

UGT1A1*28 POLYMORPHISM AND IRINOTECAN EFFECTIVENESS

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OBJECTIVES

UGT1A*28 polymorphisms have been related with an increased in SN-38, active metabolite of irinotecan. Thus some authors also related the presence of this mutated allele with an increased in the effectiveness of irinotecan treatment.

The purpose of the present study is to assess the influence of UGT1A1*28 polymorphism in the irinotecan effectiveness.

METHODS

Prospective, observational, four-year unicentre study (november 2012-may 2016). All adult colorectal cancer patients treated with FOLFIRI protocol (Irinotecan 180 mg/m²/Fluorouracil 400mg/m²/Fluorouracil 2400 mg/m²/Leucovorin 200-400mg/m²) were included. Inclusion criteria were: ECOG 0-1, hemoglobin > 10 g/dL, leucocytes > 3000/mm³ and platelets > 100000/mm³).

Effectiveness was evaluated as progression free survival (PFS) and overall survival(OS). The rs8175347 UGT1A1 polymorphism were established by analysing the genomic DNA of a peripheral blood sample.

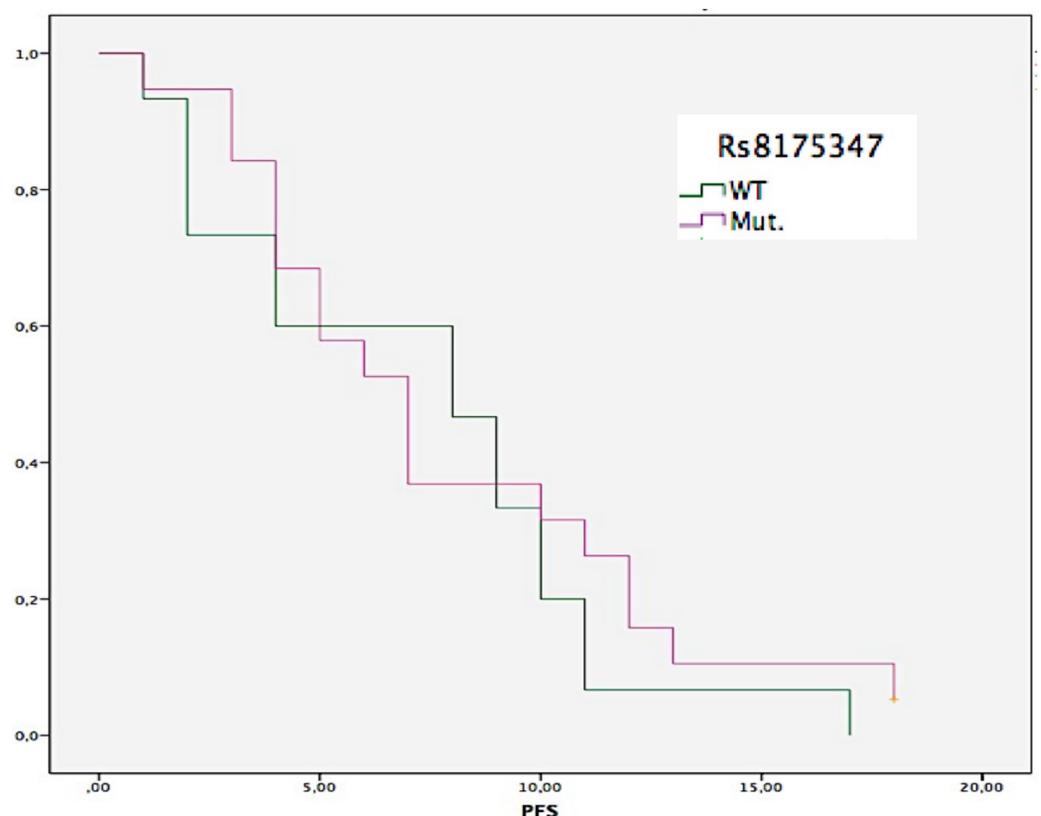
Genetic characterization was carried out using LightCycler® 480 platform and specific allele HybProbe fluorescent probes.

The study had been approved by the hospital's Ethical Committee (CEIC) and classified as EPA-SP by the Spanish Agency for Drugs and Health Products (AEMPS) with GNC-QUI-2013-01 code. Patients were requested to sign an informed consent form prior to the inclusion.

RESULTS

The study included **34 patients**, average age of 60 (27-81), of which 77.7% were male. 90.6% of patients were treated with anti-VEGFR or anti-VEGFA and irinotecan was prescribed as second-line treatment .

The 44.4% of patients showed UGT1A1 wild-type (WT) alleles , while 41.2% and 14.7% had heterozygous and mutated homozygous alleles respectively. After 4 years follow-up median PFS and OS were 7.0 and 23.0 months for patients with any mutated allele in UGT1A1 gene; while for patients with WT genotype were 8.0 ($p= 0.4590$) and 15.0 ($p= 0.6128$) respectively. Moreover median PFS and OS were 4.0 ($p=0.648$) and 44.0 ($p=0.1628$) months for patients with *28/*28 genotype and 7.0 ($p=0.650$) and 23.0 ($p=0.8354$) for heterozygous patients.



CONCLUSIONS

Our results show that **rs8175347 polymorphism in UGT1A1 doesn't influence in irinotecan effectiveness**. Prospective, randomized studies with a large number of patients are required to establish if it exist influence by this polymorphism in the effectiveness of irinotecan therapy.