

Uridine Diphosphate Glucuronosyltransferase 1A1 (*UGT1A1*) Pharmacogenetic Competency



Updated on 7/2015

General Tips for Viewing Material

- **Upon completion of the educational material, close out the presentation screen to return to the learn center page and complete the exam.**

Pre-test Question #1

The UGT1A1 enzyme is responsible for the
_____ of bilirubin.

- A. glucuronidation
- B. sulfation
- C. methylation
- D. acetylation

Pre-test Question #2

Bilirubin is formed when _____ break down.

- A. White blood cells
- B. Red blood cells
- C. Neutrophils
- D. Platelets

Pre-test Question #3

Patients with low UGT1A1 function are at increased risk of which of the following if they are also taking atazanavir?

- A. Hepatotoxicity
- B. Jaundice
- C. Headache
- D. Weight gain

Pre-test Question #4

Which of the following statements best describes the relationship between atazanavir and UGT1A1?

- A. Atazanavir is metabolized by UGT1A1
- B. UGT1A1 prevents atazanavir from being inactivated
- C. Atazanavir inhibits UGT1A1
- D. UGT1A1 inhibits atazanavir

Pre-test Question #5

Which *UGT1A1* genotype is associated with a *UGT1A1* LOW FUNCTION phenotype?

- A. *1/*1
- B. *1/*28
- C. *1/*6
- D. *28/*28

Pre-test Question #6

A clinician should consider avoiding atazanavir in a patient with low UGT1A1 function, particularly if jaundice would be of concern to the patient.

- A. TRUE
- B. FALSE

Pre-test Question #7

UGT1A1 genotype should be used to guide irinotecan therapy at St. Jude.

- A. TRUE
- B. FALSE

Pre-test Question #8

A *28+60+93 allele is equivalent in function to a *28 allele.

- A. TRUE
- B. FALSE

Pre-test Question #9

Which of the following is TRUE regarding the severe hyperbilirubinemia and jaundice that may occur when patients who have low UGT1A1 function take atazanavir?

- A. The severe hyperbilirubinemia/jaundice will likely lead to serious liver damage
- B. The severe hyperbilirubinemia/jaundice is irreversible
- C. The severe hyperbilirubinemia/jaundice may lead to premature discontinuation of atazanavir
- D. The severe hyperbilirubinemia/jaundice is caused by the accumulation of conjugated bilirubin in the blood

Pre-test Question #10

What is the name of the condition that describes a patient who has the *UGT1A1**28/*28 genotype and has evidence of hyperbilirubinemia?

- A. Gilbert syndrome
- B. Atazanavir syndrome
- C. *UGT1A1* syndrome
- D. Bilirubin syndrome

***UGT1A1* Pharmacogenetic Competency**

- **The target audience for this *UGT1A1* pharmacogenetic competency is pharmacists or other general practitioners.**
- **Please refer to the INTRODUCTION TO PHARMACOGENETICS competency for explanation of terminology.**

Objectives

- **Upon completion this competency, participants will be able to:**
 - **Recognize the different *UGT1A1* allele variants**
 - **Recognize the different *UGT1A1* phenotypes**
 - **Make therapeutic recommendations for atazanavir based on a patient's *UGT1A1* genotype**



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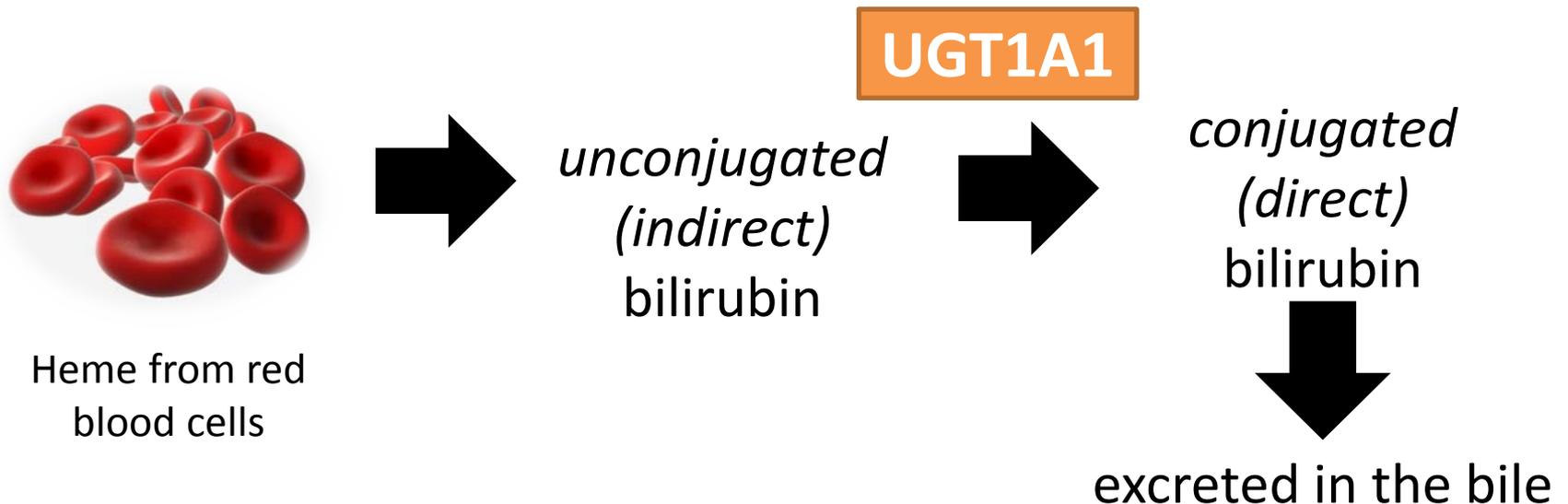
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***UGT1A1* Advanced Pharmacogenetics**

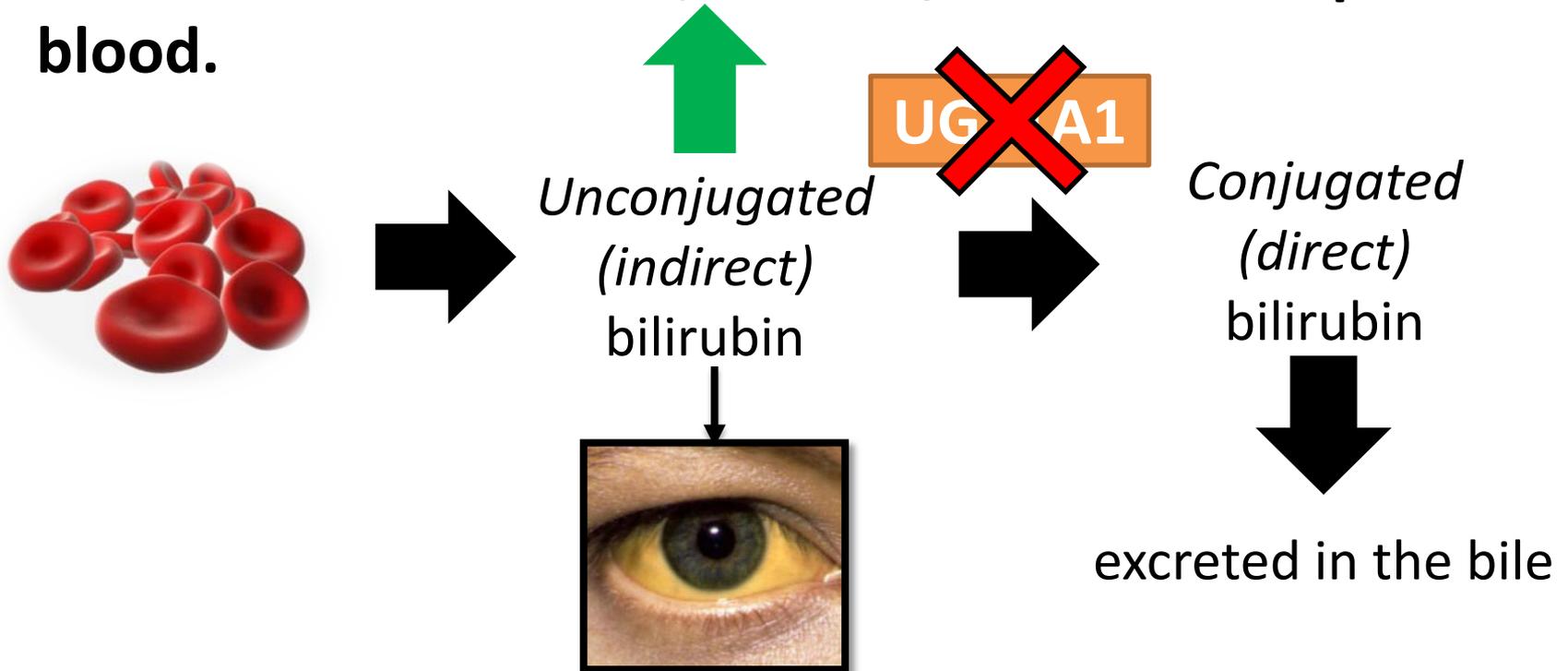
UGT1A1

- **UGT1A1** is an enzyme that adds a glucuronide group to bilirubin, a byproduct of heme catabolism.
- This process is called **conjugation**, and it facilitates bilirubin elimination in the bile.



UGT1A1

- If UGT1A1 function is reduced or inhibited, **hyperbilirubinemia** and/or **jaundice** may occur. This is because unconjugated bilirubin cannot be eliminated via the bile; instead, it will build up in the blood.



***UGT1A1* Allele Variants**

- **Genetic variations in the *UGT1A1* gene may lead to decreased UGT1A1 function.**
- **Decreased UGT1A1 function may put patients at increased risk for severe hyperbilirubinemia and jaundice if they are also taking a medication that inhibits the UGT1A1 enzyme (e.g., atazanavir).**

***UGT1A1* Allele Variants**

- ***UGT1A1* alleles are characterized into different groups:**
 - Wild-type (normal function) alleles
 - Reduced function alleles
 - Non-functional alleles (rare)

UGT1A1 Allele Variants

**There are >100 known variants of *UGT1A1*.
Some examples of alleles that our current
DMET assay tests for include:**

Allele Function	<i>UGT1A1</i> Haplotypes
Wild-type Function	*1
Reduced Function	*6, *27, *28, *80
Non-functional	*8, *14, *15, *45

UGT1A1 Allele Variants

- Note that most of the *28 alleles will be reported with other variants as follows:
 - *27+28+60+93
 - *27+28+60
 - *28+60
 - *28+60+93
- These alleles are considered to be equivalent in function as *28 (reduced function).

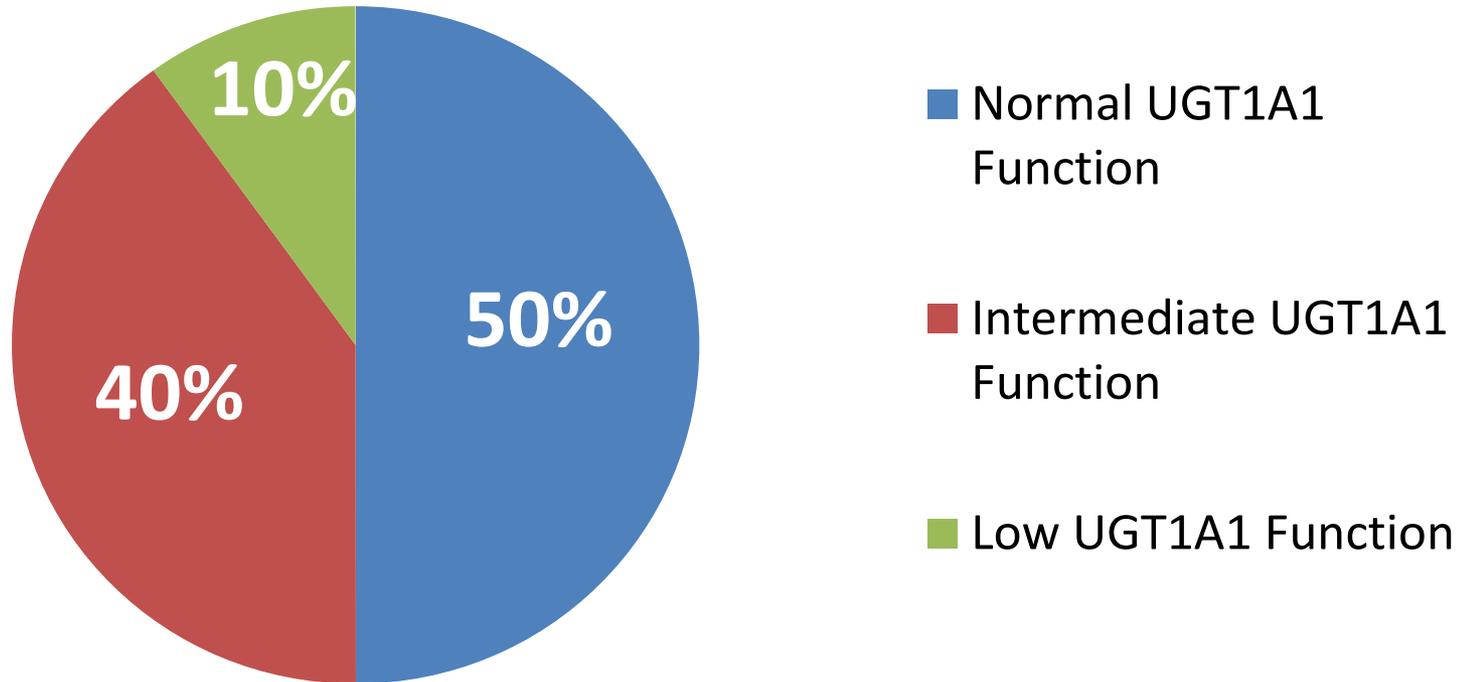
UGT1A1 Allele Variants

- The most clinically significant *UGT1A1* allele variant is ***UGT1A1*28***.
- Patients who have inherited the *UGT1A1*28/*28* genotype have about **30%** of normal *UGT1A1* function.
- When patients with the *UGT1A1*28/*28* genotype also have clinical signs of jaundice or hyperbilirubinemia, they may have a benign condition called **Gilbert syndrome**.
- ***UGT1A1*6*** also has 30% of normal *UGT1A1* function. It is more common in Asian populations, and is also associated with Gilbert syndrome.

UGT1A1 Phenotypes

- The assignment of UGT1A1 phenotype is based on genotype.
- There are 3 UGT1A1 phenotypes
 - **Normal Function**
 - 2 wild-type alleles (e.g. *1/*1)
 - **Intermediate Function**
 - 1 wild-type allele + 1 reduced function allele (e.g. *1/*28)
 - **Low Function**
 - 2 reduced function alleles (e.g. *28/*28)
- If a patient has at least one allele with indeterminate function, their UGT1A1 phenotype is considered indeterminate.

UGT1A1 Phenotypes in the PG4KDS Population



- Percentage of each phenotype in the population
- The exact percent of each phenotype group varies by ethnicity



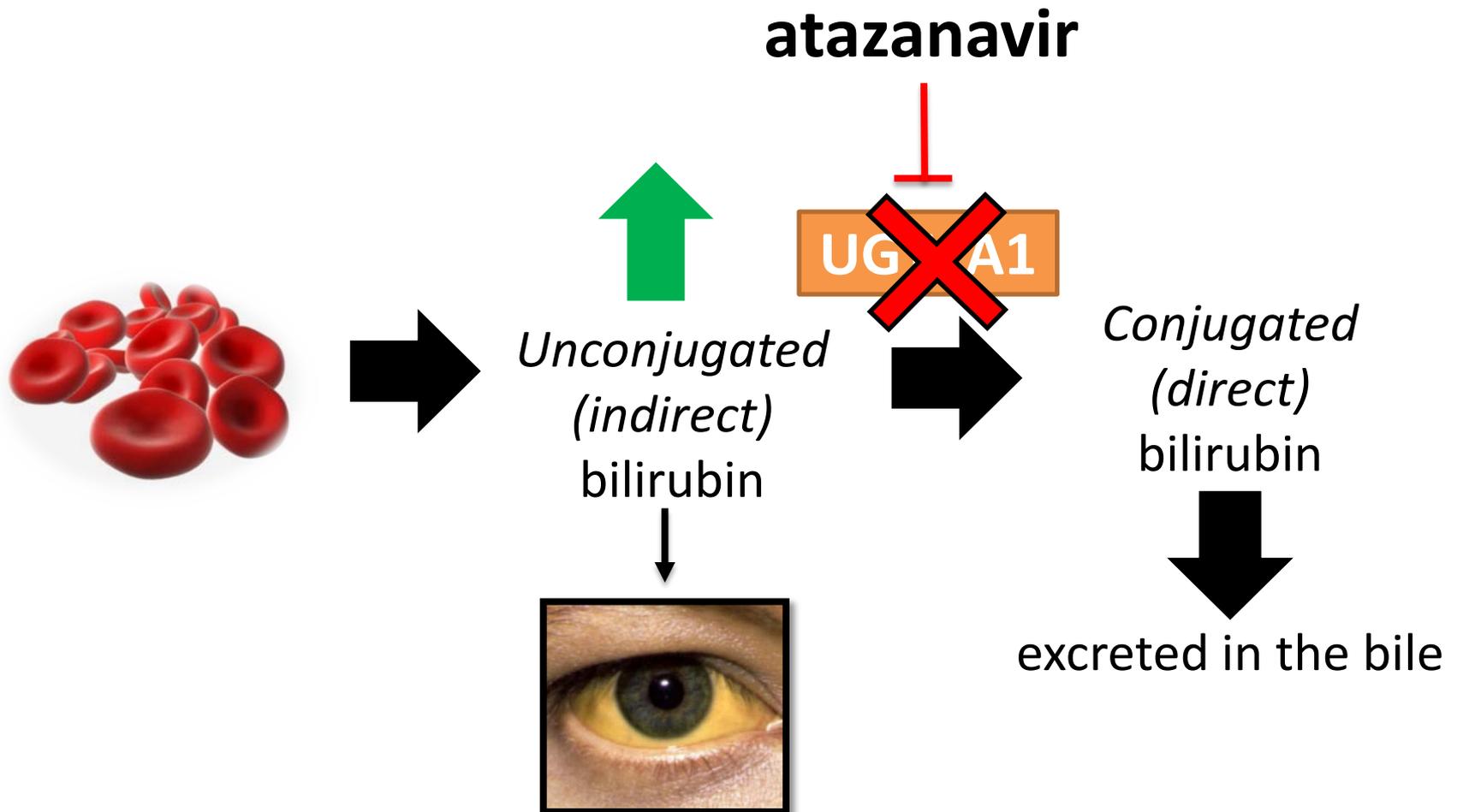
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Gene-Based Dosing Recommendations for Atazanavir

Atazanavir inhibits UGT1A1 activity



Atazanavir and *UGT1A1*

- Patients who have inherited the *UGT1A1**28/*28 or *UGT1A1**6/*6 genotype (low *UGT1A1* function) may be at increased risk of **severe hyperbilirubinemia** and **jaundice** if they are prescribed atazanavir.
- As a result of these side effects, the patients may also be at risk for **discontinuing treatment**.

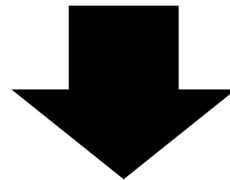
Atazanavir Therapy Recommendation

IF *UGT1A1* genotype is known AND

***UGT1A1**28/*28**

OR

***UGT1A1* *6/*6**



***Consider avoiding
atazanavir***

Atazanavir Therapy Recommendation

- Clinicians should use the *UGT1A1**28/*28 or *UGT1A1**6/*6 genotype to **guide their patient discussion** and consider if using an **alternative antiretroviral agent** is warranted for that particular patient.
- The recommendation is framed in this manner because severe hyperbilirubinemia and jaundice is a **benign adverse effect** that is **reversible** upon drug discontinuation. In addition, it can be **clinically monitored** by obtaining serum bilirubin levels.

UGT1A1 and Irinotecan

- **UGT1A1 is responsible for inactivating SN-38, the active metabolite of irinotecan.**
- **HOWEVER, *UGT1A1* genotype should NOT be used to guide irinotecan therapy** at St. Jude, because it is not clinically significant with our current dosing regimens.
- ***UGT1A1* genotype is only relevant for irinotecan doses > 250 mg/m².**
- **For more information:**

Stewart CF, et al. UGT1A1 promoter genotype correlates with SN-38 pharmacokinetics, but not severe toxicity in patients receiving low-dose irinotecan. *J Clin Oncol.* 2007; 25(18): 2594-600.



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Pharmacogenetic Results in Milli

Pharmacogenetics tab in Milli

- Three types of gene-specific PG4KDS entries
 - Genotype
 - Provides genotype results (* alleles)
 - Consult
 - Provides interpretation of genotype results
 - Letter
 - Individualized letter sent to patient

Pharmacogenetics	4/9/2014 09:04
Pharmacogenetics	
CYP2C19 PG4KDS Genotype	f *1/*1
CYP2C19 PG4KDS Consult	f Routine
CYP2C19 PG4KDS Letter	CYP2C19 PG4KDS Letter
CYP2D6 PG4KDS Genotype	f (*1/*41)2N
CYP2D6 PG4KDS Consult	f Routine
CYP2D6 PG4KDS Letter	CYP2D6 PG4KDS Letter
DPYD PG4KDS Genotype	f *1/*1
DPYD PG4KDS Consult	f Routine
DPYD PG4KDS Letter	DPYD PG4KDS Letter
SLCO1B1 PG4KDS Genotype	f Abn *1a/*14,*1b/*4
SLCO1B1 PG4KDS Consult	f Abn Indeterminate
TPMT PG4KDS Genotype	f *1/*1
TPMT PG4KDS Consult	f Routine
TPMT PG4KDS Letter	TPMT PG4KDS Letter
UGT1A1 PG4KDS Genotype	f *1/*1
UGT1A1 PG4KDS Consult	f Routine

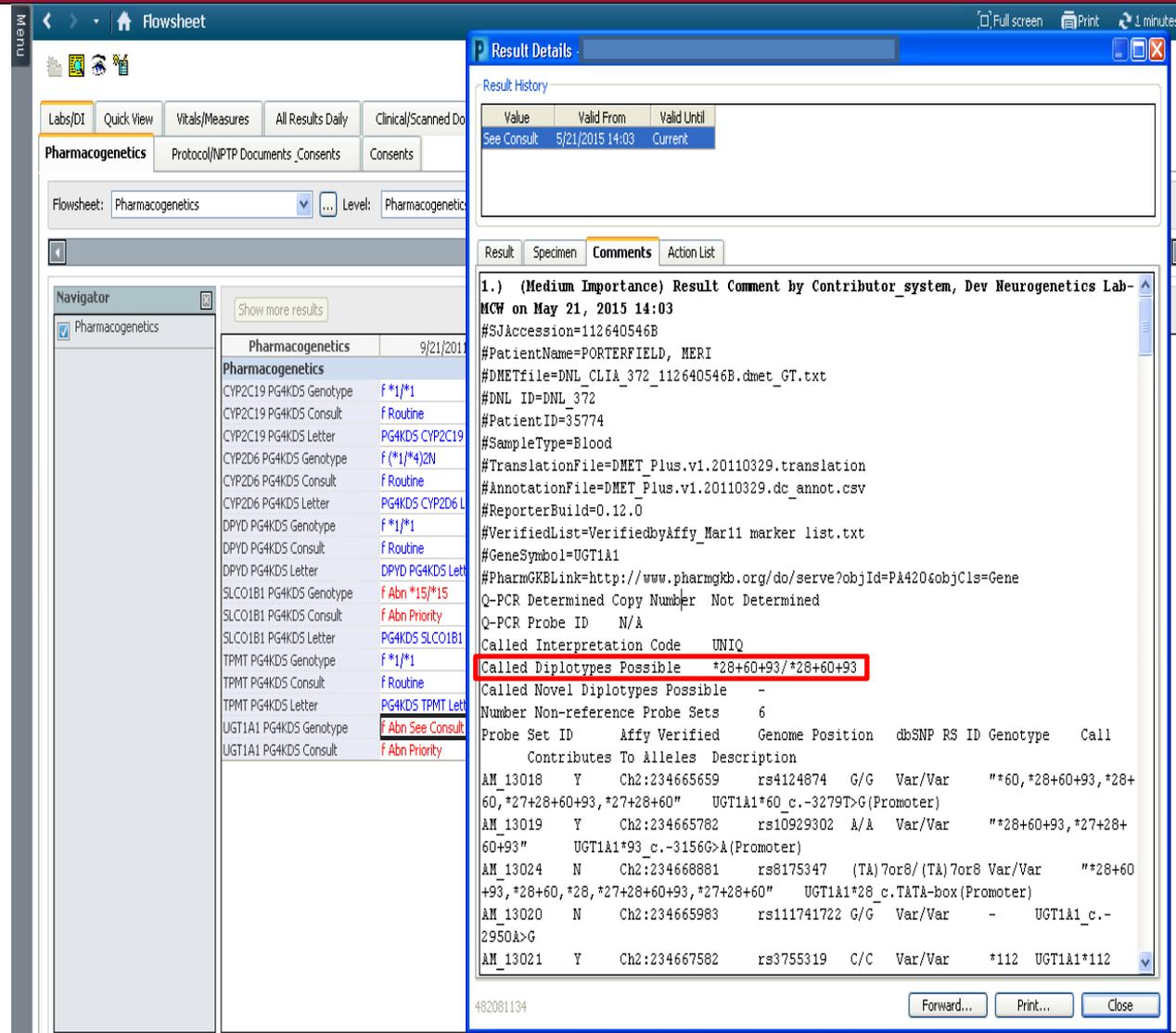
“See Consult” Entries

Pharmacogenetics	9/21/2011 09:51
Pharmacogenetics	
CYP2C19 PG4KDS Genotype	F *1/*1
CYP2C19 PG4KDS Consult	F Routine
CYP2C19 PG4KDS Letter	PG4KDS CYP2C19 Letter
CYP2D6 PG4KDS Genotype	F (*1/*4)2N
CYP2D6 PG4KDS Consult	F Routine
CYP2D6 PG4KDS Letter	PG4KDS CYP2D6 LETTER
DPYD PG4KDS Genotype	F *1/*1
DPYD PG4KDS Consult	F Routine
DPYD PG4KDS Letter	DPYD PG4KDS Letter
SLCO1B1 PG4KDS Genotype	F Abn *15/*15
SLCO1B1 PG4KDS Consult	F Abn Priority
SLCO1B1 PG4KDS Letter	PG4KDS SLCO1B1 Letter
TPMT PG4KDS Genotype	F *1/*1
TPMT PG4KDS Consult	F Routine
TPMT PG4KDS Letter	PG4KDS TPMT Letter
UGT1A1 PG4KDS Genotype	F Abn See Consult
UGT1A1 PG4KDS Consult	F Abn Priority

- Some UGT1A1 results will say “**see consult,**” and the genotype result may only be viewed in the consultation note.
- This is because some of the ***28** results will look like *27+**28**+60+93, or another variation of this, and it cannot fit in the main result box.

PG4KDS Genotype

- Under Comments you can find the detailed technical report and CLIA report regarding all testing performed (including the detailed *UGT1A1* result and a description of all tests included in the array). These reports are included to comply with regulations and are generally not clinically relevant



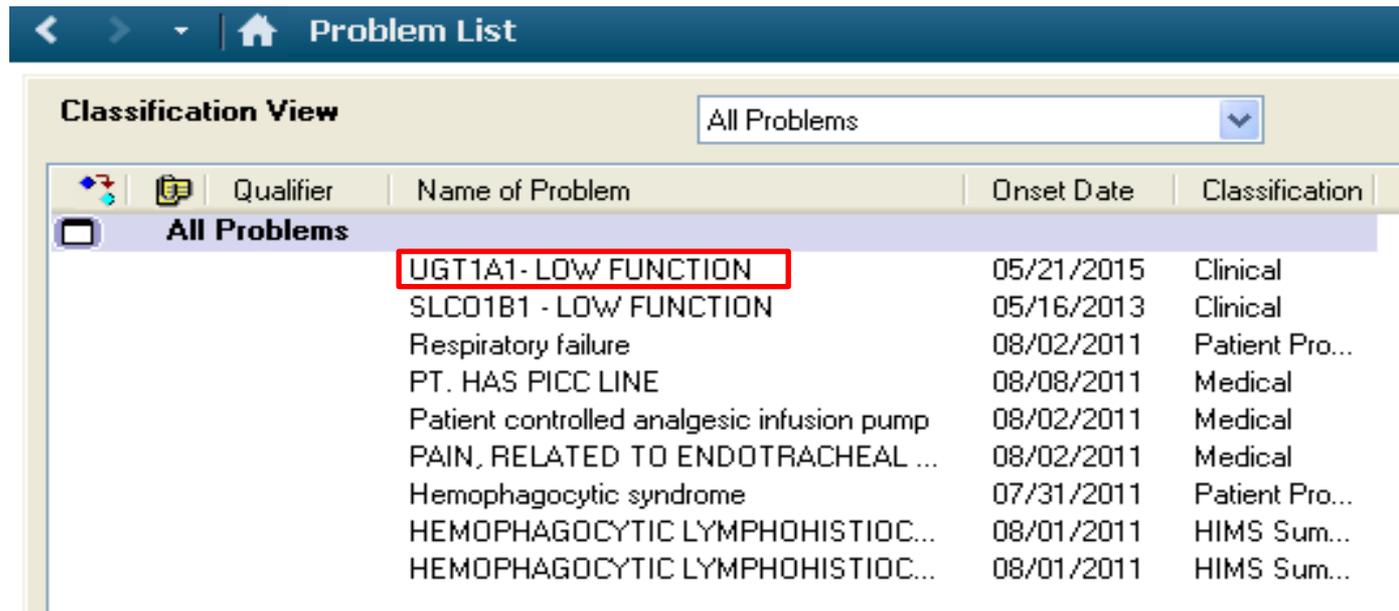
The screenshot shows a laboratory information system (LIS) interface. The main window is titled 'Flowsheet' and displays a list of pharmacogenetics tests. The 'Comments' tab is selected, showing a detailed report for the UGT1A1 test. The report includes patient information, test details, and a list of diplotypes. A red box highlights the text 'Called Diplotypes Possible *28+60+93/*28+60+93'.

Value	Valid From	Valid Until
See Consult	5/21/2015 14:03	Current

1.) (Medium Importance) Result Comment by Contributor_system, Dev Neurogenetics Lab-
MCW on May 21, 2015 14:03
#SJAcession=112640546B
#PatientName=PORTERFIELD, MERI
#DMETfile=DNL_CLIA_372_112640546B.dmet_GT.txt
#DNL ID=DNL_372
#PatientID=35774
#SampleType=Blood
#TranslationFile=DMET_Plus.v1.20110329.translation
#AnnotationFile=DMET_Plus.v1.20110329.dc_annot.csv
#ReporterBuild=0.12.0
#VerifiedList=VerifiedbyAffy_Mar11 marker list.txt
#GeneSymbol=UGT1A1
#PharmGKBLink=http://www.pharmgkb.org/do/serve?objId=PA420&objCls=Gene
Q-PCR Determined Copy Number Not Determined
Q-PCR Probe ID N/A
Called Interpretation Code UNIQ
Called Diplotypes Possible *28+60+93/*28+60+93
Called Novel Diplotypes Possible -
Number Non-reference Probe Sets 6

Probe Set ID	Affy Verified	Genome Position	dbSNP RS ID	Genotype	Call
AM_13018	Y	Ch2:234665659	rs4124874	G/G	Var/Var
Contributes To Alleles Description					
*60,*27+28+60+93,*27+28+60" UGT1A1*60 c.-3279T>G(Promoter)					
AM_13019	Y	Ch2:234665782	rs10929302	A/A	Var/Var
*28+60+93,*27+28+60+93" UGT1A1*93 c.-3156G>A(Promoter)					
AM_13024	N	Ch2:234668881	rs8175347	(TA)7or8/(TA)7or8	Var/Var
*28+60+93,*28+60,*28,*27+28+60+93,*27+28+60" UGT1A1*28 c.TATA-box(Promoter)					
AM_13020	N	Ch2:234665983	rs111741722	G/G	Var/Var
- UGT1A1 c.-2950A>G					
AM_13021	Y	Ch2:234667582	rs3755319	C/C	Var/Var
*112 UGT1A1*112					

Problem List Entry



Classification View All Problems

Qualifier	Name of Problem	Onset Date	Classification
	UGT1A1 - LOW FUNCTION	05/21/2015	Clinical
	SLCO1B1 - LOW FUNCTION	05/16/2013	Clinical
	Respiratory failure	08/02/2011	Patient Pro...
	PT. HAS PICC LINE	08/08/2011	Medical
	Patient controlled analgesic infusion pump	08/02/2011	Medical
	PAIN, RELATED TO ENDOTRACHEAL ...	08/02/2011	Medical
	Hemophagocytic syndrome	07/31/2011	Patient Pro...
	HEMOPHAGOCYTIC LYMPHOHISTIOC...	08/01/2011	HIMS Sum...
	HEMOPHAGOCYTIC LYMPHOHISTIOC...	08/01/2011	HIMS Sum...

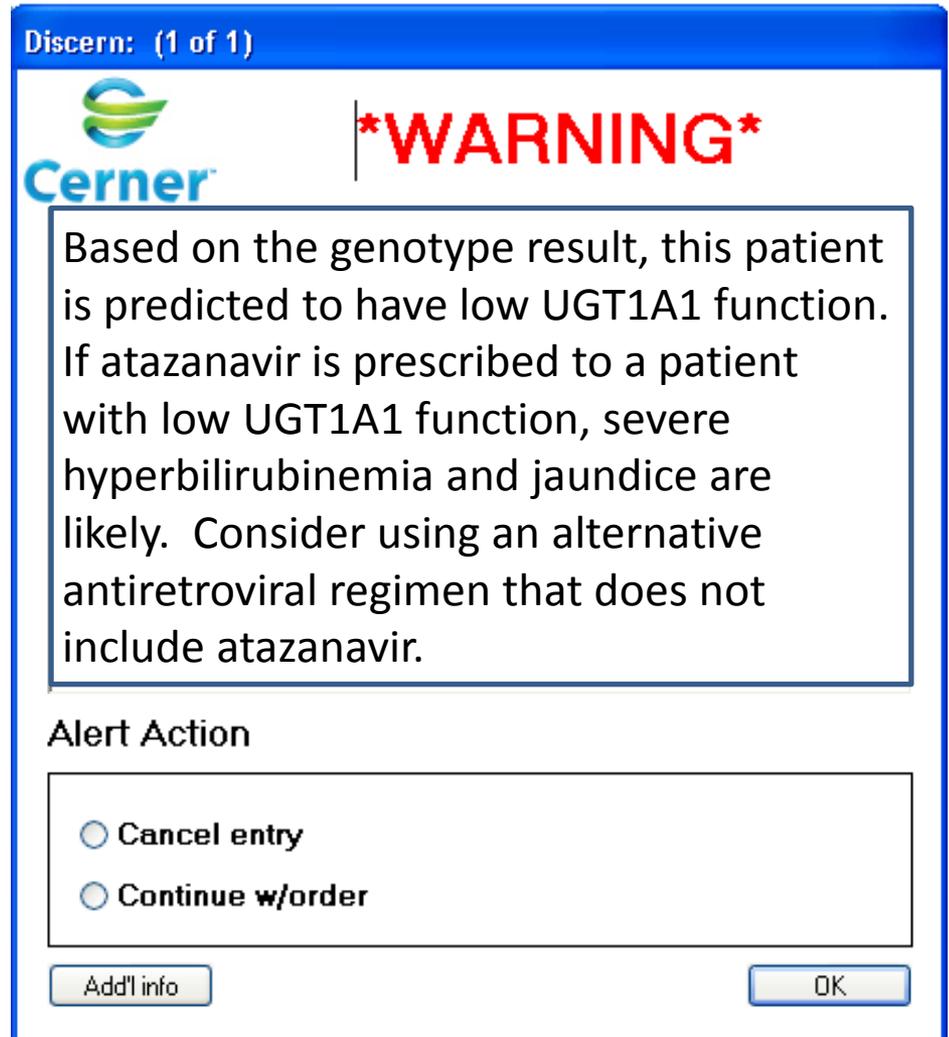
- If the interpreted phenotype is considered high-risk, a problem list entry is entered into the health record
- These entries are used to fire active CDS alerts when high-risk drugs are ordered for patients with high-risk phenotypes

Clinical Decision Support for *UGT1A1*/atazanavir

- There will be **no pre-test alerts** for *UGT1A1*/atazanavir.
- There will be **post-test alerts** for the patients with a low *UGT1A1* function genotype only.

Active CDS Alerts

- **When a prescriber orders atazanavir on a patient who has low UGT1A1 function an active CDS alert like this will appear.**
- **The same alert appears when a pharmacist verifies the order.**



Discern: (1 of 1)

 ***WARNING***

Based on the genotype result, this patient is predicted to have low UGT1A1 function. If atazanavir is prescribed to a patient with low UGT1A1 function, severe hyperbilirubinemia and jaundice are likely. Consider using an alternative antiretroviral regimen that does not include atazanavir.

Alert Action

Cancel entry

Continue w/order

Add'l info OK

Patient Letters

- **For patients with a PG4KDS *UGT1A1* genotype result who have requested to be informed of their genotype test results, letters will be sent out to their mailing address on file informing them about their *UGT1A1* phenotype.**
- **Patients might ask you about the meaning of these letters once they receive them.**
- **All communications mailed to the patients will be available for review in their medical record.**

Patient Letters

- The ***UGT1A1*** letter is obtained by double clicking on the letter box

Pharmacogenetics	6/12/2012 14:13
Pharmacogenetics	
PG4KDS UGT1A1 Genotype	f (*1/*1)
PG4KDS UGT1A1 Consult	f Routine
PG4KDS UGT1A1 Letter	PG4KDS UGT1A1 LETTER

UGT1A1 Pharmacogenetics

- For more information about *UGT1A1* pharmacogenetics and dose adjustment of medications, the following resources are available to you:
 - Do you know.... Uridine diphosphate glucuronosyltransferase 1A1 (*UGT1A1*) and medicines
 - St Jude formulary: Type in pharmacogenetics and you will be directed to a page that contains information about adjusting the doses of medicines based on the patient's pharmacogenetic status
 - www.stjude.org/pg4kds is a website that explains the PG4KDS protocol and the gene-drug pairs we have implemented

Questions

- For questions about *UGT1A1* pharmacogenetics see:
 - Mary Relling
 - Cyrine Haidar
 - Kristine Crews
 - Clinical Pharmacogenetics Resident

- **Congratulations, you have completed the review of material for this competency!**
- **Please close out this window to return to the Learn Center for the exam.**
 - **Please note, you will not receive credit for completion of this competency until you have completed the exam and received a passing score.**