



Farmacogenetica

Heeft u uw DNA paspoort al?

Uitdagingen in de behandeling van SPMS

- Prof. Dr. Ron H.N. van Schaik

Deze webcast wordt
mogelijk gemaakt door:



Inhoud

- Wat is Farmacogenetica?
- Klinische toepassingen
- Genotyperingen
- Een DNA uitslag: en wat nu?
- Take home message...

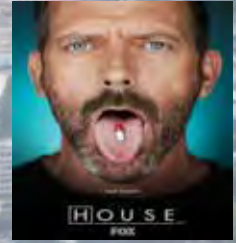
Pharmacogenetics



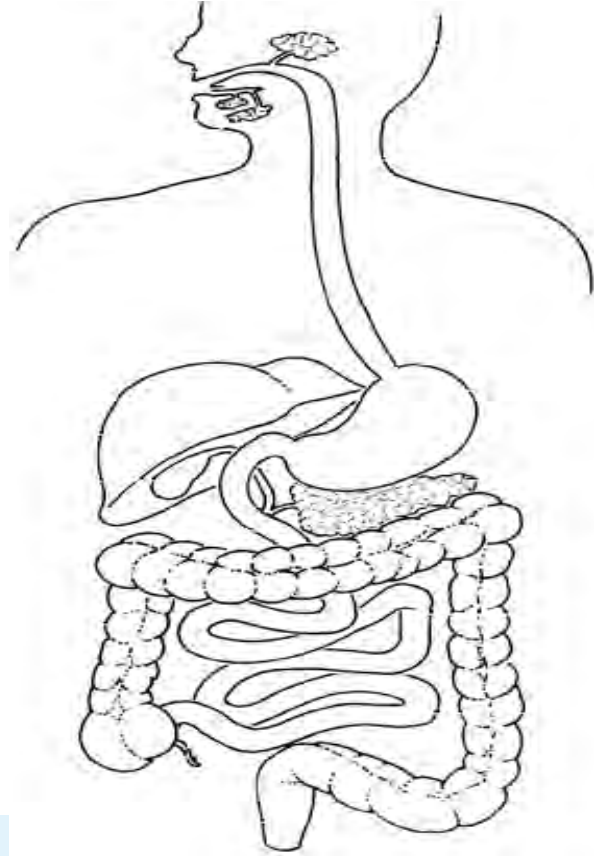
DNA analyse om te
verklaren/ voorspellen
hoe een patiënt reageert
op geneesmiddelen

Personalized Medicine

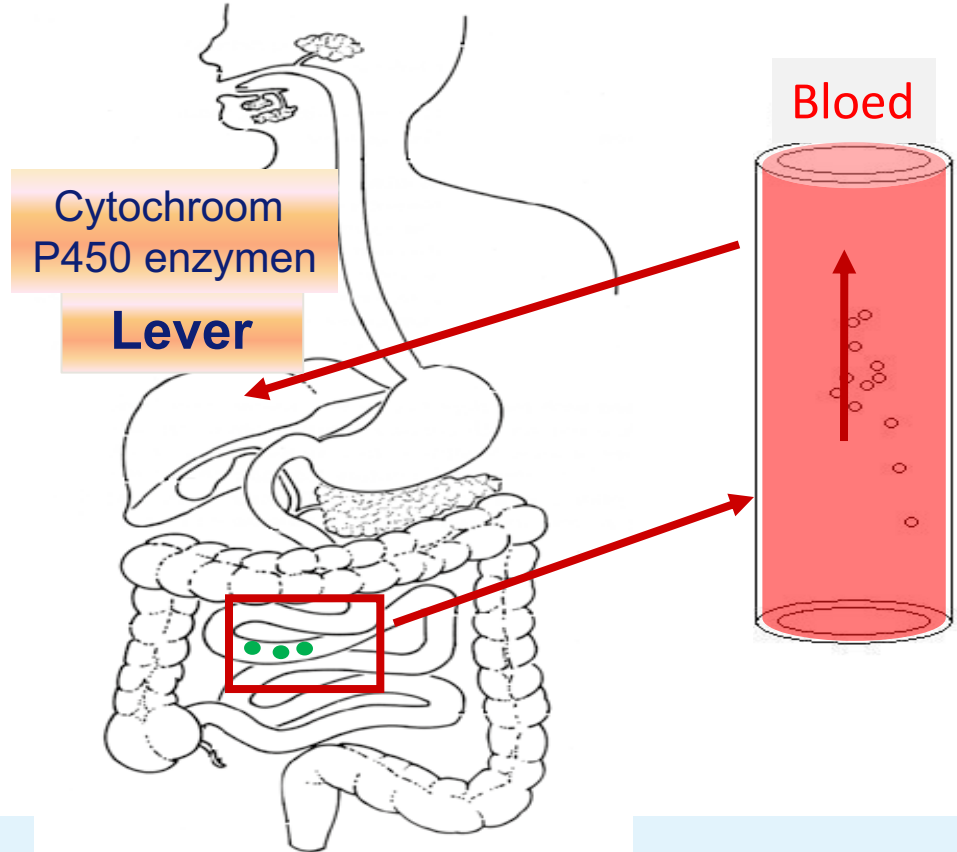
Medical need...



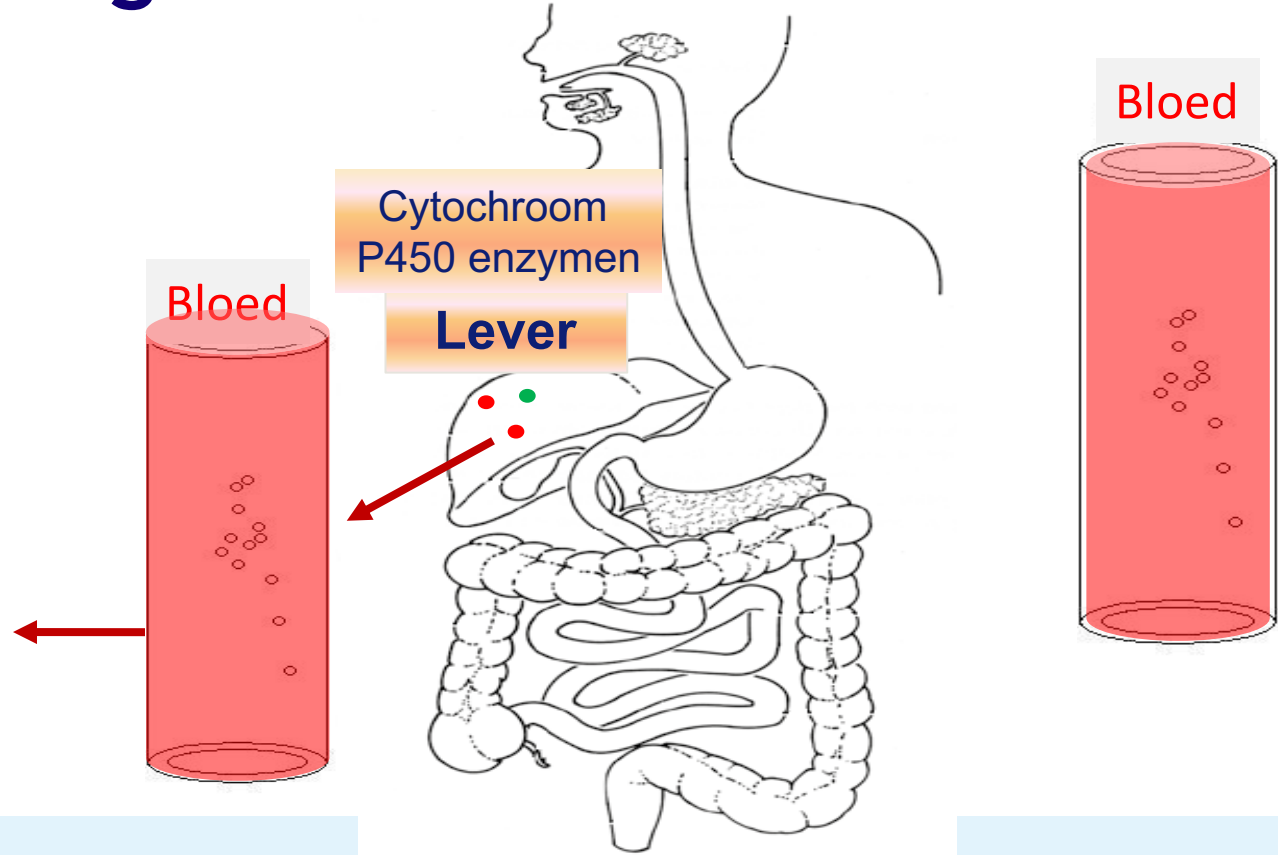
Afbraak van geneesmiddelen...



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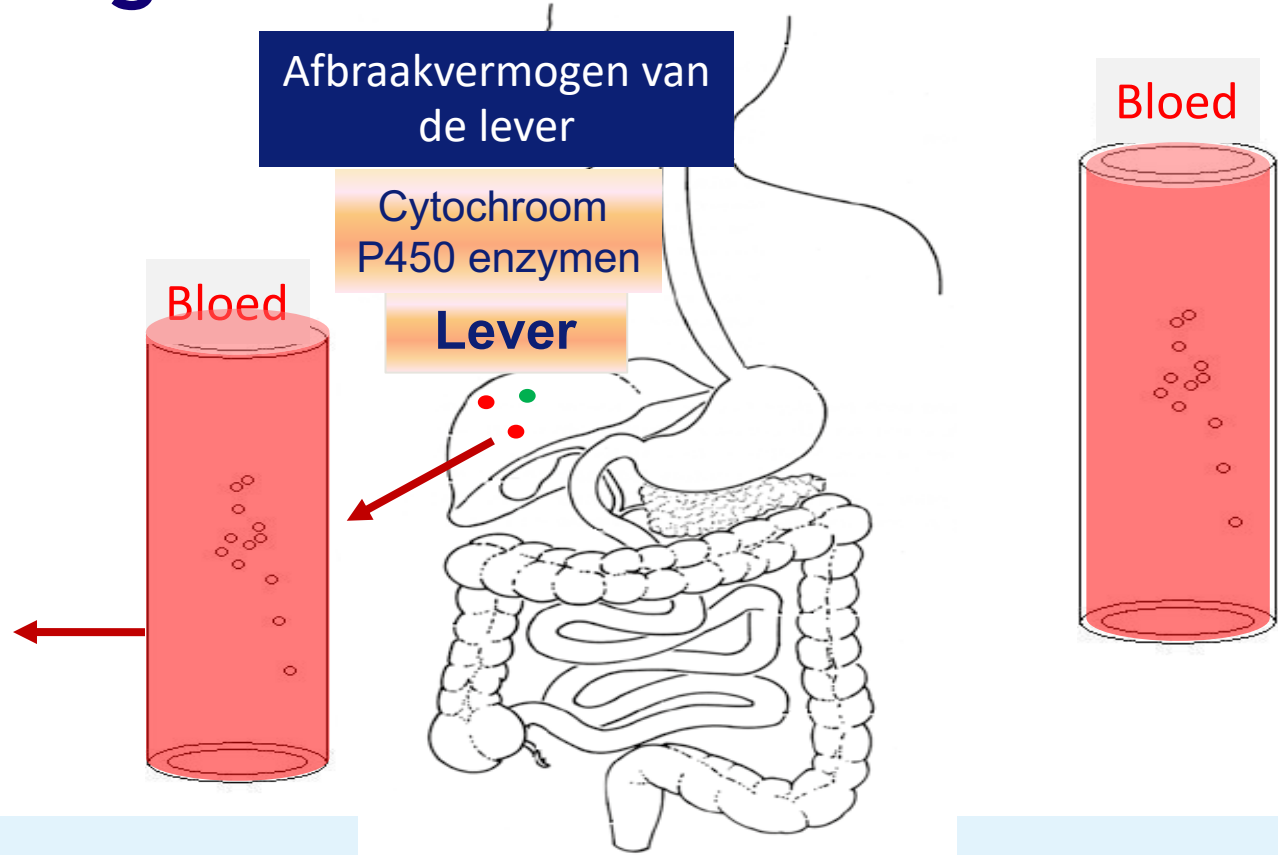
Afbraak van geneesmiddelen...



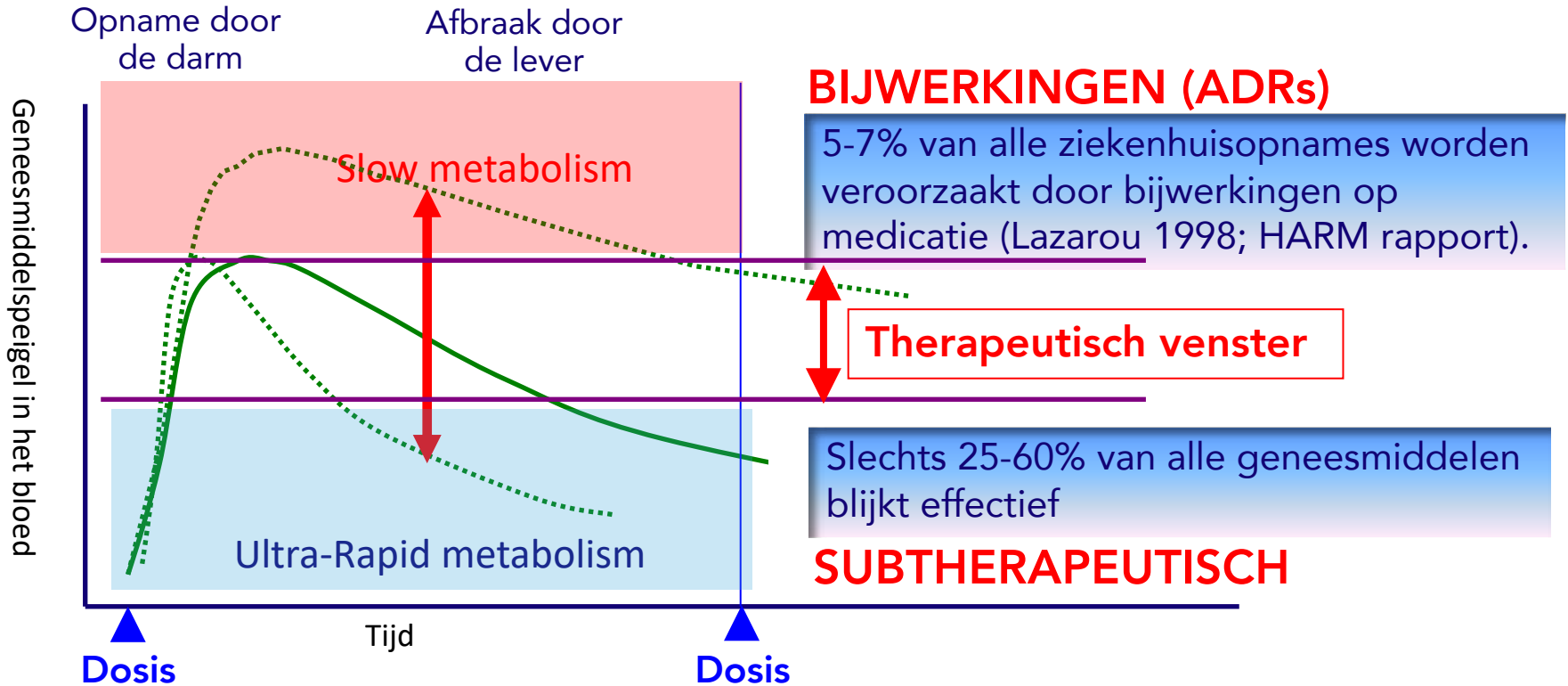
Dosis



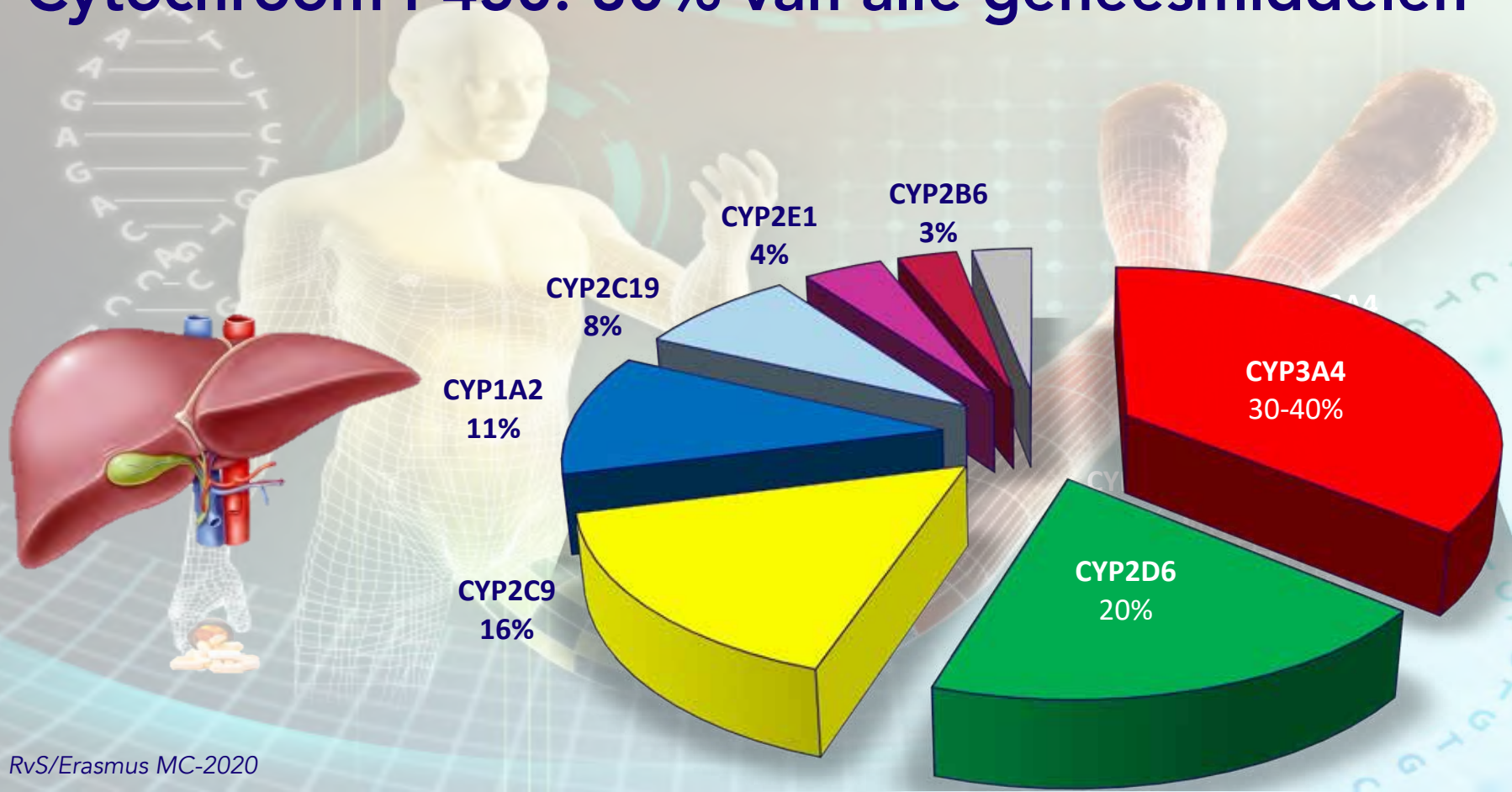
Nierfunctie



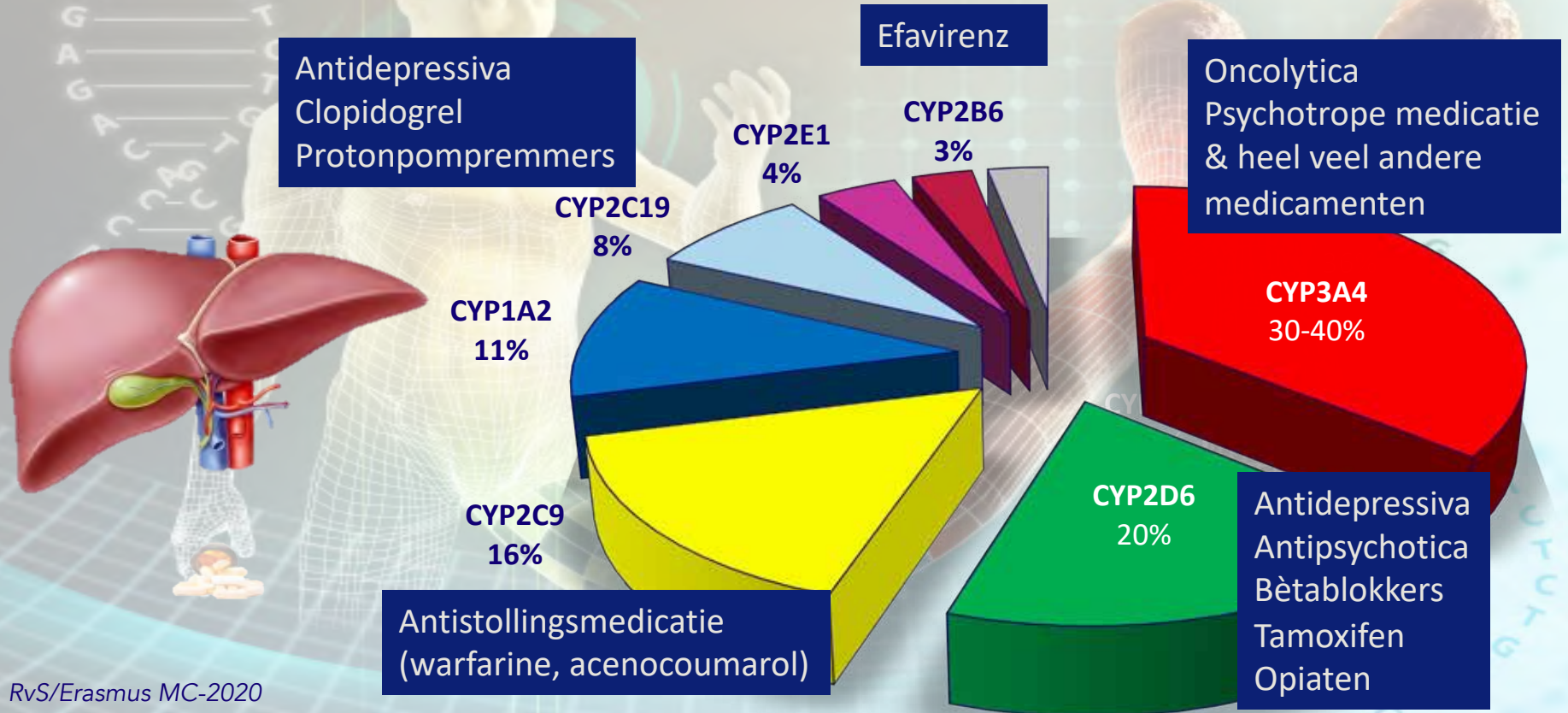
Afbraak van geneesmiddelen...



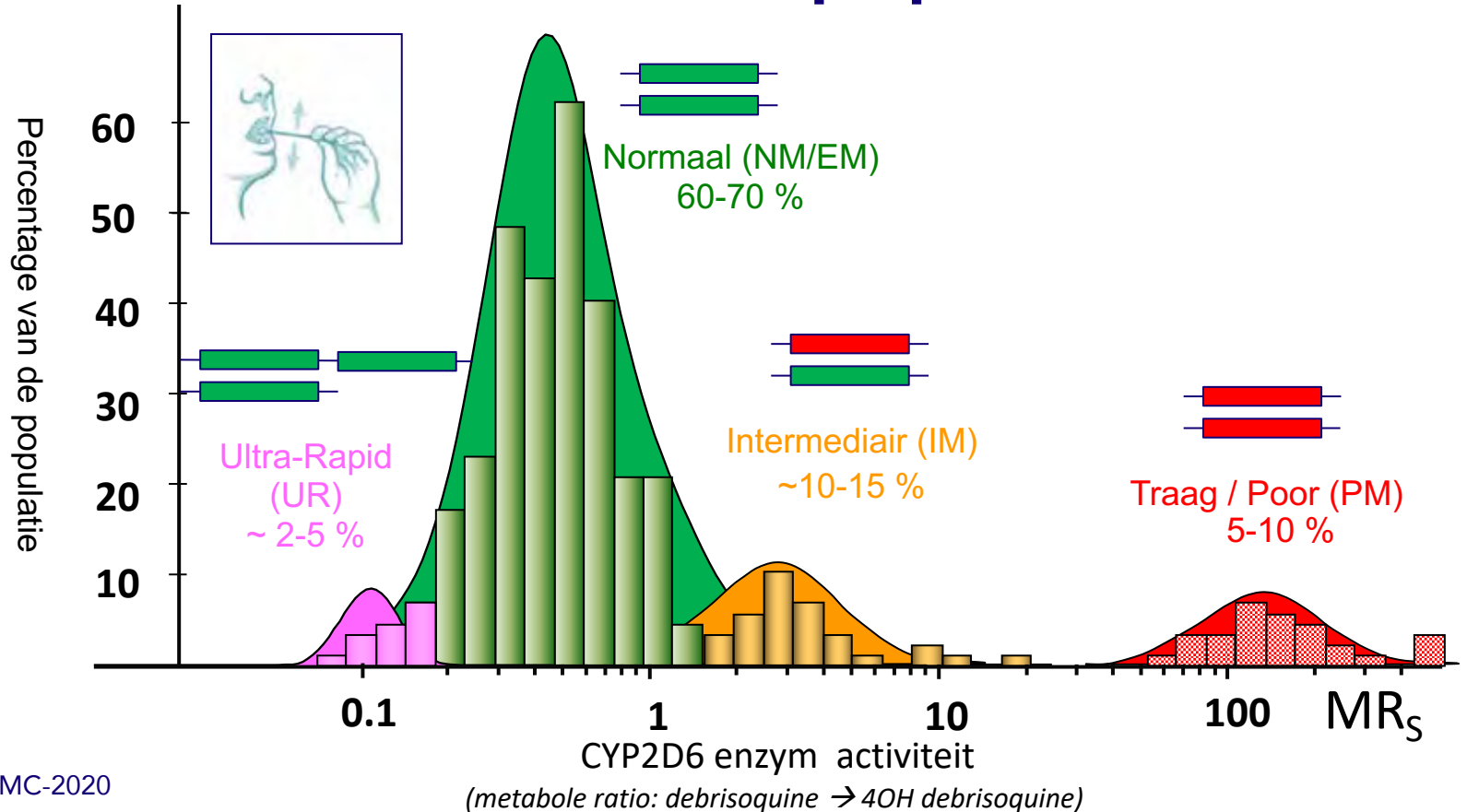
Cytochrom P450: 80% van alle geneesmiddelen



Cytochrom P450: 80% van alle geneesmiddelen



CYP2D6 activiteit in de populatie



Waar kan Farmacogenetica helpen?

<u>Psychiatry:</u>	Antidepressants, antipsychotics	CYP2D6, 2C19, 1A2, 3A4	40%
<u>Cardiology:</u>	Clopidogrel	CYP2C19	15%
	Metoprolol	CYP2D6	40%
	Statins	SLCO1B1 (521T>C)	20%
	Acenocoumarol, Fenprocoumon	CYP2C9, VKORC1	20%
<u>Oncology:</u>	Tamoxifen (breast)	CYP2D6	10%
	Capecitabine / 5-FU	DPYD (*2A)	2-3%
	6-mercaptopurine (ALL)	TPMT	11%
	Irinotecan (colon)	UGT1A1	15%
<u>Neurology</u>	Carbamazepine	HLA-B*1502	5-8% (Asians)
	Clobazam	CYP2C19, CYP3A4	20%
	Clopidogrel	CYP2C19	15%
	Lamotrigine	HLA-B*1502	5-8% (Asians)
	Phenytoin	CYP2C9, CYP2C19	20%
	Siponimod	CYP2C9	1%
	Valproate	CYP2C9, CYP2C19, POLG	30%
<u>Dermatology</u>	Azathioprine	TPMT	11%
<u>Pain</u>	Codeine, tramadol	CYP2D6	40%
<u>Internal Med</u>	Azathioprine (Crohns)	TPMT	11%
<u>HIV</u>	Efavirenz	CYP2B6	5%
	Abacavir	HLA-B*5701	4%



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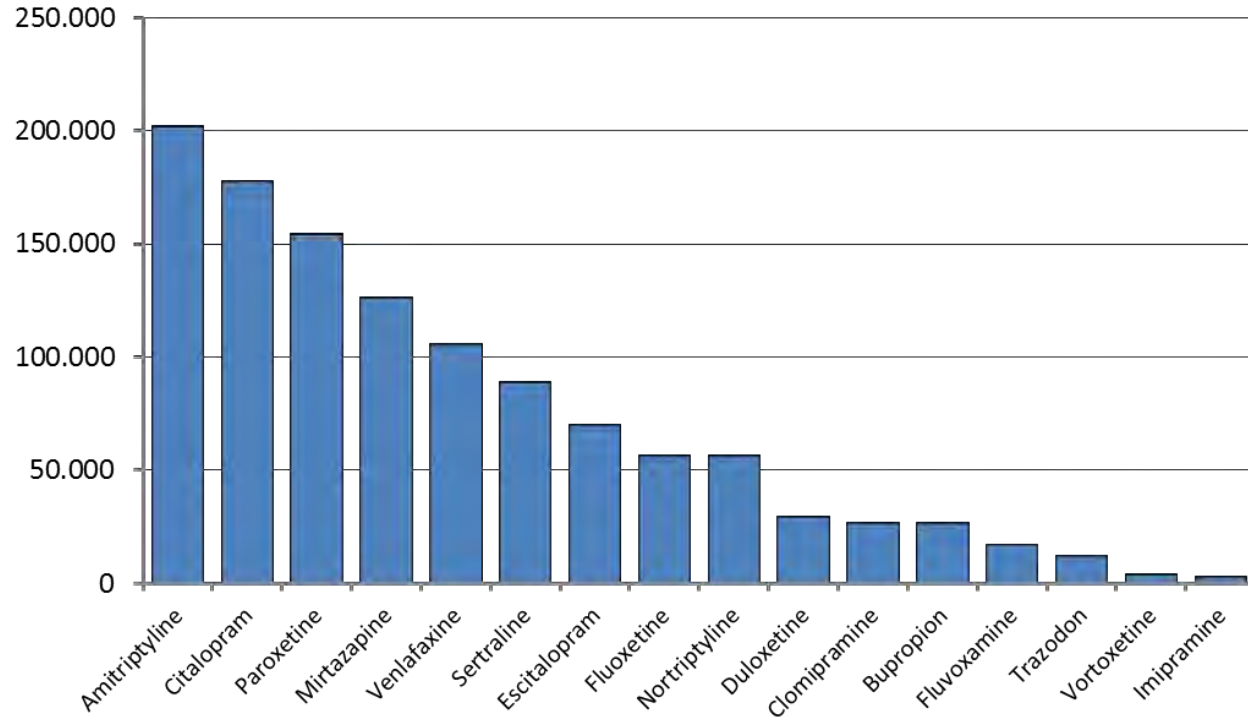


Antidepressiva

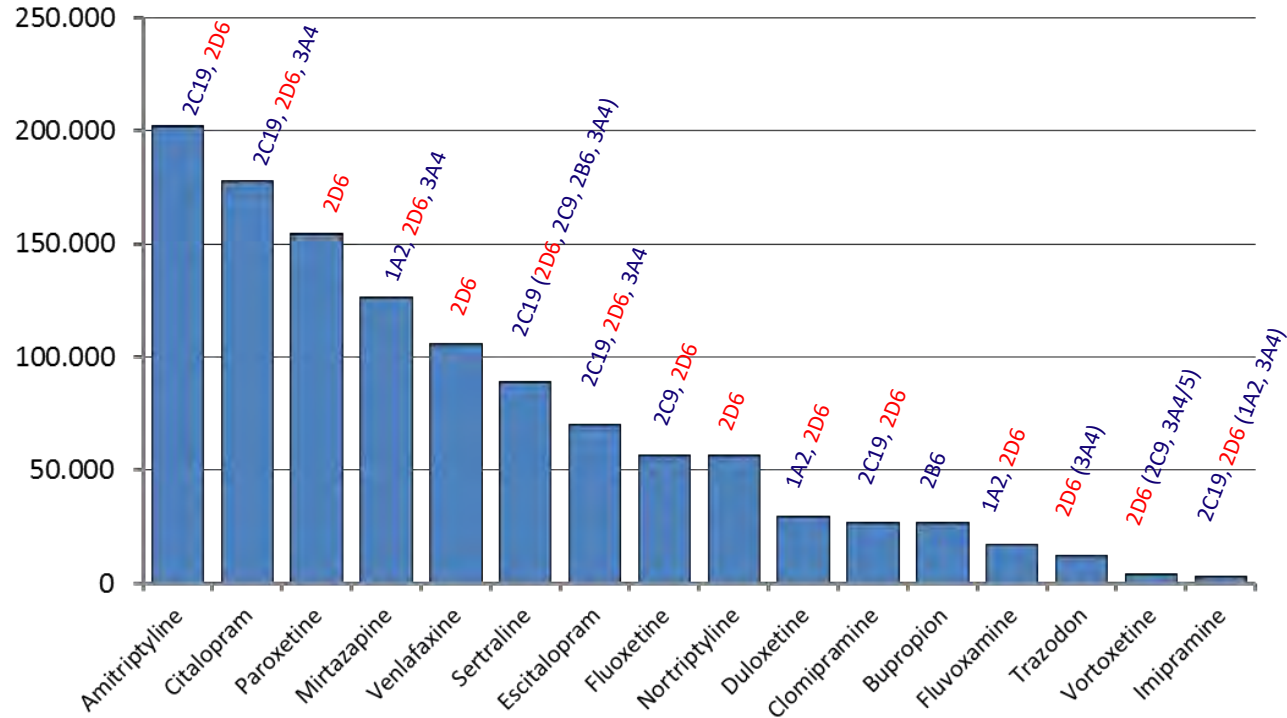
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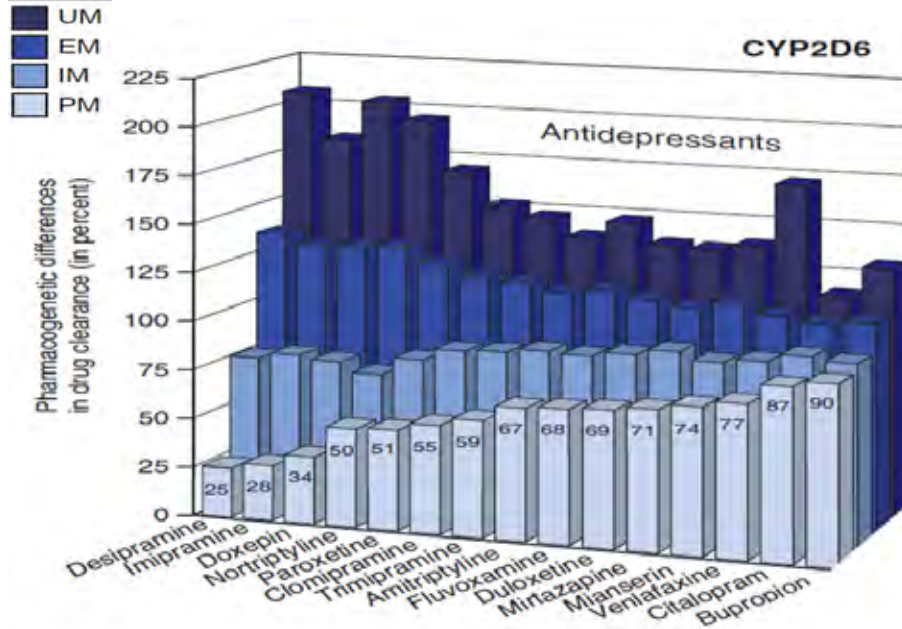
Aantal gebruikers antidepressiva (2018; NL)
(totaal: 1.051.978 gebruikers, kosten: € 40.375.000)



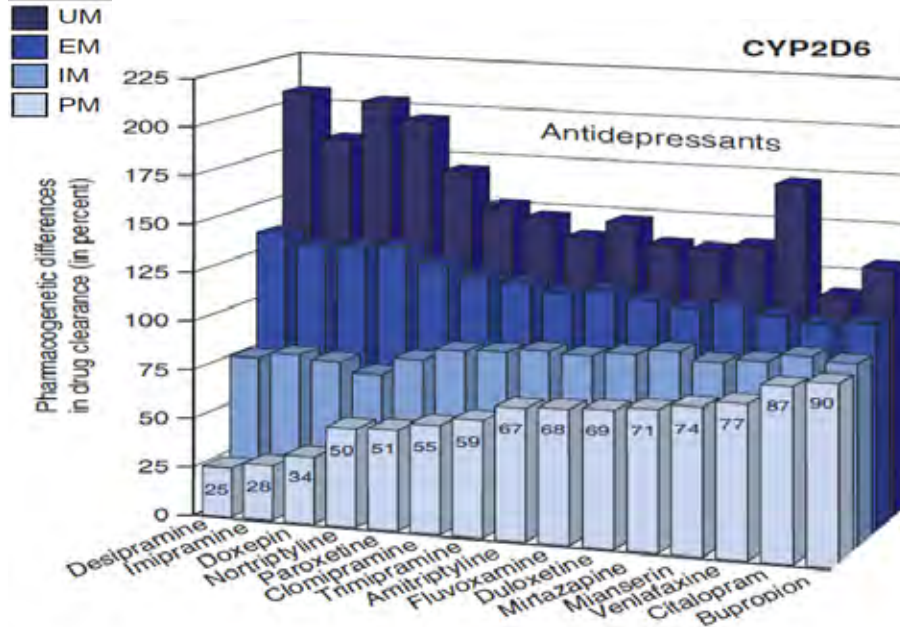
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Dosering naar CYP2D6 genotype



Dosering naar CYP2D6 genotype



↑ ⓘ Informatie van Medicamenteum • PSYCHOFARMACA • ANTIDEPRESSIVA • TRICYCLISCHE ANTIDEPRESSIVA • Amitriptyline

Amitriptyline



Farmacogenetica (Fg.)

Bij CYP2D6-varianties:

poor metabolizers: de plasmaconcentratie kan verhoogd zijn, dosisverlaging tot 70% van de standaarddosering met monitoring wordt aanbevolen.

intermediate metabolizers: de plasmaconcentratie kan verhoogd zijn, dosisverlaging tot 75% van de standaarddosering met monitoring wordt aanbevolen.

ultra-rapide metabolizers: de plasmaconcentratie kan verlaagd zijn, dosisverhoging tot 1-4 maal de standaarddosering met monitoring of een alternatief wordt aanbevolen.

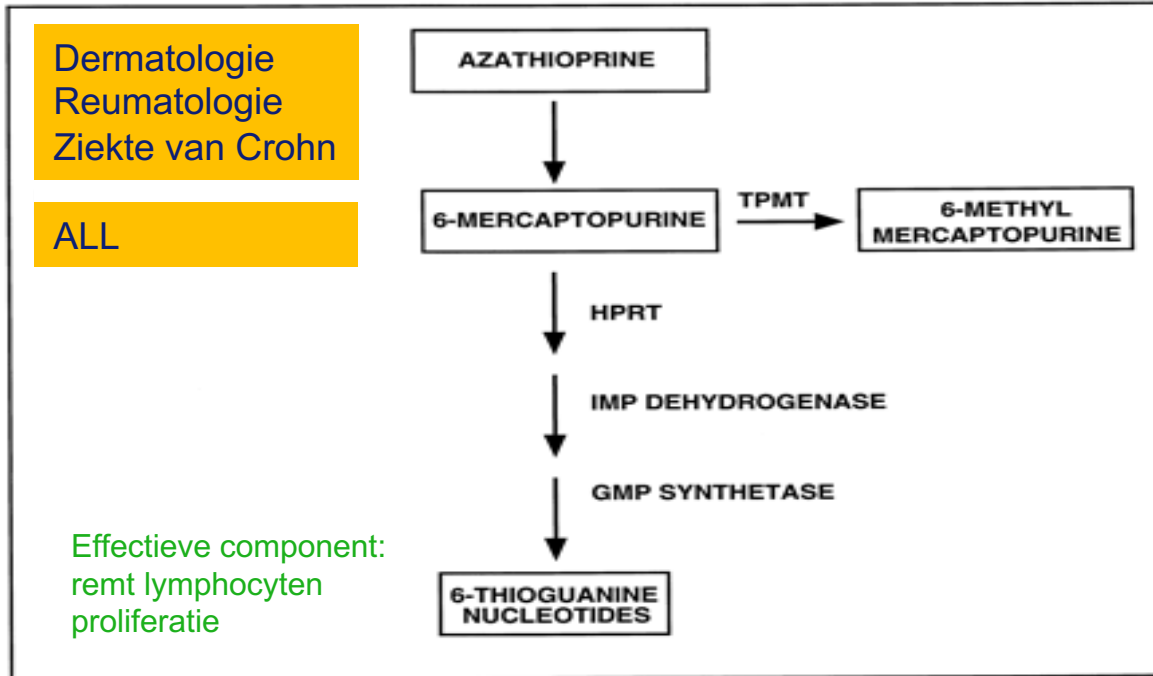


Azathioprine

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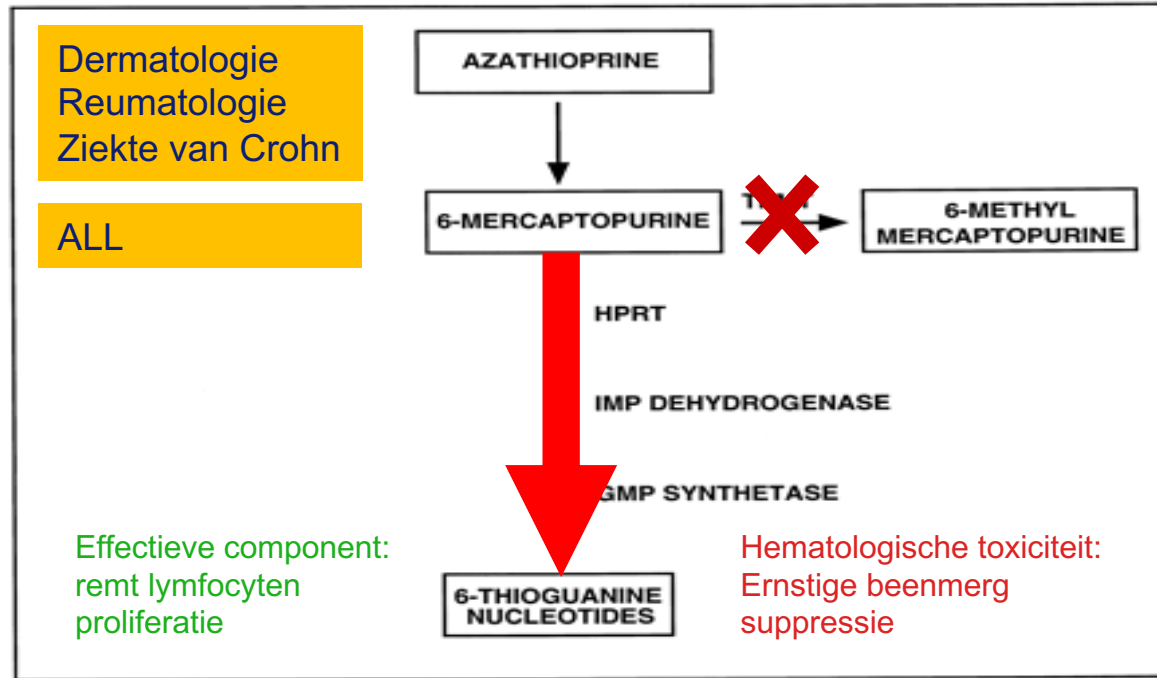


Azathioprine en TPMT



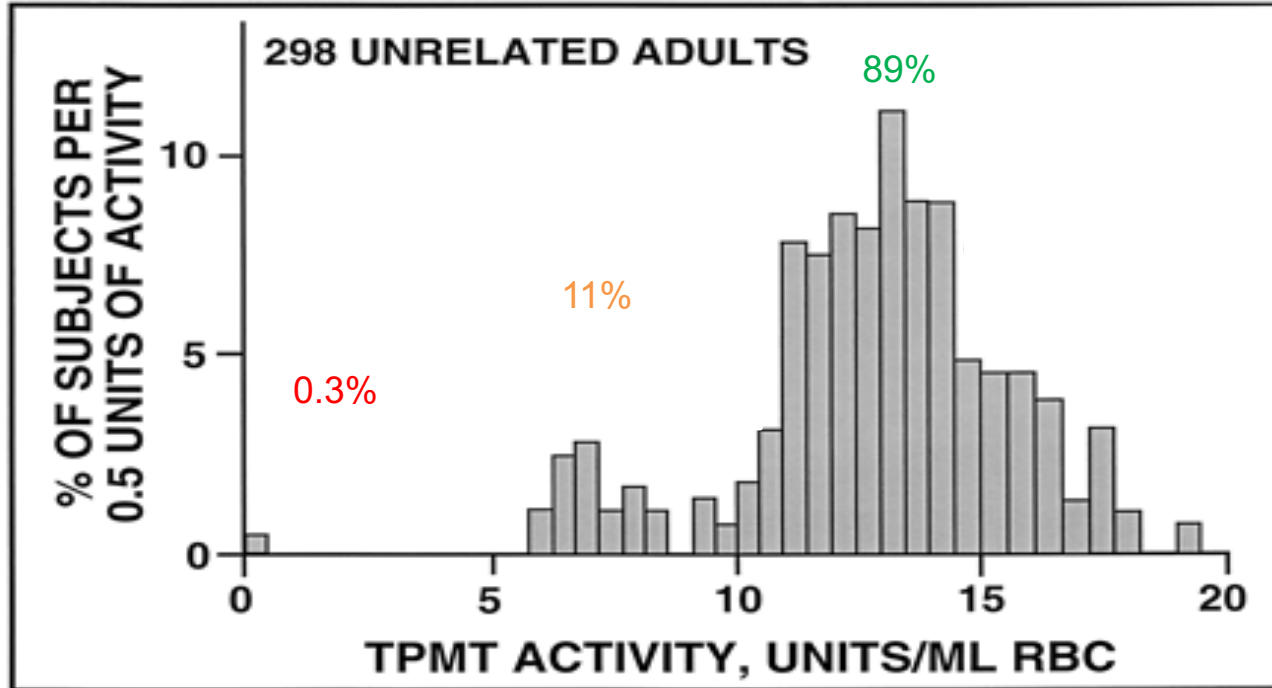
XO, xanthine oxidase; TPMT, thiopurine S-methyl transferase; HPRT, hypoxanthine phosphoribosyl transferase; IMP, inosine monophosphate; GMP, guanine monophosphate

Azathioprine en TPMT

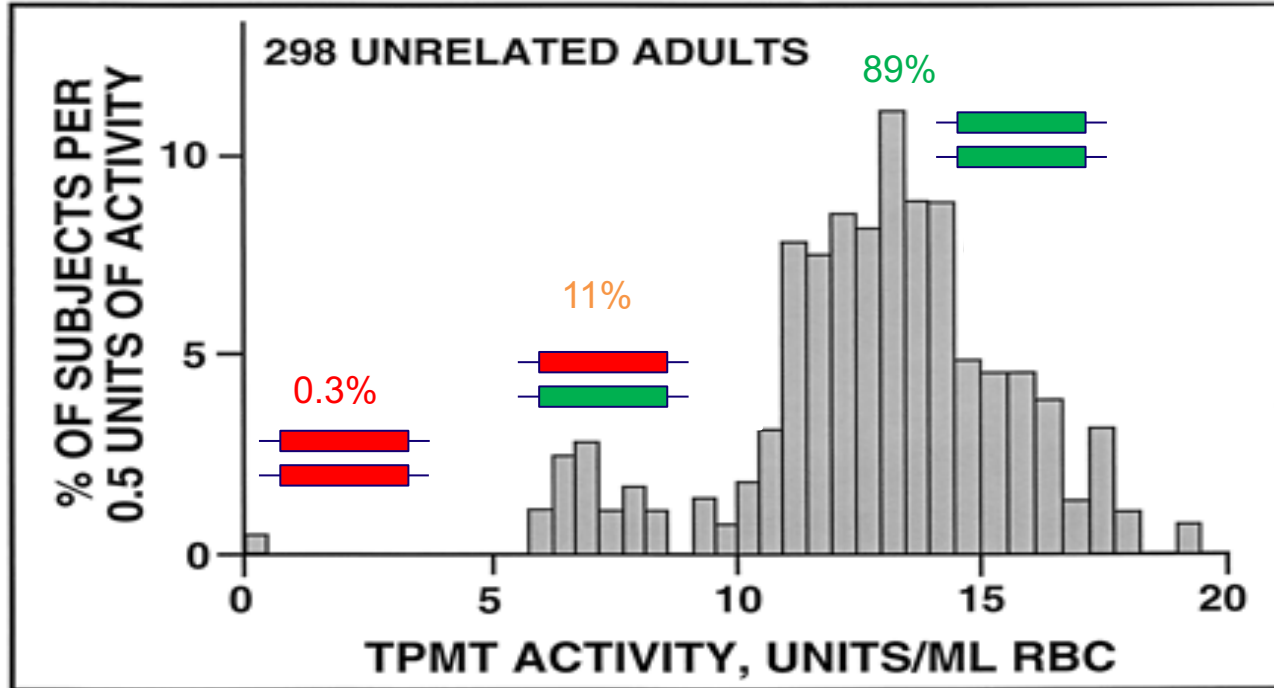


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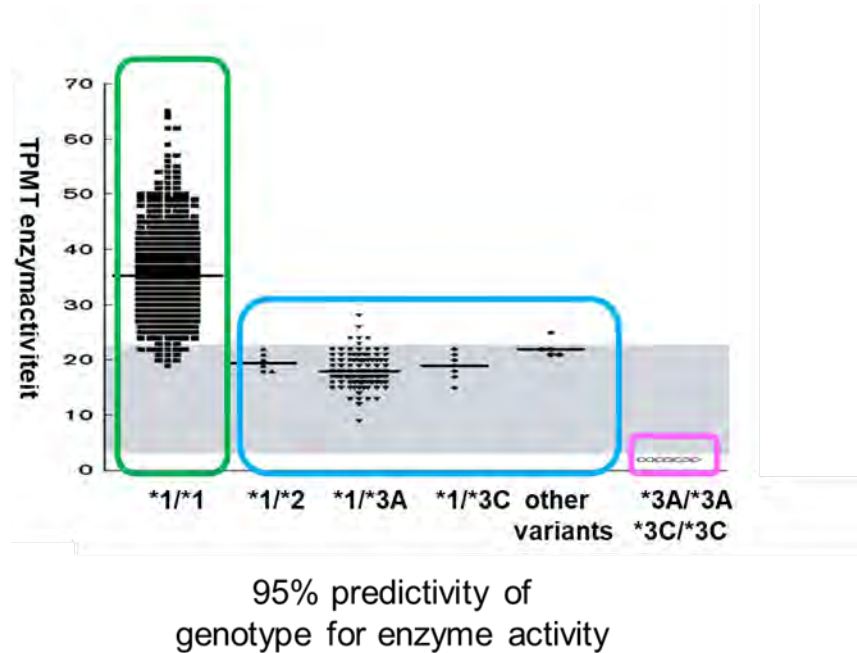
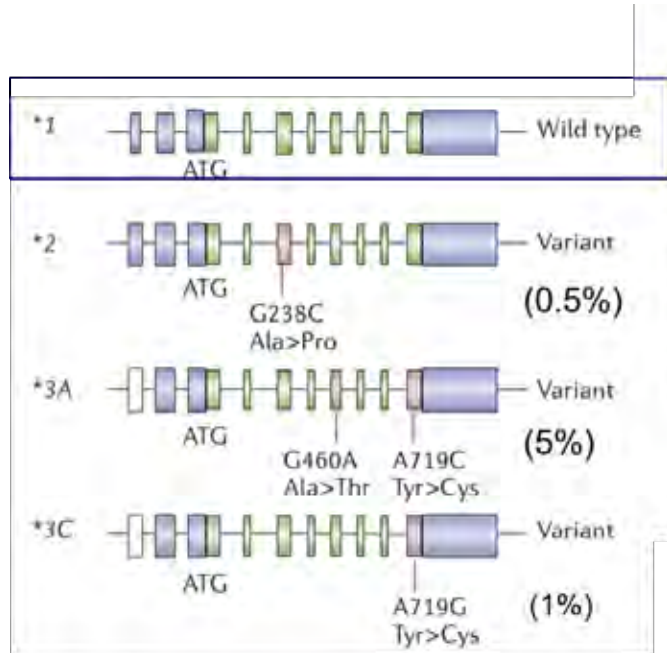
Azathioprine en TPMT



Azathioprine en TPMT



TPMT: genotype en enzymactiviteit



Doseren op geleide van TPMT genotype

Identification of Patients With Variants in *TPMT* and Dose Reduction Reduces Hematologic Events During Thiopurine Treatment of Inflammatory Bowel Disease

Marieke J. H. Coenen,^{1,*} Dirk J. de Jong,^{2,*} Corine J. van Marrewijk,^{1,*} Luc J. J. Derijks,³ Sita H. Vermeulen,^{1,4} Dennis R. Wong,⁵ Olaf H. Klungel,⁶ Andre L. M. Verbeek,⁴ Piet M. Hooymans,⁵ Wilbert H. M. Peters,⁷ Rene H. M. te Morsche,² William G. Newman,⁷ Hans Scheffer,^{6,8} Henk-Jan Guchelaar,^{9,8} and Barbara Franke^{8,10,9}

Set up: Patients in the control group and patients who did not carry a *TPMT* variant were treated according to standard IBD guidelines (2–2.5 mg/kg/day azathioprine or 1–1.5 mg/kg/day 6-mercaptopurine). Patients in the intervention group who carried a genetic variant received 50% (heterozygotes) or 0%–10% (homozygotes) of the standard thiopurine dose according to the evidence-based guidelines of the Dutch Pharmacogenetics Working Group.¹⁵

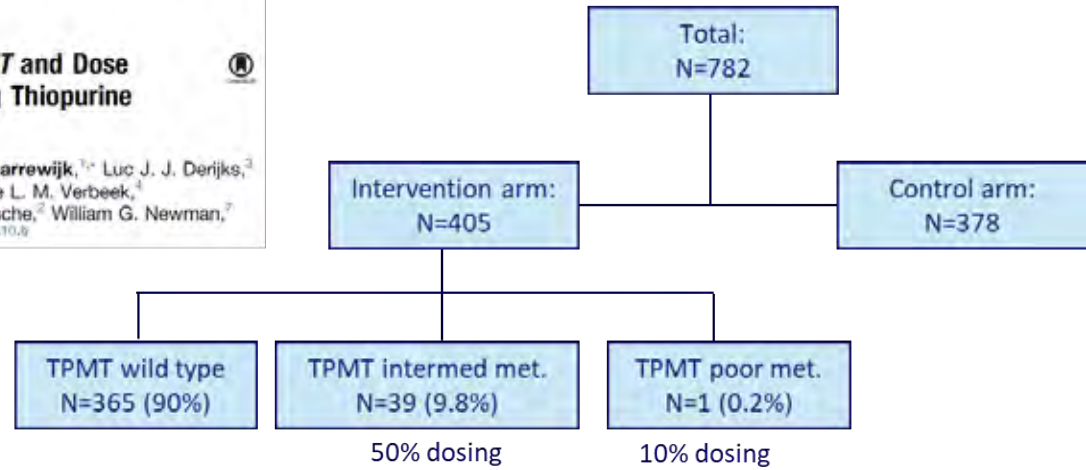


Table 3. Secondary Analysis: Hematologic ADR Occurrence in the Intervention and Control Groups

	Intervention	Control	RR (95% CI)
Total, n	399	370	
Hematologic ADR			
Total	29 (7.2%)	29 (7.8%)	
<i>TPMT</i> variant carriers	1 of 39 (2.6%) ^a	8 of 35 (22.9%)	0.11 (0.01–0.85)

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Coenen et al 2015 Gastroenterology:

TPMT Randomized controlled trial in 782 Crohns disease patients

TPMT variant carriers will have a **10-fold increased risk** on ADRs when treated with normal dosages compared to a genotype guided treatment

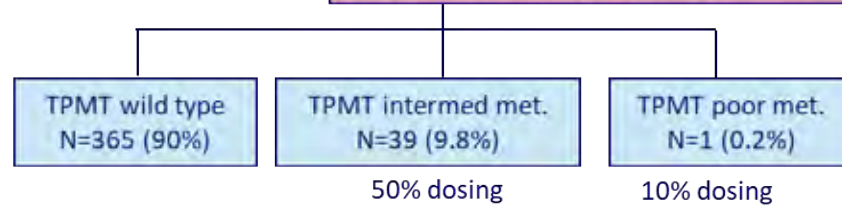


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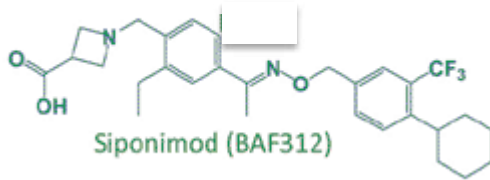
Siponimod

Deze webcast wordt
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Siponimod

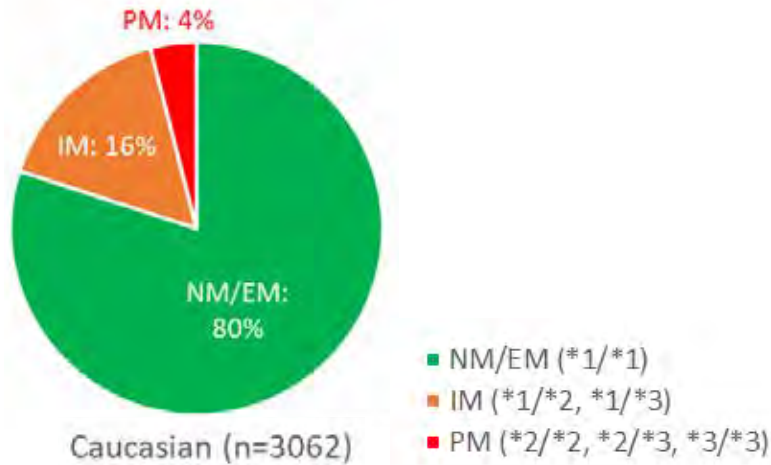
Metabolisme:



CYP2C9 (79%)

CYP3A4 (18%)

Inactieve metabolieten (M12, M17)

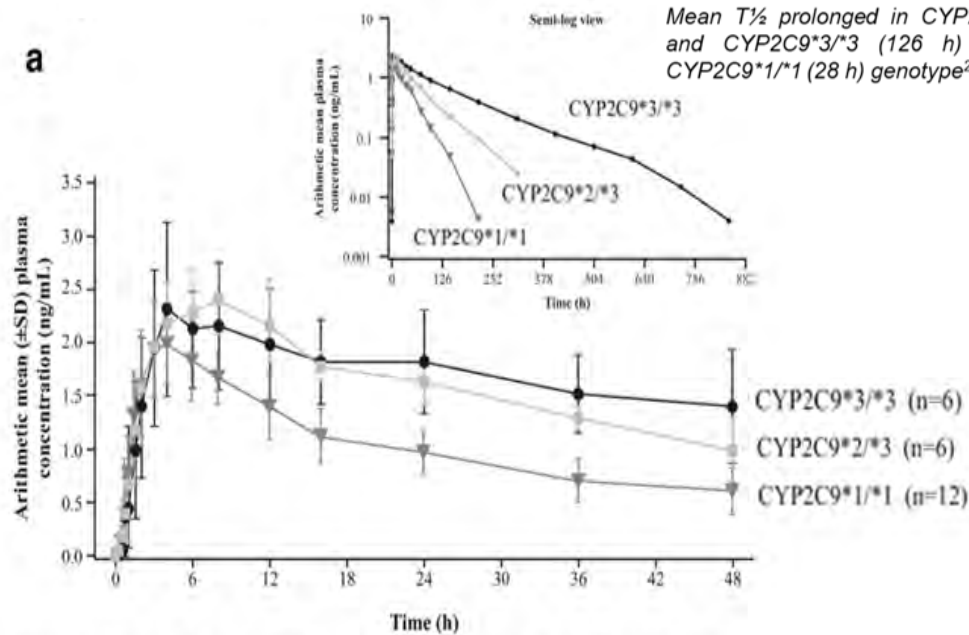


Farmacotherapeutisch Kompas > Geneesmiddelen >

Metabolisering

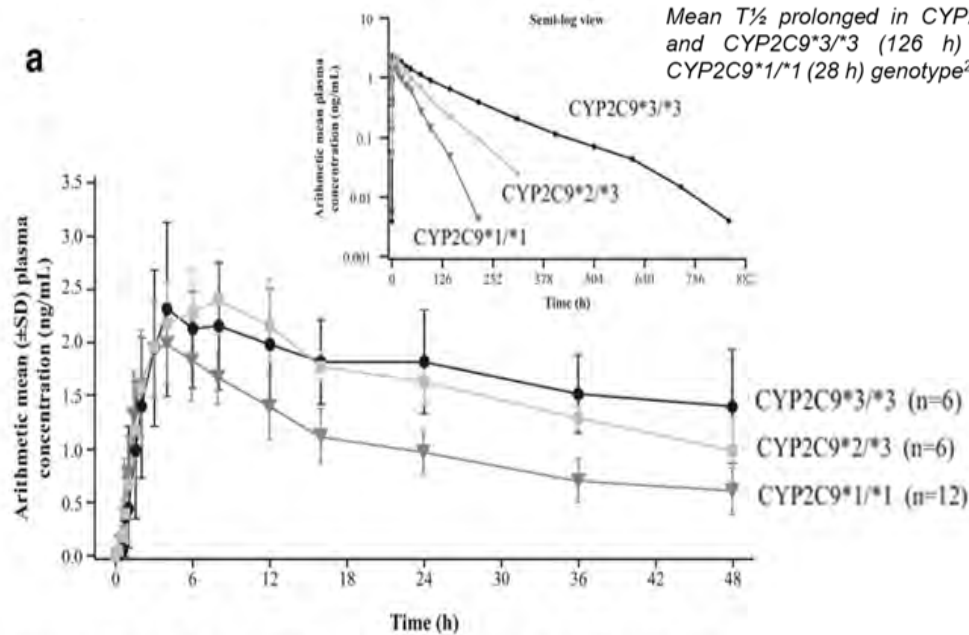
door CYP2C9 (voor 79%) en in mindere mate (18,5%) door CYP3A4. CYP2C9 is polymorf en het genotype bepaalt de fractionele bijdrage van de twee oxidatieve metaboliseroutes tot aan eliminatie. Bij de genotypen met een verminderde metabole CYP2C9-activiteit verwacht men van de geneesmiddelen die ook door CYP3A4 worden omgezet een relatief groot effect van de CYP3A4-activiteit.

Siponimod en CYP2C9 genotype

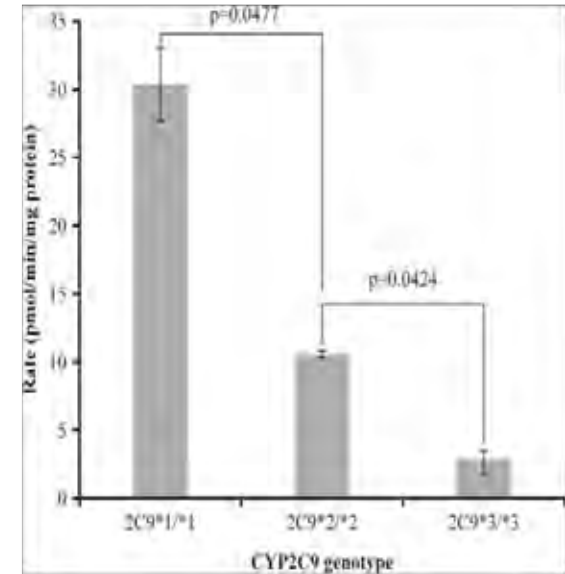


Siponimod plasma concentration 2- to 4-fold increased in the CYP2C9*2/*3 and CYP2C9*3/*3 genotypes vs. CYP2C9*1/*1 genotype¹







Siponimod en CYP2C9 genotype



Siponimod plasma concentration 2- to 4-fold increased in the CYP2C9*2/*3 and CYP2C9*3/*3 genotypes vs. CYP2C9*1/*1 genotype¹ phase of siponimod¹









Genotype-based dosing of Siponimod

	Extensive metabolizers	Intermediate metabolizers		Poor metabolizers		
CYP2C9 genotype						
Calculated dose ¹	2 mg	2 mg	1.24 mg	1.6 mg	1.04 mg	-
Recommended dose ²						







- CYP2C9*3*3 subjects are contra-indicated for siponimod and have been excluded in Phase 3 trials due to expected significantly higher chronic exposure.²
- All subjects in the EXPAND trial received siponimod 2 mg maintenance dose irrespective of their genotypes³

Genotype-based dosing of Siponimod

CYP2C9 genotype						
Calculated dose ¹	2 mg	2mg	1.6 mg	1.24 mg	1.04 mg	X
Recommended dose ²	2 mg			1 mg		X

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Genotype-based dosing of Siponimod

	87,5%			11%		0,4%
CYP2C9 genotype						
Calculated dose ¹	2 mg	2mg	1.6 mg	1.24 mg	1.04 mg	X
Recommended dose ²	2 mg			1 mg		X

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Een DNA-uitslag..... En wat nu?

Deze webcast wordt
mogelijk gemaakt door:





“Here is my sequence ...”
(The New Yorker, 2000)

Dutch Pharmacy PGx working group:



Evidence-based dosing guidelines
per genotype for > 120 drugs

Rating evidence: 1 – 4 (RCT)

Rating Clinical effect: A – F (death)





“Here is my sequence ...”
(The New Yorker, 2000)

Erasmus MC
Farmacogenetica Profiel
 DNA-paspoort voor medicatie
 175 KNMP
 Expertisecentrum Farmacogenetica - Afd. Klinische Chemie - Erasmus MC Rotterdam
 farmacogenetica@erasmusmc.nl
 Telefoon: 010-7035284
 www.erasmusmc.nl/farmacogenetica
 www.farmacogenetica.nl

Bij een afwijkend genotype is mogelijk een alternatieve dosering beschikbaar in de KNMP-Kennisbank. Wijzigingen in dosis echter uitsluitend ter beoordeling van arts of apotheker.

Naam: Erasmus MC Test/RVS
 BSN: 1234.56.789
 Geb. Datum: 22-11-1950
 Uitgifte: 22-11-2010

Gen	Uitslag	Activiteit	Freq.	Getest op
CYP1A2	*1/*1F	Normaal	45%	*1F, *1C, *1K, *1L
CYP2B6	*1/*6	Intermediair	25%	*4, 5, 6, 7, 8, 9, 13, 16, 18
CYP2C9	*3/*3	Traag	1-3%	*2, 3
CYP2C19	*17/*17	Ultrasnel	1-3%	*2-10, *17
CYP2D6	*1/*5	Intermediair	30%	*2-10, 12, 14, 17, 29, 41, xN
CYP3A4	*1G/*1G	Intermediair	5%	*1B, 1G, 2-6, 10, 12, 17, 18, 20, 22
CYP3A5	*3/*3	Non-Expressor	80%	*3, *6
VKORC1	-1639AA	Gevoelig	20%	-1639G>A
SLCO1B1	*1/*1	Normaal	70%	*1B, *5, *15
DPYD	*1/*1	Normaal	97%	*2A, *13, 2846A>T, 1236G>A
TPMT	*1/*3A	Intermediair	11%	*2, *3A, *3B, *3C

Frequentie in de bevolking

Did I make sure my patient can handle the drug I am prescribing?

Take home message.....

We have the knowledge....

We have the tools....

So, why not use them....?



Website: farmacogenetica@erasmusmc.nl

Email: r.vanschaik@erasmusmc.nl



Bedankt voor uw aandacht

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mogelijk gemaakt door:

