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Biosketch

After graduating with a Doctor of Pharmacy and Drug Information Residency from Samford University, Julie worked for Prudential HealthCare Pharmacy Services in Atlanta, Georgia and conducted reviews of newly approved drugs for the Prudential National Pharmacy and Therapeutics Committee. In 1998, Julie relocated to North Carolina to pursue a career with GSK. She has led teams on several publications that span the topics of consumer medication information, serious skin reactions, and hepatic safety analyses and directed eight Fellowship and Residency programs. Julie has led drug development phase I-IV in several therapy areas including Osteoporosis, Urology, HIV/Oncology, Metabolism (Obesity/Diabetes), Cardiovascular, and Respiratory (Asthma/COPD). In 2015, Julie joined UCB BioSciences Patient Safety. In addition, Julie maintains her clinical skills in the specialty practice of Veterinary Pharmacy at North Carolina State University Veterinary Teaching Hospital.

Abstract: Hepatocyte Adaptation and Possible Rechallenge - It Really is Too Dangerous

Drug rechallenge (or reinitiation), following an event of drug-induced liver injury, can lead to serious or fatal liver injury. With enhanced preclinical and toxicology studies, and incorporation of clinical monitoring/stopping criteria in study protocols, drug induced hepatotoxicity and subsequent rechallenge in clinical trials is infrequent. As a result, at new drug approval, information is sparse with respect to liver adaptation, HLA associations, and many questions remain regarding “safe” rechallenge in clinical trials: when is it appropriate? At what dose? For how long?
Recent new drug approval reviews available at Drugs@FDA website (http://www.accessdata.fda.gov/scripts/cder/drugsatfda/) reveal timely examples of rechallenge in clinical trials that include therapies for hepatitis C and hyperlipidemia. Additionally, manufacturers have published rechallenge information about their clinical programs in HIV, breast cancer, and renal cell carcinoma. Positive rechallenge rates of over 50% have been reported – these results will be discussed. Overall, rechallenge resulted in a recurrence of liver injury, more rapid liver chemistry increases in an oncology program, and led to termination of an HIV program. Rechallenge in clinical trials requires a careful benefit:risk assessment, in collaboration with the patient. If drug rechallenge is warranted, predefined protocol criteria must be implemented to assure patient safety and subjects must be re-consented. Rechallenge with investigational drugs should generally be avoided.