

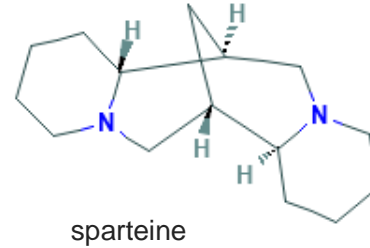
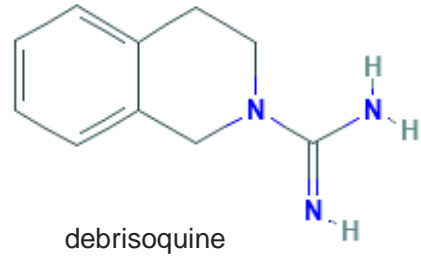
Substrate-specific metabolism of CYP2D6: How can CYP2D6 phenotype prediction be improved?

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Division of Clinical Pharmacology, Toxicology & Therapeutic Innovation

CYP2D6 (Debrisoquine-Sparteine Polymorphism)



- First discovered on debrisoquine and sparteine in the 1970s
- Metabolizes many clinically used drugs
- Highly polymorphic gene locus
- Large inter-individual variation of CYP2D6 activity
- Incidence of poor and ultrarapid metabolism varies widely across populations
- Risk of adverse events or treatment failure for extreme phenotypes
- Five CPIC guidelines (codeine, SSRIs, TCAs, ondansetron and tamoxifen)

Selection of drugs metabolized by CYP2D6

Antiarrhythmics

encainide
flecainide
sparteine
perhexiline
propafenone
mexiletine

Others

alprenolol
amphetamine
atomoxetine (Strattera)
bufuralol
chlorpheniramine
codeine
debrisoquine
dexfenfluramine
dextromethorphan
duloxetine
lidocaine
metoclopramide
methoxyamphetamine
ondansetron
oxycodon
perhexiline
phenacetin
phenformin
promethazine
tamoxifen
tramadol

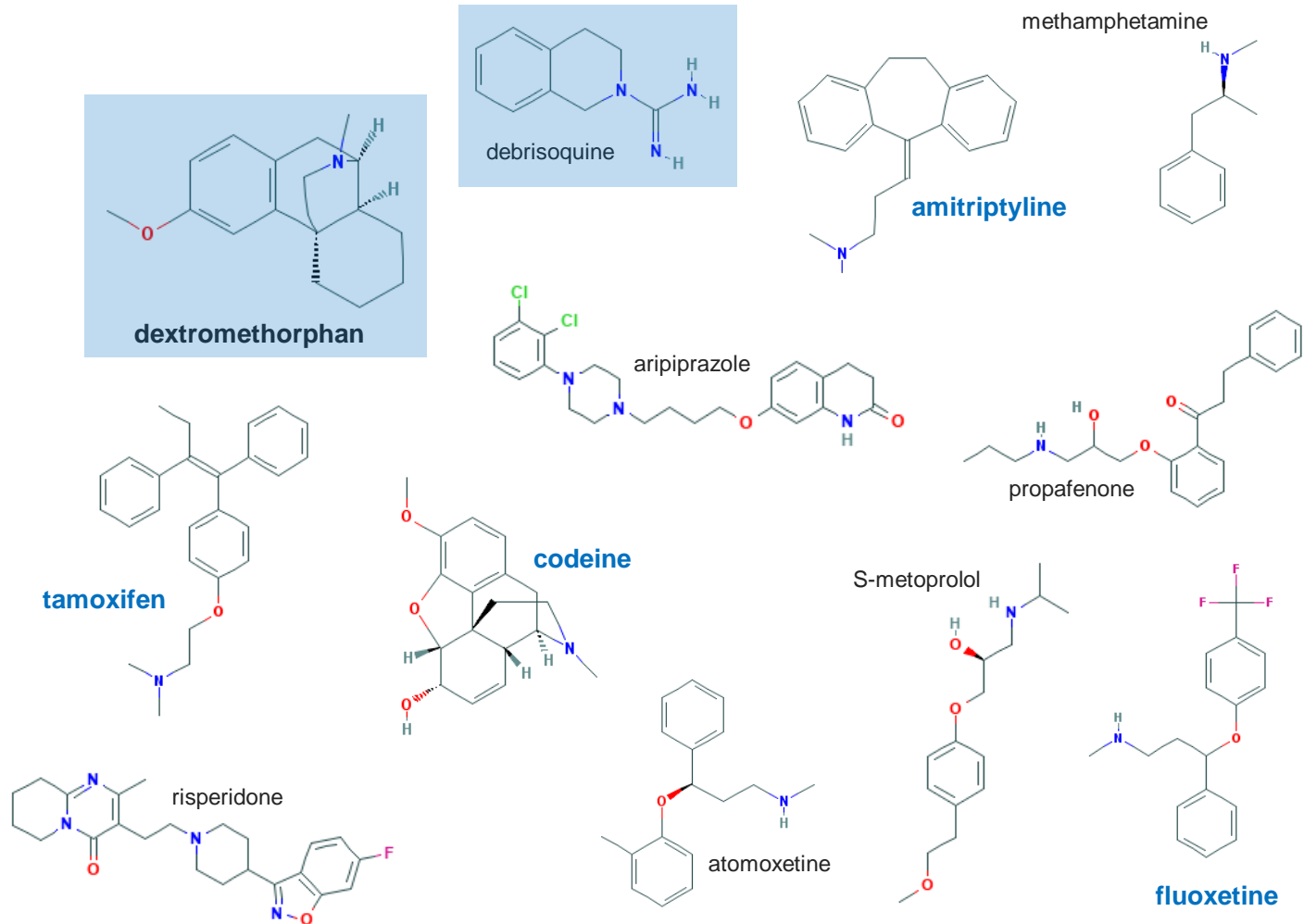
β -blockers

Carvedilol
S-metoprolol
nebivolol\
Propafenone
timolol

Antidepressants

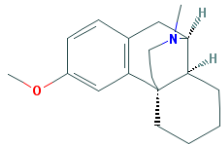
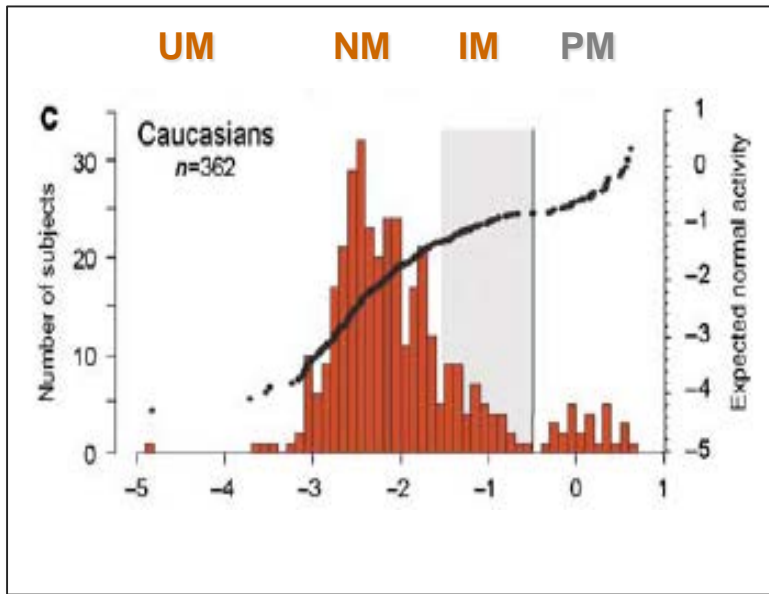
Antipsychotics

amitriptyline
aripiprazole
clomipramine
chlorpromazine
desipramine
duloxetine
fluoxetine (Prozac)
fluvoxamine
haloperidol
imipramine
minaprine
nortriptyline
paroxetine
perphenazine
risperidone
thioridazine
venlafaxine
zuclopenthixol

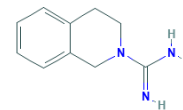
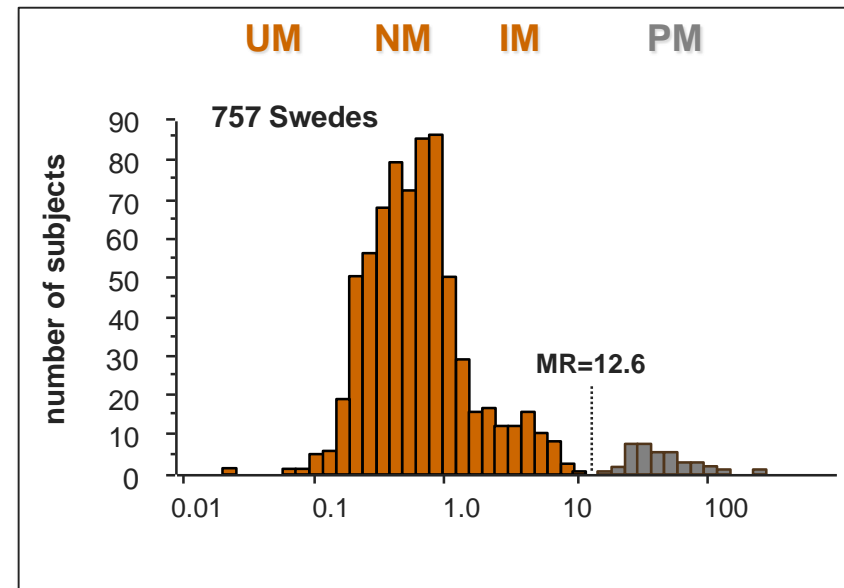


CYP2D6 activity

- Urinary metabolic ratios of a probe drug serve as a measure of CYP2D6 activity



DM/DX



Debrisoquine/4-OH

CYP2D6 allele definitions



The Pharmacogene Variation (PharmVar) Consortium is a central repository for pharmacogene (PGx) variation that focuses on haplotype structure and allelic variation. The information in this resource facilitates the interpretation of pharmacogenetic test results to guide precision medicine.

The Pharmacogene Variation (PharmVar) Consortium is the new home for PGx gene nomenclature and serves as a centralized "Next-Generation" Pharmacogene Variation data repository. After more than 15 years, the Human Cytochrome P450 (CYP) Allele Nomenclature website has been transitioned from its original location at the Karolinska Institutet in Sweden to Children's Mercy in Kansas City, USA. A new interactive database is under development and will be launched in early 2018. The first version of the PharmVar database will contain the high-priority CYP2C9, CYP2C19 and CYP2D6 genes; other P450 genes will be transferred to PharmVar within the first year of the project (once a gene is transferred into PharmVar, it will receive legacy status on the Nomenclature website). Other PGx genes including clinically actionable CPIC genes will be added in the future.

PharmVar Publication

An inaugural article on PharmVar has been published in [Clinical Pharmacology & Therapeutics](#). Details available on the [publications](#) page.

Original content from the [cypalleles.ki.se](#) site is available through the [archive](#)

PharmVar interactive database for *CYP2D6*,
CYP2C9 and *CYP2C19* launched this week
www.PharmVar.org

of defined allelic variants: 105

of possible diplotypes: 7752

Genetic variations comprise

- Single nucleotide polymorphisms (SNPs)
- Small deletions or insertions (indels)
- Large deletions (e.g. entire gene)
- Gene copy number variation (CNVs)
- Structural variation (hybrid genes, tandems)

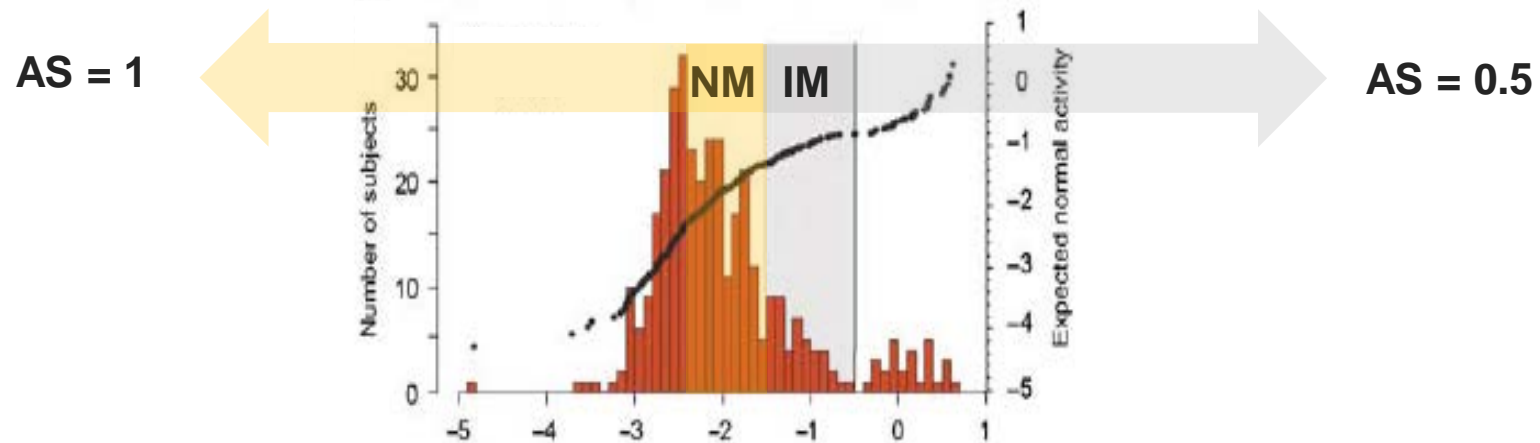
Activity Score (AS)

- **To facilitate translation of diplotypes into phenotype**
 - Assigning a value to each allele reflecting its perceived activity towards a given substrate
 - AS = sum of the values of both alleles
 - Duplicated genes receive double the value of their single counterparts
 - Used in CPIC guidelines

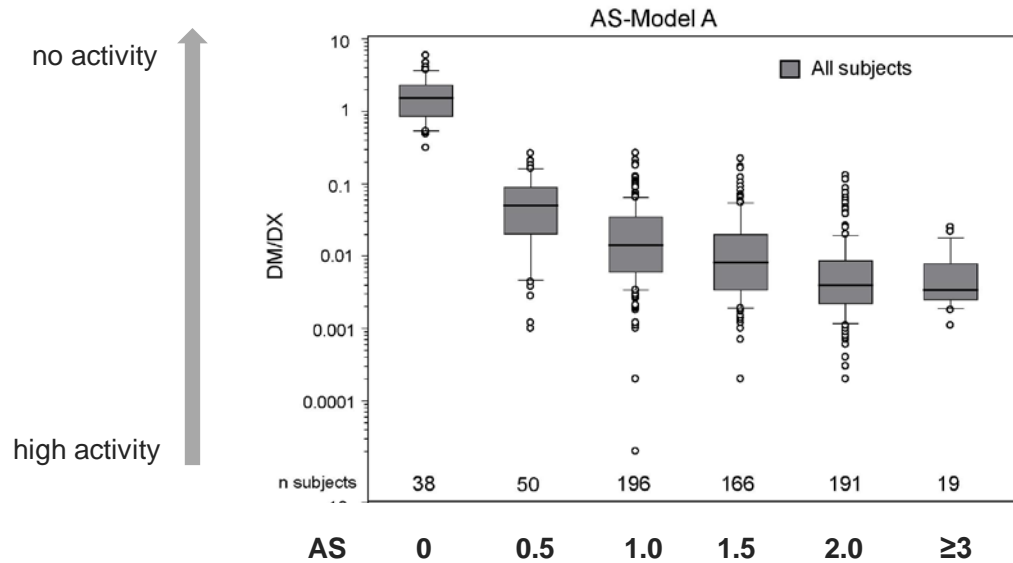
Functional Status	Value assigned	Alleles (selection)
Increased function	2 (3)	*1x2, *2x2, *35x2, *45x2 (x3)
Normal function	1	*1, *2, *27, *33, *35, *39, *45, *46, *48, *53..... *9x2, *10x2, *17x2, *29x2.....
Decreased function	0.5	*9, *10, *14B, *17, *29, *41, *49, etc
No function	0	*3, *4, *5, *6, *7, *8, *11, *12, *13, *14A, *15.....

Activity Score (AS)

Metabolizer Status	Activity Score	Diplotypes (selection)
Ultrarapid metabolizer (UM)	≥ 2.5	*1/*2x2, *2x2/*35x2....
Normal metabolizer (NM)	1.5-2	*1/*1, *1/*2, *1/*41, *2/*10.....
	1	*1/*4, *2/*5, *41/*41, *9/*17.....
Intermediate metabolizer (IM)	1	
	0.5	*4/*10, *5/*17, *6/*41.....
Poor metabolizers (PM)	0	*4/*5, *3/*6, *12/*84....



Relationship between DM/DX and AS



Subjects: 672

Alleles tested: 21 + gene duplications

Genotypes: 94

Activity Score groups: 6

Variability explained by AS: 55%

Variability explained by genotype: 59%

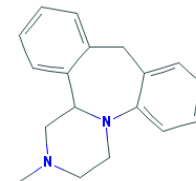
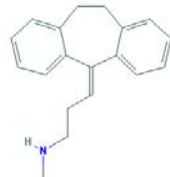
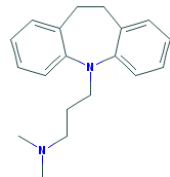
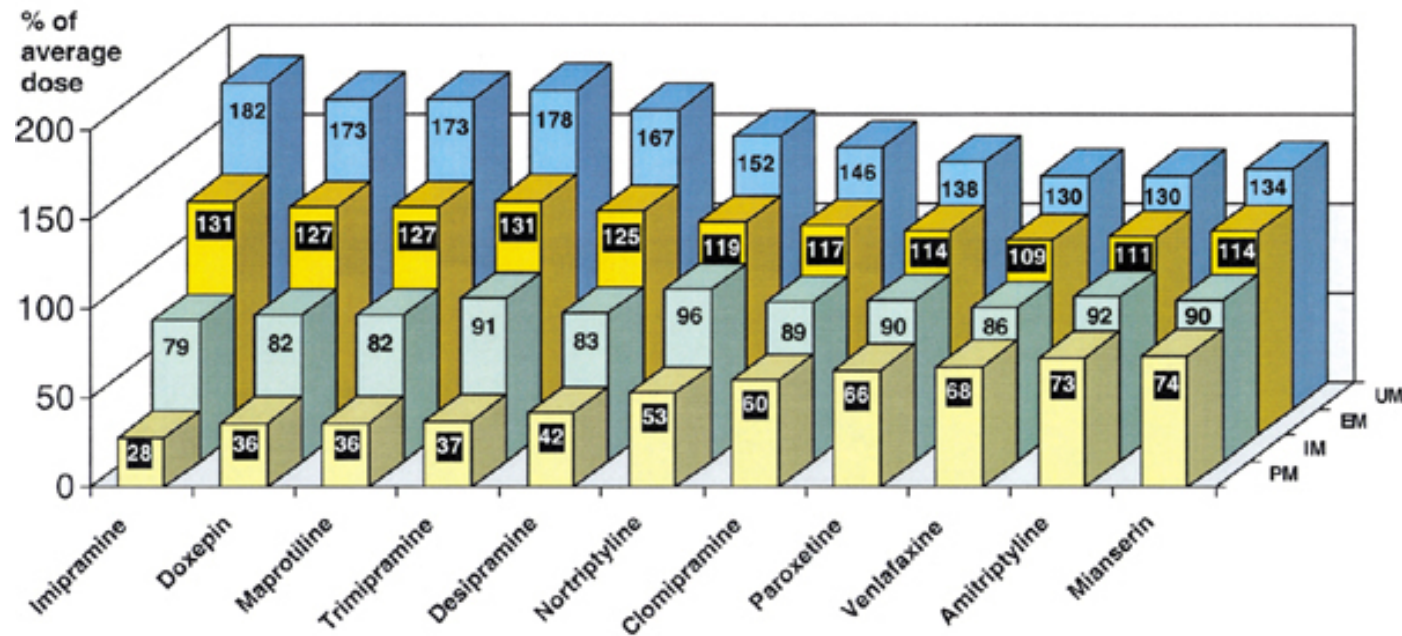
Limitations and challenges of the Activity Score

- Accuracy of the function/activity assigned to an allele
 - Categorical (no, decreased, normal and increased function)
 - No or limited data
- Different ways to measure “activity” or “metabolic capacity”
 - What is the best experimental approach to determine the activity of an allele or diplotype?
- Activity of an allele may be substrate-specific
 - Substrate may act as inhibitor



Genotype-based dose adaptations as % of recommended 'usual' dose

PGx of antidepressants and antipsychotics: contribution of allelic variation to the phenotype of drug response – a meta analysis



CYP2D6*17: wide range of activity

Substrate	CYP2D6.17 % of CYP2D6.1
chlomipramine	15
dextromethorphan	29
fluphenazine	34
bufuralol	38
timolol	46
metoprolol	58
propafenone	62
thioridazine	70
debrisoquine	71
sparteine	87



In-vitro systems

COS-7 cell
expressed
protein

Protein	DM	bufuralol
	V_{max}/K_m	V_{max}/K_m
	% CYP2D6.1	% CYP2D6.1
CYP2D6.1		
CYP2D6.2	71	72
CYP2D6.17	25	37

decreased function

Baculovirus
expressed
protein
(Supersomes)

Protein	DM	bufuralol	debrisoquine
	V_{max}/K_m	V_{max}/K_m	V_{max}/K_m
	% CYP2D6.1	% CYP2D6.1	% CYP2D6.1
CYP2D6.1			
CYP2D6.2	109	117	101
CYP2D6.17	18	22	22

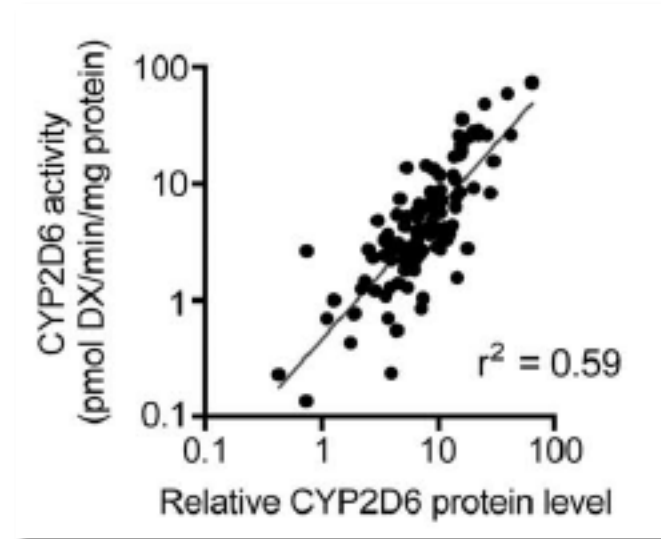
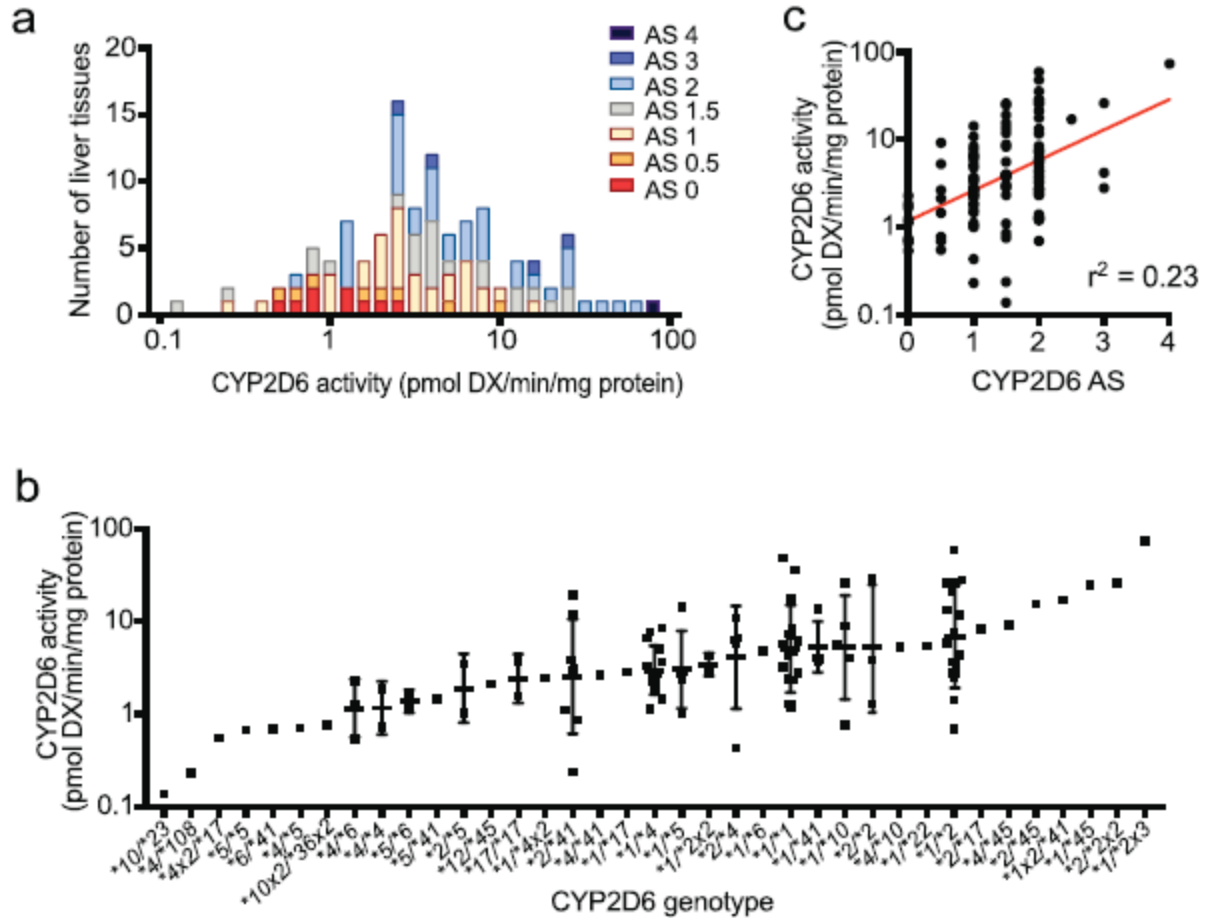
normal function
decreased function

In-vitro systems

substrate	CYP2D6.10 % of CYP2D6.1	CYP2D6.17 % of CYP2D6.1
nortriptyline	1.3	7.3
bufuralol	3.7	22.8
dextromethorphan	5.3	16.8
tramadol	6.9	35.7
fluoxetine	7.5	8.17
atomoxetine	8.6	21.9
debrisoquine	11.8	64.2
codeine	27.9	80.4

Baculovirus-expressed
protein (Supersomes)

CYP2D6 activity in human liver



- **Protein level is a better predictor than AS**
- Protein levels not an option to test patients
- Difficult to find tissues with genotypes of interest

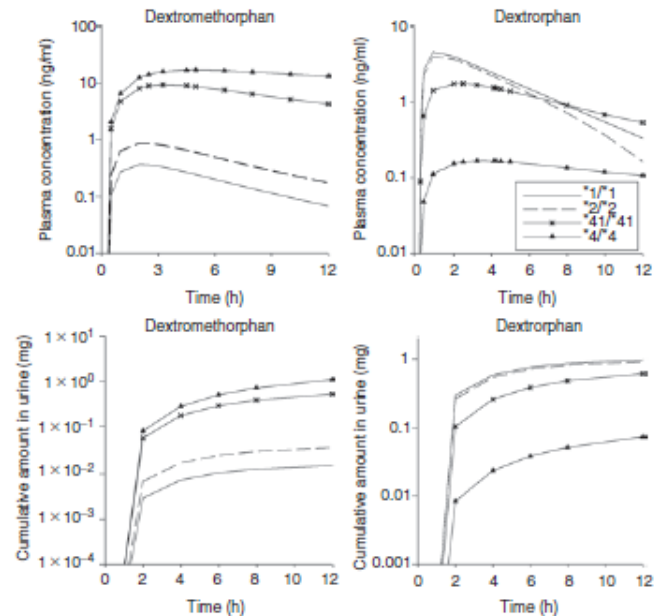
Assessment of Activity Levels for *CYP2D6**1, *CYP2D6**2, and *CYP2D6**41 Genes by Population Pharmacokinetics of Dextromethorphan

K Abduljalil^{1,2}, D Frank¹, A Gaedigk³, T Klaassen¹, D Tomalik-Scharte¹, A Jetter^{1,4}, U Jaehde⁵, J Kirchheiner⁶ and U Fuhr¹

CLINICAL PHARMACOLOGY & THERAPEUTICS | VOLUME 88 NUMBER 5 | NOVEMBER 2010

- 36 male subjects
- Plasma and urine
- Data modeled simultaneously using the population pharmacokinetics NONMEM software
- Five-compartment model adequately described the data
- Urinary pH was confirmed as a significant covariate for DM renal clearance
- ~55% of variability explained by genotype

- **Values of 1, 0.4 and 0.17 should be used for *1, *2 and *41, respectively**
- No data for other alleles
- Many alleles are rare – difficult to find subjects



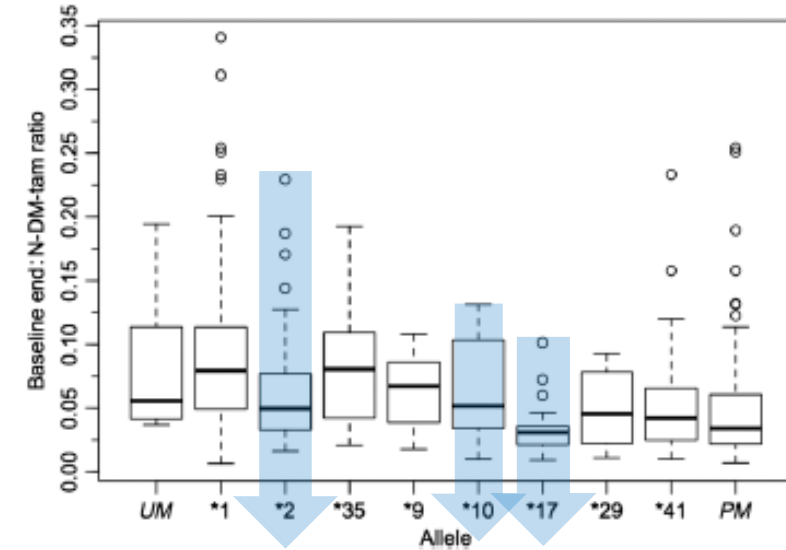
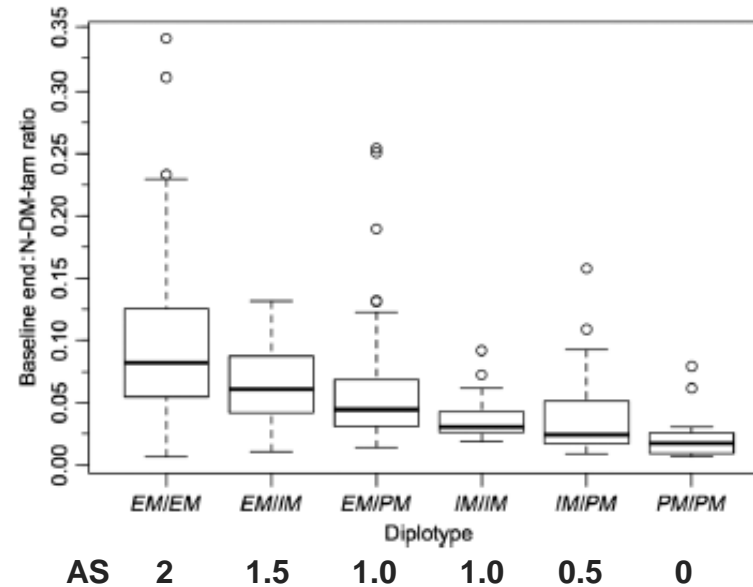
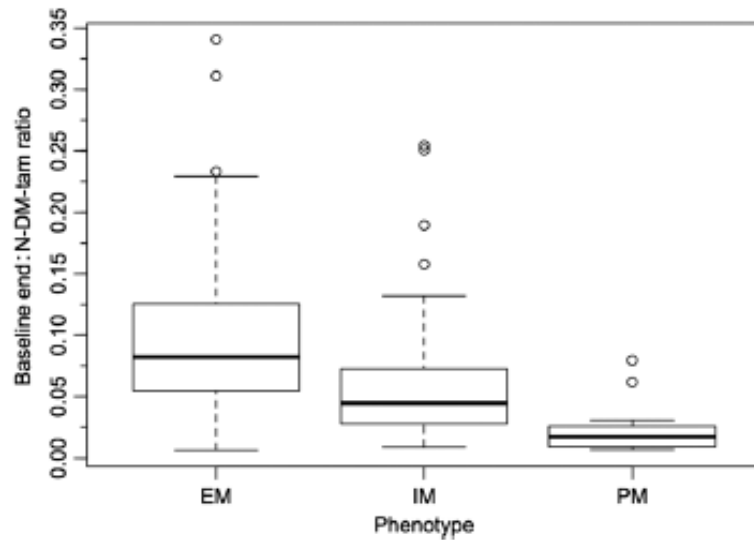
Model parameter ^a	Point estimate	95% CI
Components of apparent metabolic clearance CL ₂₃		
<i>CYP2D6</i> *1 (l/h, per gene copy)	5,010	3,579–6,441
<i>CYP2D6</i> *2 (l/h, per gene copy)	2,020	624–3,416
<i>CYP2D6</i> *41 (l/h, per gene copy)	85.0	63.8–106.2

In vivo assessment of the metabolic activity of CYP2D6 diplotypes and alleles

Daniel L. Hertz,¹ Anna C. Snavely,² Howard L. McLeod,³ Christine M. Walko,³ Joseph G. Ibrahim,⁴ Steven Anderson,⁵ Karen E. Weck,⁴ Gustav Magrinat,⁶ Oludamilola Olajide,⁷ Susan Moore,⁷ Rachel Raab,⁸ Daniel R. Carrizosa,⁹ Steven Corso,¹⁰ Garry Schwartz,¹¹ Jeffrey M. Peppercorn,¹² James P. Evans,⁴ David R. Jones,¹³ Zeruesenay Desta,¹³ David A. Flockhart,¹³ Lisa A. Carey⁴ & William J. Irvin Jr^{4,14}

Substrate specificity - tamoxifen

Plasma metabolic ratio of endoxifen/N-desmethyl-tamoxifen



How can the Activity Score system be improved?

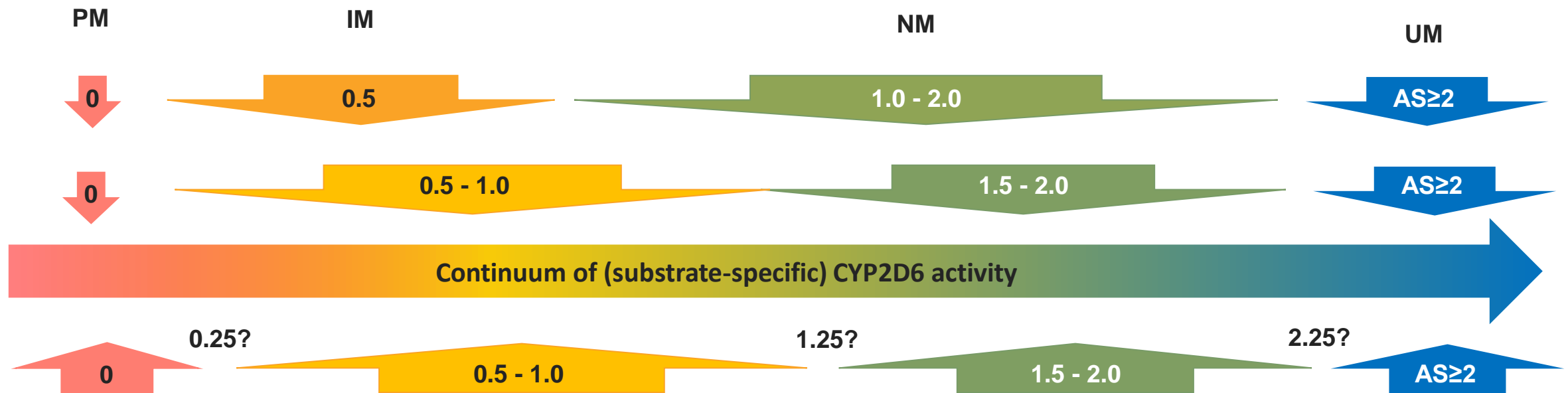
- How should function be determined to best inform the translation of genotype to phenotype?
 - A standardized approach to assign function is needed
 - Function currently assigned based on varied knowledge/evidence
 - A single activity label does likely not fit all substrates
 - Need a better understanding of other factors impacting metabolic capacity of an individual



Genotype translation standardization project

- **CPIC expert working group**

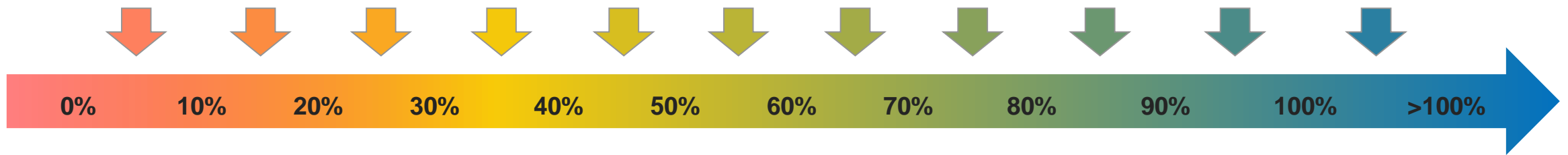
Find consensus of how to translate genotype into phenotype groups



Tweak the system by 'downgrading' *CYP2D6*10*, a severely decreased activity allele and introduce a value of 0.25 for Activity Score assignments

Percent Activity (PA) system

- Conceived from the discussions of the CPIC working group
 - System proposed by Daniel Hertz
 - Average of 2 alleles on a 0-1 scale vs adding 2 alleles on a 0-2 scale
 - Minimize information loss during allelic activity and phenotype assignment
 - More flexible, precise and intuitive meaning, e.g. 80%
 - Translate PA% into phenotype
 - Reanalyze existing large datasets (e.g. endoxifen/N-desmethyl-tamoxifen ratios as proof of concept)



GOLDILOKS

Genomic- and

Ontogeny-

Linked

Dose

Individualization
and

cLinical

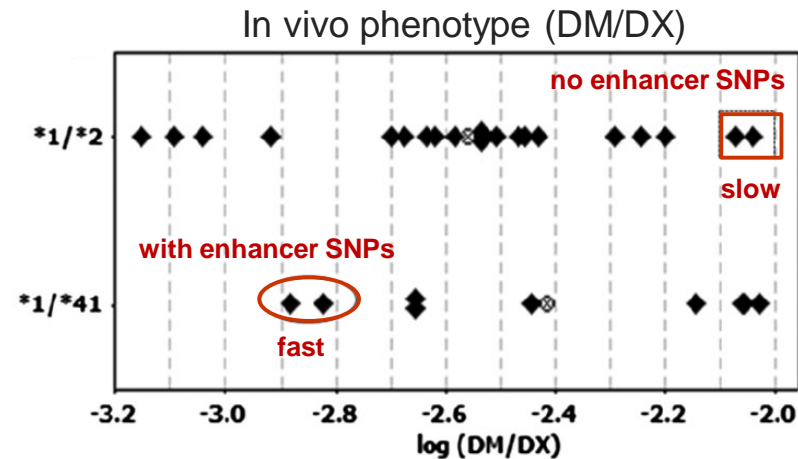
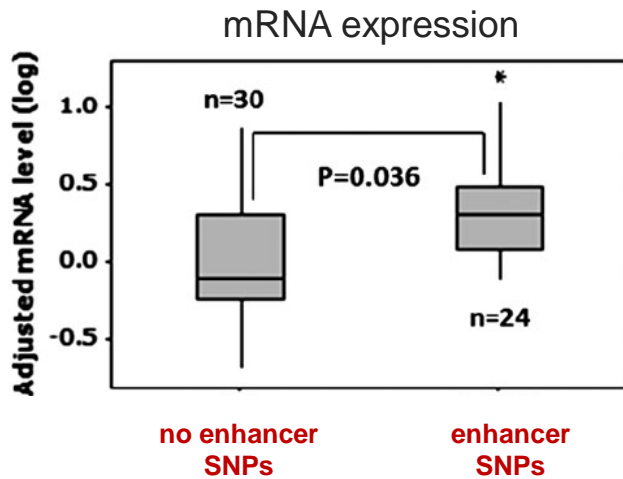
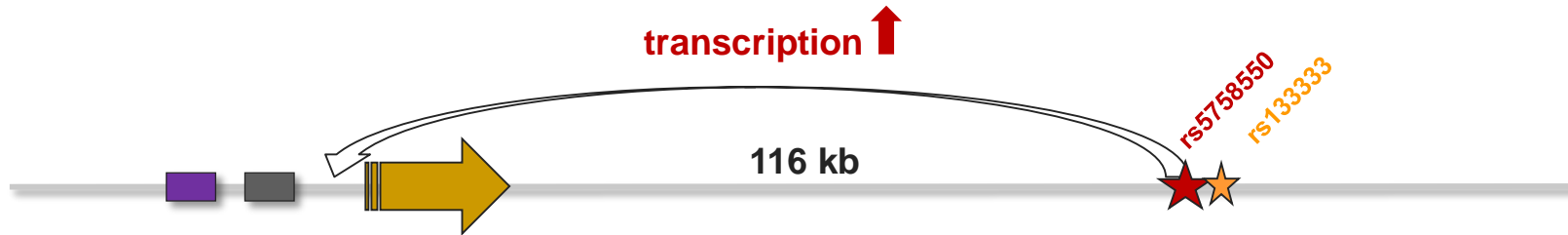
Optimization for

Kids



“Not too big, not too small ... the dose of medication that is ‘just right’ for your child”

U54 translational study

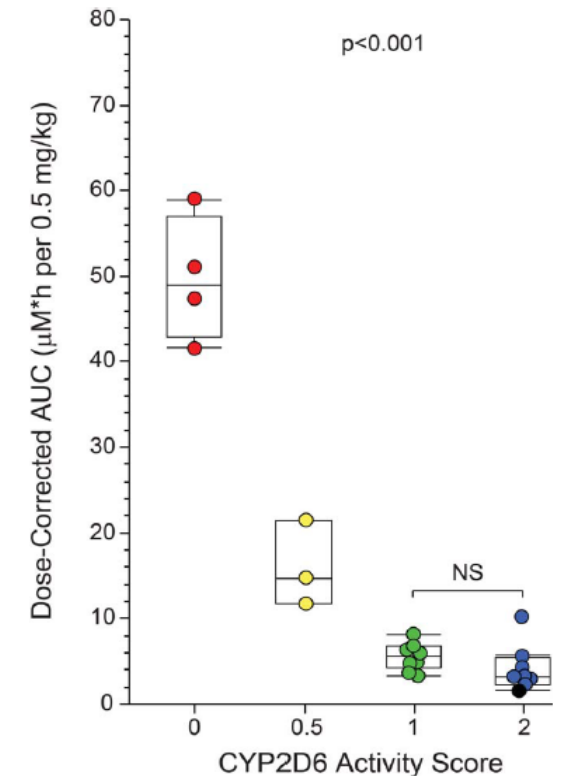


- Enhancer SNP 116 kb downstream of gene locus
- Increases transcription levels
- How much of the variability does the enhancer SNP explain?
- Which alleles have the enhancer SNP?
- Clinically relevant?
- Need to incorporate into the AS?

U54 clinical study



- Improve current PBPK model for atomoxetine
 - Published dataset (n=24); Validation study (n=24) nearly completed
 - Does the enhancer SNP improve phenotype prediction?
- Clinical Study
 - 120 subjects over 2 years (first patients enrolled)
 - Extensive clinical testing for ADHD diagnosis and response
 - Patients dosed to target exposure based on *CYP2D6* genotype
 - PK study on 2 occasions
 - Genotyped for other PGx genes that may affect PK and PD
- Refine model
- Metabolomics
 - to identify biomarker predictive of response



Atomoxetine-specific dosing algorithm



Atomoxetine Dosing Procedure

Body Weight (kg)

50

Height (cm)

125

Gender

- Male
 Female

Genetic Metabolizer

- Poor Metabolizer
 Intermediate Metabolizer
 Extensive Metabolizer 1
 Extensive Metabolizer 2

Obesity Status

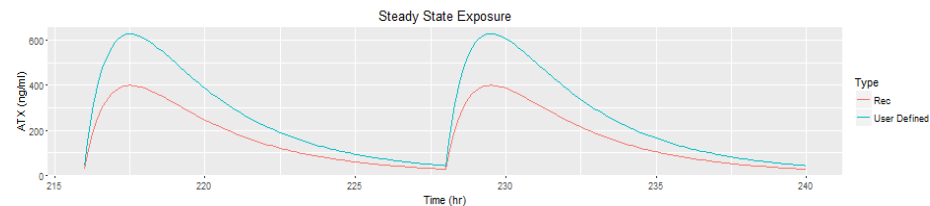
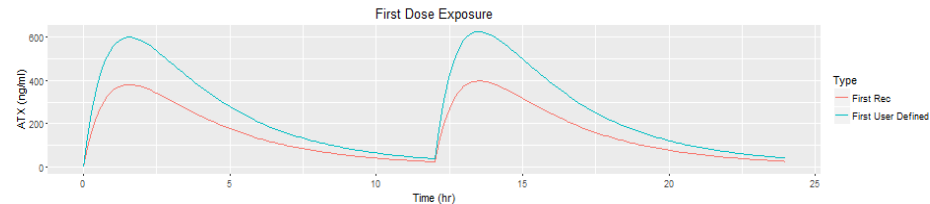
- Obese
 Not Obese

User Defined (mg)

60

Dosing Regimen

- QD



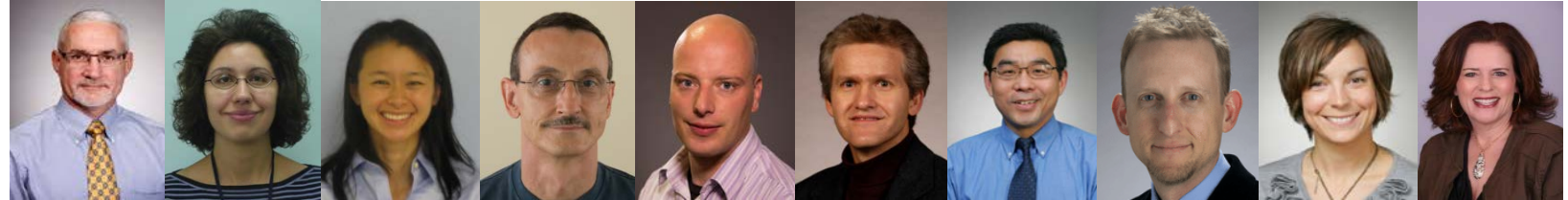
Dose Type	Dose (mg)	AUC (ng*hr/ml)	Cmax (ng/ml)	Tmax (hr)
1 User Defined (SS)	60.00	6481.54	628.57	229.50
2 Model Recommend (SS)	38.18	4124.66	400.00	229.50
3 User Defined (1st)	60.00	6265.28	624.58	13.50
4 Model Recommend (1st)	38.18	3987.04	397.47	13.50

What a **GOLDILOKs** atomoxetine interface might look like to guide precision drug therapy

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PharmVar
Pharmacogene Variation Consortium

