

# CYP2D6 Allelic Percentage Activity Estimation for Tamoxifen

Dan Hertz, PharmD, PhD

University of Michigan College of Pharmacy

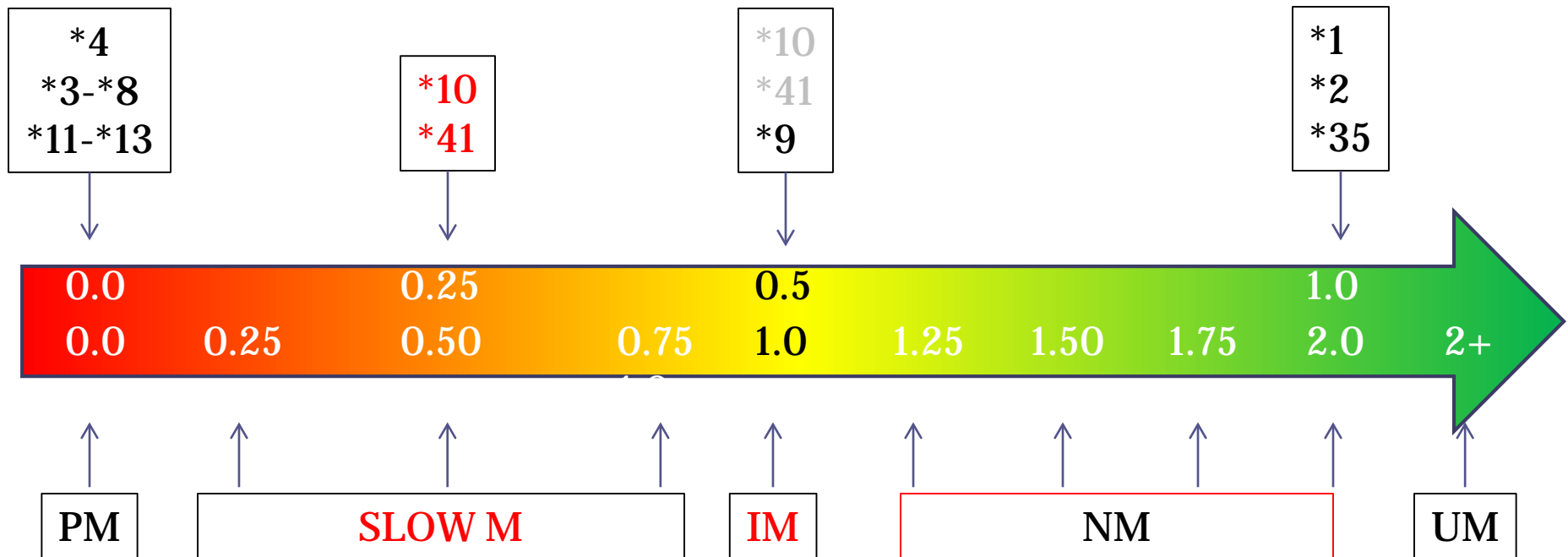
CPIC Conference Call

9/7/17

# AS System

## Allelic Activity Assignment

Assignment in units of 0.5 (now 0.25?)



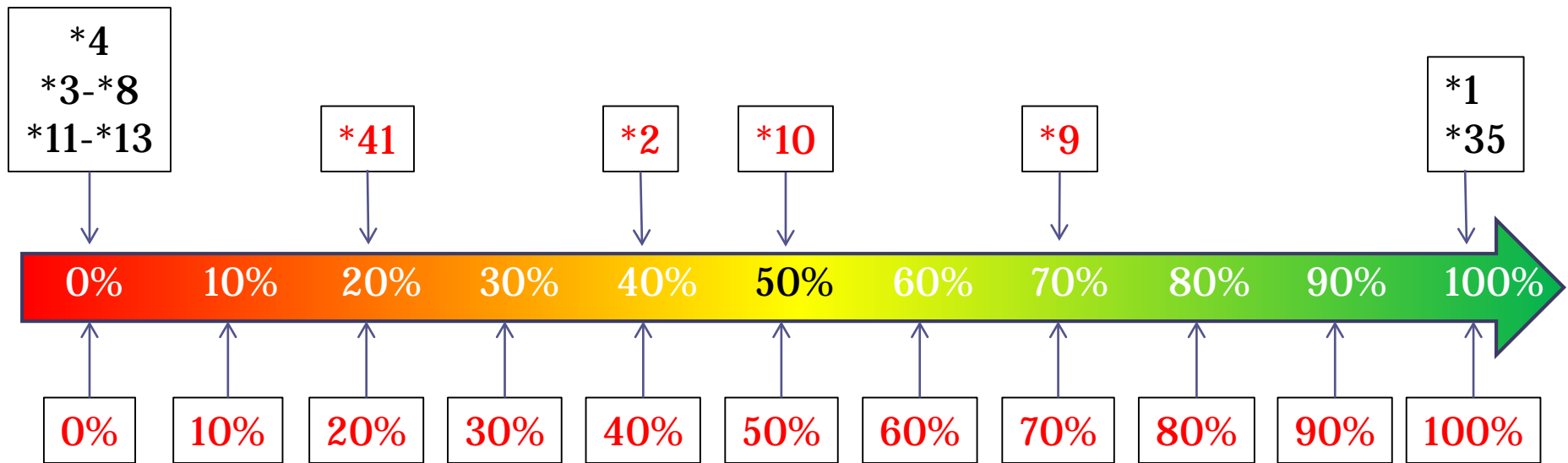
## Phenotype Assignment

Sum of 2 alleles on a 0-2 scale

# PA System

## Allelic Activity Assignment

Assignment in units of 10%



## Phenotype Assignment

Average of 2 alleles (rounded up to nearest 10%) on a 0-100% scale

# Benefits of PA System

- Allelic activity empirically derived and informative
  - Greater accuracy in phenotypic activity estimation
  - Inherently intuitive scale (0-100%)
- More easily accommodate substrate dependence
- Greater flexibility for treatment recommendations

# Feedback from CPIC CYP2D6 G2P

- **Enthusiasm for PA concept**
- **Concerns included:**
  - Lack of published data to estimate PA
  - Activity variability within genotypes
  - AS -> PA transition for implementers
- **Plan for moving forward:**
  - Short term: reconcile AS with other systems
  - Long term: generate data to consider PA system

# Proposal:

## CYP2D6 PA Estimation for Tamoxifen

- **Tamoxifen selected due to:**
  - Personal interest
  - Datasets with CYP2D6 genetics and endoxifen PK
    - 30+ cohorts with 5,000+ patients
  - Upcoming CYP2D6-tamoxifen CPIC guidelines
- **Methods**
  - Collect datasets
  - Comprehensive CYP2D6 genotyping
  - PA estimation within datasets
    - Meta-analysis across datasets -> variability

# Final Comments

- PA is a preliminary proposal for development
  - Suggestions for improvement are strongly encouraged
- If you have datasets with endoxifen and DNA/CYP2D6 genetics (or clinical data) and want to collaborate PLEASE contact me
  - [DLHertz@med.umich.edu](mailto:DLHertz@med.umich.edu)

# Thank You

Dan Hertz, PharmD, PhD

[DLHertz@med.umich.edu](mailto:DLHertz@med.umich.edu)

University of Michigan College of Pharmacy



**PHARMACY**  
UNIVERSITY OF MICHIGAN

# Percentage Activity Estimation

- Directly from data via linear regression
- Indirectly from published data
  - $PA=100*((X-PM)/(EM-PM))$
- From estimated activity data:
  - $*10=100*((0.051-0.034) / (0.079-0.034))$
  - $*10=38\% \rightarrow 40\%$
- From diplotype data with shared allele:
  - $*10=100*((5.54-2.15) / (7.42-2.15))$
  - $*10 \rightarrow 60\%$
- Published data is VERY sparse

Allele type	Allele	n	Median	Standard deviation	Scaled activity*
UM	Composite	9	0.056	0.053	0.71
EM	*1 (wild-type)	250	0.079	0.058	1.00
	*2	109	0.050	0.036	0.63
	*35	31	0.081	0.046	1.03
IM	*9	20	0.067	0.029	0.85
	*10	11	0.051	0.044	0.65
	*17	21	0.031	0.022	0.39
	*29	10	0.046	0.031	0.58
	*41/*41XN	87	0.042	0.035	0.53
PM	Composite	162	0.034	0.039	0.43

Hertz et al. British Journal of Clinical Pharmacology 2015

CYP2D6 genotypes	n	9-OH risperidone (ng/mL)
EM: *1/*10	39	7.42
*10: *10/*10	27	5.54
PM: *4/*10	3	2.15

Natchaya et al. Journal of Child and Adolescent Psychopharmacology. 2017

# PA CPIC Recommendations

- Use CPIC (left) or more precise thresholds (right)

Codeine Recommendations PA CPIC Equivalent	
>100% (UM)	Avoid
10%-100% (IM-NM)	Standard dose
0% (PM)	Avoid

Codeine Recommendations PA Precision*	
>200%	Avoid
130%-200%	Decrease dose 50%
40%-120%	Standard dose
10%-30%	Increase dose 50%
0%	Avoid

\*For illustration, NOT suggested recommendations

- CPIC (or an institution) can have as many bins as desired
- NOT recommending to change doses in increments of 10%!

# Potential Secondary Objectives

- **Discover/validate clinical and genetic predictors of endoxifen**
- **Apply algorithm to cohorts with efficacy outcomes**
- **Create tamoxifen dosing algorithm to achieve target endoxifen**