

POPular Genetics

Vera Deneer, ziekenhuisapotheker – klinisch farmacoloog

St. Antonius Ziekenhuis, Nieuwegein / Utrecht

GGG symposium, Amsterdam, 16 april 2015

Disclosure belangen spreker

(potentiële) belangenverstrengeling	Zie hieronder
Voor bijeenkomst mogelijk relevante relaties met bedrijven	Bedrijfsnamen
•Sponsoring of onderzoeksgeld •Honorarium of andere (financiële) vergoeding •Aandeelhouder •Andere relatie, namelijk ...	•AstraZeneca •n.v.t. •n.v.t. •n.v.t.

Duale antiplaatjestherapie

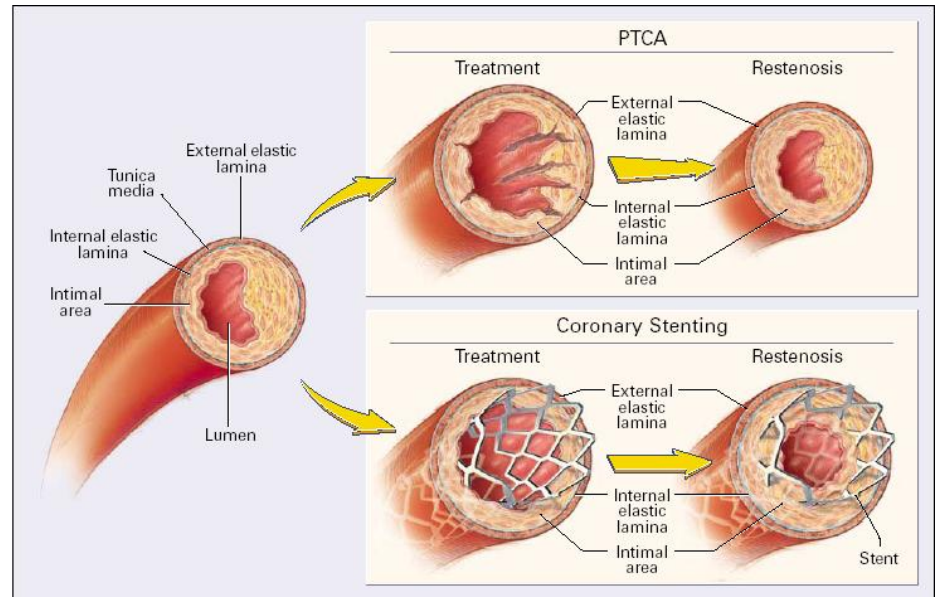
STEMI, primaire PCI

Acute stenttrombose:

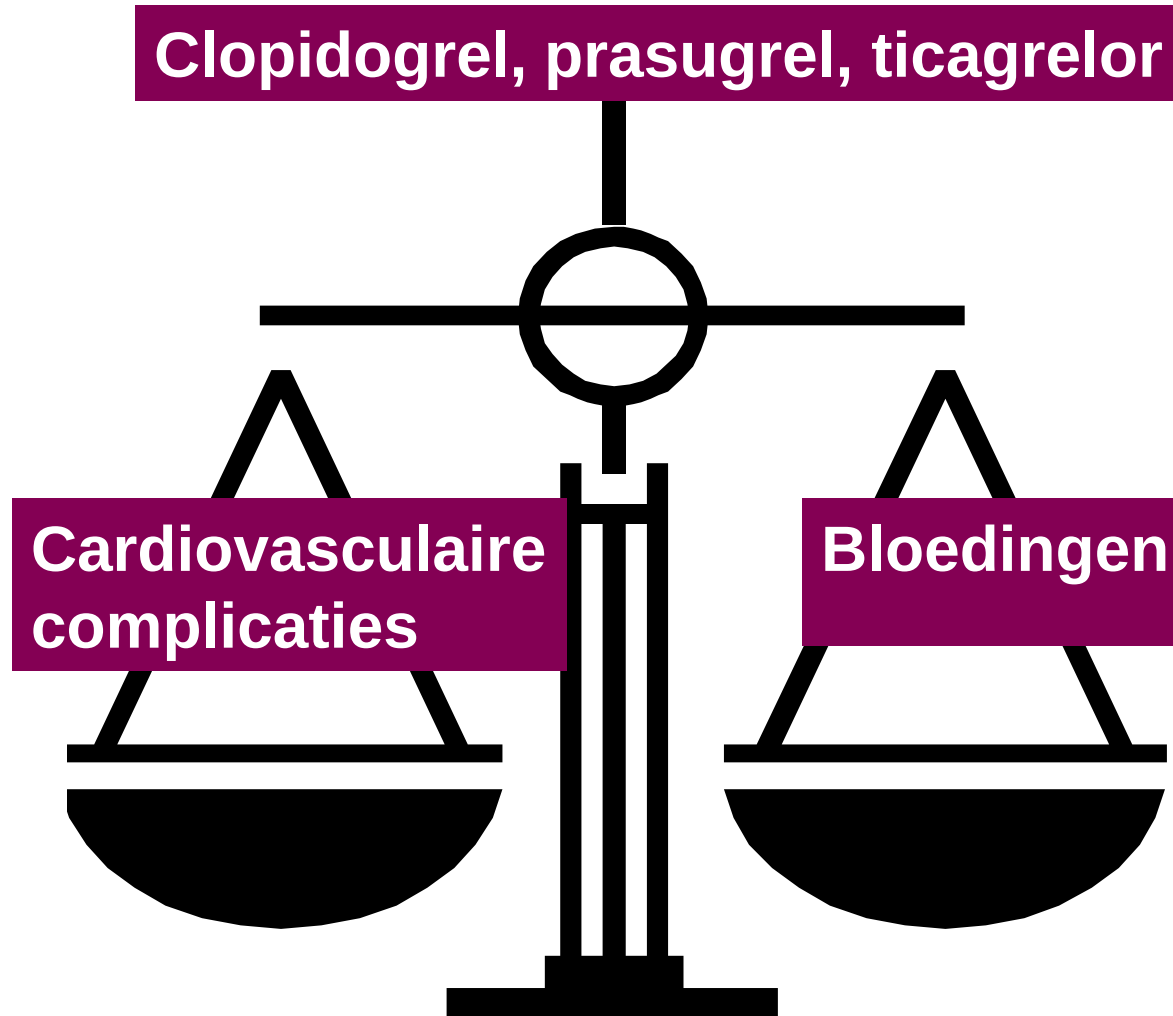
- **hoge mortaliteit**

ACS en PCI:

- acetylsalicylzuur in combinatie met clopidogrel, prasugrel of ticagrelor
- **voorkoming** stenttrombose, myocardinfarct, beroerte



Duale antiplaatjestherapie PCI met stent



Risicoscores atriumfibrilleren

CHA₂DS₂VASc

Risicofactor	Score
Congestive heart	1
➔ Hypertension	1
➔ Age >75	2
Diabetes mellitus	1
➔ Stroke/TIA/thrombo-embolism	2
Vascular disease	1
Age 65–74	1
Sex category (i.e. female sex)	1

HAS-BLED

Risicofactor	Score
Hypertension	1
Abnormal renal and liver function (1 point each)	1 or 2
Stroke	2
Bleeding	1
Labile INRs	2
Elderly (e.g. age >65 years)	1
Drugs or alcohol (1 point each)	1 or 2

Risicoscores acuut coronair syndroom

GRACE: in hospital death

Risicofactor

Age

➡ Heart rate

➡ Systolic blood pressure

➡ CHF

➡ Creatinine

ST –segment deviation

Cardiac arrest

Elevated troponin

CRUSADE: in hospital major bleeding

Risicofactor

Hematocrit

GFR: Cockcroft-Gault

Heart rate

Systolic blood pressure

Prior vascular disease

CHF

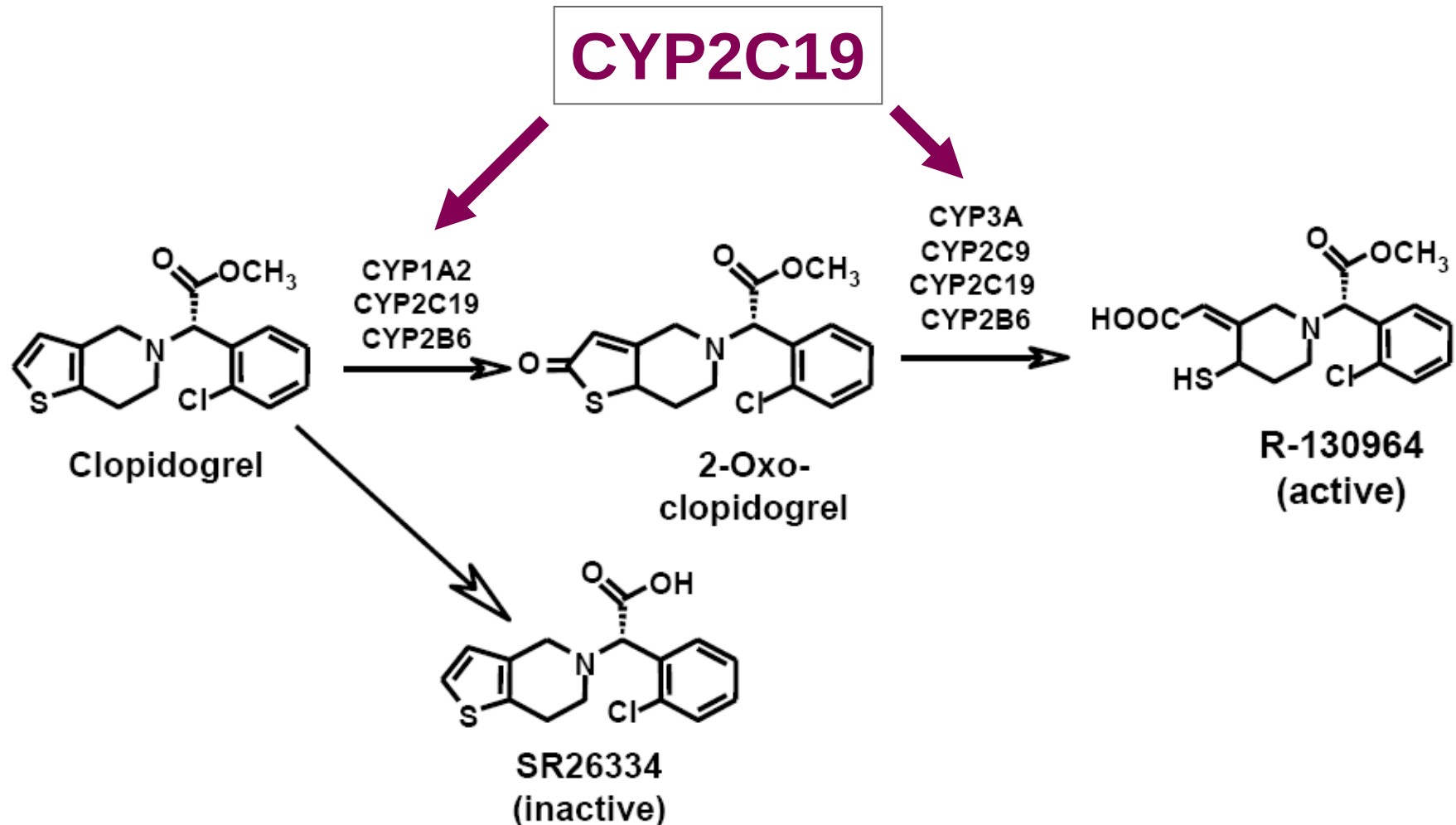
Sex



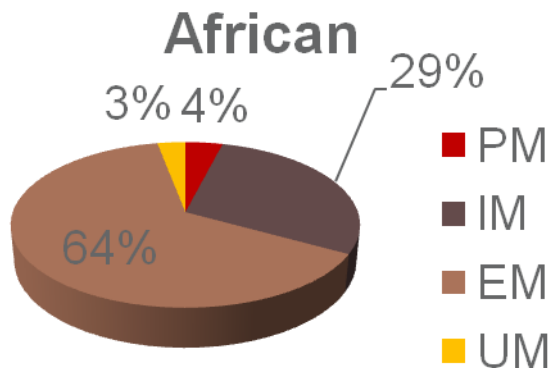
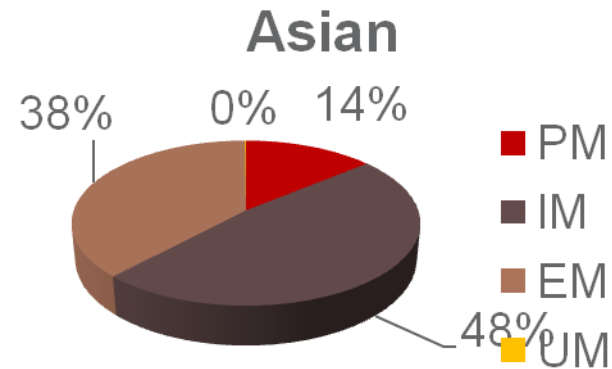
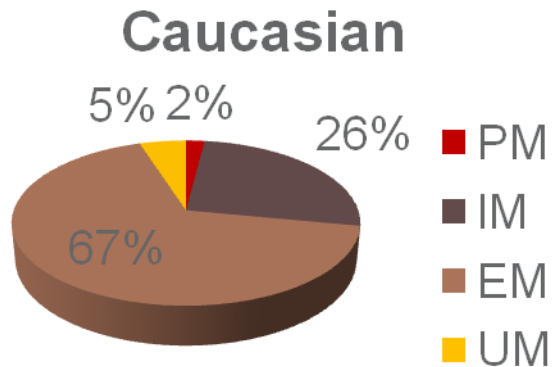
De afgelopen 10 jaar veel farmacogenetische studies:
Initieel geregistreerde geneesmiddelen, investigator initiated onderzoek

Meer informatie m.b.t. farmacogenetische biomarkers in SPCs

Metabolisme clopidogrel



CYP2C19 genotype en fenotype



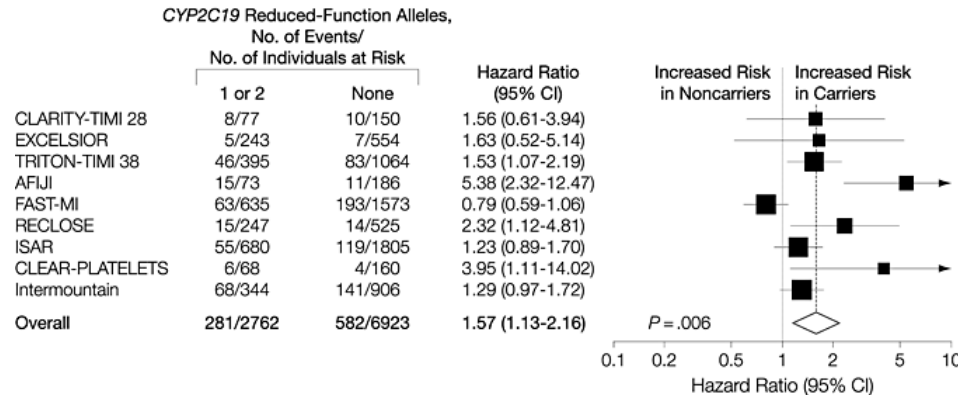
PM: poor metabolizer
IM: intermediate metabolizer
EM: extensive metabolizer
UM: ultrarapid metabolizer

IM en PM: **lagere concentratie actieve metaboliet** clopidogrel

IM en PM: **hogere plaatjesreactiviteit**

Klinische eindpunten clopidogrel: meta-analyse

A Carriers of 1 or 2 CYP2C19 Reduced-Function Alleles vs Noncarriers

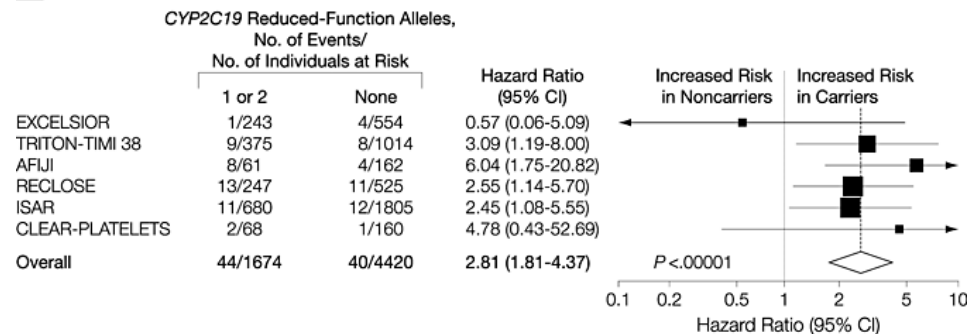


Dragers van 1 of 2 niet functionele CYP allelen

MACE:

HR 1.57 (1.13 – 2.16)

A Carriers of 1 or 2 CYP2C19 Reduced-Function Alleles vs Noncarriers



Stenttrombose

HR 2.81 (1.81 – 4.37)

EMA SPC Plavix

4.4. Special warnings and precautions for use

Cytochrome P450 2C19 (CYP2C19)

Pharmacogenetics: In patients who are poor CYP2C19 metabolisers, clopidogrel at recommended doses forms less of the active metabolite of clopidogrel and has a smaller effect on platelet function. Tests are available to identify a patient's CYP2C19 genotype.

FDA Label Plavix augustus 2010

WARNING: DIMINISHED EFFECTIVENESS IN POOR METABOLIZERS

See full prescribing information for complete boxed warning.

- Effectiveness of Plavix depends on activation to an active metabolite by the cytochrome P450 (CYP) system, principally CYP2C19. (5.1)
- Poor metabolizers treated with Plavix at recommended doses exhibit higher cardiovascular event rates following acute coronary syndrome (ACS) or percutaneous coronary intervention (PCI) than patients with normal CYP2C19 function. (12.5)
- Tests are available to identify a patient's CYP2C19 genotype and can be used as an aid in determining therapeutic strategy. (12.5)
- Consider alternative treatment or treatment strategies in patients identified as CYP2C19 poor metabolizers. (2.3, 5.1)

Gevolgd door expert opinion:

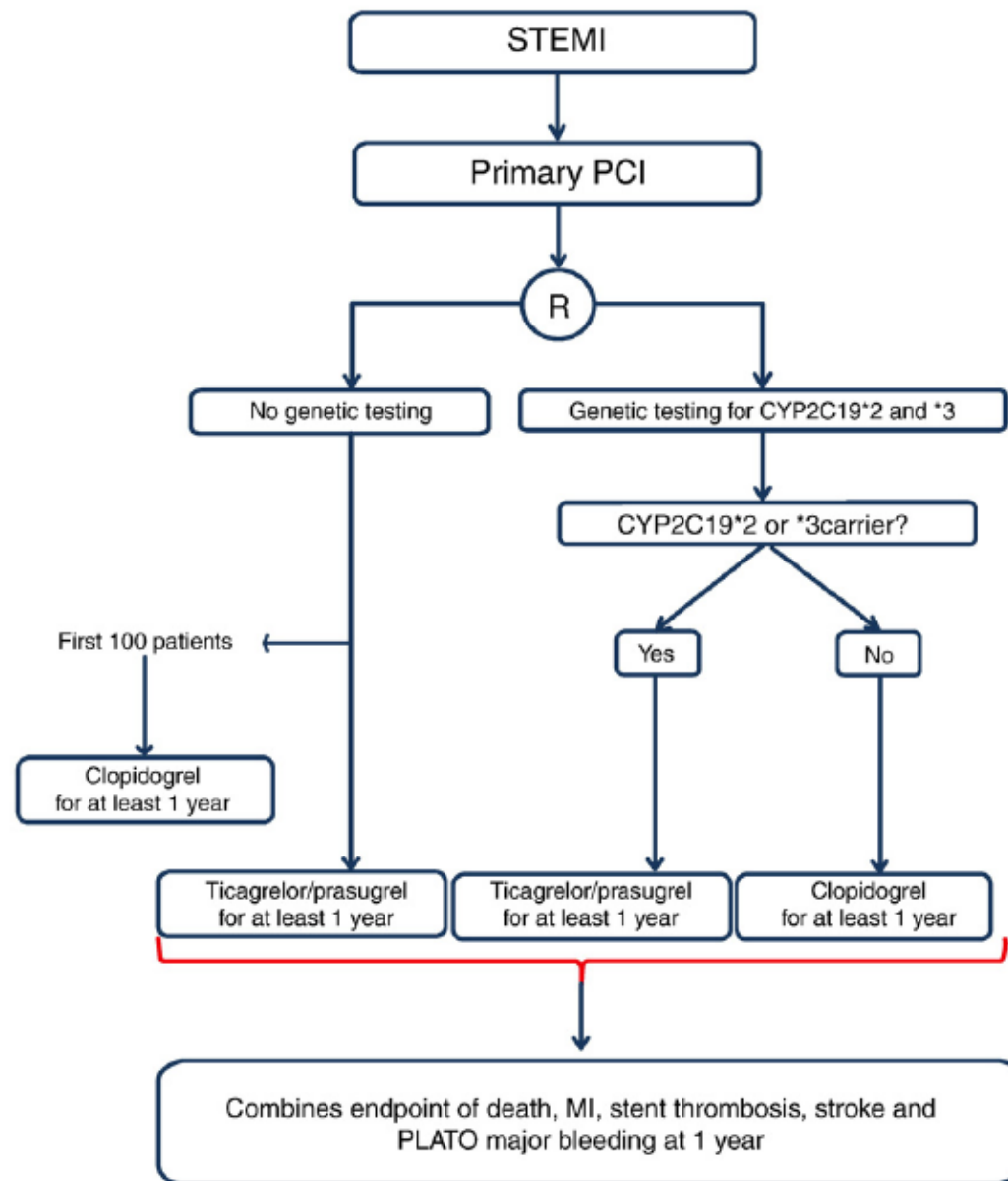
Geen gegevens effectiviteit op PGx gebaseerde farmacotherapie

POPular Genetics

Cost-effectiveness of CYP2C19 genotype guided treatment with antiplatelet drugs in patients with ST-segment-elevation myocardial infarction undergoing immediate percutaneous coronary intervention with stent implantation: **optimization of treatment**

Doelmatigheidsonderzoek: DO 171102022

Rationale and design, Am Heart J 2014; 168: 16-22.



POPular Genetics: primaire doelen

Net clinical benefit (gecombineerd eindpunt effectiviteit en veiligheid):

Vaststellen of PGx noninferieur is in vergelijking met ticagrelor of prasugrel

Veiligheid (PLATO major en minor bleedings):

Vaststellen of PGx superieur is in vergelijking met ticagrelor of prasugrel

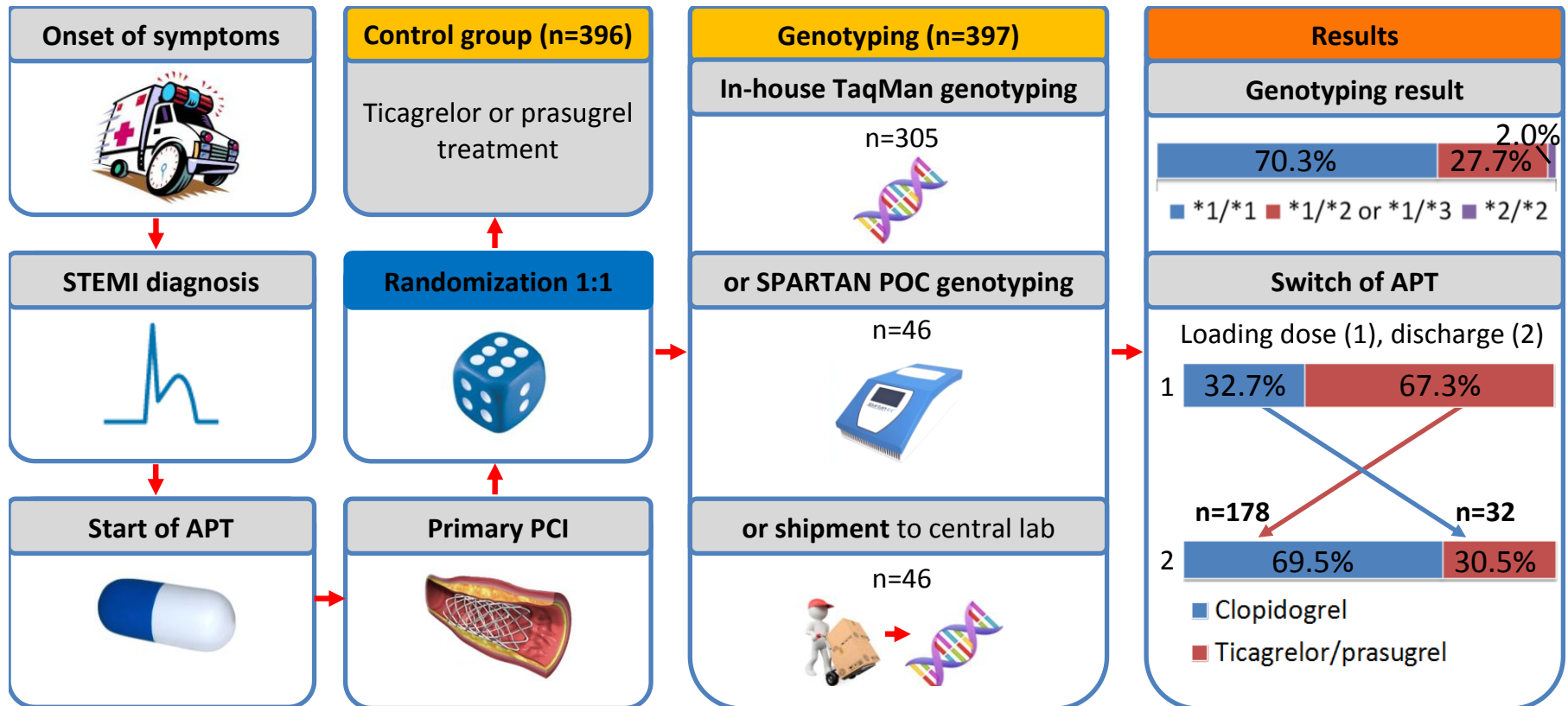
Kosten-effectiviteit en QoL:

Berekening QALY's, net costs per life-year gained, net costs per QALY

Inclusies op 15 april 2015: 1161

Centrum	Onderzoeker	Perc.
St. Antonius Ziekenhuis, Nieuwegein	Jur ten Berg	69.9%
Isala Klinieken, Zwolle	Arnoud van 't Hof	16.1%
UMC Utrecht	Folkert Asselbergs	6.5%
OLV Aalst	Vincent Flore	2.9%
OLVG, Amsterdam	Jean-Paul Herrman	2.4%
Meander Medisch Centrum, Amersfoort	Fabrizio Spano	1.1%
Amphia Ziekenhuis, Breda	Willem Dewilde	1.0%
Twee centra gaan starten		

POPular Genetics: feasibility



APT = antiplatelet therapy; POC = point of care; PCI = percutaneous coronary intervention

POPular Genetics: feasibility



Beloop

Wijziging beleid ambulances

- Van opladen met clopidogrel naar veelal ticagrelor

In 2012 nieuwe ECG richtlijn

- Eerste keus ticagrelor of prasugrel

Wijzigen controle groep (usual care), hypothese, vraagstelling

Commitment, concurrerende studies

Eindresultaat

Randomized clinical trial met klinisch relevante eindpunten

Indien hypothese wordt bevestigd; **PGx plaatjestherapie:**

- Netto klinisch voordeel gelijkwaardig
- Veiliger
- In ieder geval grote besparing op geneesmiddelkosten

Niet mogelijk zonder subsidie van ZonMw en gedreven klinici en onderzoekers

POPular Genetics

St. Antonius Ziekenhuis Nieuwegein, afdeling Cardiologie

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