

Table D.10 Examples of pharmacogenomic associations

Drug	Gene	Protein	Clinical significance
Abacavir	HLA	Human leucocyte antigen (HLA) system (also called the major histocompatibility complex, MHC)	Patients with HLA-B*5701, HLA-DR7 and HLA-DQ3 haplotype likely to experience a potentially life threatening hypersensitivity reaction
ACE inhibitors	Bradykinin beta ₂ receptor	Bradykinin beta ₂ receptor	Polymorphism in promoter region: 58 thymine(T)/cytosine(C). Patients homozygous for TT genotype are more susceptible to ACE Inhibitor-induced cough than those homozygous for CC genotype
Azathioprine, 6-mercaptopurine	TPMT	TPMT	Patients with low or undetectable TPMT activity are at risk of severe toxicity
β-blockers and Calcium antagonists	Gly460Tr		Variant is sensitive to salt and reacts with high blood pressure when given salt. In those patients beta blocker and calcium antagonists will never result in risk reduction, and thiazides are the drugs of choice
Codeine	CYP2D6	CYP2D6	Patients with two inactive alleles do not achieve analgesia
Diuretics: frusemide and hydrochlorothiazide	α-adducin	α-adducin	Patients with Gly460Trp mutation have significantly increased blood pressure reduction. Blood pressure also more susceptible to changes in salt balance
Fluorouracil (5-FU)	DPYD	Dihydropyrimidine dehydrogenase	Deficiency leads to 5-FU toxicity (neutropenia, thrombocytopenia, neurological damage)
Irinotecan	UGT1A1	UGT1A1	Patients homozygous for 7 TA repeats in the promoter sequence are greater than 9 times more likely to experience severe irinotecan-induced neutropenia than other patients
Isoniazid	NAT2	Arylamine N-acetyltransferase type 2 (NAT2)	Rapid acetylators metabolise isoniazid faster, so require a higher dose for same effect
Salbutamol	ADRβ ₂	Beta ₂ adrenergic receptor	Patients homozygous for Gly17Arg mutation experience a decline in respiratory function with regular use of salbutamol
Sibutramine	GNB3 CC		Carriers respond much better to obesity treatment with sibutramine than non-carriers
Trastuzumab	HER2	Human epidermal growth factor receptor type II (HER2)	Tumours not over-expressing HER2 will not respond to trastuzumab. Tumour regression with trastuzumab therapy in up to 35% of patients with tumours that strongly over-express HER2
Warfarin	CYP2C9	CYP2C9	Patients with defective alleles require significantly lower maintenance doses, have longer times to dose stabilisation, and are at higher risk for serious and life-threatening bleeding than are patients without these variants
Warfarin	VKORC	Vitamin K epoxide reductase complex 1	Variants stratify patients into low-, intermediate- and high-sensitivity groups

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