# IMPLEMENTATION OF A MULTIDISCIPLINARY PERSONALISED MEDICINE **UNIT FOR PHARMACOGENETIC TESTING**

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### What was done?

We have implemented a multidisciplinary Personalised Medicine Unit (PMU) at a third level hospital to facilitate preemptive pharmacogenetic (PGx) testing.

# Why was it done?

There is an increasing number of gene-drug interactions with the potential to predict patient response to drugs.

Although the study of genetic variants can be useful to achieve a safer and more effective pharmacotherapy, integration of personalised medicine in clinical practice has been challenging, mainly due to prescriber's scepticism and lack of clinical guidelines.

#### How was it done?

The PMU provides its service with the involvement of Pharmacy and Genetics Department.

**Physician orders PGx test** in the first contact with a patient expected to be treated with a drug with an available PGx test

**Pharmacy Department** follows up pharmacotherapeutic recommendation aceptance and clinical outcomes

A peripheral blood sample is drawn and analysed by the **Genetics Department**  PGx report contains:

- Molecular information its and interpretation.
- pharmacotherapeutic Clinical recommendation according to the results obtained.

Dose adjustment recommendations follow CPIC and DPWG guidelines.

**PGx report is uploaded** to the patient's medical record.

**An integrated Genetics-**Pharmacy PGx report is generated





# What has been achieved?

- Three hundred and seventy patients have benefited from PGx testing.
- Mean turnaround time <10 days preventing treatment delays.
- Pharmacotherapeutic recommendations had an acceptance rate of 100%.



*irinotecan, sacituzumab* 

#### What next?

Our next challenges are:

- Introducing next-generation sequencing for the study of new gene-drug interactions in the unit portfolio.
- Achieve a deeper integration of PGx information and clinical-decision support systems.



