

Clinical Chemistry

Trainee Council

PEARLS OF LABORATORY MEDICINE

Pharmacogenomics in Pain Management

DOI: 10.15428/CCTC.2013.212456

*Gwen McMillin, PhD,
DABCC(CC,TC)*

University of Utah, ARUP Laboratories

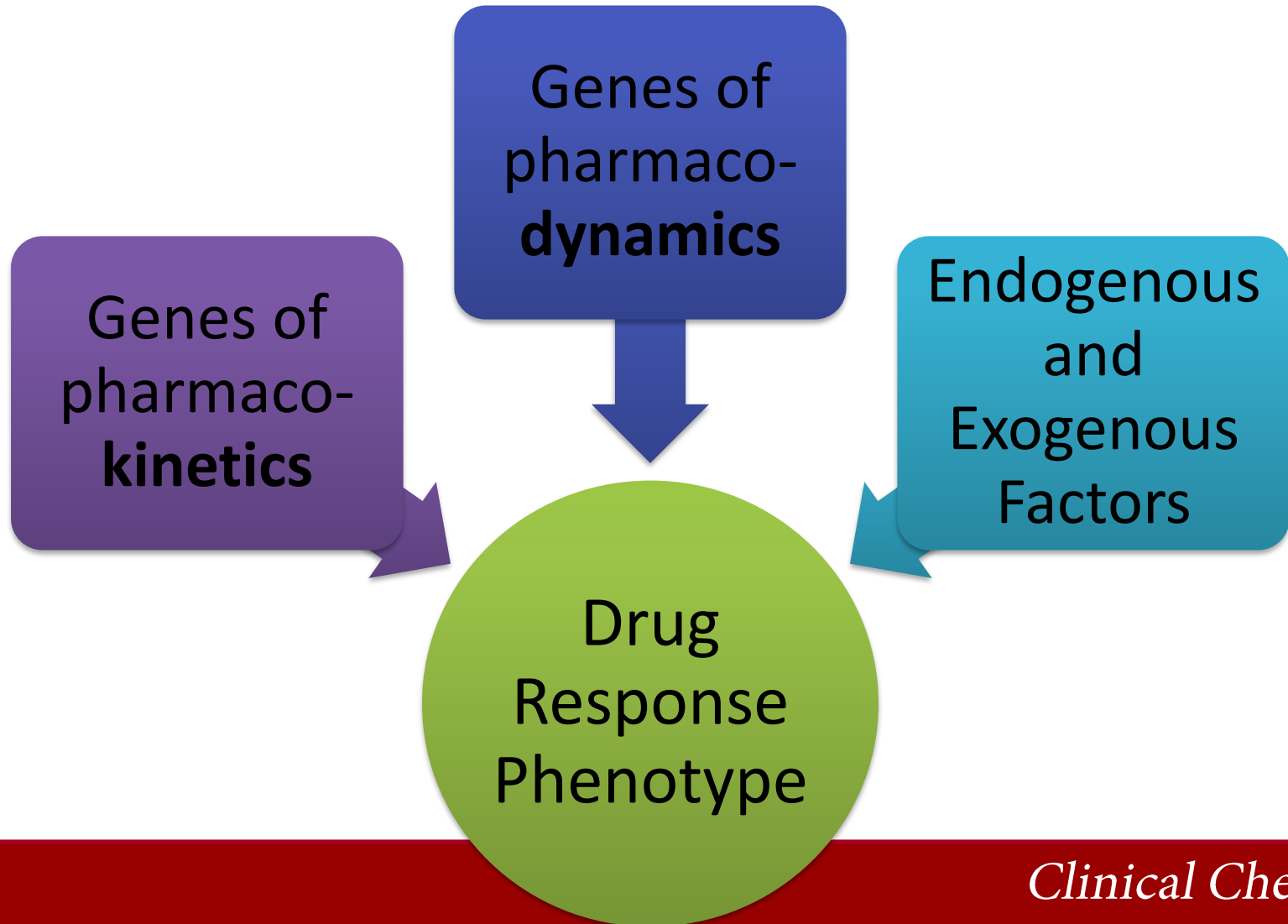
www.traineecouncil.org

© *Clinical Chemistry*

AACC



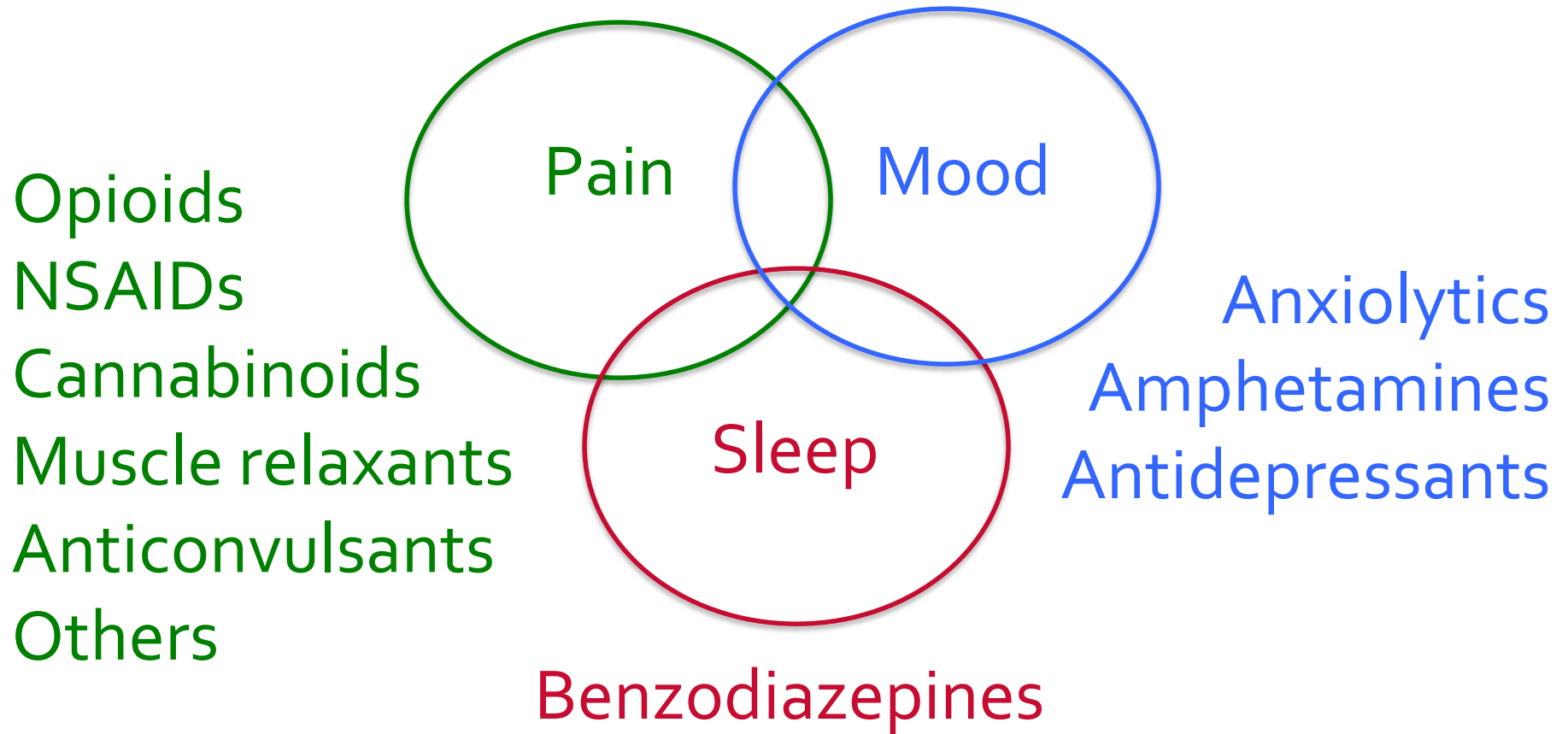
Pharmacogenomics of Drug Response



Examples Pharmacogenomic Targets

- Pharmacokinetics genes
 - Drug metabolizing enzymes
 - *CYP2B6, CYP2C9, CYP2C19, CYP2D6, CYP3A4/5*
 - *TPMT, NAT1/2, DPYD, G6PD, UGT1A1, UGT2B7*
- Pharmacodynamics genes
 - Receptors, ion channels, enzymes
 - *VKORC1, IL28B, OPRM1, COMT, KRAS, EGFR, ABL1, ALK, BCR, KIT, DRD2, SCN9A, HLA-B, LDLR, ESR1/2*

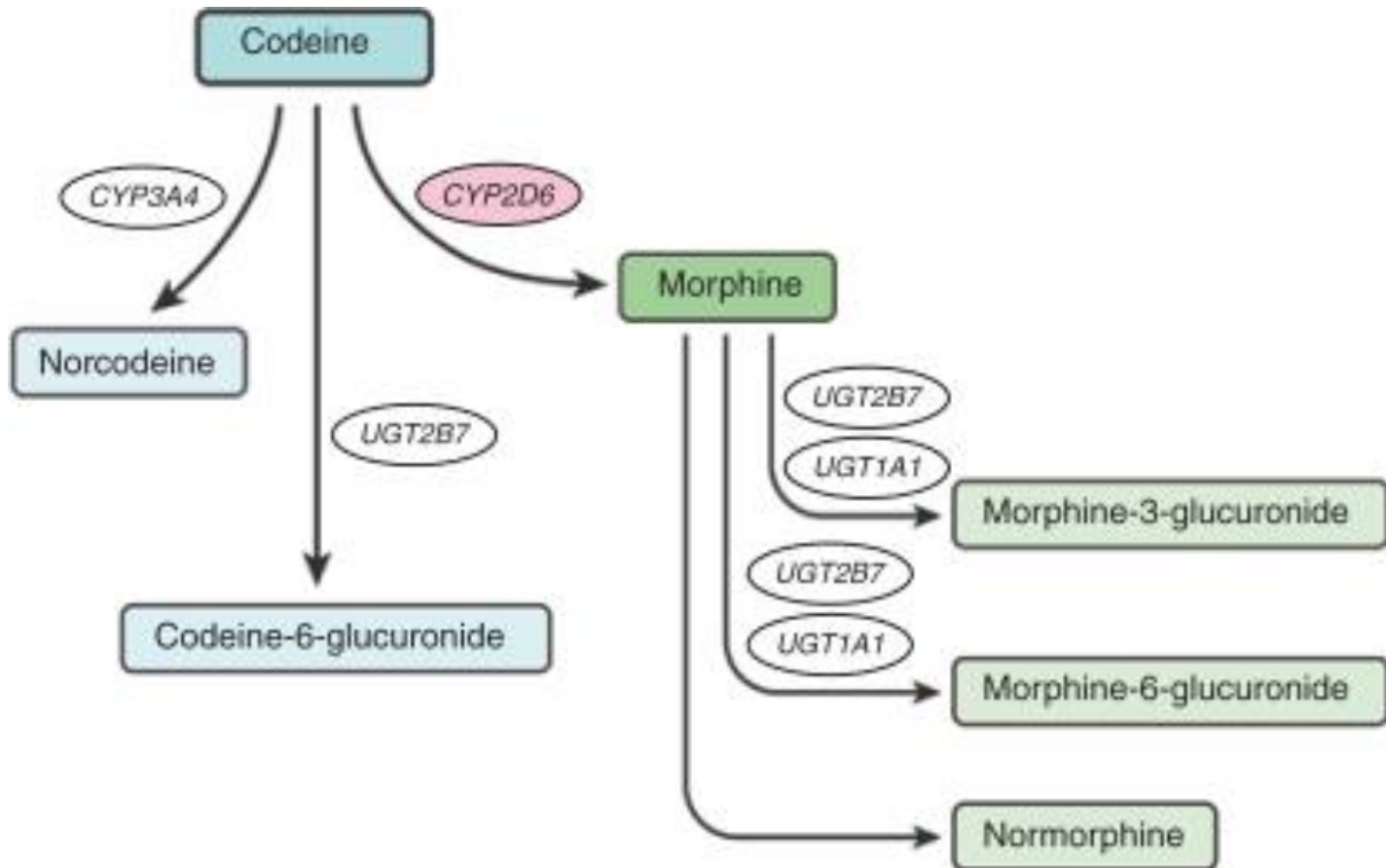
Drugs Used for Management of Pain



Opioids

| Drug | Times more potent than codeine | Pro drug? | Plasma Half-life (hrs) |
|---------------|--------------------------------|-----------|------------------------|
| Tramadol | 1 | Y | 4-8 |
| Hydrocodone | 6 | Y | 3-9 |
| Morphine | 10 | N | 1-7 |
| Oxycodone | 20 | Y | 3-6 |
| Oxymorphone | 70 | N | 8-10 |
| Buprenorphine | 400 | N | 26-42 |
| Fentanyl | 1000 | N | 3-12 |
| Carfentanyl | 100,000 | N | 7-8 |

Simplified Codeine Metabolism



This pathway diagram was downloaded from <http://www.pharmgkb.org> with permission given by PharmGKB and Stanford University (accessed August 29th, 2013)

Clinical Chemistry
AACC

CYP2D6 Phenotypes

Poor (PM)

Intermediate
(IM) to Normal
(Extensive, EM)

Ultra Rapid
(UM)

Can be affected by genotype and non-genetic factors

CPIC guidance: CYP2D6 PM

| Phenotype | Implications for codeine metabolism | Recommendations for codeine therapy | Classification of recommendation for codeine therapy |
|------------------|--|---|--|
| Poor metabolizer | Greatly reduced morphine formation following codeine administration, leading to insufficient pain relief | Avoid codeine use due to lack of efficacy. Consider alternative analgesics such as morphine or a nonopioid. Consider avoiding tramadol. | STRONG |

CPIC guidance: CYP2D6 UM

| Phenotype | Implications for codeine metabolism | Recommendations for codeine therapy | Classification of recommendation for codeine therapy |
|------------------------|--|---|--|
| Ultrarapid metabolizer | Increased formation of morphine following codeine administration, leading to higher risk of toxicity | Avoid codeine use due to potential for toxicity. Consider alternative analgesics such as morphine or a nonopioid. Consider avoiding tramadol. | STRONG |

Example CYP2D6-Related Drugs

| Substrates activated by CYP2D6 | Substrates inactivated by CYP2D6 | Strong inhibitors | Moderate-Weak inhibitors |
|--------------------------------|----------------------------------|-------------------|--------------------------|
| Codeine | Fluoxetine | Fluoxetine | Diphenhydramine |
| Tramadol | Paroxetine | Paroxetine | Duloxetine |
| Tamoxifen | Amphetamine | Quinidine | Oral contraceptives |
| Risperidone | Atomoxetine | Bupropion | Methadone |

Examples of CYPs and Analgesics

| Analgesic | CYP2D6 | CYP2C19 | CYP2B6 | CYP3A4 |
|---------------|----------------------------------|----------------------------------|----------------------------------|--------------------|
| Buprenorphine | | | | <i>inactivated</i> |
| Codeine | ACTIVATED | | | |
| Fentanyl | | | | <i>inactivated</i> |
| Hydromorphone | | | | |
| Methadone | <i>inhibitor</i> | <i>inactivated – minor route</i> | <i>inactivated</i> | <i>inactivated</i> |
| Morphine | <i>inactivated – minor route</i> | | | |
| Oxycodone | ACTIVATED | | | <i>inactivated</i> |
| Tramadol | ACTIVATED | | <i>inactivated – minor route</i> | <i>inactivated</i> |

Conclusions

- Pharmacogenomic testing can add to the information used to guide drug and dose selection, and personalize pharmacotherapy
- Pre-therapeutic *CYP2D6* genotype testing may identify patients at risk for therapeutic failure or adverse effects when administered codeine, and potentially other *CYP2D6* substrates

References

Review articles:

- Světlík S, Hronová K, Bakhouché H, Matoušková O, Slanař O. Pharmacogenetics of chronic pain and its treatment. [Epub ahead of print] *Mediators Inflamm* May 20, 2013 as doi: 10.1155/2013/864319.
- Vuilleumier PH, Stamer UM, Landau R. Pharmacogenomic considerations in opioid analgesia. *Pharmacogenomics Pers Med*. 2012;5:73-87.
- Lötsch J, Geisslinger G. Pharmacogenetics of new analgesics. *Br J Pharmacol*. 2011;163:447-60.

Websites:

- <http://www.pharmgkb.org/page/cpic>
- <http://www.cypalleles.ki.se>
- <http://www.fda.gov/drugs/developmentapprovalprocess/developmentresources/druginteractionslabeling/ucm093664.htm>
- http://taimapedia.org/index.php?title=Opioid_comparison_chart

Disclosures/Potential Conflicts of Interest

Upon Pearl submission, the presenter completed the Clinical Chemistry disclosure form. Disclosures and/or potential conflicts of interest:

- **Employment or Leadership:** ARUP Laboratories
- **Consultant or Advisory Role:** ARUP Laboratories
- **Stock Ownership:** None declared
- **Honoraria:** None declared
- **Research Funding:** None declared
- **Expert Testimony:** None declared
- **Patents:** None declared

Thank you for participating in this
Clinical Chemistry Trainee Council
Pearl of Laboratory Medicine.

Find our upcoming Pearls and other
Trainee Council information at
www.traineecouncil.org

Download the free *Clinical Chemistry* app
on iTunes today for additional content!

Follow us:

