

The potential applications of pharmacogenetics in the health service

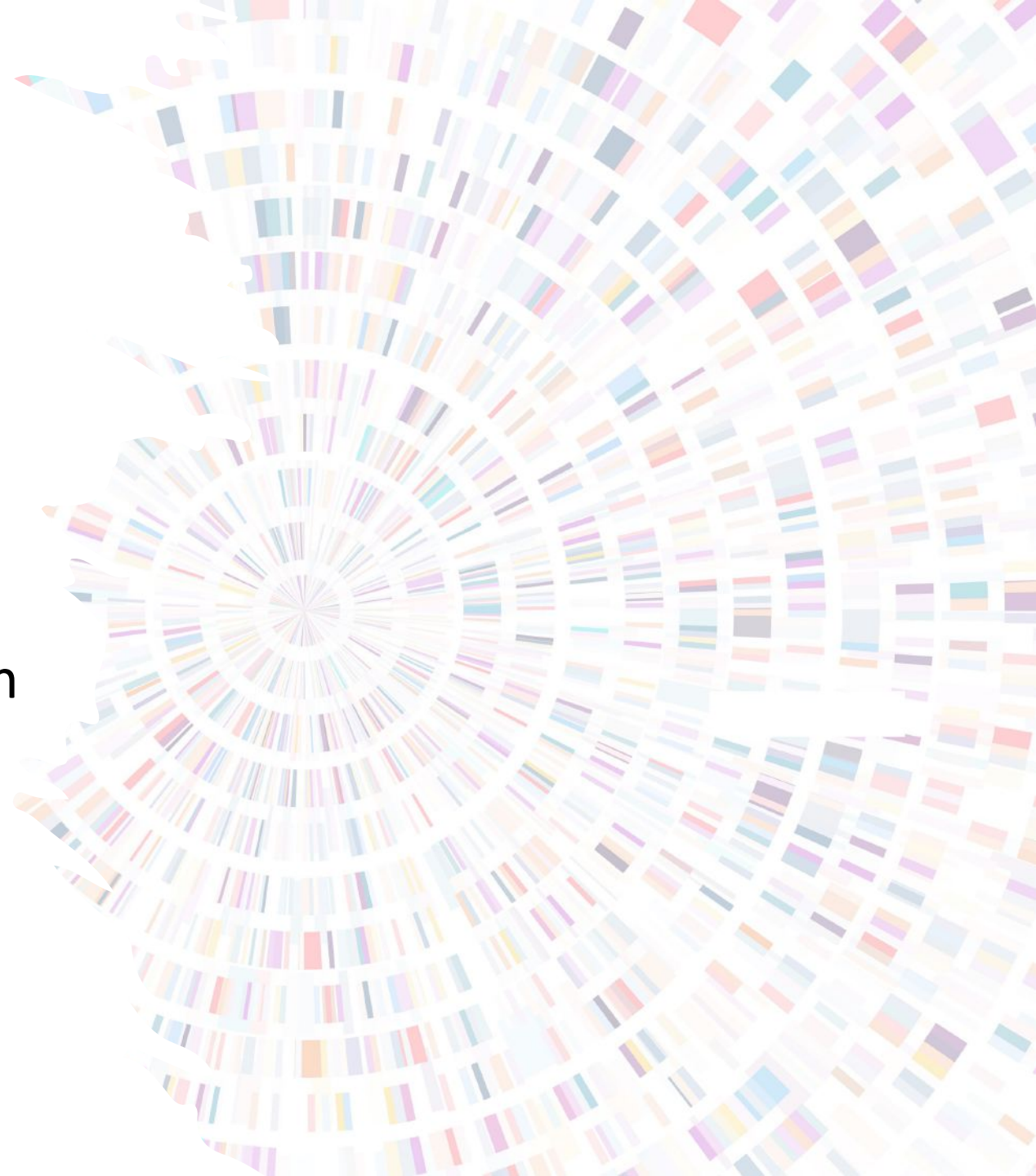
*Adelphi Genetics Forum
Teachers' Conference 2024*

Jessica Keen
Pharmacy Lead
North West GMSA

Overview

What do we mean by
pharmacogenomics

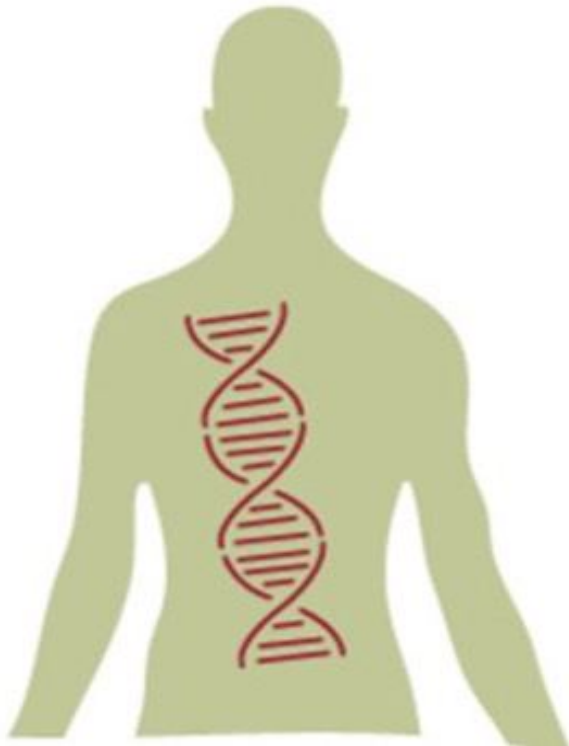
Pharmacogenomics implementation in
the NHS – current and future
applications



Genomics and Personalised Medicine

To personalise treatment and surveillance we can use genomic information...

from a person



from a person's
cancer



from an infective
organism



Genomics in 2023



Early 1960s



From late
1990s
(*BRCA1/2* and
Huntington's
Disease)



Approx. 2015
onwards



2019 WGS
rollout began

Why is there variation in drug response between individuals?



- Multiple health conditions
- Genomic variation
- Demographic
- Environment
- Drug-food interactions
- Drug-drug interactions

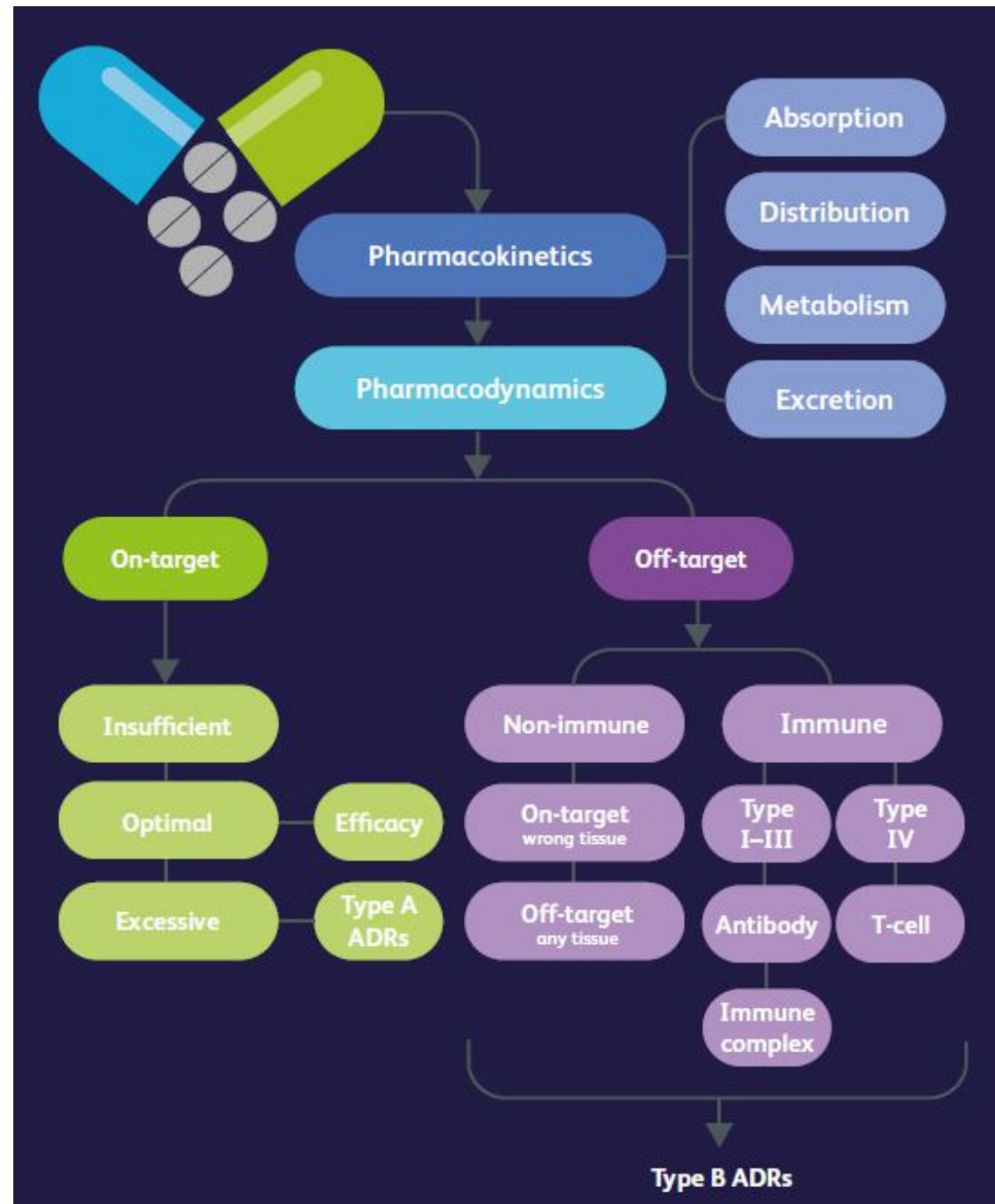
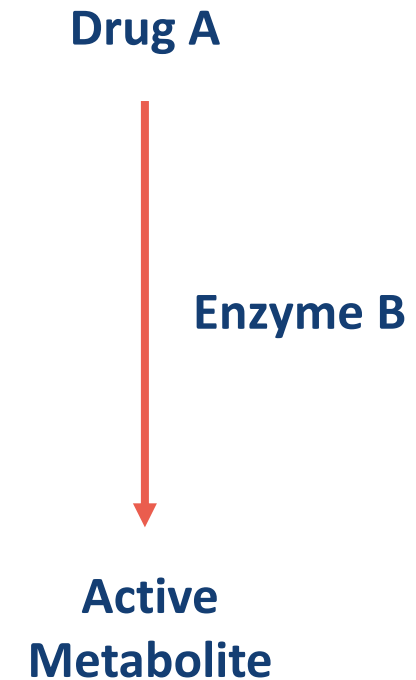
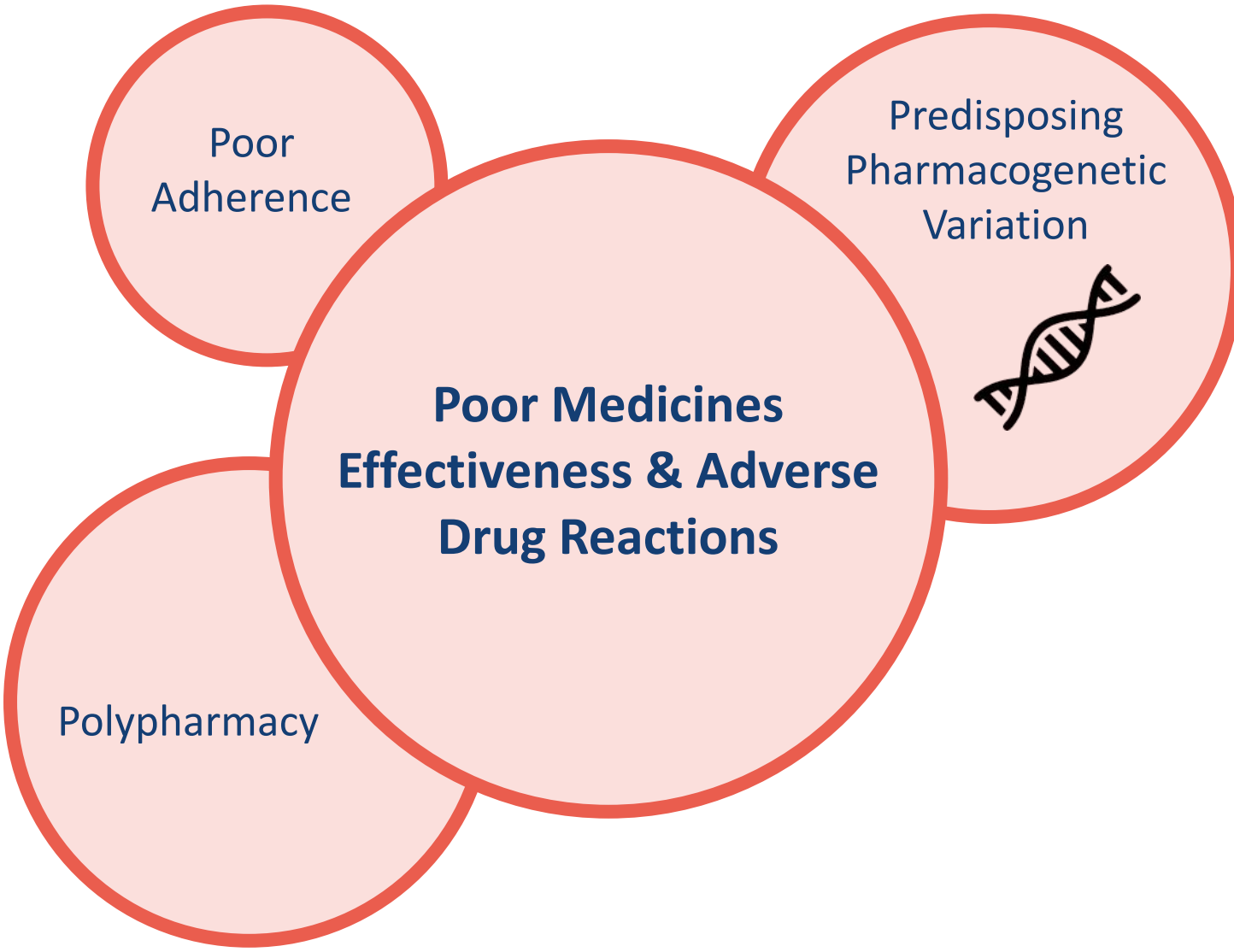
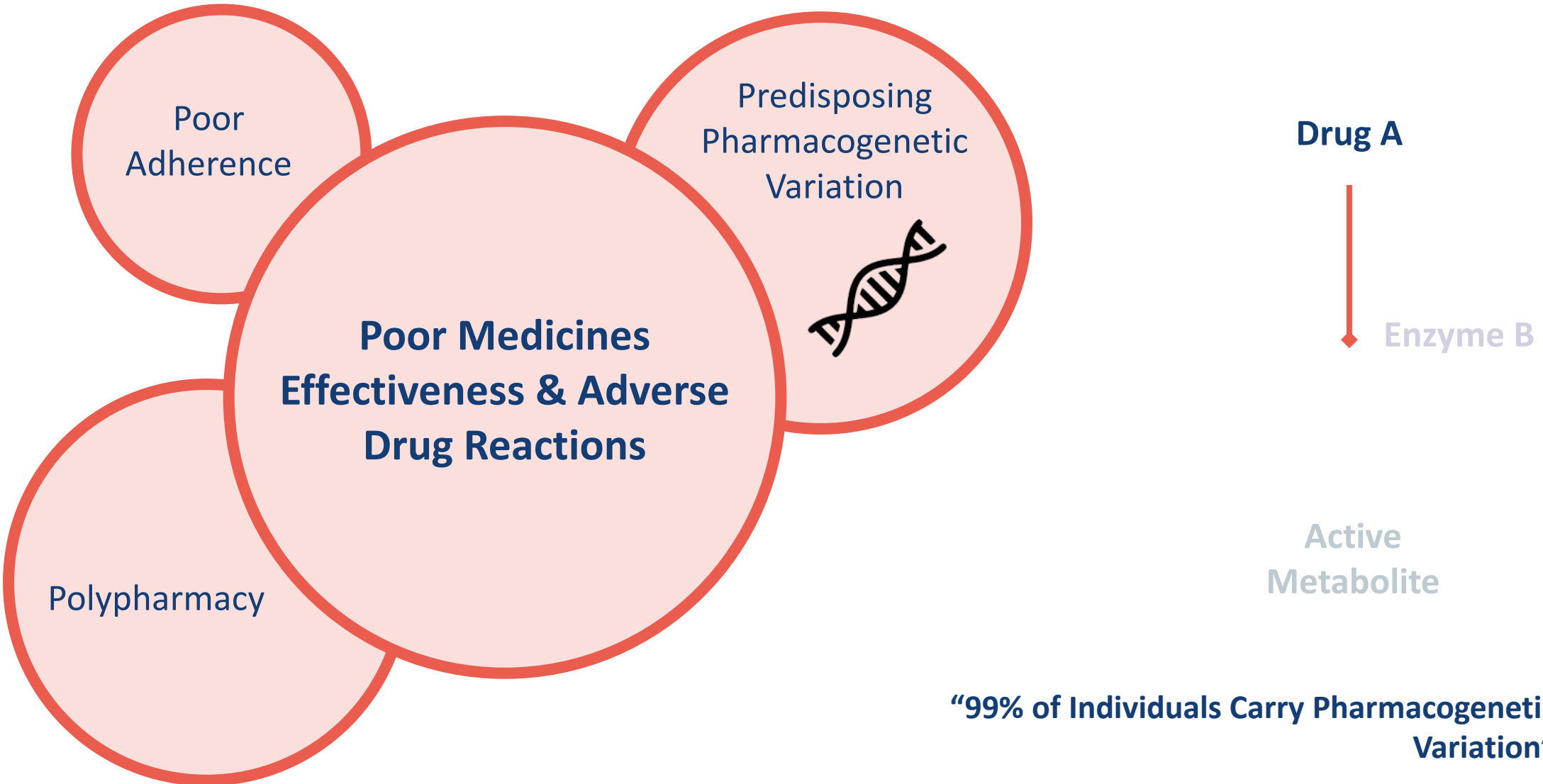


Image credit British Pharmacological Society

Common Genetic Variation is Associated with Poor Medicines Effectiveness and Adverse Drug Reactions



Common Genetic Variation is Associated with Poor Medicines Effectiveness and Adverse Drug Reactions



Why does Pharmacogenomics Matter?

- Medicines effective in 30-60% of patients
- Up to 99% of patients will have a pharmacogenetic variant
- Prescribing is the most common intervention in the NHS, £10.9billion in England in community alone 2023/4
- Approx. 20% of all new prescriptions in UK primary care have an actionable drug-gene interaction[#]
- Estimated up to 15% of UK hospital admissions related to ADRs at a cost >£2.2billion*

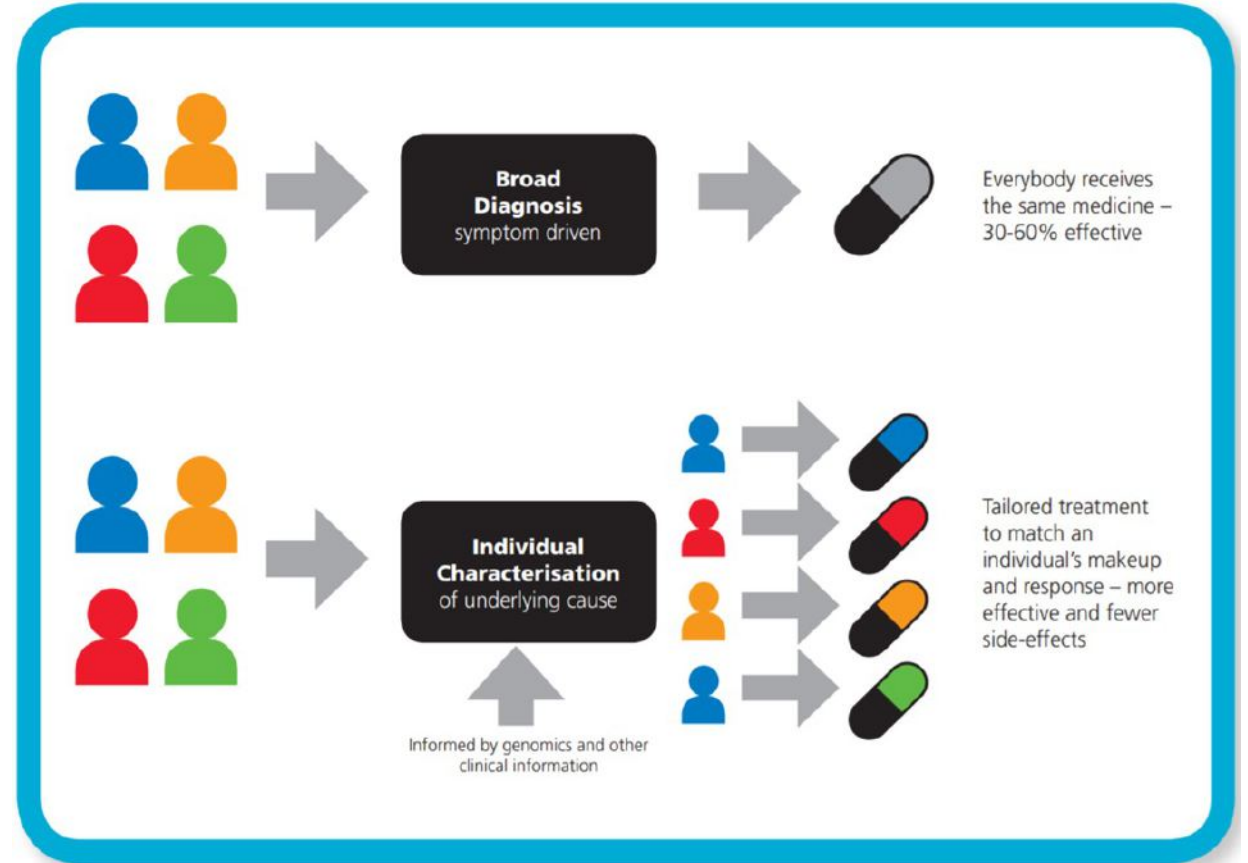
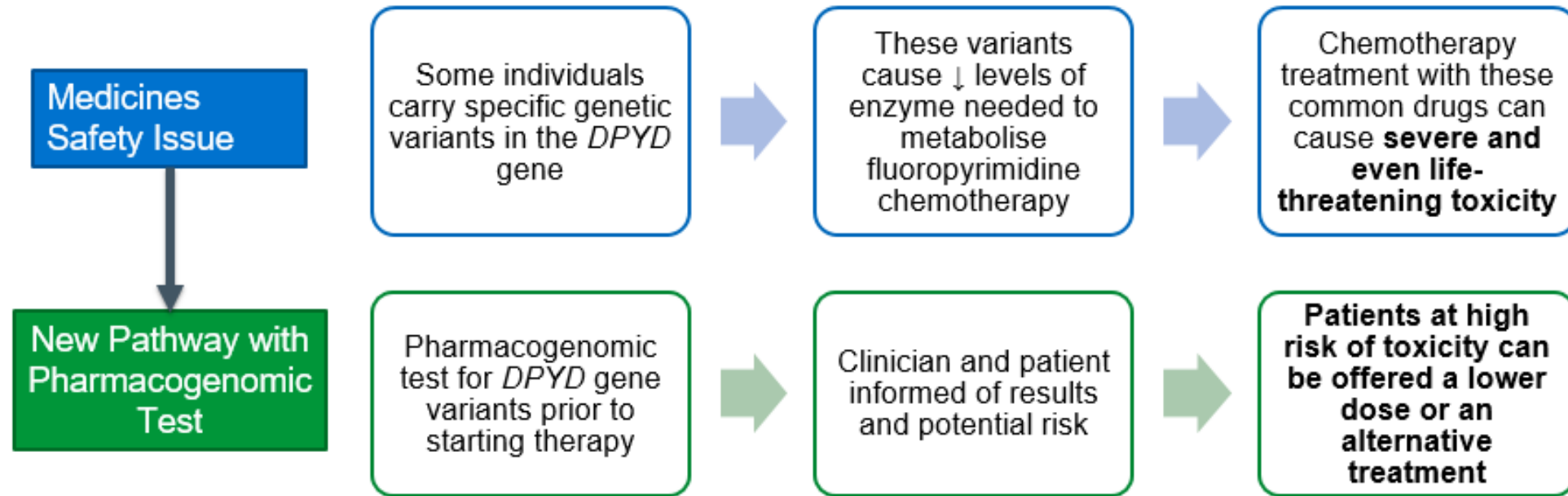


Image credit: NHSE

Example: DPYD



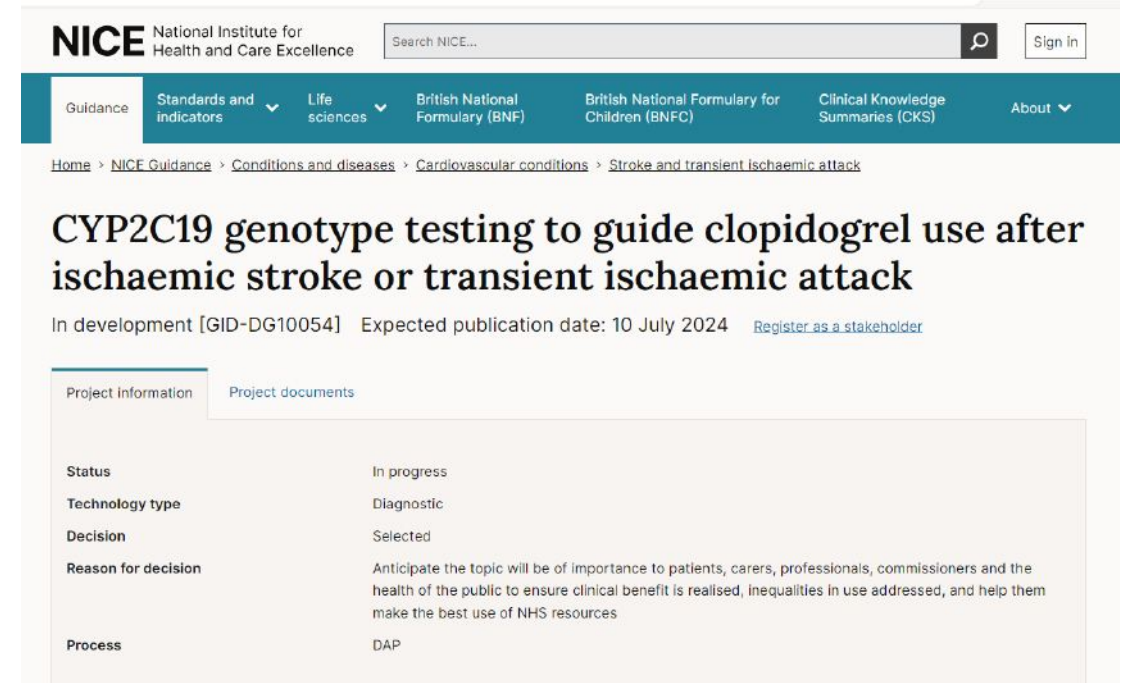
- DPYD pharmacogenomic test offered to all patients prior to starting fluoropyrimidine chemotherapy (5-fluorouracil, capecitabine)



- Anticipated to ↓ severe toxicity (\geq grade 3), ↓ hospitalisation, ↓ deaths, ↓ use of rescue drug

Not just avoiding ADRs: Clopidogrel and CYP2C19

- CYP2C19 enzyme responsible for metabolism of many commonly used medicines
- Coded for by *CYP2C19*
- Approx 60% of people may have altered metabolism due to genetic variation (% variable by ethnicity)
- CPIC: CYP2C19 genotype = variability in clopidogrel response
- Increased risk of cardiovascular events in loss of function carriers - NB – different recommendations based on clinical indication



The screenshot shows the NICE website interface. At the top, there is a search bar and a 'Sign in' button. Below the navigation bar, the breadcrumb trail reads: Home > NICE Guidance > Conditions and diseases > Cardiovascular conditions > Stroke and transient ischaemic attack. The main heading is 'CYP2C19 genotype testing to guide clopidogrel use after ischaemic stroke or transient ischaemic attack'. Below the heading, it states 'In development [GID-DG10054]' and 'Expected publication date: 10 July 2024', with a link to 'Register as a stakeholder'. The page is divided into two tabs: 'Project information' (selected) and 'Project documents'. Under 'Project information', there is a table with the following details:

Status	In progress
Technology type	Diagnostic
Decision	Selected
Reason for decision	Anticipate the topic will be of importance to patients, carers, professionals, commissioners and the health of the public to ensure clinical benefit is realised, inequalities in use addressed, and help them make the best use of NHS resources
Process	DAP

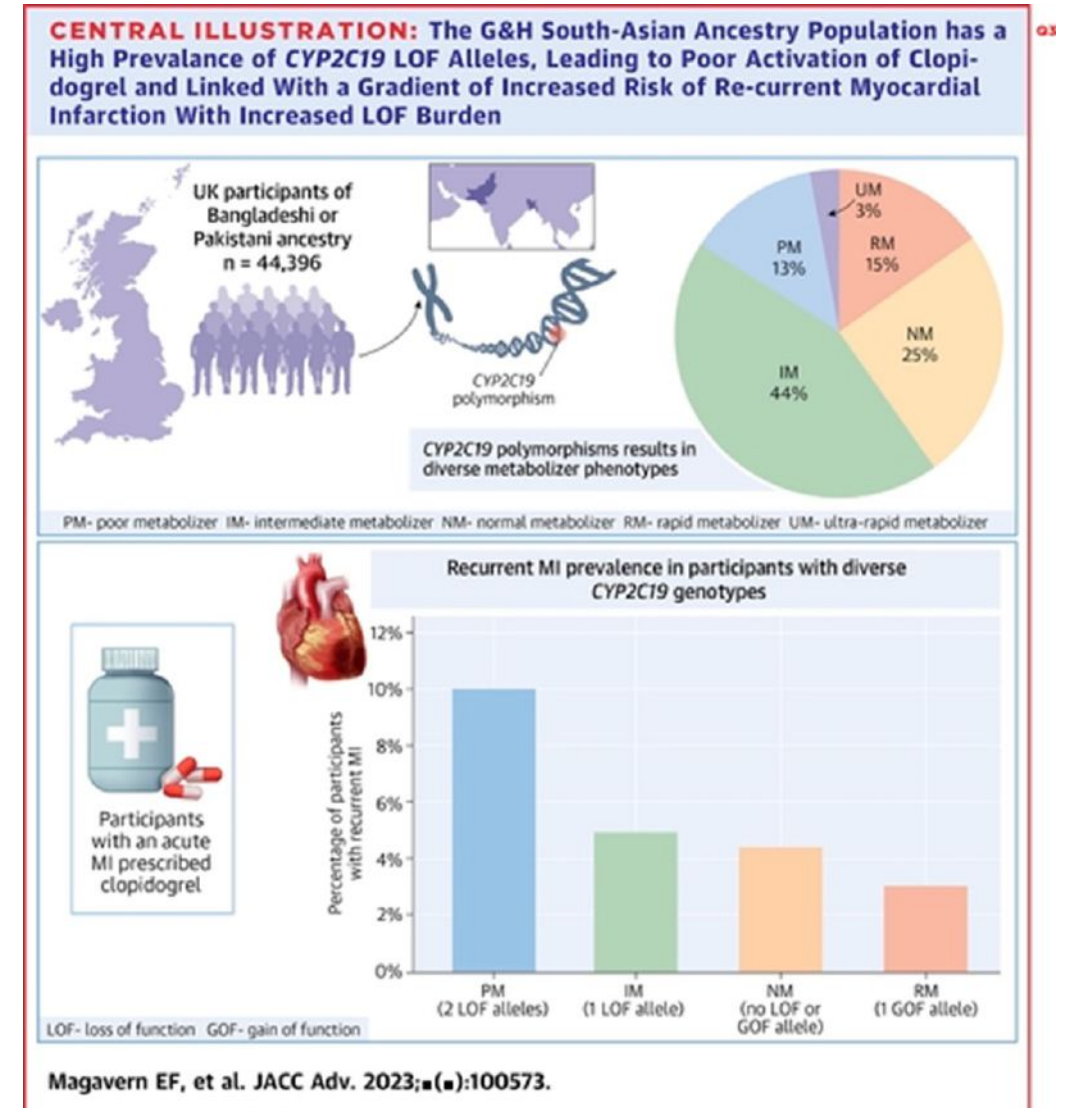
CPIC Guideline for Clopidogrel and CYP2C19 – Jan 2022 update:

<https://cpicpgx.org/guidelines/guideline-for-clopidogrel-and-cyp2c19/>

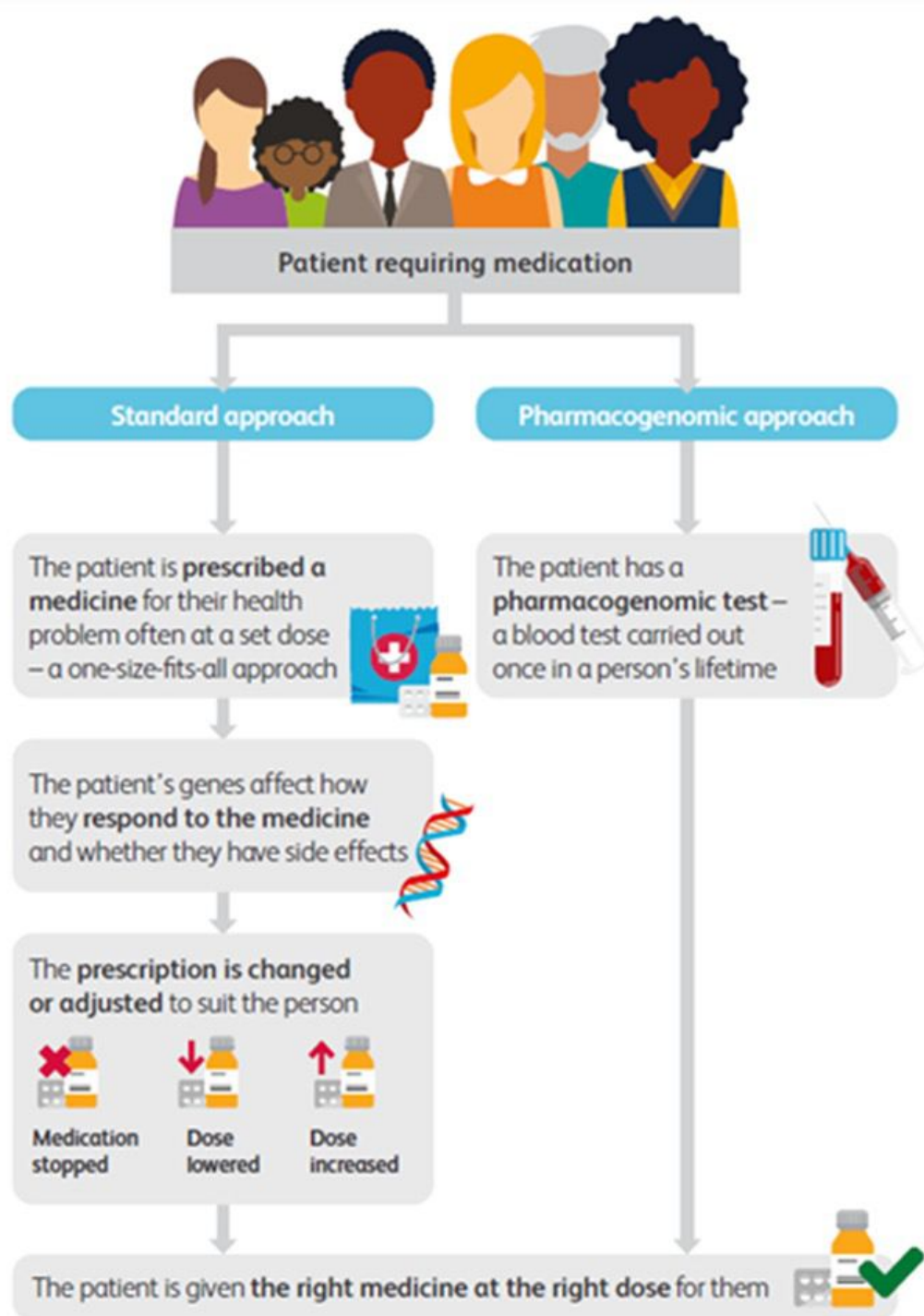
PGx & Health Inequalities

Stroke is linked to socioeconomic status and ethnicity

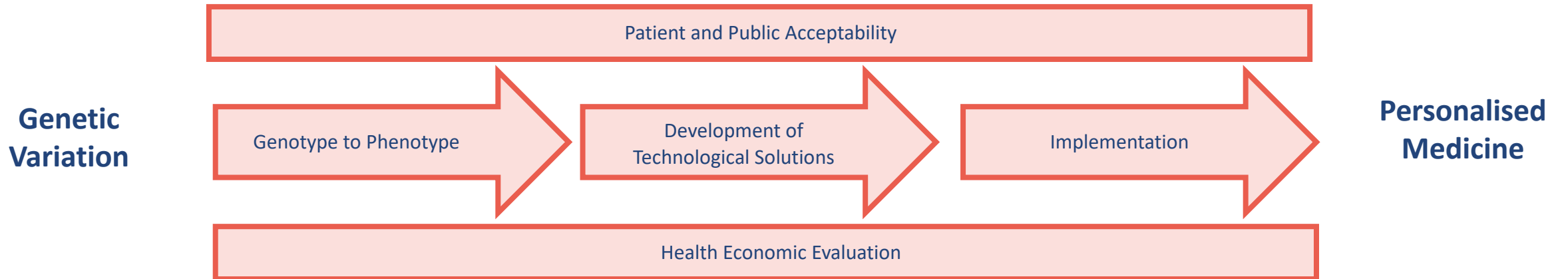
- Stroke risk is twice as high in the most deprived groups compared to least deprived
- Strokes happen more often in people who are from Black African, Black Caribbean, or South Asian family backgrounds
- Clopidogrel resistance (*CYP2C19* LOF alleles) present disproportionately across different ethnic groups
- LOF carriers have 46% increased risk of recurrent stroke when taking clopidogrel



Pharmacogenomics in practice



The NHS England PROGRESS Programme



The NHS England PROGRESS Programme

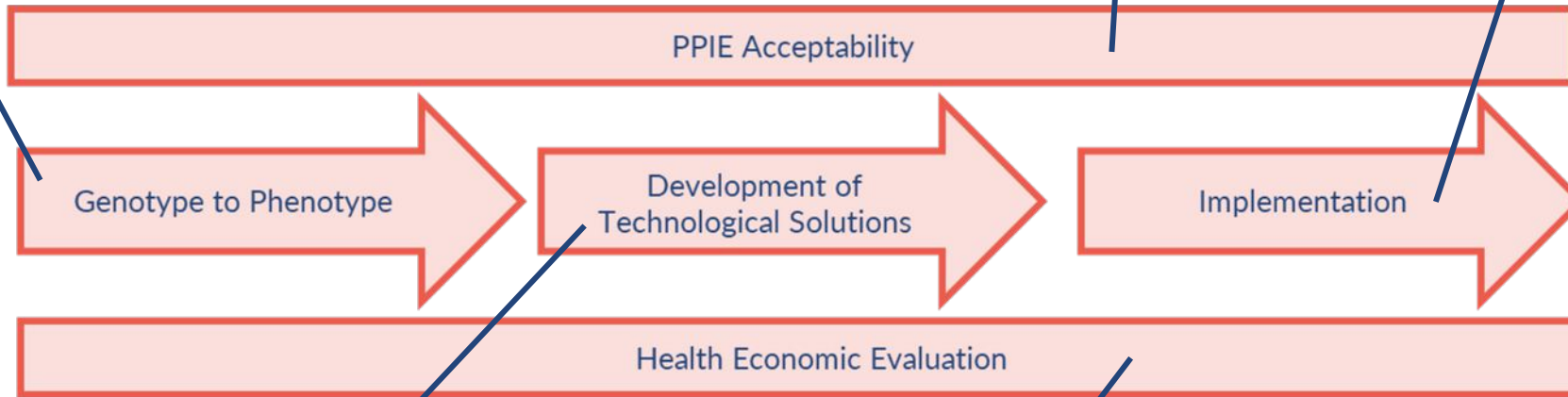


*Who should have pharmacogenomic testing?
Which gene drug pairs should we implement?
In what clinical contexts?*

*What are patient and public attitudes towards
pharmacogenomic testing and data re-use?
How might patients access their data?*

*How does any "intervention" fit into a
complex healthcare environment?
How do we scale?*

**Genetic
Variation**



**Personalised
Medicine**

*What should our genetic testing approaches be?
How do we surface the data in a clinically relevant
format + timeframe?*

*How do you assess the cost effectiveness of
pharmacogenomic testing?
How can the benefits of data re-use be quantified?*

Implementation – The PROGRESS Study

Trigger: Prescription of a new medicine
(Antidepressant, Statin, PPI, Opioid)

Undertaken via Research Ethics

PGx Guided Prescribing

Greater Manchester



Liverpool



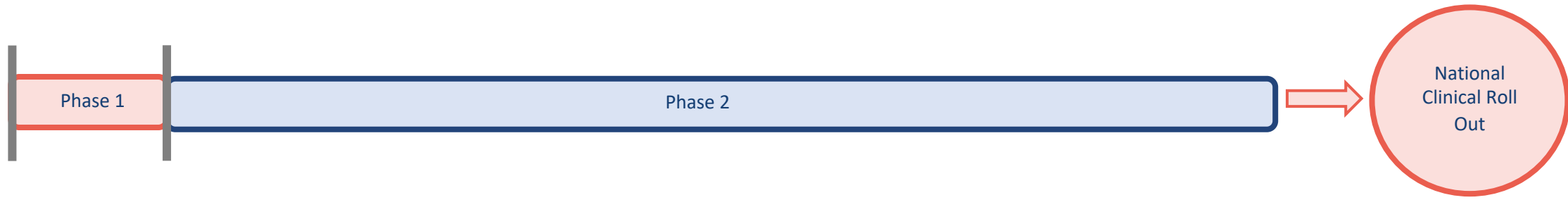
Blackpool



June 2023 June 2024

Phase 1

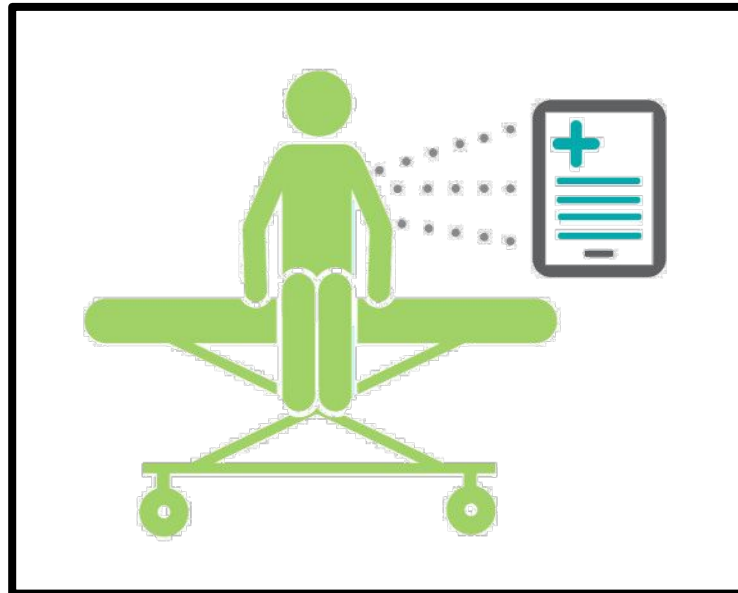
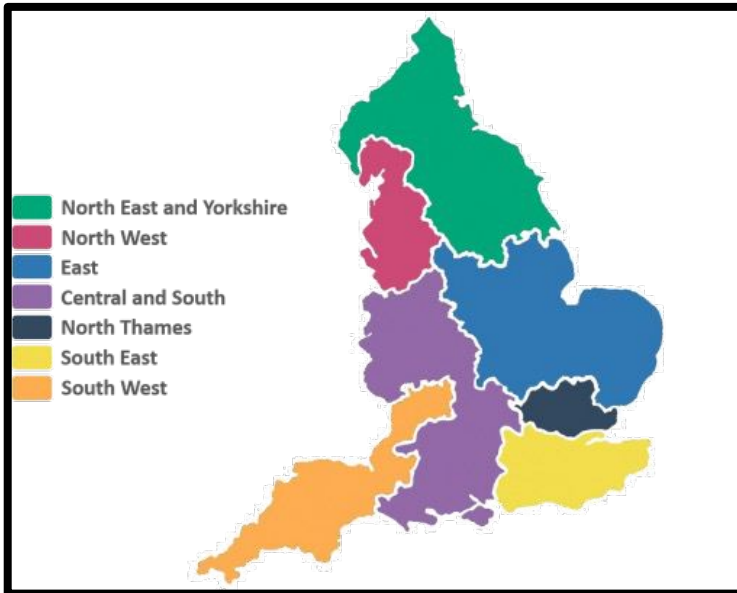
Phase 1 Outcomes: Process Outcomes, Prescribing
Modification, Frequency of Clinically Relevant PGx
Variation



Expand recruitment geography

Optimised recruitment & consent process

Integrate with other EHR Providers



Why Pharmacy?

*“Since pharmacogenomics results are clinically
inconsequential
unless considered in the context of drug therapy...
having pharmacists... coordinate this new and
expanding type of clinical service would be a logical use
of their medication expertise”*

Dunnenberger H, Biszewski M, Bell G, Sereika A, May H, Johnson S, Hulick P, Khandekar J. Implementation of a multidisciplinary pharmacogenomics clinic in a community health system. *American Journal of Health-System Pharmacy*. 2016;73(23):1956-1966.

PALOH (Pharmacogenetics to Avoid Loss Of Hearing) study



Health

NHS to use test that prevents babies going deaf

10 hours ago



GETTY IMAGES

By James Gallacher

- Investigated point-of-care testing for m.1555A>G in neonates
- Able to deliver test result in ~ 25 mins
- 3/751 babies variant identified and offered alternative antibiotic
- NICE Early Value Assessment (EVA) March 2023
Mc Dermott et al. *JAMA Pediatr.* 2022;176(5):486-492

Presumed Consent: Discuss



Health

NHS to use test that prevents babies going deaf

10 hours ago



GETTY IMAGES

By James Gallagher

- 60 minute window for antibiotics – limited time for consent
- Presumed consent
- Delay antibiotics to allow informed consent
- Don't test – risk hearing loss
- Switch antibiotic – antimicrobial resistance
- Maternal inheritance – family impact

Pharmacogenomics and mental health

Challenges:

- Antipsychotics & antidepressants can vary in therapeutic efficacy & clinical outcome
- Many potential adverse effects, can be disabling/severe
- Non-adherence \Rightarrow can be >50%, often driven by above factors

Current research & evidence to support PGx testing in psychiatry:

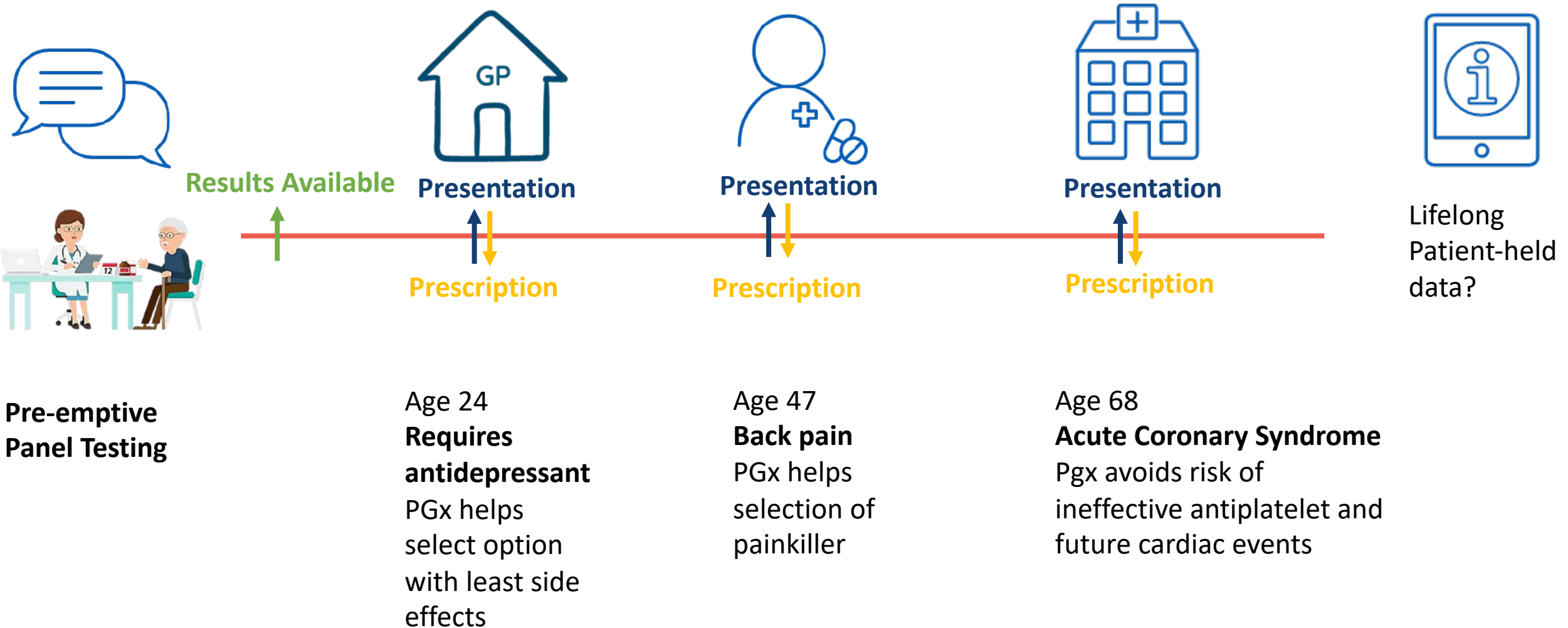
- higher response rates/symptom remission, greater adherence to treatment

PGx plays a significant role in PK of these drugs mainly via CYP metabolism \Rightarrow genetic variation in **CYP2D6**, **CYP2C19** most relevant for psychotropic drugs

Evidence-based guidelines (CPIC) are available to provide prescribing recommendations based on genotype

- SSRIs, TCAs, Atomoxetine, Anti-epileptics (phenytoin, carbamazepine)

The Opportunity: Personalising Healthcare Through PGx



Thank you

Email:

Jessica.keen@mft.nhs.uk



@JessicaKPharma1

Please visit our poster

www.nw-gmsa.nhs.uk