



Pharmacogenetic markers for anticancer treatment outcome



TEDCO/NIH/NCI Technology Showcase

William Douglas Figg

September 25, 2007



Pharmacogenetics



Therapeutic Window (toxicity vs. efficacy)

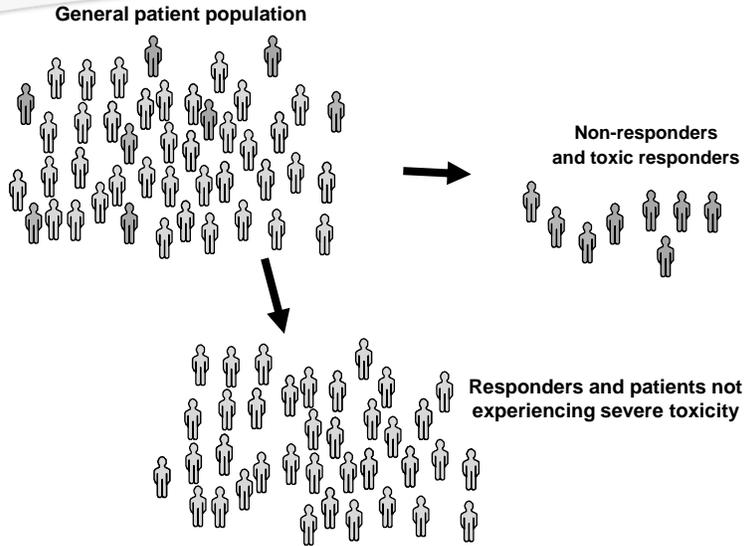
Toxicity -

Anticancer drugs have high toxicity
High doses => Dose-limiting toxicity

Efficacy

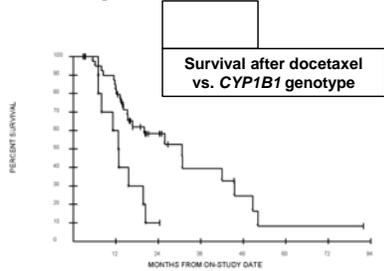
Drugs need to have a biological effect
Low doses => Low efficacy

Pharmacogenetics



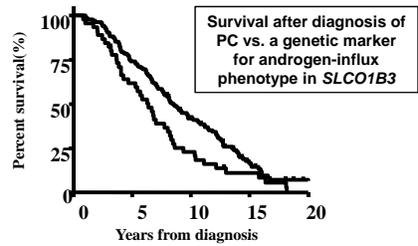
Pharmacogenetics Applications

1. Determine the best drug for individuals.



Example: Taxotere, ixabepilone, or satriplatin to treat AIPC in patients carrying variant alleles?

2. Define optimal treatment schedules for patients receiving a given drug.

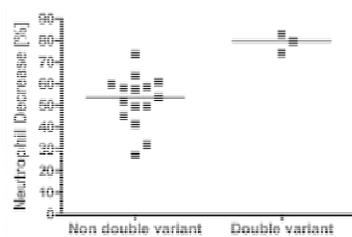


Example: Escalated antiandrogen dose for individuals at risk of early onset AIPC?

Pharmacogenetics Applications

3. Inform clinical decisions regarding pretreatment for toxicity.

Neutrophil % Decrease after paclitaxel vs *ABCB1* genetic variants



Example: Growth factor pretreatment in double variant population?

Commercial Applications

- **Gene chip technology allows for the combination of multiple genotype assays in a single genetic test kit.**
 - Validated assays are easy to perform with minimal invasiveness (i.e. germline DNA is obtained via a simple blood sample).
 - Low cost genotyping strategies are available.
 - Multiple genetic markers can be genotyped on a single chip to provide a multigenic approach to diagnostics.
 - Minimizing adverse events during therapy can reduce overall costs to clinics and the pharmaceutical industry, and potentially reduce the time to FDA approval during drug development.

Collaboration Opportunities

- **ABCB1 genotyping to predict taxane-mediated toxicity**
- **ABCB1 genotyping to predict romidepsin cardiotoxicity**
- **OATP1B3 genotyping to predict survival after diagnosis of prostate cancer (time to androgen independence).**
- **Use of CYP1B1*3 Genotyping to Predict Survival to Docetaxel Treatment in Androgen-Independent Prostate Cancer**
 - Retrospective validation in larger patients cohorts from different cancer types.
 - *In vitro* and *in vivo* models
 - Preclinical testing
 - Determination of most effective therapeutic strategies for individuals with a specific genetic background.
 - Determine genetic modifiers
 - Prospective clinical trials

Contact Information

- **For further information contact:**

William D. Figg
9000 Rockville Pike
Building 10, Room 5A01
Bethesda, MD 20892
wdfigg@helix.nih.gov
- **Full contact information of principal point of contact**

— **Mojdeh Bahar J.D.**
— **NIH Office of Technology Transfer**
6011 Executive Blvd, Suite 325
Rockville, MD 20852-3804
(301)435-2950
baharm@mail.nih.gov