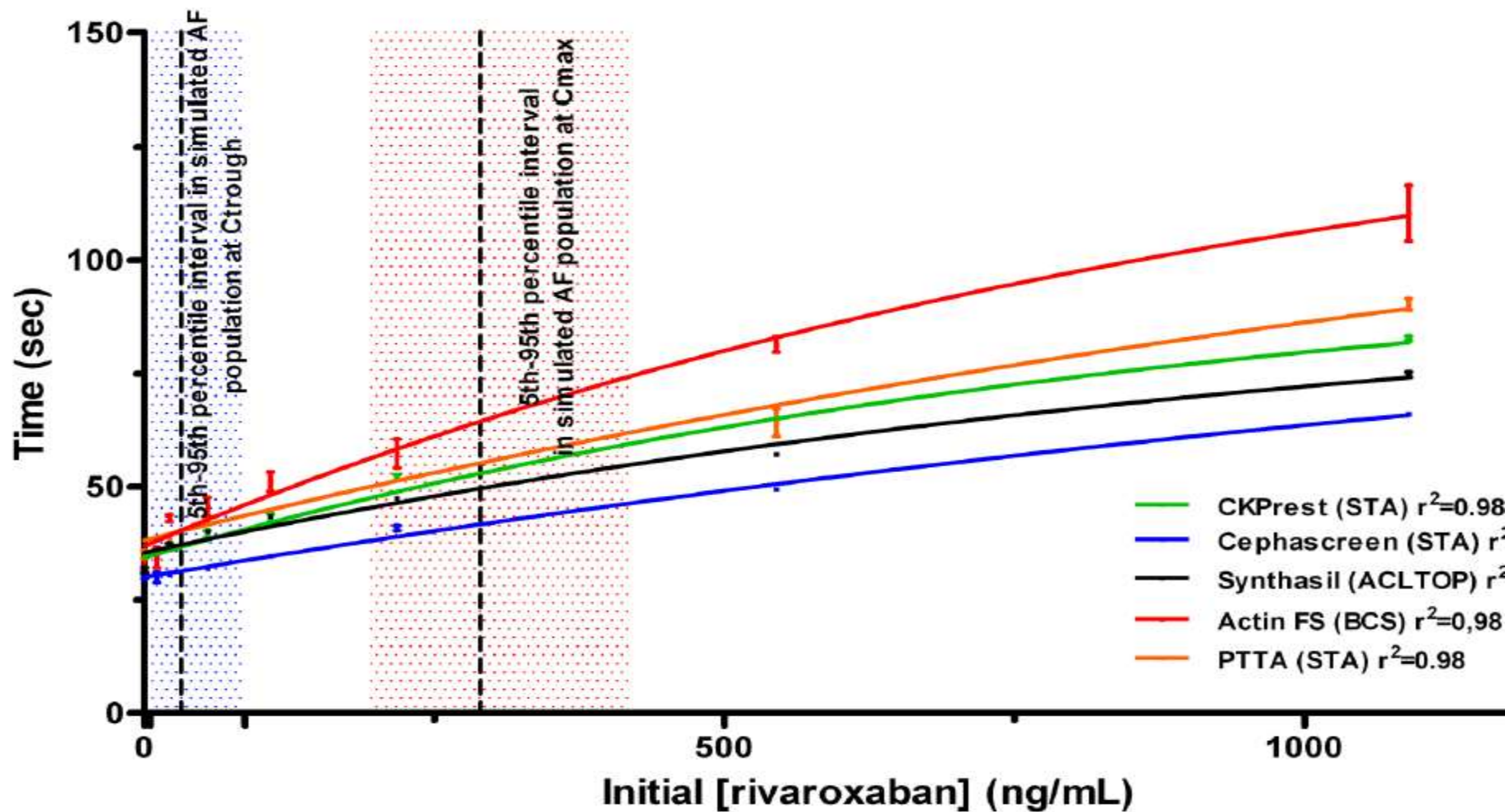




# PT and Rivaroxaban

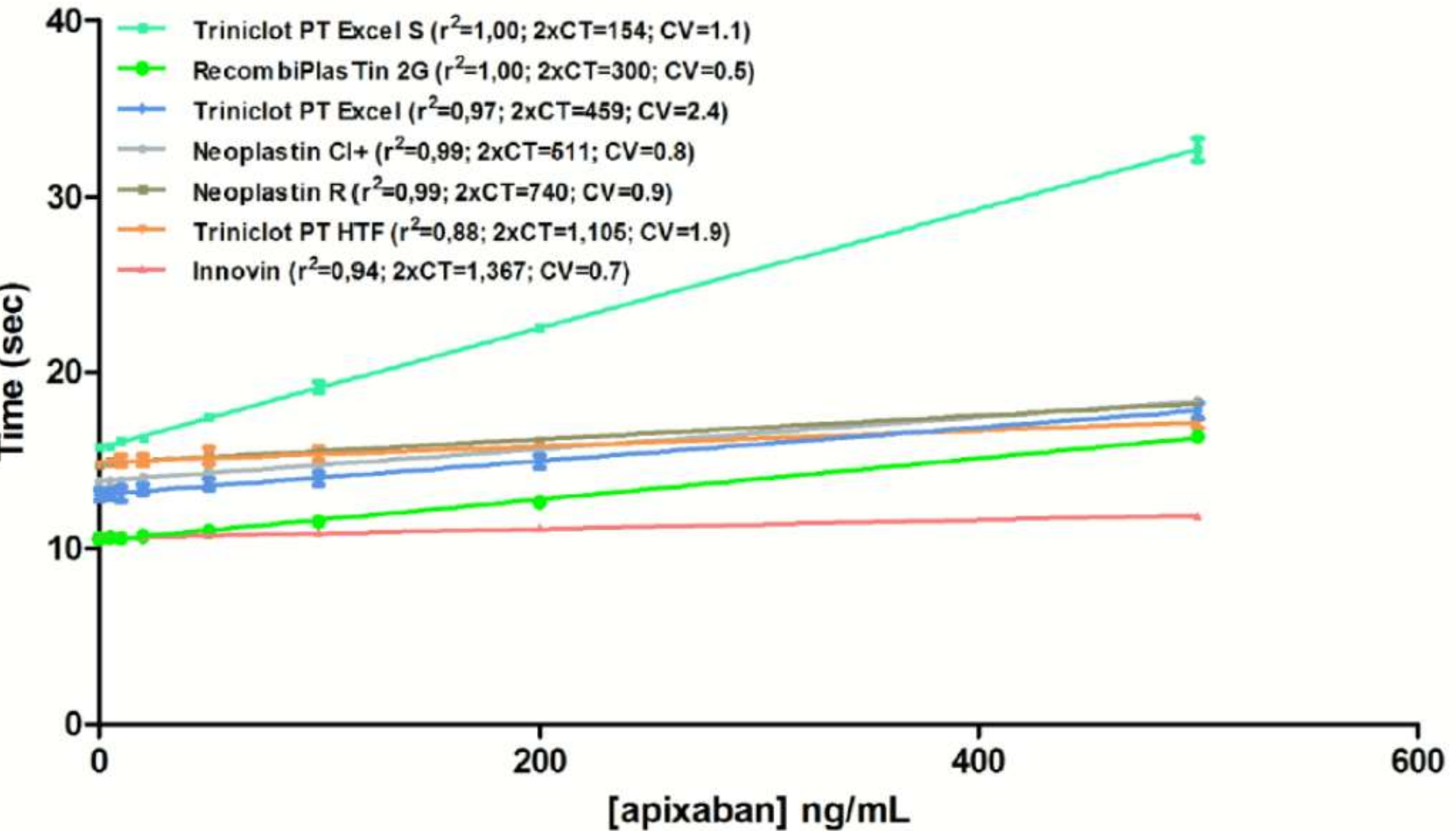


# APTT and Rivaroxaban





# PT and Apixaban



# DOACs : Clotting Tests

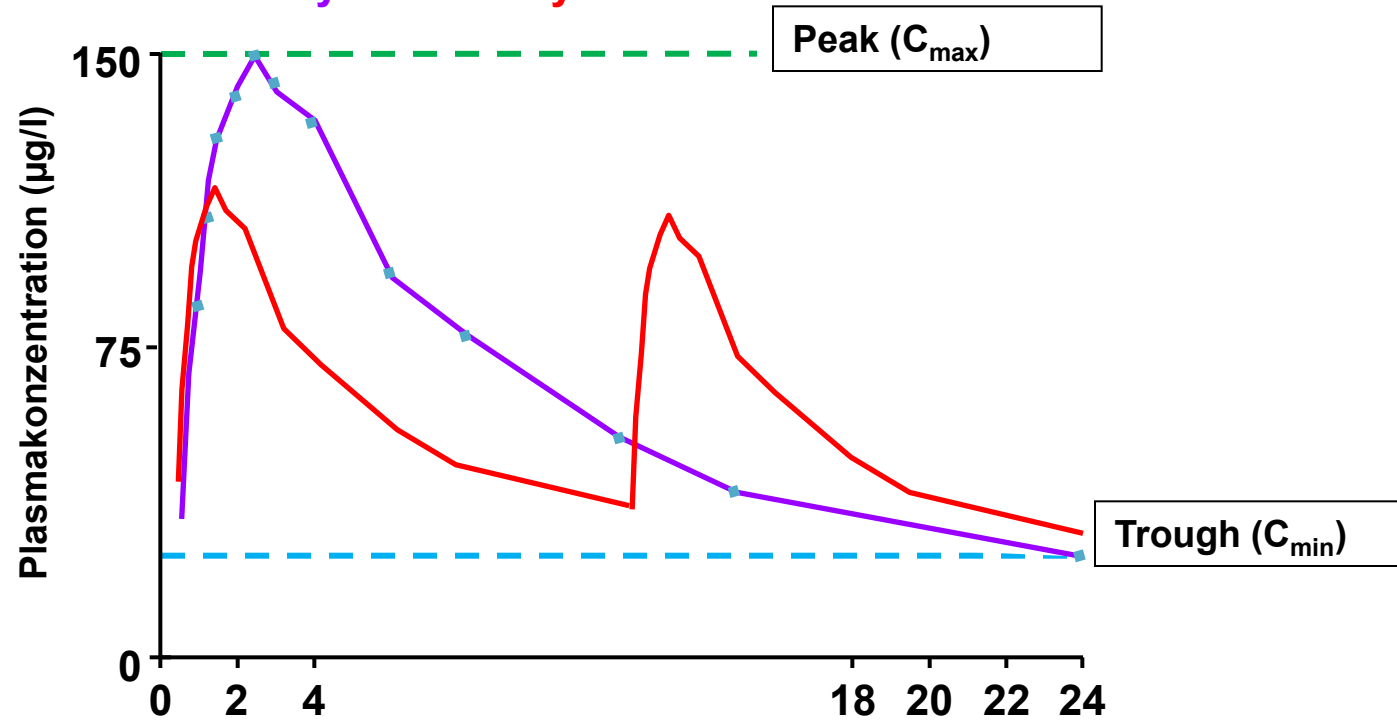
	Dabigatran	Rivaroxaban	Apixaban
TPZ (sek/%/INR))	↑ - ∅	↑ - ∅	↑ - ∅
aPTT	↑ - ∅	↑ - ∅	↑ - ∅
Thrombinzeit	↑	-	-
Fibrinogen n. Clauss	↓ - ∅	-	-



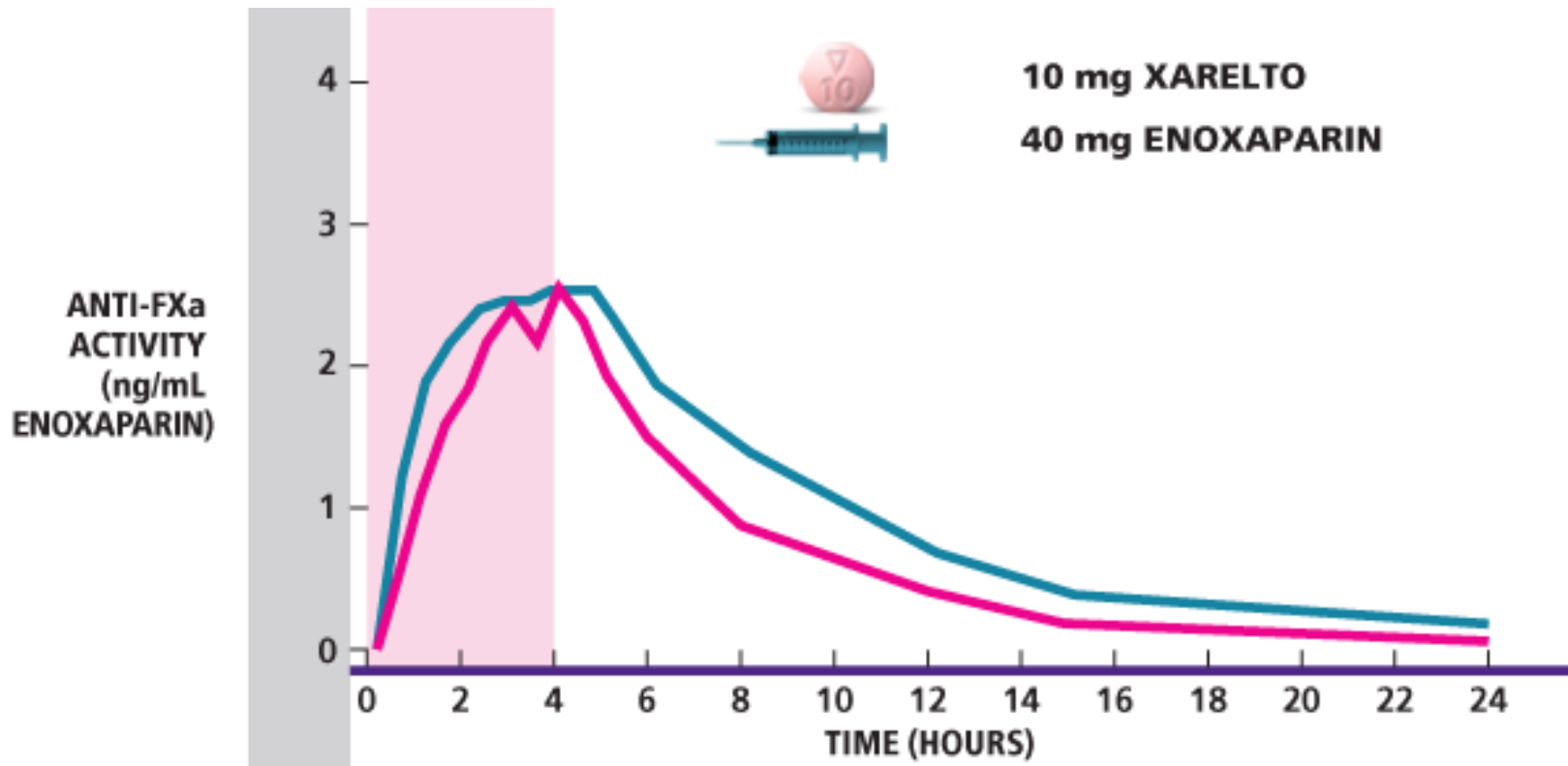
# Rivaroxaban PK

## Peak-Trough

Rivaroxaban 1x/day und 2x/day

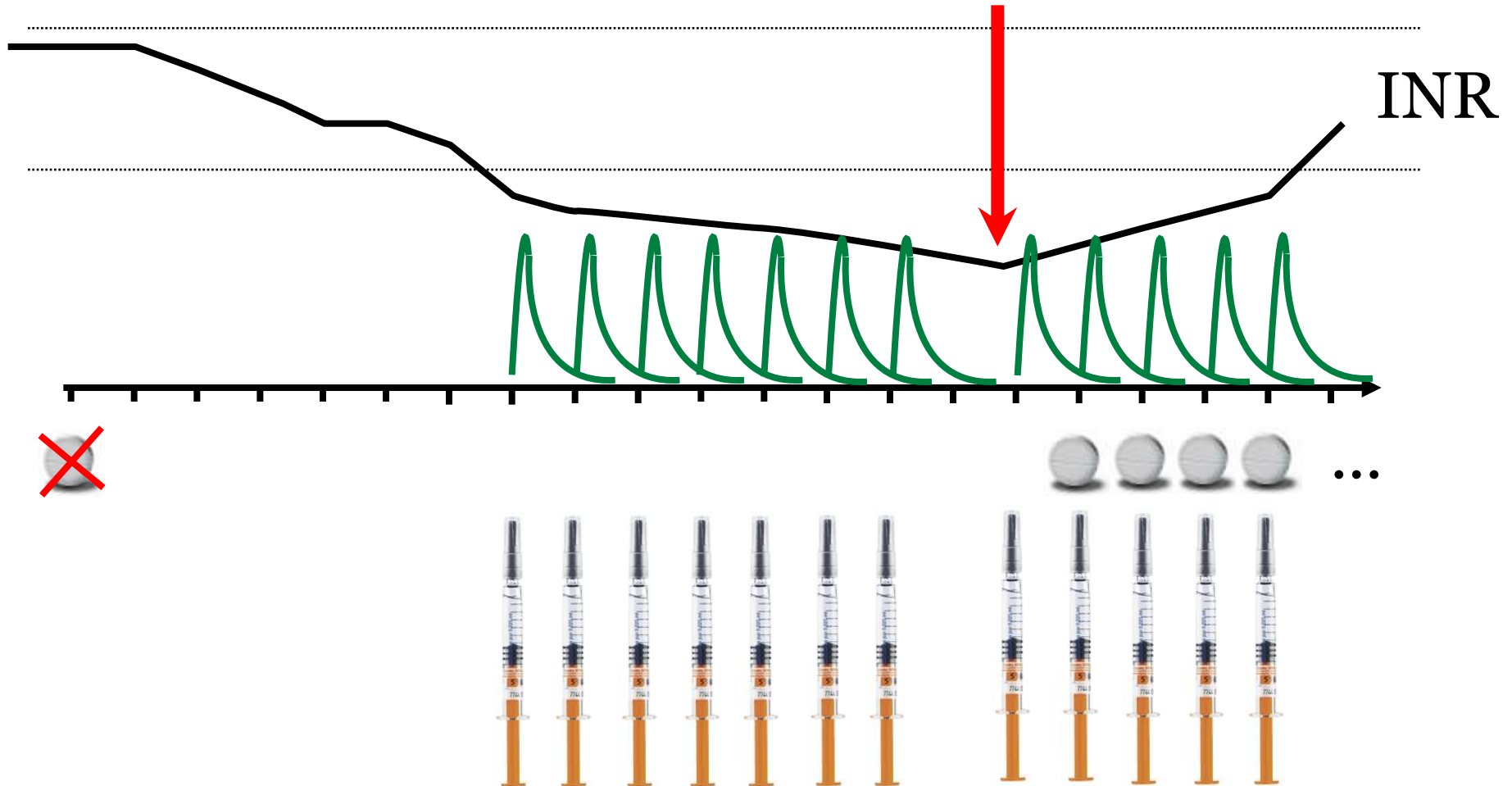


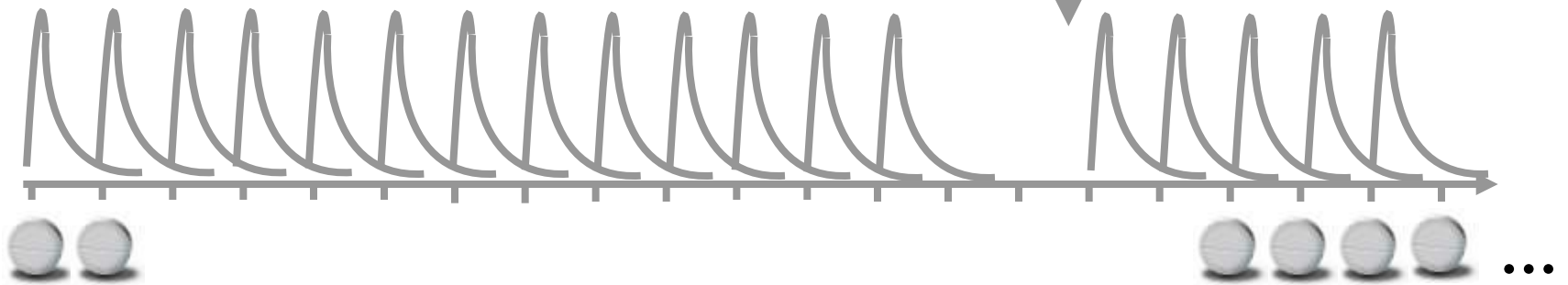
# Similar PK LMWH NOAC



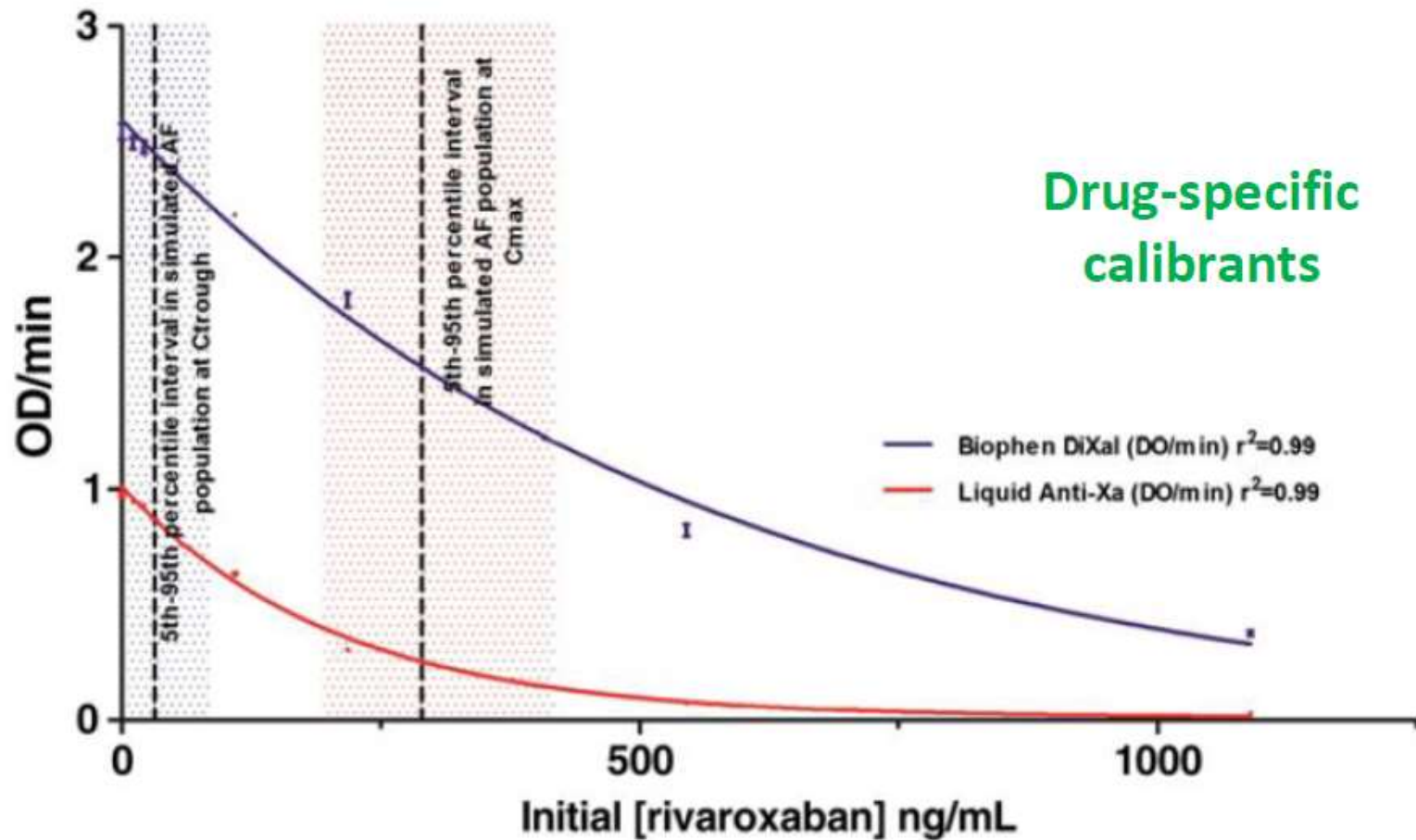
=> By the time the clinician gets the results, everything may have changed...

# „Bridgen“



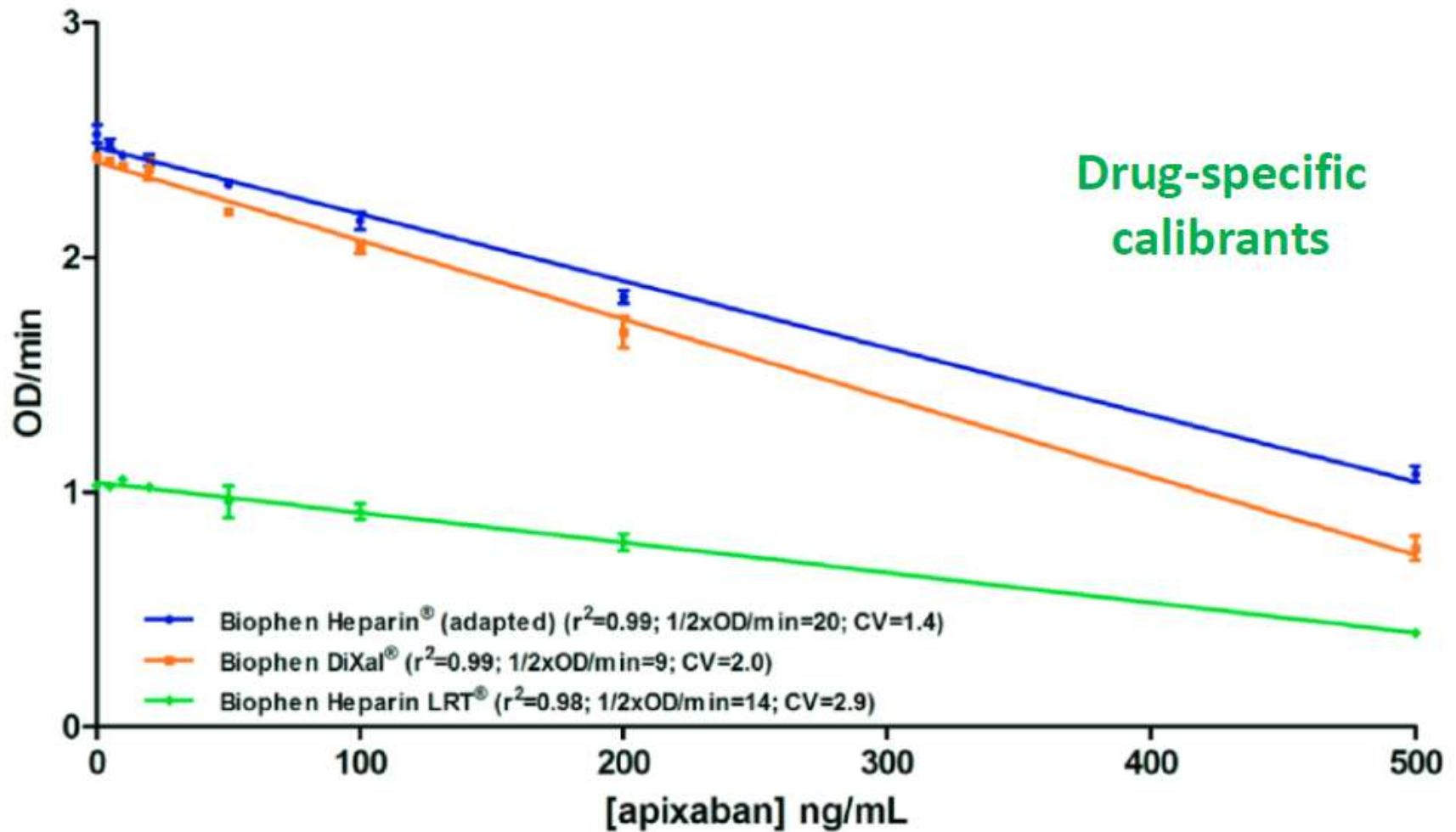


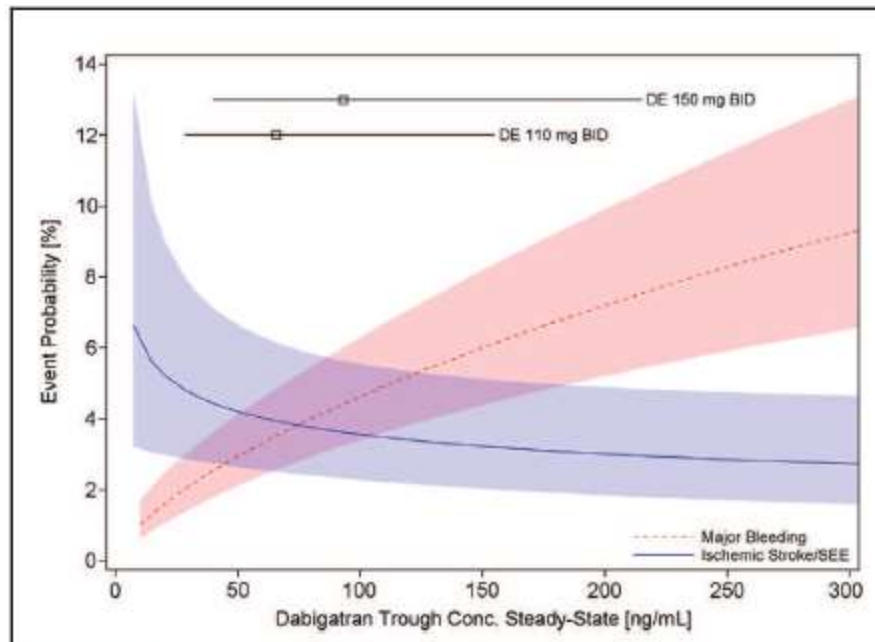
# Anti-Xa assay for Rivaroxaban



Drug-specific  
calibrants

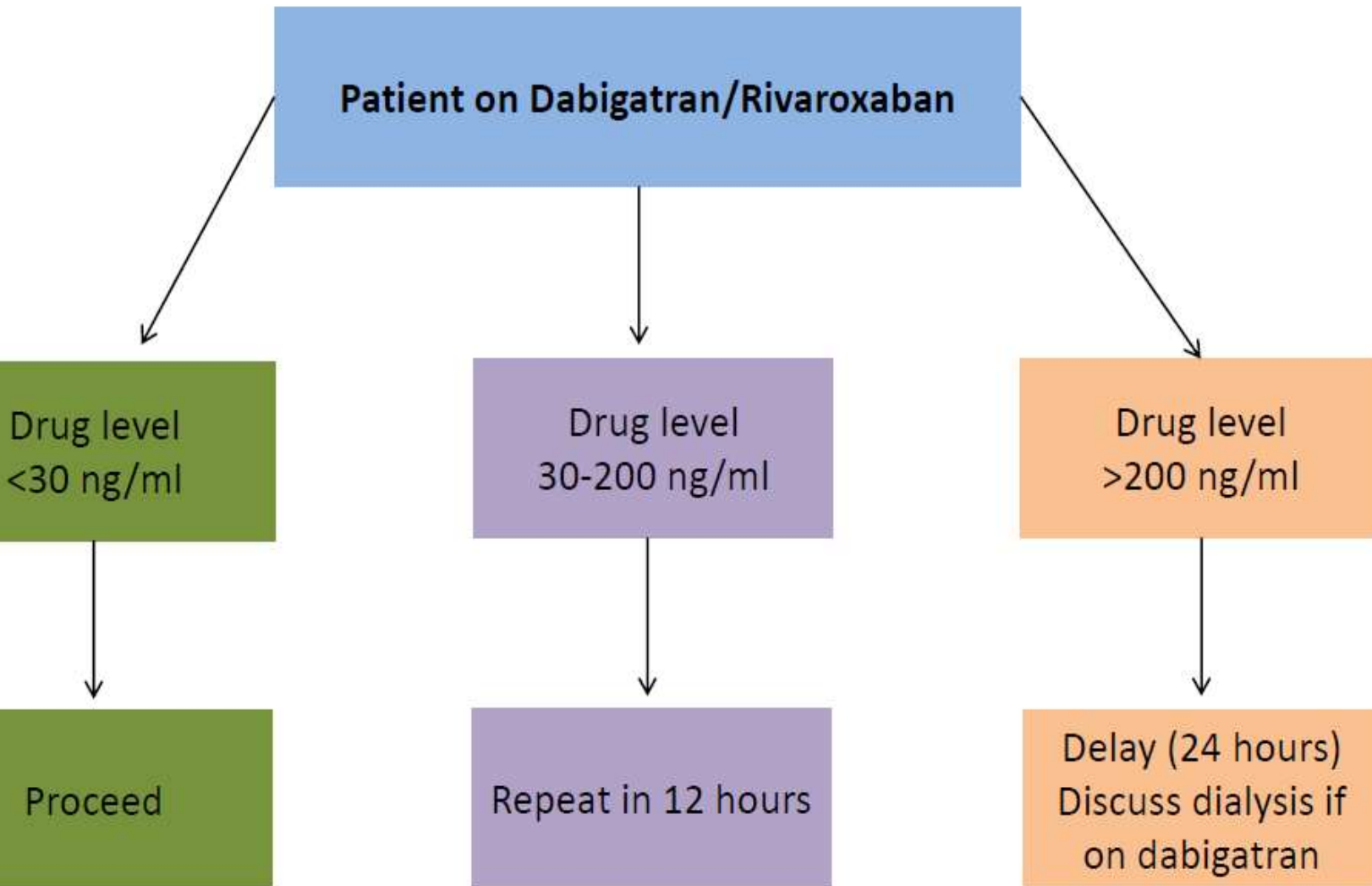
# Anti-Xa assay for Apixaban



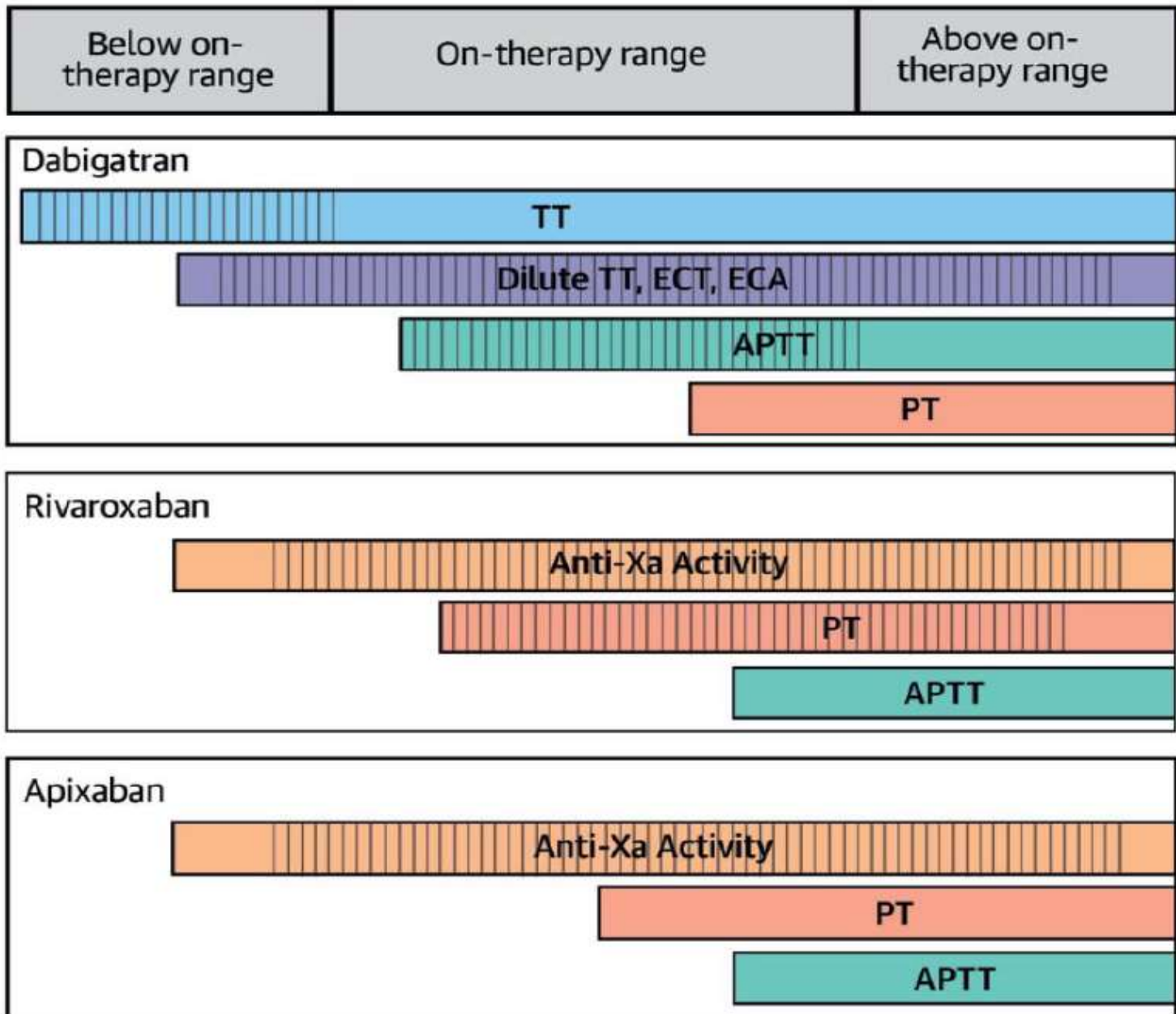


**Figure 2** Probability of Major Bleeding Event and Ischemic Stroke/SEE Versus Trough Plasma Concentration of Dabigatran

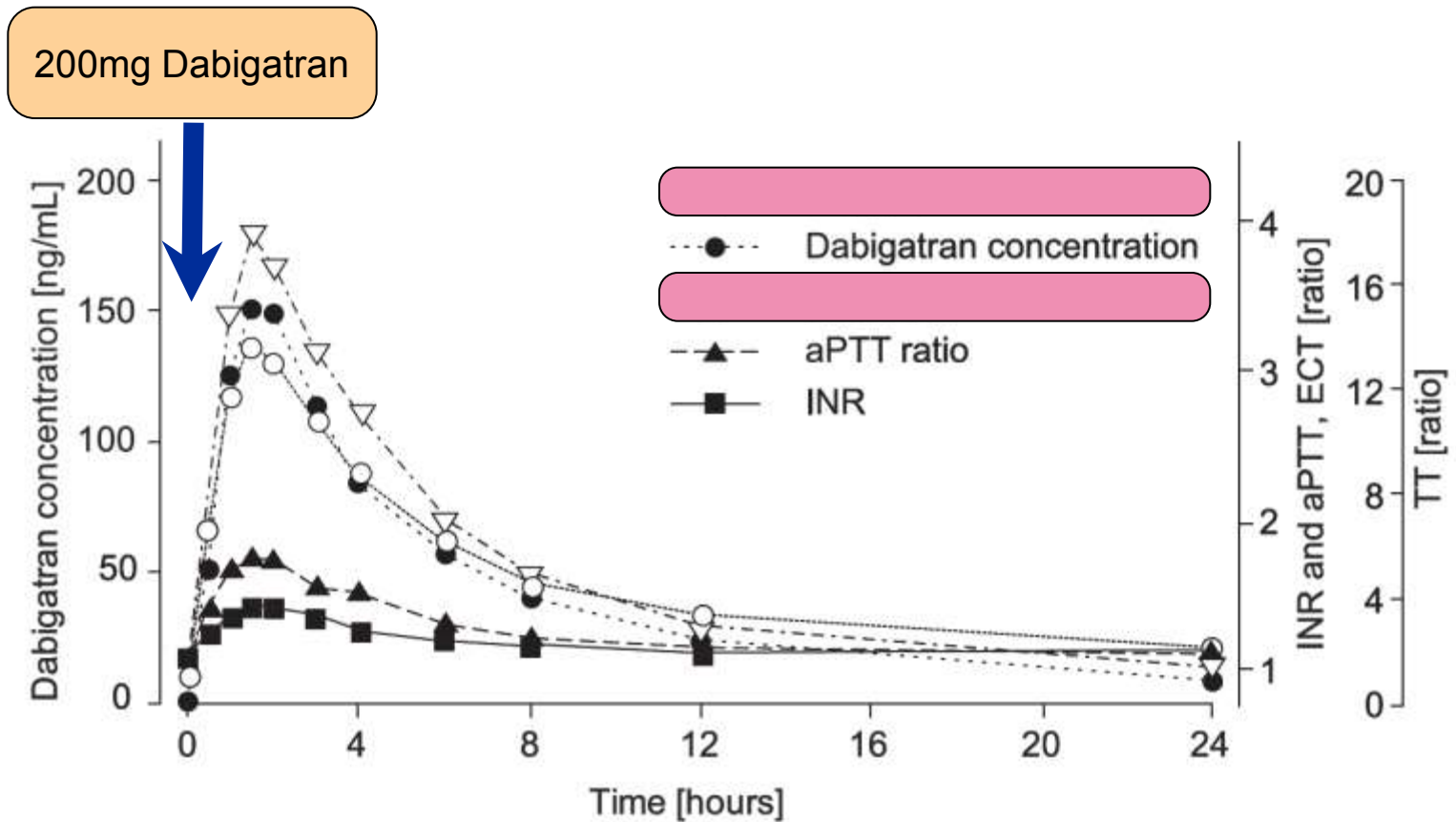
Calculated for 72-year-old male atrial fibrillation patient with prior stroke and diabetes. **Lines and boxes at the top of the panel** indicate median dabigatran concentrations in the RE-LY trial with 10th and 90th percentiles. Conc. = concentration; DE = dabigatran etexilate; SEE = systemic embolic event(s).



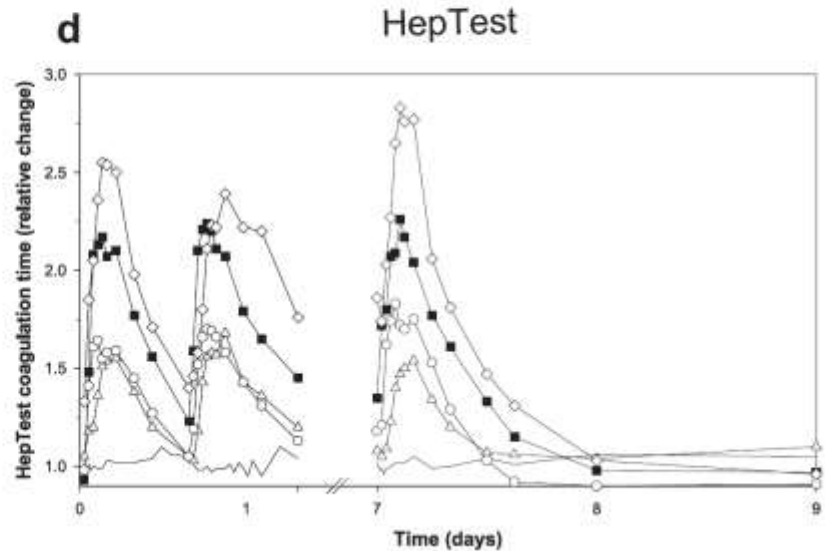
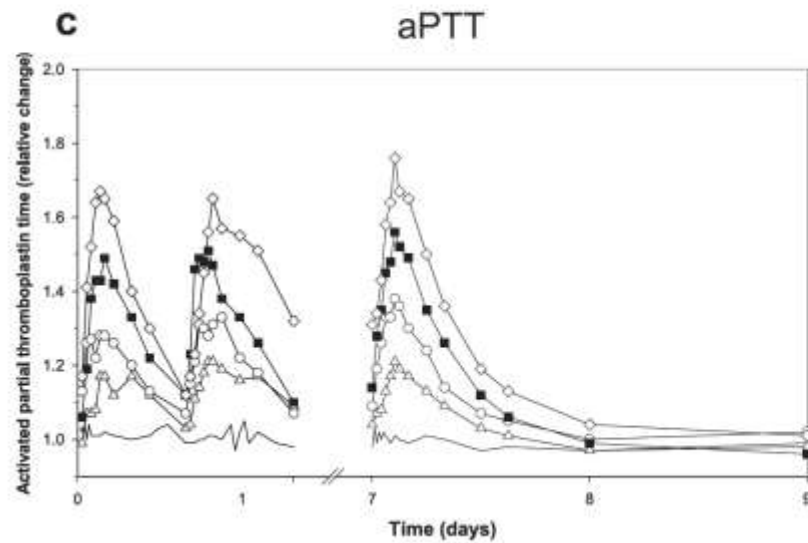
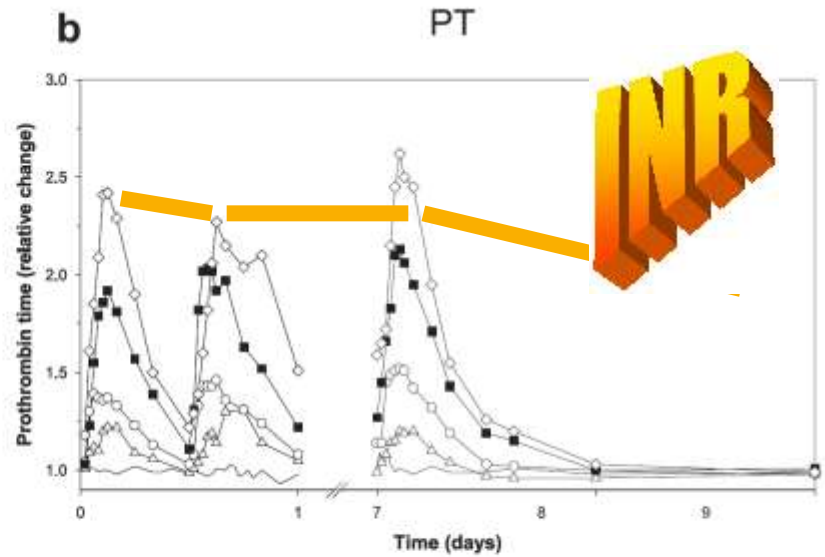
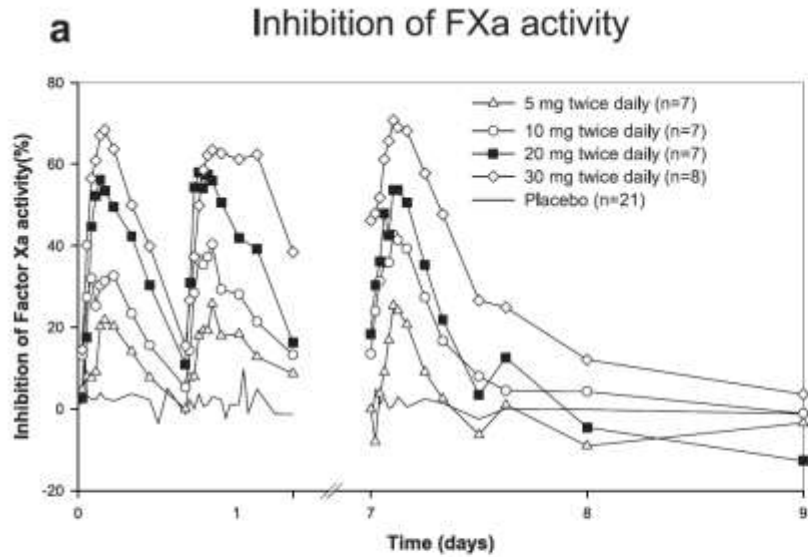


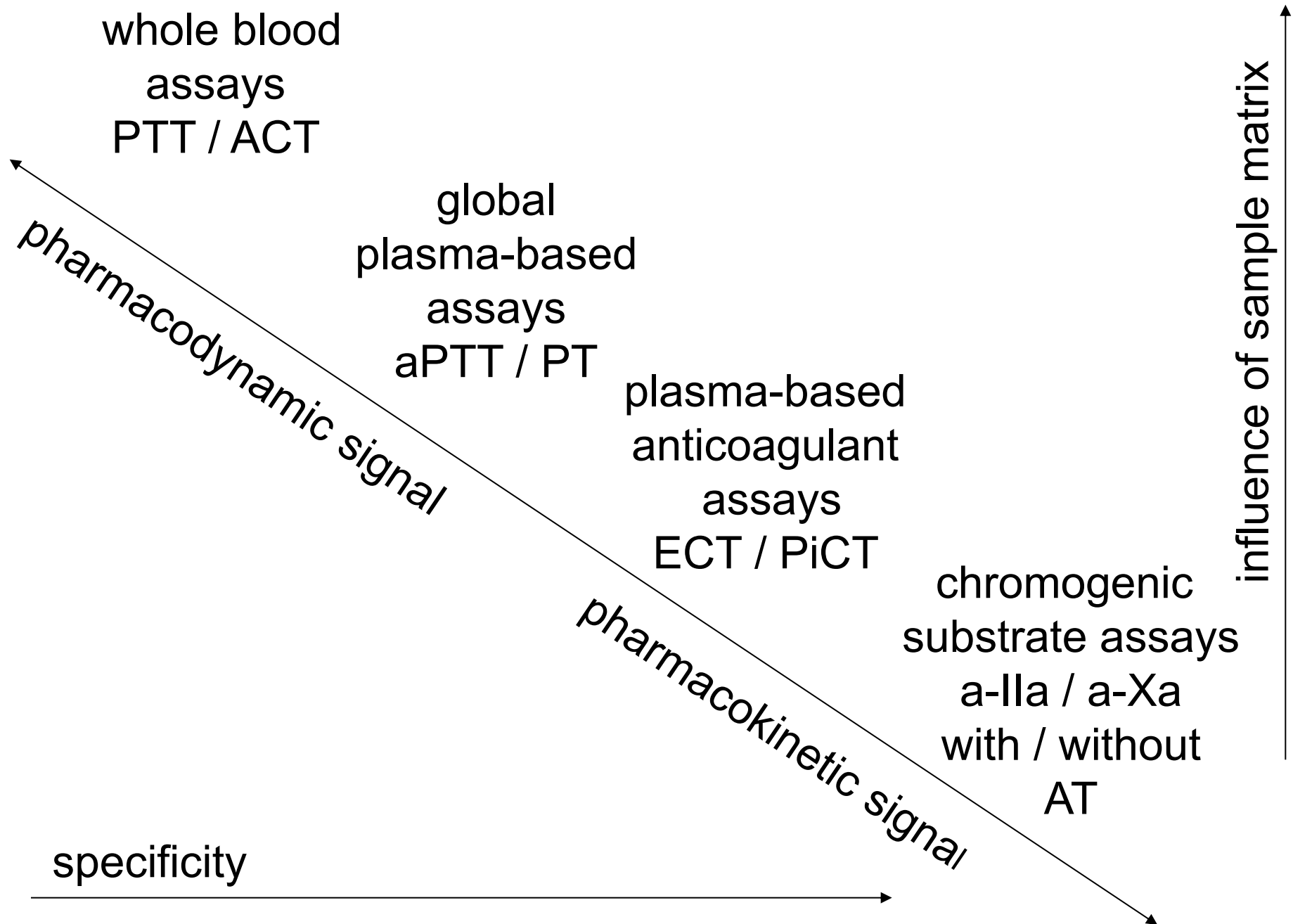


# Dabigatran Clotting Tests



# Monitoring BAY 59-7939





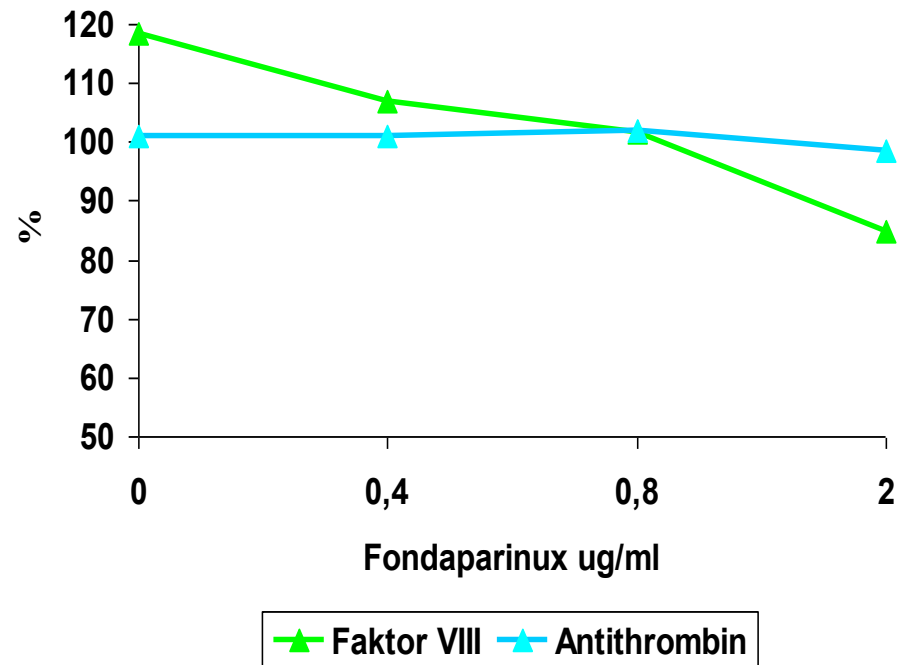
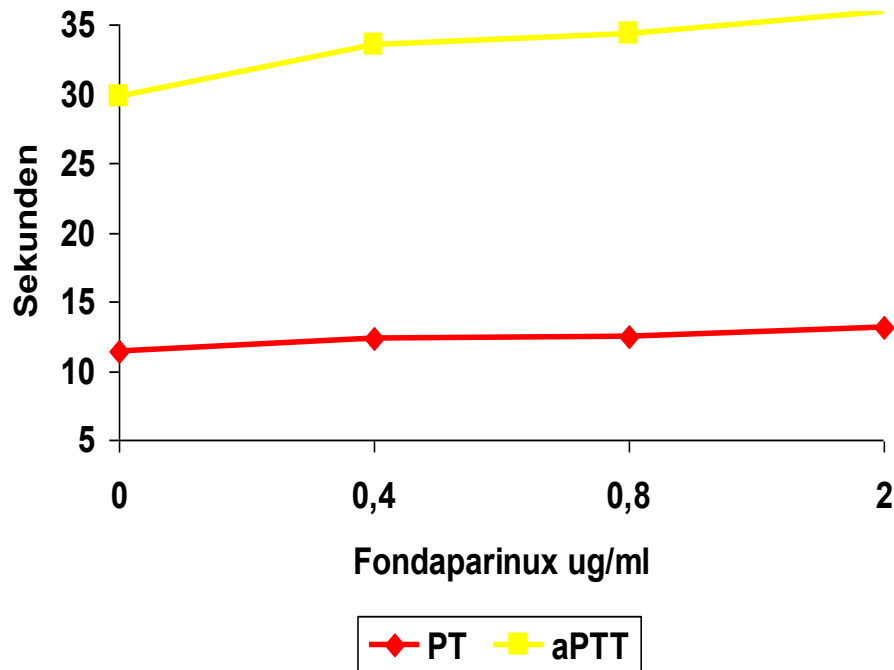
- Direct anticoagulants (IIa- and Xa-inhibitors) have a significant impact on global clotting tests. Depending on reagent composition this is evident already at low (prophylactic) plasma levels. Other test kits may be not sensitive at all.
- To evaluate patients own coagulation capacity take blood before next dosing (even postponing 6 - 8 hours may be necessary to avoid drug impact)
- In the moment no possibility to antagonize new anticoagulants in the test mixture
- differentiate PK and PD of old and new anticoagulants
- use certified calibrants only

Lab and Clinics have to communicate concerning

- reagent heterogeneity, should all new compounds be measured?, which result to be reported?, be aware of PK vs PD..

# NOT NEW: Anticoagulants disturb coag tests !

**Smorozewska et al: Arch Pathol Lab Med 2006: 130: 1605-1611:  
College of American Pathologists Proficiency Testing**





**Thank you for Attention**