

PHARMACOGENETIC (PGx) TESTING IN CLINICAL PRACTICE

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ADVERSE EVENTS

THE PATIENT EXPERIENCE

An adverse event is an undesired occurrence that results from taking a medication correctly.

The event can either be a type A reaction or a type B reaction.

Type A reactions: predictable adverse events , dose dependent [mild, moderate, or severe] (i.e. preventable).

Type B reactions are completely unpredictable, not associated with dose

Any patient who has any untoward effect or outcome observed with medical treatment is experiencing an adverse event. This can include a wide range of symptoms that fall between the parameters of temporary harm to death



ADVERSE EVENTS

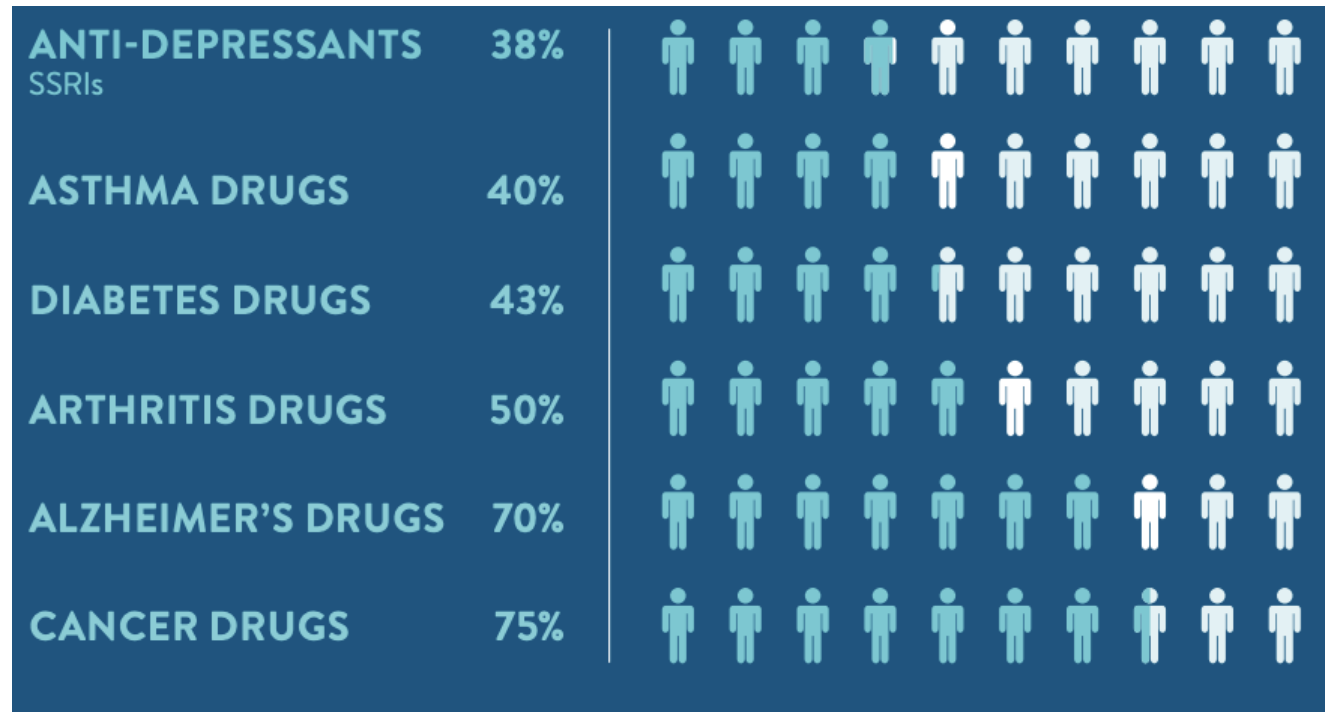
THE PATIENT EXPERIENCE

- In the **United States**: over **250,000 patients** will experience an adverse event.
- Globally: +/- 10% of patients experienced at least one adverse event.
- **Annual incidence** of adverse events of around 10%,
- **50%** were found to be **preventable**.



VARIATION IN EFFICACY

Percentage of the patient population for which a particular drug in a class is ineffective on average:



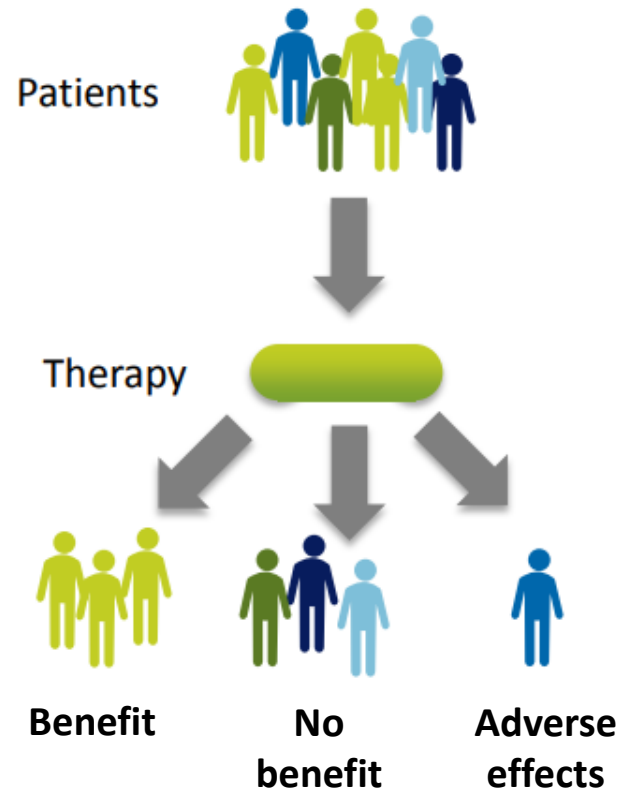
WHY DO SOME MEDICATIONS NOT WORK



Drug-Gene Interactions

A ONE-FOR-ALL APPROACH

Traditional prescribing



Clinical Guidelines

PK/PD

Potential SE profile +
DDIs

...some benefit, some do not

A ONE-FOR-ALL APPROACH



Patient visits Doctor



Doctor prescribes medication



Drug is **effective**,
minimal SE

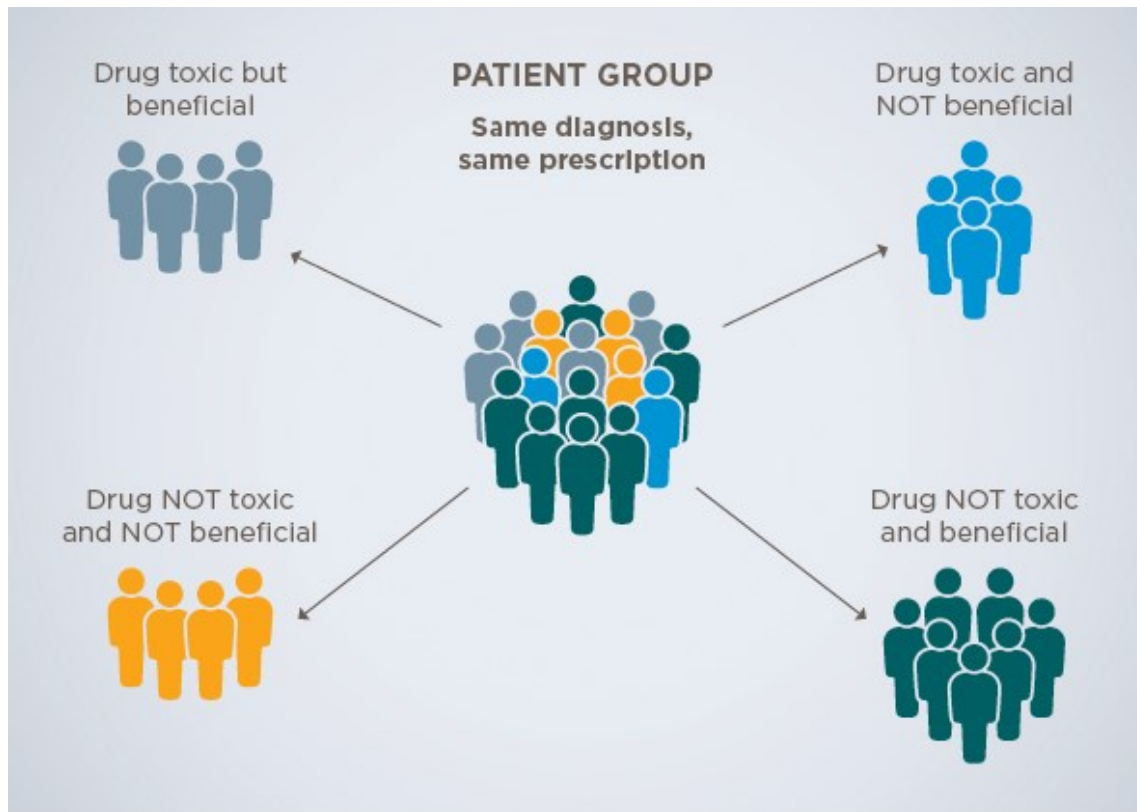


Drug is **ineffective**,
or significant SE



INTRODUCTION TO PG_x TESTING

Pharmacogenetics is the science of how an **individual's** unique **genetic profile** affect the **pharmacology** of certain medications.



Clinical Guidelines

PK/PD

Potential SE profile +
DDIs

PG_x Profile

ADDING AN ADDITIONAL TOOL: PGx TESTING



Patient visits Doctor



Doctor orders PGx test



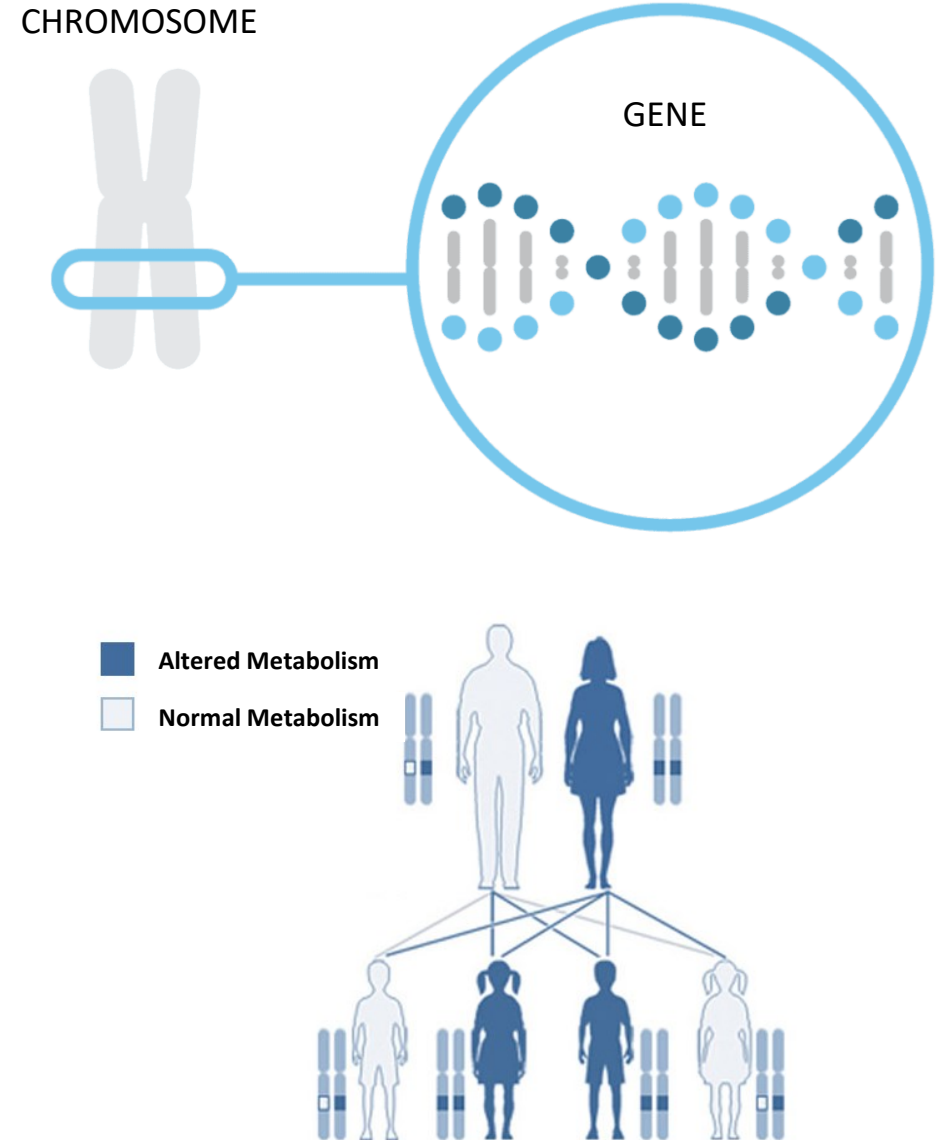
Doctor prescribes *RIGHT* medication, at the *OPTIMAL* dose, for the *INDIVIDUAL*



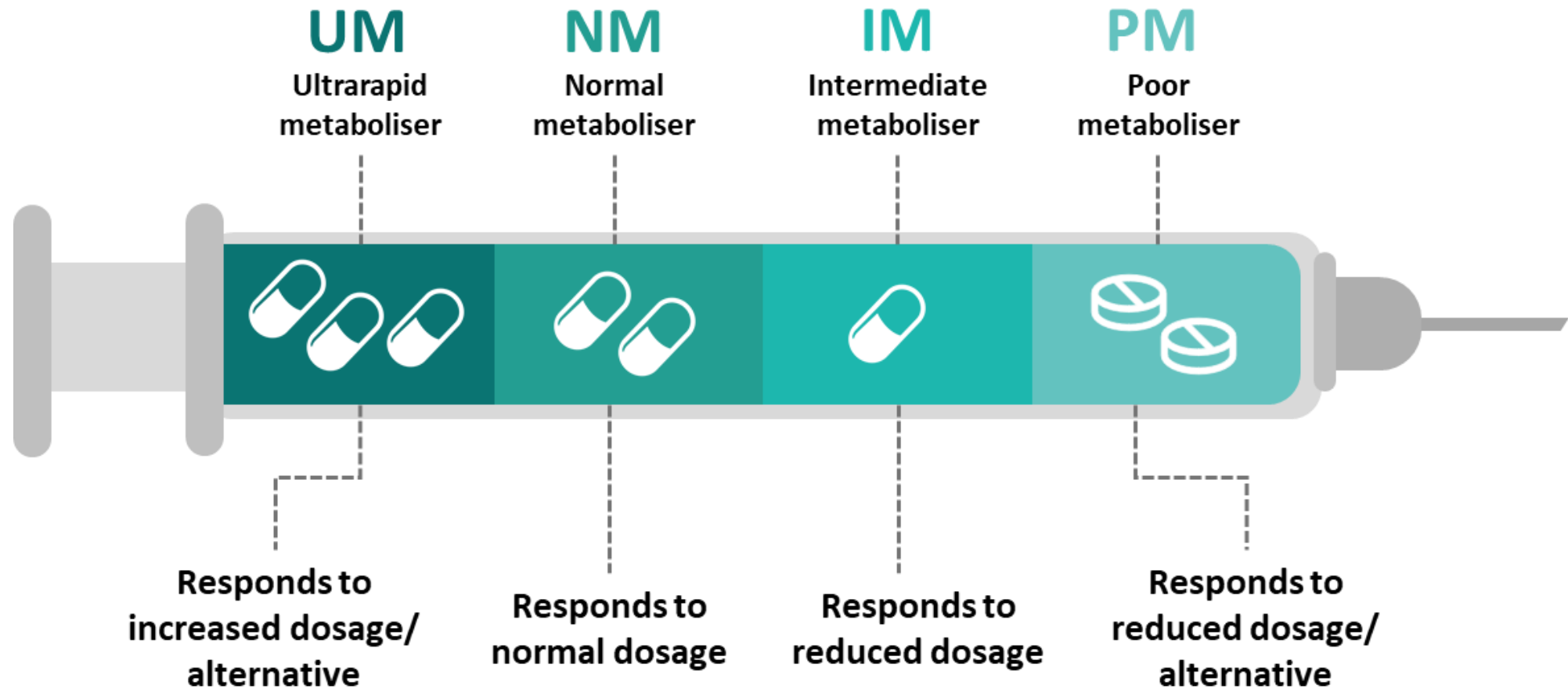
Drug is effective, minimal SE

PGx TESTING BACKGROUND

- **Genes** code for proteins and **metabolic pathways**
- Responsible for drug **metabolism/activation/efficacy**
- Inherit one copy of a gene per parent
- E.g. Inherits one/more with decreased function
- Results in altered drug response



VARIATION IN METABOLISM



DRUG-GENE PAIRS

Gene	Drug
<i>DPYD</i>	Fluorouracil, capecitabine, tegafur
<i>CYP2D6</i>	Codeine, tramadol, antidepressants
<i>CYP2C19</i>	Clopidogrel, antidepressants
<i>CYP2C9</i>	Warfarin, phenytoin
<i>HLA-A & HLA-B</i>	Carbamazepine, allopurinol, abacavir
<i>MT-RNR1</i>	Aminoglycoside antibiotics

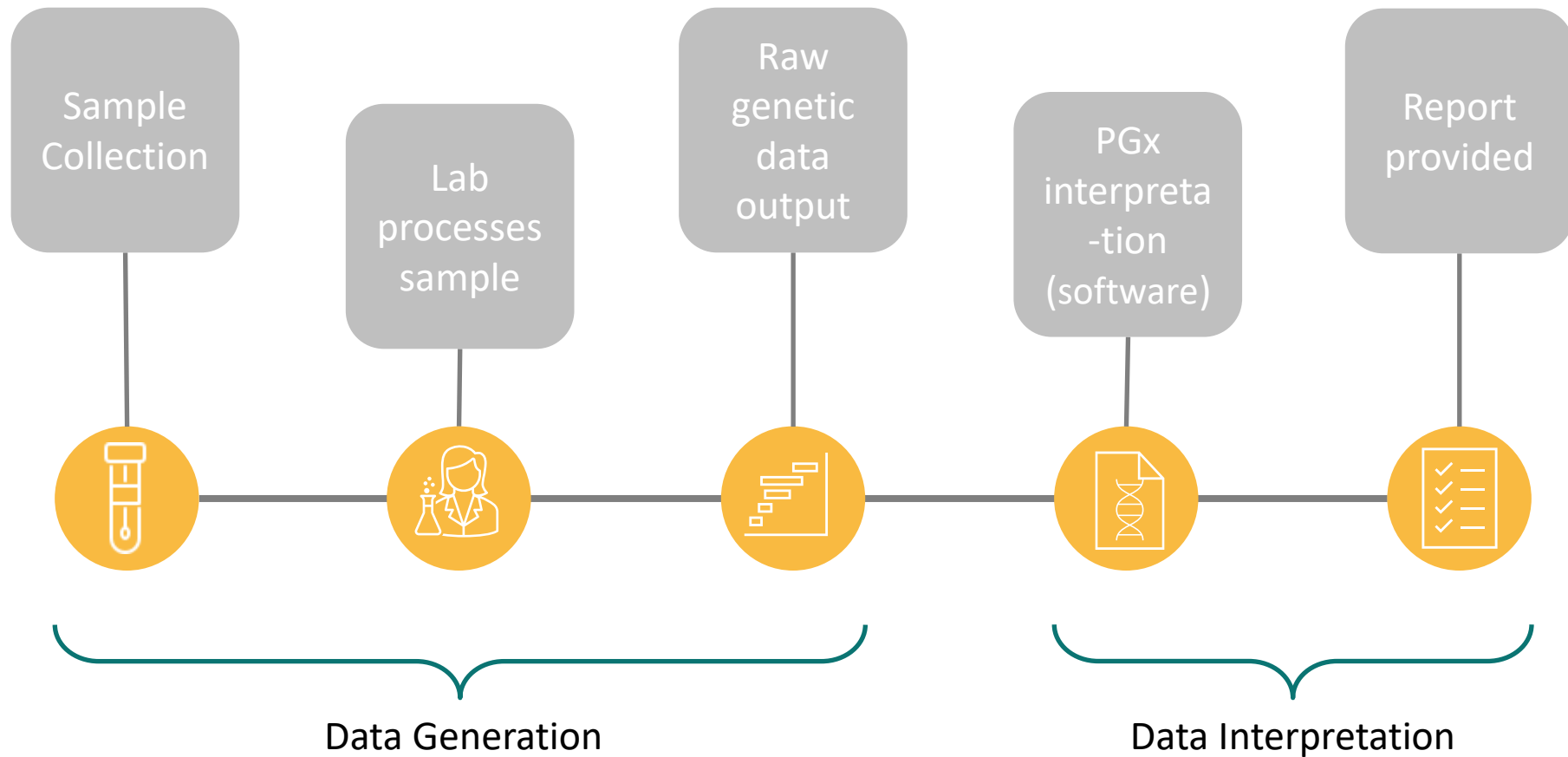


Genetic Results
(PM/IM/NM/UM)



PGx dosing guidelines

TESTING WORKFLOW



IN PRACTICE...

PAIN
codeine

- Acute severe pain after injury
- PM = minimal relief
- Alternative medication

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PAIN

codeine

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Cardiac disease

metoprolol

- Hypertension
- UM = treatment failure
- Give max target dose;
- 2.5x standard dose OR alternative medication

IN PRACTICE...

PAIN

codeine

- Acute severe pain after injury
- PM = minimal relief
- Alternative medication

Cholesterol

Statins (simvastatin)

- Middle aged male
- Myopathy after new medication
- Decreased function gene
- Give alternative (pravastatin)

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metoprolol

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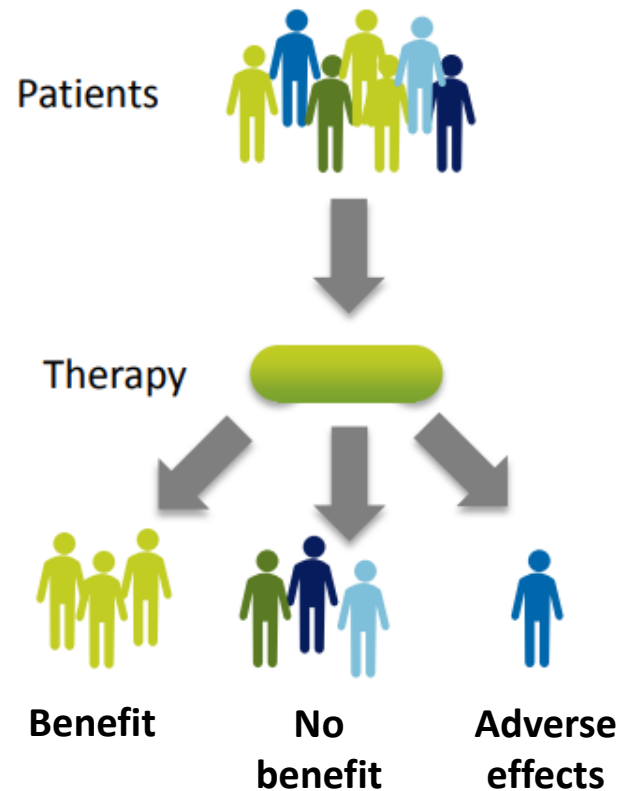
Depression

TCA's (amitriptyline)

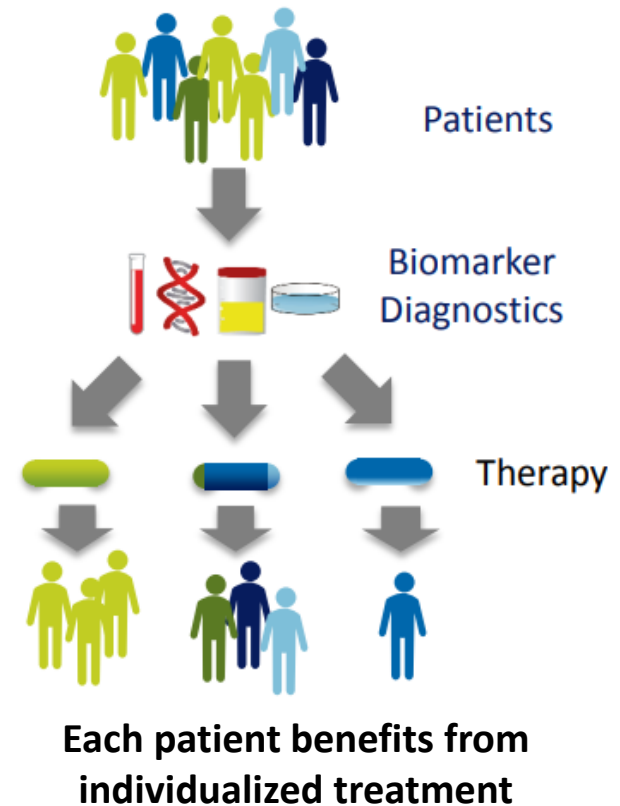
- Patient struggling with MH
- Complaints and poor adherence
- PM = increased [plasma]
- Avoid OR give 50% lower dose AND do TDM

A NEW TREATMENT PARADIGM

Traditional prescribing



Informed prescribing



BENEFITS OF PGx TESTING



Personalised Therapy

- Informed prescribing by HCP
- Therapy is tailored to individual patient
- Based on their unique genetic makeup



Optimising Regimens

- Ensure maximum efficacy
- Minimal side effects
- Find medications that work for them



Reduce ADR

- Not everyone responds the same
- Limit potential side effects and improve compliance
- Avoid serious ADRs
- Suggest alternatives

BACKGROUND

Evidence for PGx utility

THE LANCET

A 12-gene pharmacogenetic panel to prevent adverse drug reactions: an open-label, multicentre, controlled, cluster-randomised crossover implementation study



PREPARE study published in 02/2023

- Open label, cross-over
- Multicentered
- Cluster randomized implementation
- 6944 participants

Found actionable result in 22% participants

Significantly reduced incidence of ADR risk by ~30%

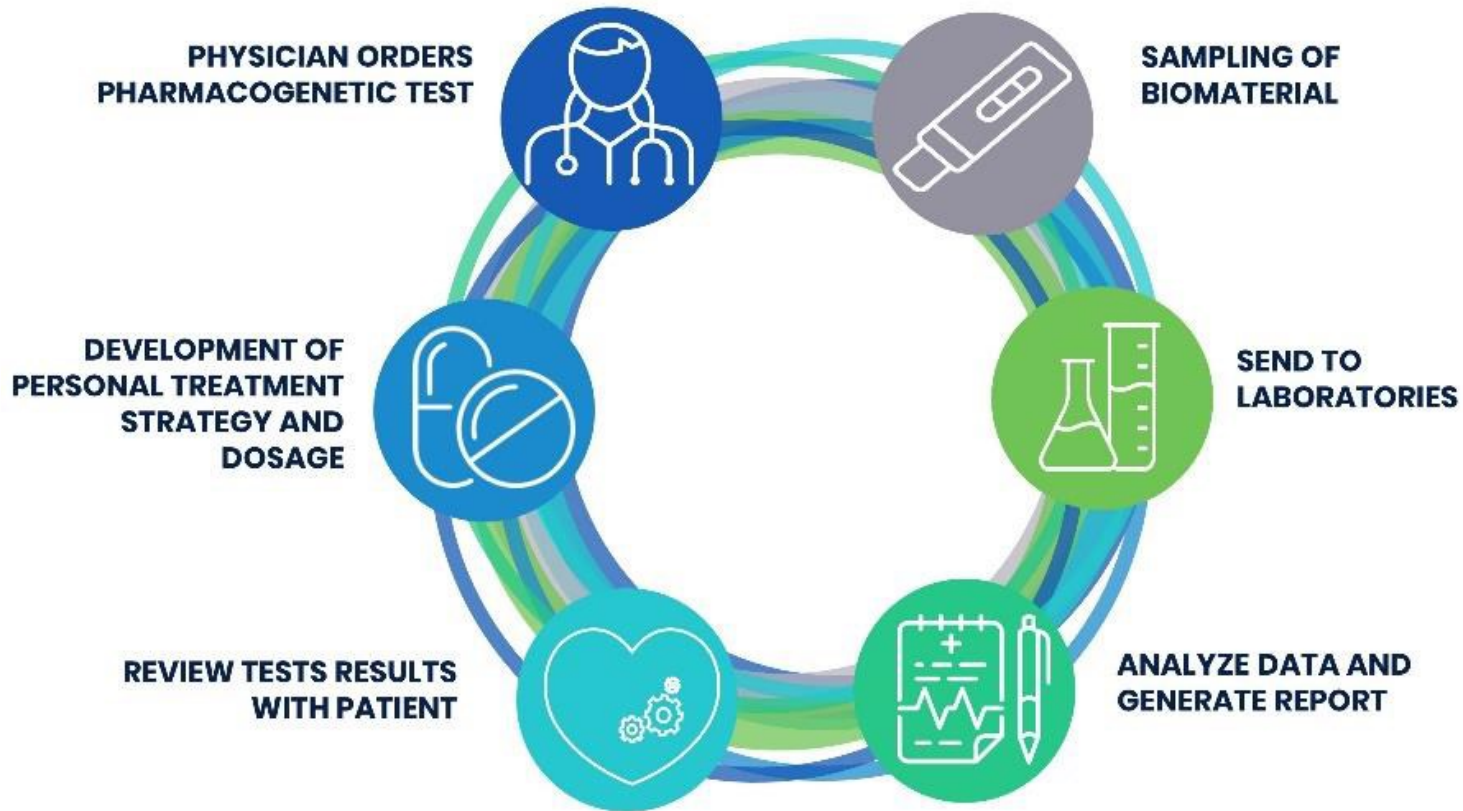
12-Gene PGx panel to prevent adverse drug reactions

7 European countries (Austria, Greece, Italy, the Netherlands, Slovenia, Spain, and the UK)

Large-scale implementation could help to make drug therapy increasingly safe.

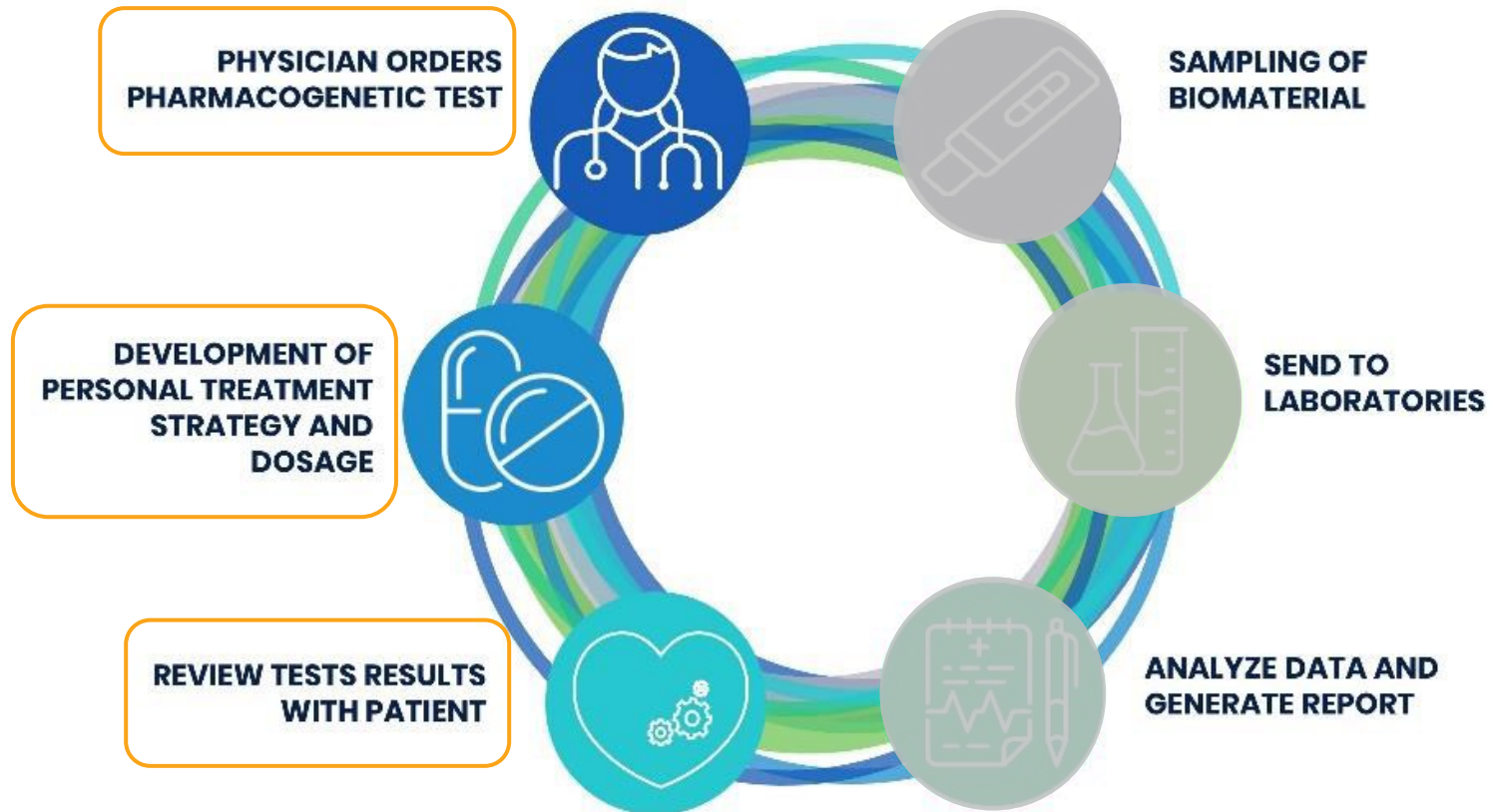
PRECISION PRESCRIBING PATIENT JOURNEY

PHARMACOGENOMIC TESTING CYCLE



PRECISION PRESCRIBING PATIENT JOURNEY

PHARMACOGENOMIC TESTING CYCLE



IDEAL CANDIDATES

- Acute and Chronic Pain
- Hypertension and dyslipidaemia
- Depression and anxiety
- Gastrointestinal issues
- Polypharmacy

CHALLENGES MOVING INTO PRACTICE

- **Lack of time** (both primary HCP and other healthcare staff)
- Replacing 'prescriber autonomy'
- Medical aid **coverage**/co-payment/out of pocket
- **Relevance** of biomarkers to African and mixed populations

INTRODUCING MEDICLINIC PRECISE

Mediclinic Precise is a bundle of
DNA based diagnostic and clinical interpretation
services

offering a new approach to healthcare, based on an
individual's genetic profile
to customise their wellness, disease prevention and
health management plan

Personalised medical solutions



MEET THE TEAM



Dr Lindsay Petersen
General Manager



Dr Lizahn Haasbroek
*Product Manager
(PGx)*



Paidamoyo
Kachambwa
*Senior
Bioinformatician*



Hennie La Grange
Logistics Manager



Lizahn Van Neel
Data Capturer

Independent Health Professionals



Dr Liani Smit
Clinical Geneticist



Dr Chris Maske
Clinical Pathologist



Noelene Kinsley
Genetic Counsellor

MEDICLINIC PRECISE PGx TEST

- Value-add and differentiation
- Accessible through HCP
- Pre- and post-test support
- Reporting on actionable test results
- Summarised results



MEDICLINIC PRECISE PGx TEST

SUMMARY LETTER AND CONSULTATION

1. Your current treatment

Patient-reported medical conditions:

Hypertension, high blood pressure

Patient-reported medications:

Medication	Dosage	Date Started	Side Effects	Still Take
LOSARTAN	50 mg	Aug 2022		Yes
OMEPRAZOLE	20 mg			No

Patient-reported supplements:

Multivitamin, Chromium Picolinate

Considerations for current therapy:

No further recommendation for current therapy.

Patient has a **normal metaboliser status** for the enzyme(s) involved in these drug pathways. i.e. **normal** response and metabolism expected.

MEDICLINIC PRECISE PGx TEST

SUMMARY LETTER AND CONSULTATION

Pharmacogenetic implication for cardiovascular disease:

Biomarker	Function	Summary
CYP2D6	Ultrarapid metabolizer	<p>Increased metabolism of metoprolol, suggest alternative drug (e.g. bisoprolol) or titrate dose to a maximum of 250% of the normal dose and monitor clinical response.</p> <p>Possible decreased response to anti-arrhythmic drugs including mexiletine, flecainide and propafenone and timolol; consider use of an alternate anti-arrhythmic drug (sotalol, disopyramide, amiodarone) or monitor treatment efficacy.</p>
CYP3A5	Intermediate metabolizer	<p>CYP3A5 intermediate metabolizers have an increased clearance of cilostazol, which can result in lower clinical response at usual doses. Suggest increased monitoring for possible decreased efficacy.</p>
CYP2C19	Normal metabolizer	<p>Normal response to clopidogrel is anticipated.</p>

MEDICLINIC PRECISE PGx TEST

ACCESS AND MORE INFORMATION

Mediclinic Precise offers a number of channels to patients and Medical Practitioners to obtain detailed test information as well as guidance on the most appropriate tests for the patient's condition.

Visit our website www.mediclinic.co.za/precise for more information

Email pgx.info@mediclinic.co.za for one-on-one engagements

THANK YOU