

Pharmacogenomics - leveraging genomics data for predicting drug safety and efficacy



Lecture Overview



- 1. Traditional drug development pathway
- 2. Using human genomics for preclinical drug target validation and safety evaluation Mendelian randomization analysis
- 3. Summary-based MR (SMR) analysis

Acknowledgement of Country

The University of Queensland (UQ) acknowledges the Traditional Owners and their custodianship of the lands on which we meet.

We pay our respects to their Ancestors and their descendants, who continue cultural and spiritual connections to Country.

We recognise their valuable contributions to Australian and global society.



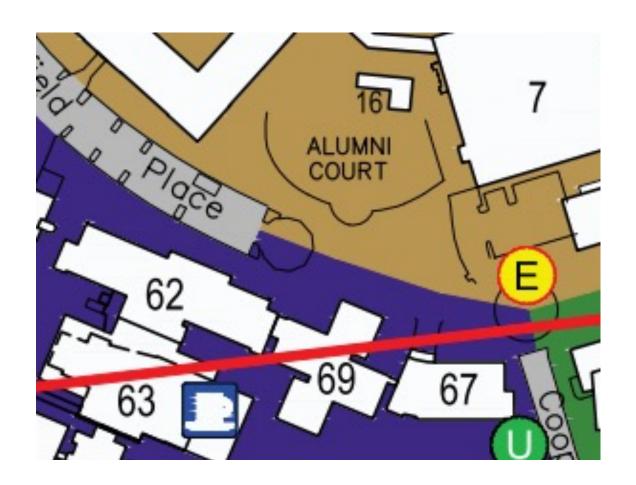
General Information



- We are currently located in Building 69
- Emergency evacuation point



- Food court and bathrooms are located in Building 63
- If you are experiencing cold/flu symptoms or have had COVID in the last 7 days please ensure you are wearing a mask for the duration of the module



Data Agreement



To maximize your learning experience, we will be working with genuine human genetic data, during this module.

Access to this data requires agreement to the following in to comply with human genetic data ethics regulations

Please email pctgadmin@imb.com.au with your name and the below statement to confirm that you agree with the following:

"I agree that access to data is provided for educational purposes only and that I will not make any copy of the data outside the provided computing accounts."

Systems Genomics and Pharmacogenomics Module





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The drug development pipeline





The drug discovery & development pipeline

Basic research 3-6 years)

Preclinical studies (1-2 years)

Clinical Studies (4 – 7 years) FDA review and approval (1 -2 years)

Post-market monitoring (indefinite)

- Disease biology
- Target identification
- Compound screening

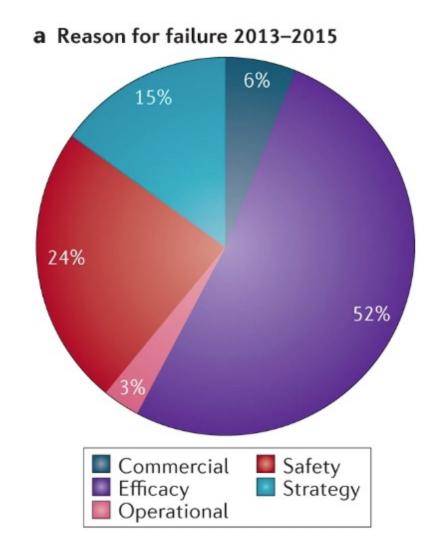
- Lead identification and optimization
- In vitro and
- in vivo (in at least 2 different animals) efficacy and toxicology
- Phase 1 drug safety in healthy volunteers <100
- Phase 2 –
 efficacy in
 patients (100 300)
- Phase 3 –
 efficacy
 compared to
 placebo or
 existing
 treatments
 (1000+)

- Pharmacovigilance
- Observational studies



90% of drugs fail in human clinical trials

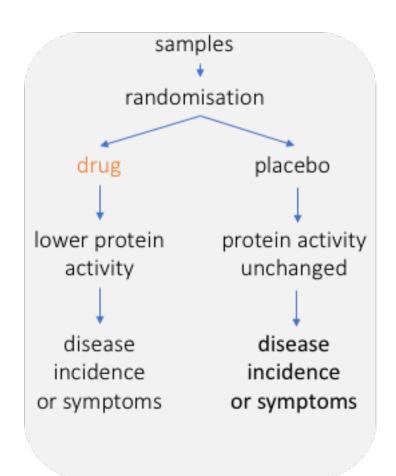
- Lack of efficacy
- Unmanageable toxicity
- Poor drug-like properties (solubility, stability, in vivo pharmacokinetics
- Strategic: lack of commercial interest and change in therapeutic focus





Lack of efficacy in humans

- Animal studies and isolated systems (cells, tissue preparations) do not always translate to in vivo effects in humans
 - Unsuitable drug target
 - Drug pharmacokinetics (drug metabolism, tissue absorption)
- Gold standard for testing in humans using a randomised control trial (RCT) – final step of the process
 - Costly and high risk
 - Small sample size (esp. Phase 1 and II)
 - Short follow-up time
 - Defined participant criteria (e.g. exclude multimorbid individuals)
- Improved pre-clinical prediction of effects in humans



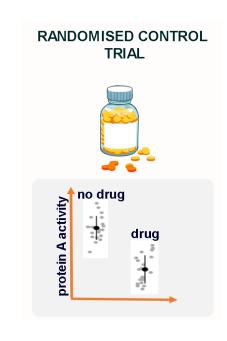


Mendelian randomisation



Using genetics for drug target validation - Mendelian randomisation (MR)





PCSK9: Genetic mutation to groundbreaking therapy

2005 Cohen et al Nature Genetics

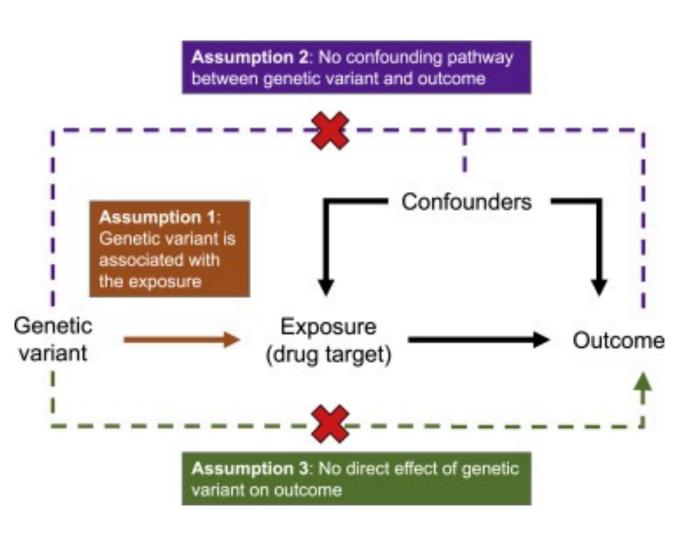
Loss-of-function (LOF) mutations in *PCSK9* gene in African-Americans associated with:

- Substantially lower cholesterol
- Reduction in risk of cardiovascular disease

2015 first approved PCSK9 inhibitor

Assumptions of MR





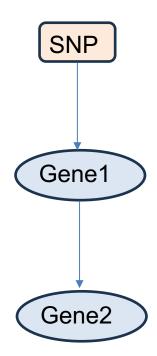
MR assumptions:

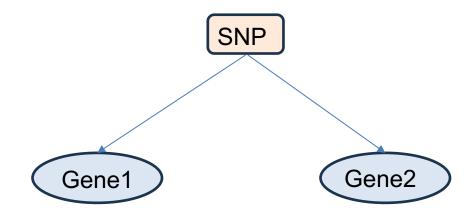
- 1: Genetic variant strongly associates with the exposure (instrument strength: R², F-statistics)
- 2: Genetic variant does not influence the outcome through a confounding pathway (horizontal pleiotropy or linkage)



VERTICAL PLEIOTROPY

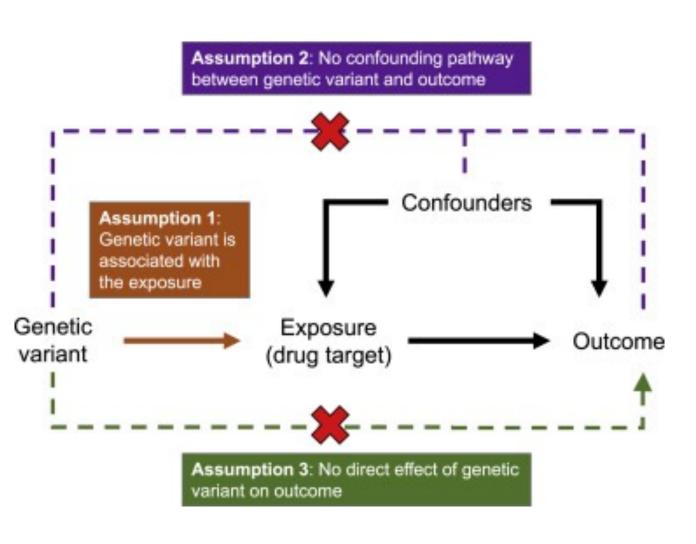
HORIZONTAL PLEIOTROPY





Assumptions of MR



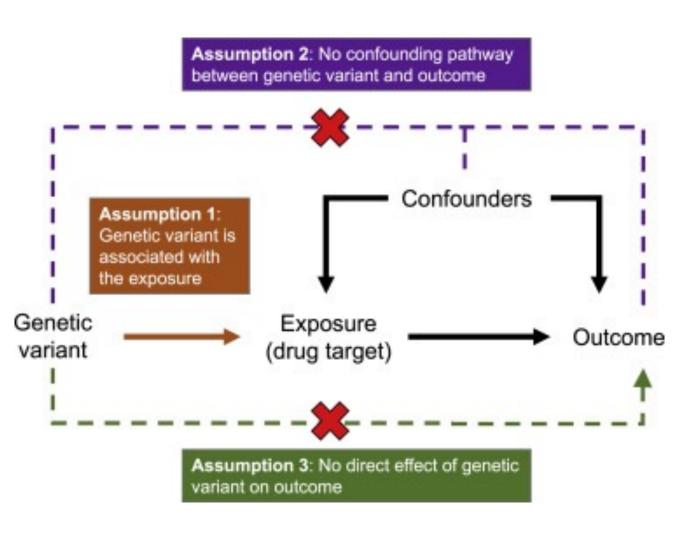


MR assumptions:

- 1: Genetic variant strongly associates with the exposure (instrument strength: R², F-statistics)
- 2: Genetic variant does not influence the outcome through a confounding pathway (horizontal pleiotropy or linkage)
- 3: Effect of genetic variant on outcome is via effect on drug target

Assumptions of MR





MR assumptions:

- 1: Genetic variant strongly associates with the exposure (instrument strength: R², F-statistics)
- 2: Genetic variant does not influence the outcome through a confounding pathway (horizontal pleiotropy or linkage)
- 3: Effect of genetic variant on outcome is via effect on drug target
- Drug target MR tend to use a genetic variants from a single genomic region near the target gene (cis-MR)
- Multi-SNP analysis when multiple independent cis-variants exist
- Genetic variants need to replicate the effect of the drug

LOF/GOF as instruments for MR



nature > analyses > article

Analysis | Open Access | Published: 27 May 2020

Evaluating drug targets through human loss-offunction genetic variation

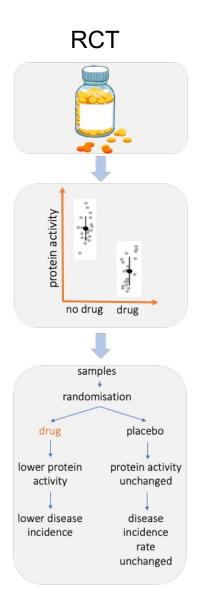
Eric Vallabh Minikel ☑, Konrad J. Karczewski, Hilary C. Martin, Beryl B. Cummings, Nicola Whiffin, Daniel Rhodes, Jessica Alföldi, Richard C. Trembath, David A. van Heel, Mark J. Daly, Genome Aggregation Database Production Team, Genome Aggregation Database Consortium, Stuart L. Schreiber & Daniel G. MacArthur ☑

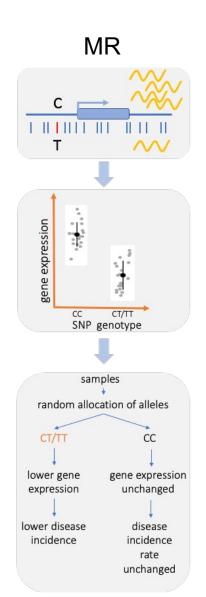
- Genome Aggregation Database (gnomAD)
- Whole exome data in > 125,000 individuals
- Predicted LOF (nonsense, essential splice site, and frameshift variants)
- Individuals with LOF are very rare

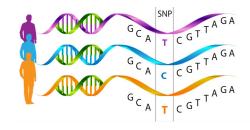
Require sample sizes that are 1000x bigger

eQTLs as instruments for MR analysis









cis-eQTLs as proxies for drug exposure.

PROS:

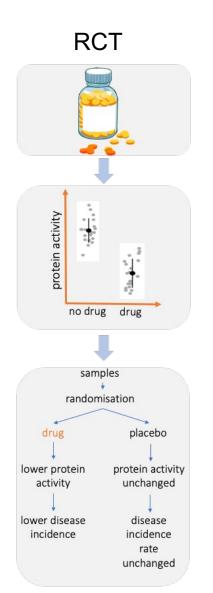
 Gene expression easily measured in different tissues

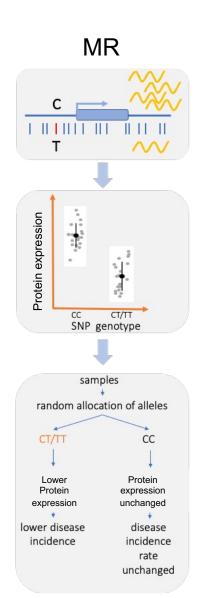
CONS:

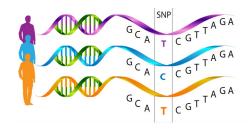
 Gene expression does not always translate to protein levels or activity

pQTLs as instruments for MR analysis









pQTLs as proxies for drug exposure.

PROS:

Closer phenotype to drug effects

CONS:

Difficult to measure outside of blood

Example: Darapladib



Published: 01 July 2014

GSK's darapladib failures dim hopes for antiinflammatory heart drugs

Asher Mullard

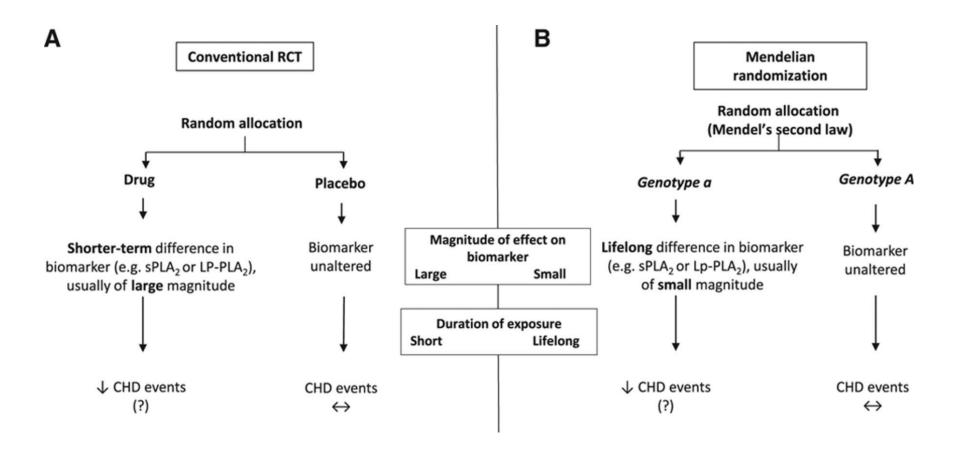
Nature Reviews Drug Discovery 13, 481–482 (2014) | Cite this article

Product	Darapladib
Sponsor	GlaxoSmithKline
Purpose	Add-on to a statin for prevention of cardiovascular disease complications in patients with prior heart attack
FDA-approved for any indication at time of initiation of phase 3 trial	No
Problem identified in phase 3 trial	Lack of efficacy
Divergent results in phase 3 trial	Despite exciting biomarker evidence in phase 2, in phase 3 trials darapladib failed to reduce the risk of heart attack or cardiac death compared with placebo in patients with chronic cardio vascular disease.

https://www.fda.gov/media/102332/download

MR to Test Causality of Lp-PLA2





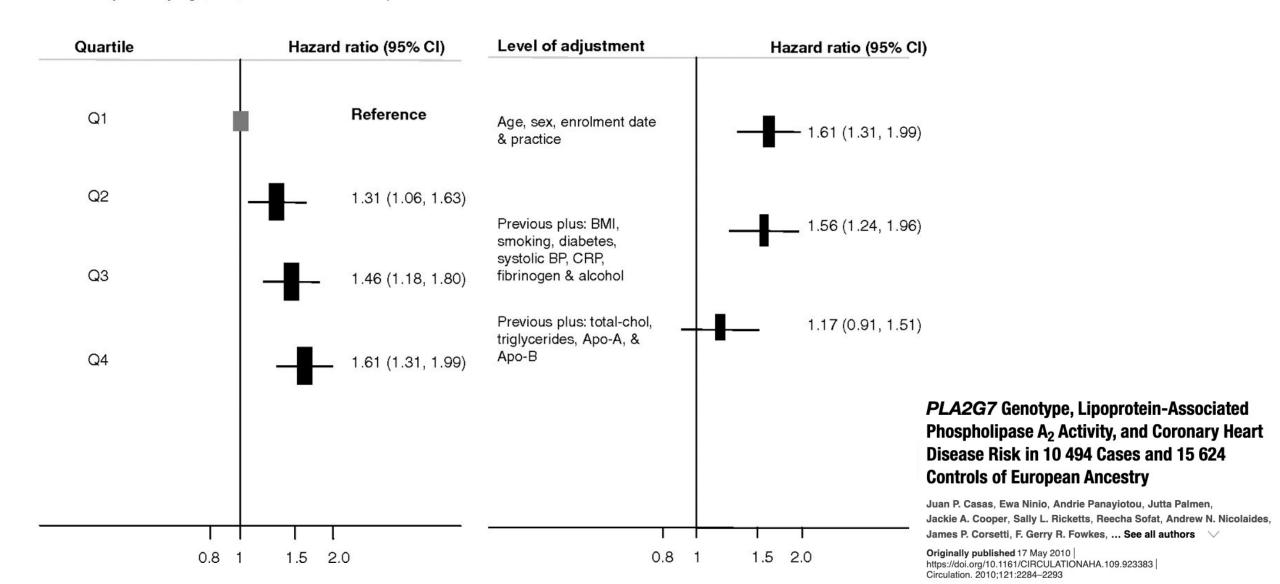
Lp-PLA2 activity and coronary heart disease risk 1030 Cases & 3852 Controls

Effect of the incremental degree of adjustment on the Lp-PLA2-CHD association

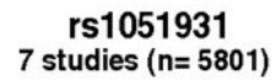
THE UNIVERSITY
OF QUEENSLAND
AUSTRALIA

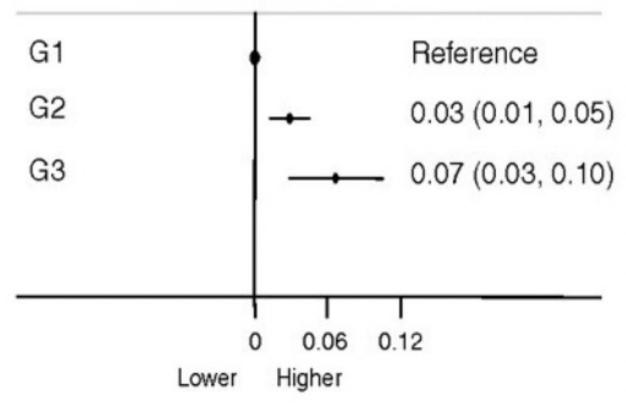
Model-1:adjusted by age, sex, enrolment date and practice

Hazard ratio (95%CI) for Top vs. bottom quartile









Mean difference (95%C) in log-LpPLA2 activity by PLA2G7 variants

G1: Homozygous common-allele;

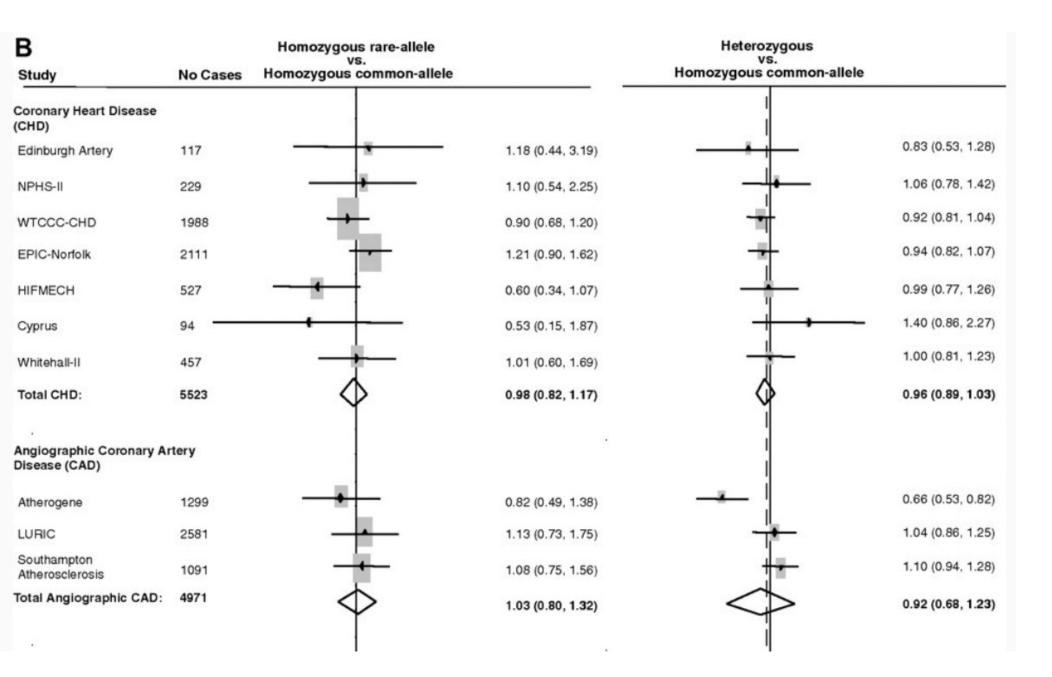
G2: Heterozygous;

G3: Homozygous rare-allele

PLA2G7 Genotype, Lipoprotein-Associated Phospholipase A₂ Activity, and Coronary Heart Disease Risk in 10 494 Cases and 15 624 Controls of European Ancestry

Juan P. Casas, Ewa Ninio, Andrie Panayiotou, Jutta Palmen, Jackie A. Cooper, Sally L. Ricketts, Reecha Sofat, Andrew N. Nicolaides, James P. Corsetti, F. Gerry R. Fowkes, ... See all authors





No association of PLA2G7 variant with risk of CHD

Genetics for drug target validation



nature genetics

Explore content v About the journal v Publish with us v

nature > nature genetics > analyses > article

Published: 29 June 2015

The support of human genetic evidence for approved drug indications

Matthew R Nelson ☑, Hannah Tipney, Jeffery L Painter, Judong Shen, Paola Nicoletti, Yufeng Shen, Aris Floratos, Pak Chung Sham, Mulin Jun Li, Junwen Wang, Lon R Cardon, John C Whittaker & Philippe Sanseau

Selecting genetically supported targets could double the success rate in clinical development

Drug safety





France clinical trial: 90 given drug, one man brain-dead

(§ 15 January 2016

One man is braindead and another
five people are in
hospital after an
experimental drug
was administered to
90 people in a French
clinical trial.

Drug safety



Original Investigation

May 9, 2017

Postmarket Safety Events Among Novel Therapeutics Approved by the US Food and Drug Administration Between 2001 and 2010

Nicholas S. Downing, MD¹; Nilay D. Shah, PhD²; Jenerius A. Aminawung, MD, MPH³; et al

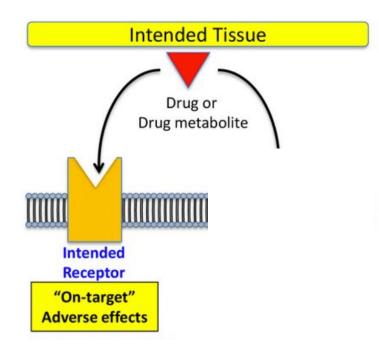
Author Affiliations | Article Information

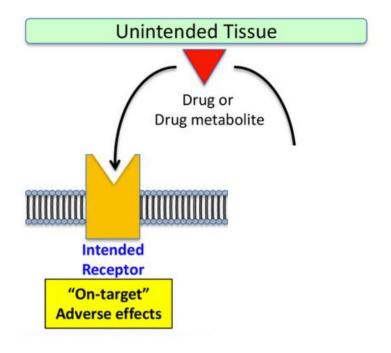
JAMA. 2017;317(18):1854-1863. doi:10.1001/jama.2017.5150

FDA announced alerts, warnings, or recalls on about <u>one-third</u> of approved drugs









Toxic cellular effects

Toxicity

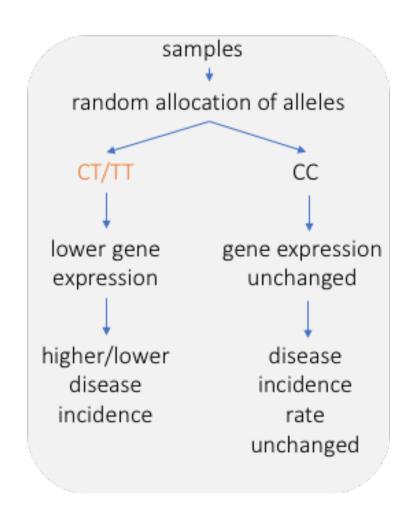
Pharmacogenetics – differences in drug metabolism and clearance can lead to a higher/lower dose

Important to understand if the toxic effect is mediated through intended or unintended target

Importance of understanding pleiotropic effects of intended drug target

Testing drug safety and efficacy- Randomised Control Trial

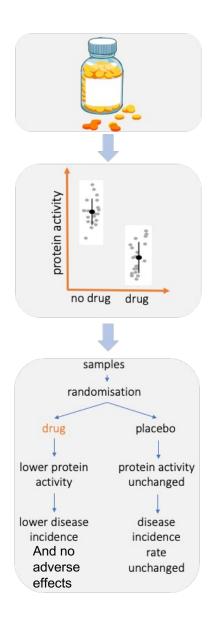


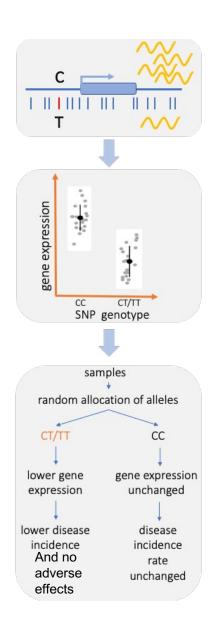


- Costly and high risk
 - Small sample size
 - Short follow-up time
 - Defined participant criteria (e.g. exclude multimorbid individuals)
- Only common and large adverse effects may be observed
- Full range of effects (and long term effects) undetected until wider use

MR to assess drug safety - pleiotropic associations







Identifying drug intended and unintended drug targets:

- DrugBank
- CheMBL

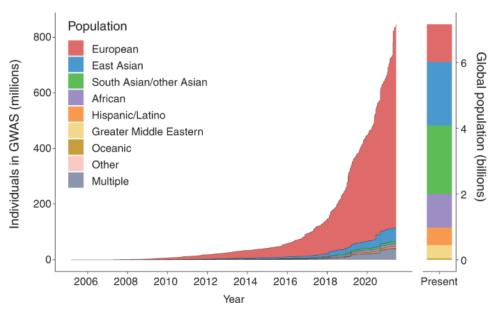
Identifying MR instruments for drug exposure:

- LOF/GOF
- eQTL
- pQTL



MR for drug target validation and safety

- MR studies **DO NOT** replace RCTs, but together with other pre-clinical evidence can be used to prioritise drug targets.
- Only possible due to large, publicly availability GWAS and WGS studies for 1000s of human traits
 - Drug target validation Test for intended effect
 - Drug target safety Test for unintended effects (useful for looking at effects in co-morbid individuals)
- Effects in different ancestral groups
 - Comparison of effects sizes
 - Need more data increasing data availability



Fatumo et al Nature Medicine 2021

pLOF Gene-based burden test - Genebass





gene-based association summary statistics

Search by gene or phenotype

Browse

Dataset: 394,841 exomes **Release date:** June 7, 2022 **Reference genome:** GRCh38

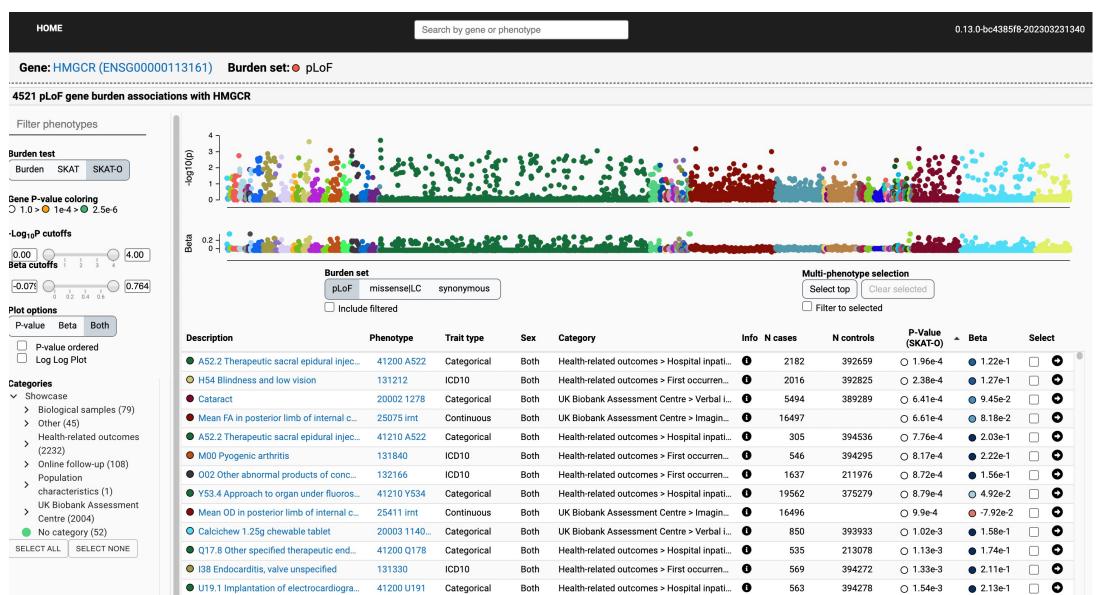
Browser: 0.13.0-bc4385f8-202303231340

Genebass is a resource of exome-based association statistics, made available to the public. The dataset encompasses 4,529 phenotypes with gene-based and single-variant testing across 394,841 individuals with exome sequence data from the UK Biobank. Genebass was developed by the following organizations which provided funding and guidance:











JAHA

Journal of the American Heart Association

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lumn to

Association of Common and Rare Genetic Variation in the 3-Hydroxy-3-Methylglutaryl Coenzyme A Reductase Gene and Cataract Risk

Jonas Ghouse ⊡, Gustav Ahlberg, Anne Guldhammer Skov, Henning Bundgaard and Morten S. Olesen

Originally published 15 Jun 2022 | https://doi.org/10.1161/JAHA.122.025361 | Journal of the American Heart Association. 2022;11:e025361

Other version(s) of this article \vee

genetically proxied inhibition of the *HMGCR* gene mimicking long-term statin treatment associated with higher risk of cataract.

Clinical trials with longer follow-up are needed to confirm these findings