# n°5PSQ-097 european association of hospital pharmacists

### **TOXICITY ASSOCIATED WITH GENE POLYMORPHISMS IN** PATIENTS WITH COLORECTAL CANCER, TREATED WITH FLUOROPYRIMIDINES AND ANALOGUES, IRINOTECAN **AND PLATINUM COORDINATION COMPLEXES**



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#### Background

Gene variants, such as Single Nucleotide Polymorphisms, have a clinical relevance in oncological field, when they encoding enzymes involved drugs affect genes in metabolism, drug influencing toxicity, treatment compliance and efficacy.

#### Purpose

The purpose of this work is to obtain data to choose a personalized therapy based on individual gene variations, minimize adverse events (AE) and avoid the discontinuation of therapy resulting in tumor progression.

## Material and methods

A retrospective study was conducted on 57 males and females, age ≥ 18, with colorectal cancer, in therapy with 5 protocols using different combinations of 5-fluorouracil, Irinotecan and Oxaliplatin.

The study evaluated the number of cases where therapy was temporarily discontinued or suspended due to AE that concerned hematological, neurological and gastrointestinal toxicity according to CTCAE system, which provides a numerical grading scale for AE description.

The prevalence of polymorphisms and association between toxicity and polymorphisms were evaluated calculating ODDS Ratios (OR) with 95% confidence interval. Chi-square statistical significance test was applied.



**10 polymorphisms were analyzed:** 10,53 12,28

**OR values allowed finding the association between** DPYDc496A>G toxicity above 2nd grade and presence of polymorphisms. The association is:

#### Results

**ABCC2rs818** 

SLC31A1

15,79	26,32	<ul> <li>ABCC2rs717</li> <li>DPYDc.1129- 5923C&gt;G</li> <li>DPYD*2Ac.1905+ 1G&gt;A</li> <li>DPYD*13c.1679T</li> <li>&gt;G</li> <li>DPYDc.2846A&gt;T</li> </ul>	<ul> <li>Strong positive (OR=10.68)</li> <li>Moderate (OR=3.58) a</li> <li>Moderate (OR=3.58) a</li> <li>Moderate (OR=3.58) a</li> <li>Moderate (OR=3.58) a</li> </ul>	itive for DPYD*2Ac.190 and UGT1A1*28 (OR=7 oositive for DPYDc.1129 and SLC31A1 (OR=2.13) negative for ABCC2rs81 DPYD*13c.1679T>G, DF 7 and GSTPi	5+1G>A (43) 5-5923C>G 8 (OR=0.33) PYDc496A>G,
GENE	VARIANT	STANDARD GENOTYPE	TOXICITY >G2	OR (95% CI)	<b>P VALUE</b>
DPYD	*2Ac.1905+1G>A	GG	1,75%	10,68 (0,41-278,65)	NS
UGT1A1	*28	*1*1	22,22%	7,43 (0,81-67,83)	<5%
DPYD	c.1129-5923C>G	CC	1,75%	3,58 (0,21-61,62)	NS
SLC31A1	rs1098169 4T>G		7,69%	2,13 (0,27-16,60)	NS

ABCC2	rs8187710(4544G>A)	GG	3,85%	0,33 (0,03-3,51)	NS
DPYD	*13c.1679T>G	TT	0%	1,07 (0,04-27,93)	NS
DPYD	<b>c496A&gt;G</b>	AA	3,51%	0,96 (0,17-5,31)	NS
ABCC2	rs717620(-24C>T)	CC	3,85%	0,80 (0,07-8,91)	NS
GSTPi	rs1695(313°>G)	AA	11,54%	1,13 (0,15-8,21)	NS

#### Conclusion

Often patients express different polymorphisms at the same time, developing a toxicity related to the summed effects of all the polymorphic variants. This problem is particularly important for chemotherapeutics that are administered at very high doses, close to toxic doses, and takes on a clinical and economic relevance. The study of genes, involved in the metabolism and transport of many drugs, allows predicting drugs toxicity and efficacy and, based on individual variations, establishing a personalized and safe therapy before the beginning of the treatment.

23rd Congress of European Association of Hospital Pharmacists (EAHP), Gothenburg, Sweden, 21 to 23 March 2018