

Balancing discovery and implementation in eMERGE

Points

- Discovery in clinical trials vs discovery in EMRs
 - eMERGE EMRs is a fantastic discovery resource
 - May take more resources to fully utilize
- Can you implement if you don't know if it works?

Topo II inhibitor-Induced AML

- ~ uniformly fatal
- Etoposide/teniposide > anthracyclines
- short onset (< 3 years)
- cumulative incidence 1-20%
- ? related to cumulative dose

SJCRH Total XI: Two Tx Arms

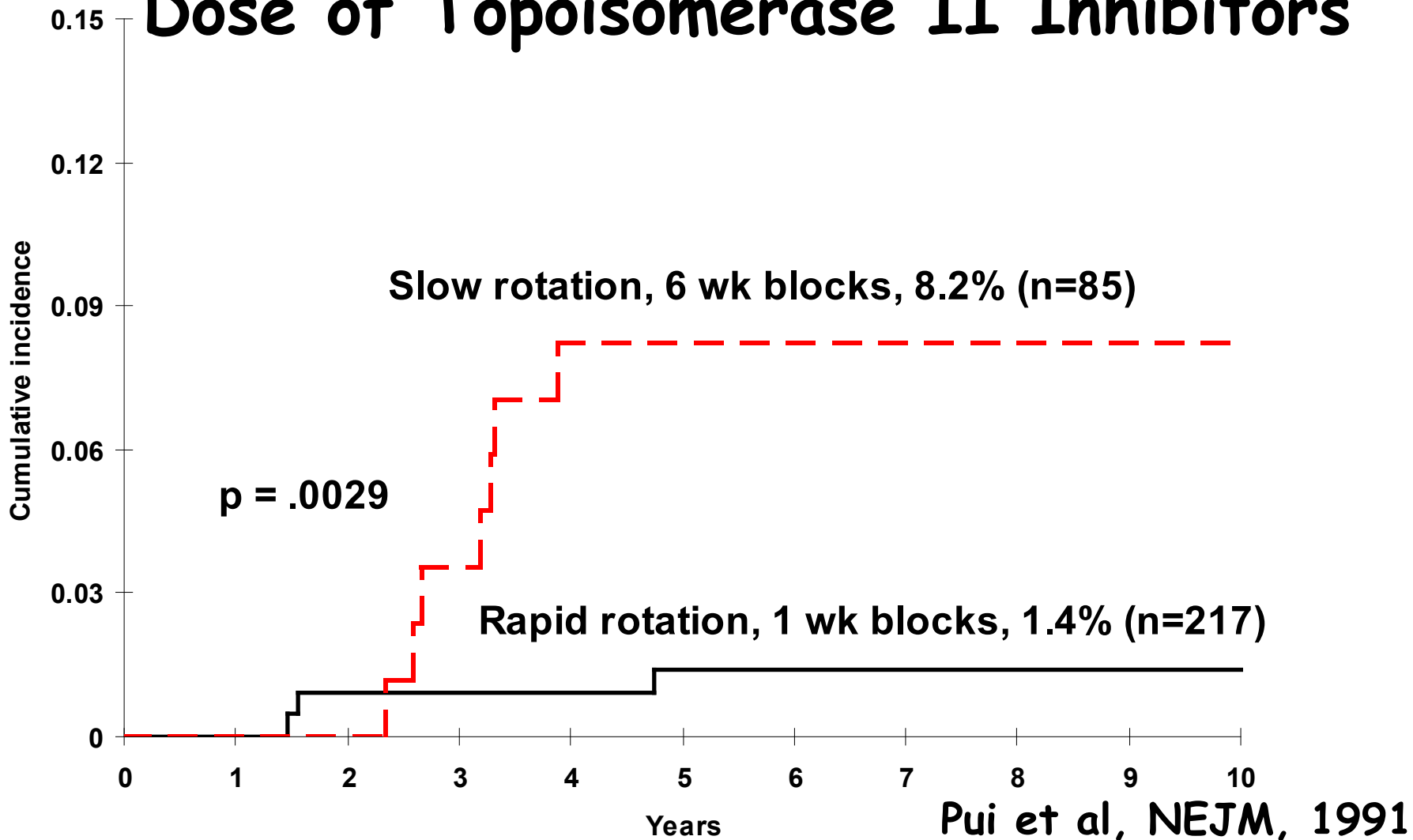
| Week | II | III |
|-----------|-----------------|-----------------|
| 1 | VP + cyclo | VP + cyclo |
| 2 | MP + MTX | VP + cyclo |
| 3 | VM + AraC | VP + cyclo |
| 4 | Pred + VCR | VP + cyclo |
| 5 | VP + cyclo | VP + cyclo |
| 6 | MP + MTX | VP + cyclo |
| 7 | VM + AraC | MP + MTX |
| 8 | Pred + VCR | MP + MTX |
| 9 | VP + cyclo | MP + MTX |
| 10 | MP + MTX | MP + MTX |
| 11 | VM + AraC | MP + MTX |
| 12 | Pred + VCR | MP + MTX |
| 13 | VP + cyclo | VM + AraC |
| 14 | MP + MTX | VM + AraC |
| 15 | VM + AraC | VM + AraC |
| 16 | Pred + VCR | VM + AraC |
| to wk 120 | | |
| Cum.Dose: | 18 g | 18 g |

Cumulative doses of all drugs identical

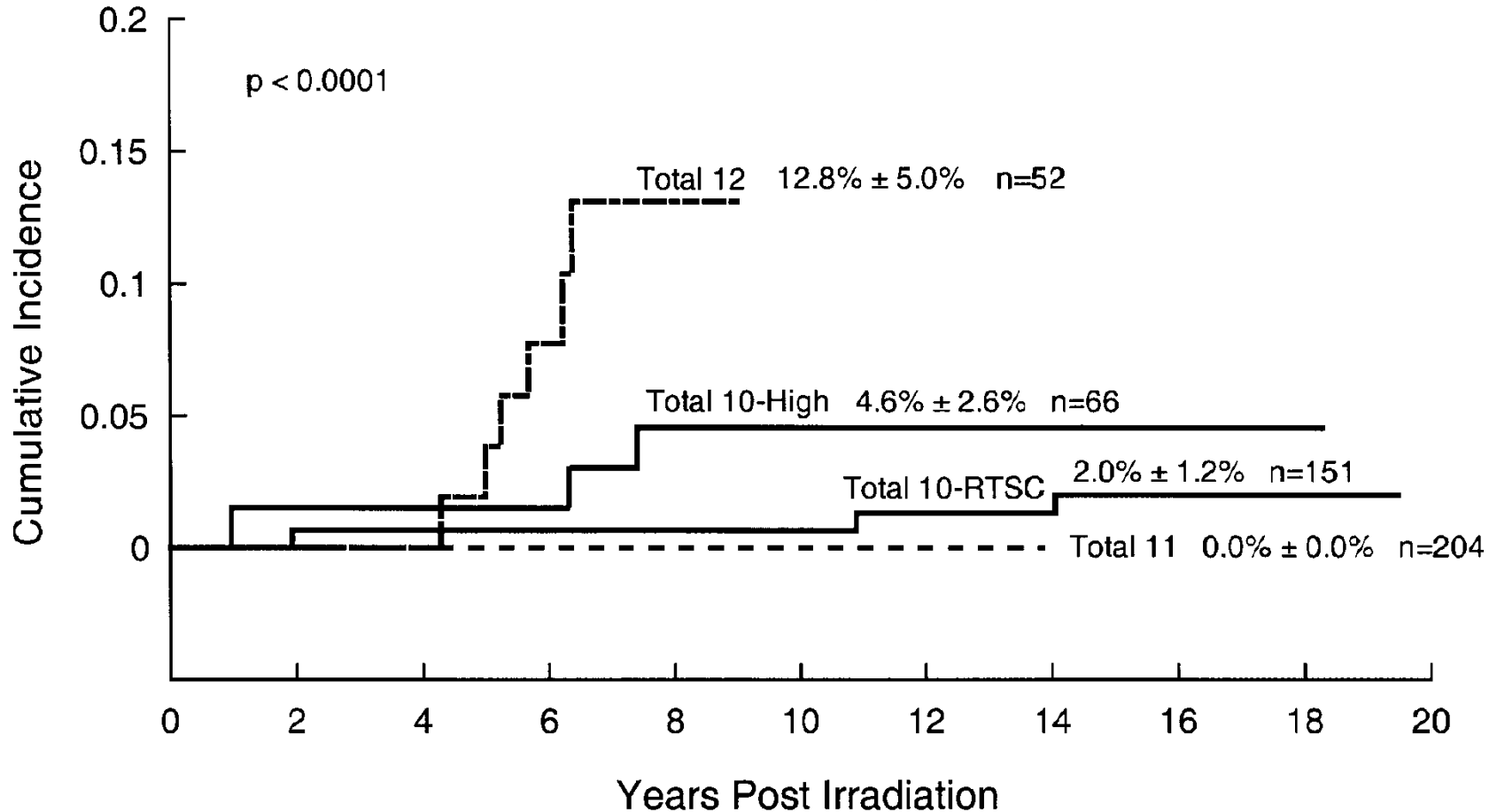


Pui et al, NEJM, 1991

Risk of t-AML differed by tx arms; unrelated to Cumulative Dose of Topoisomerase II Inhibitors

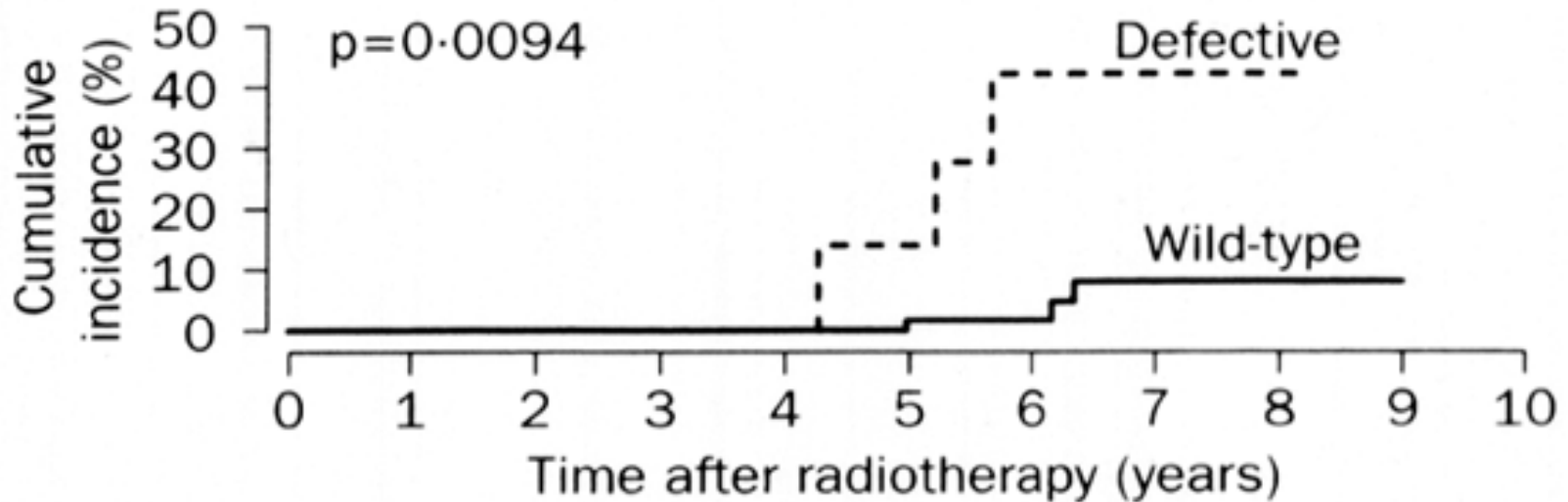


An unusually high incidence of secondary brain tumors for Total XII Study; all protocols had identical doses of cranial irradiation

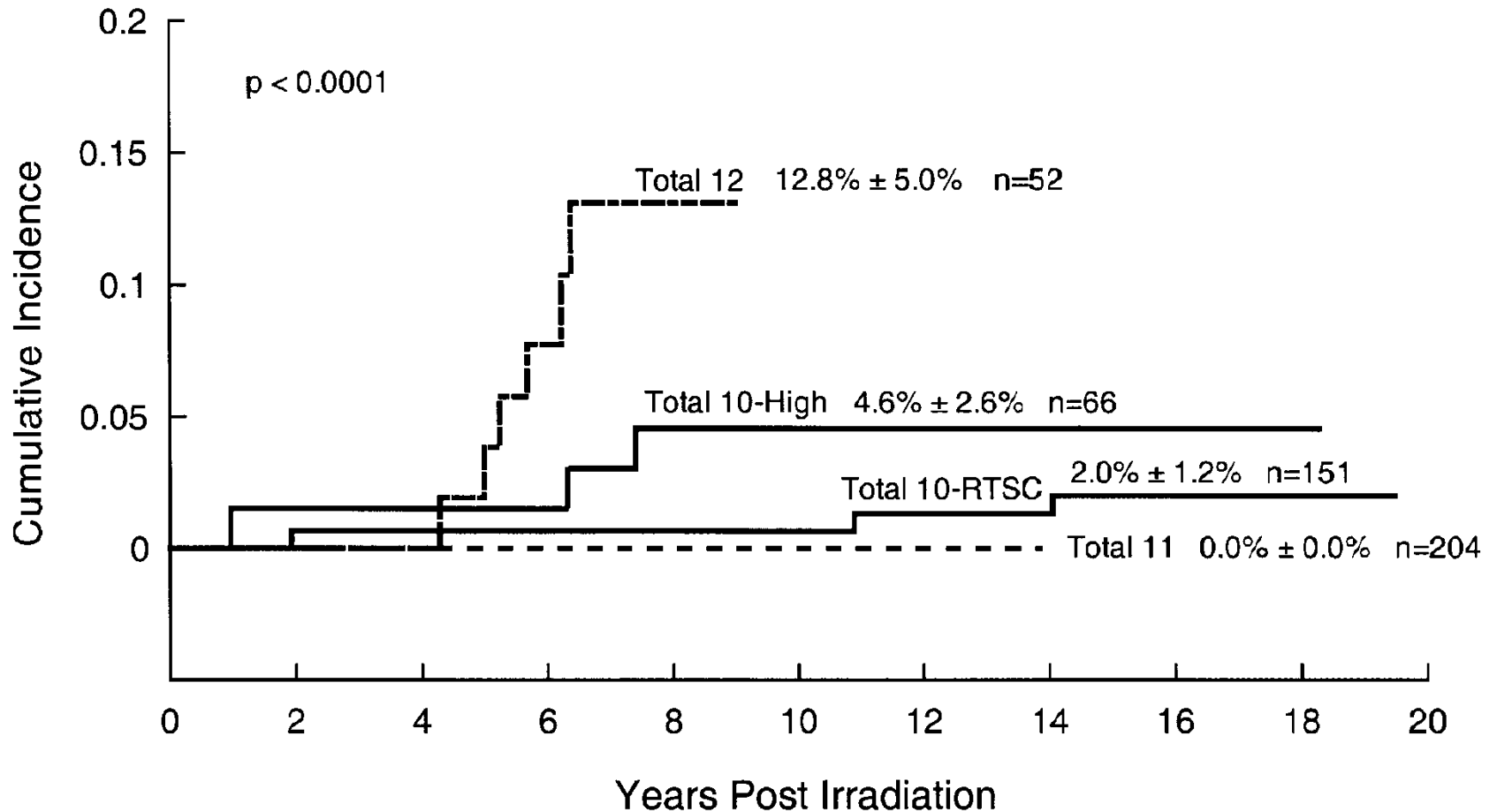


Relling et al *Lancet* 1999 354:34-39

Within Total XII protocol, TPMT defects associated with brain tumor

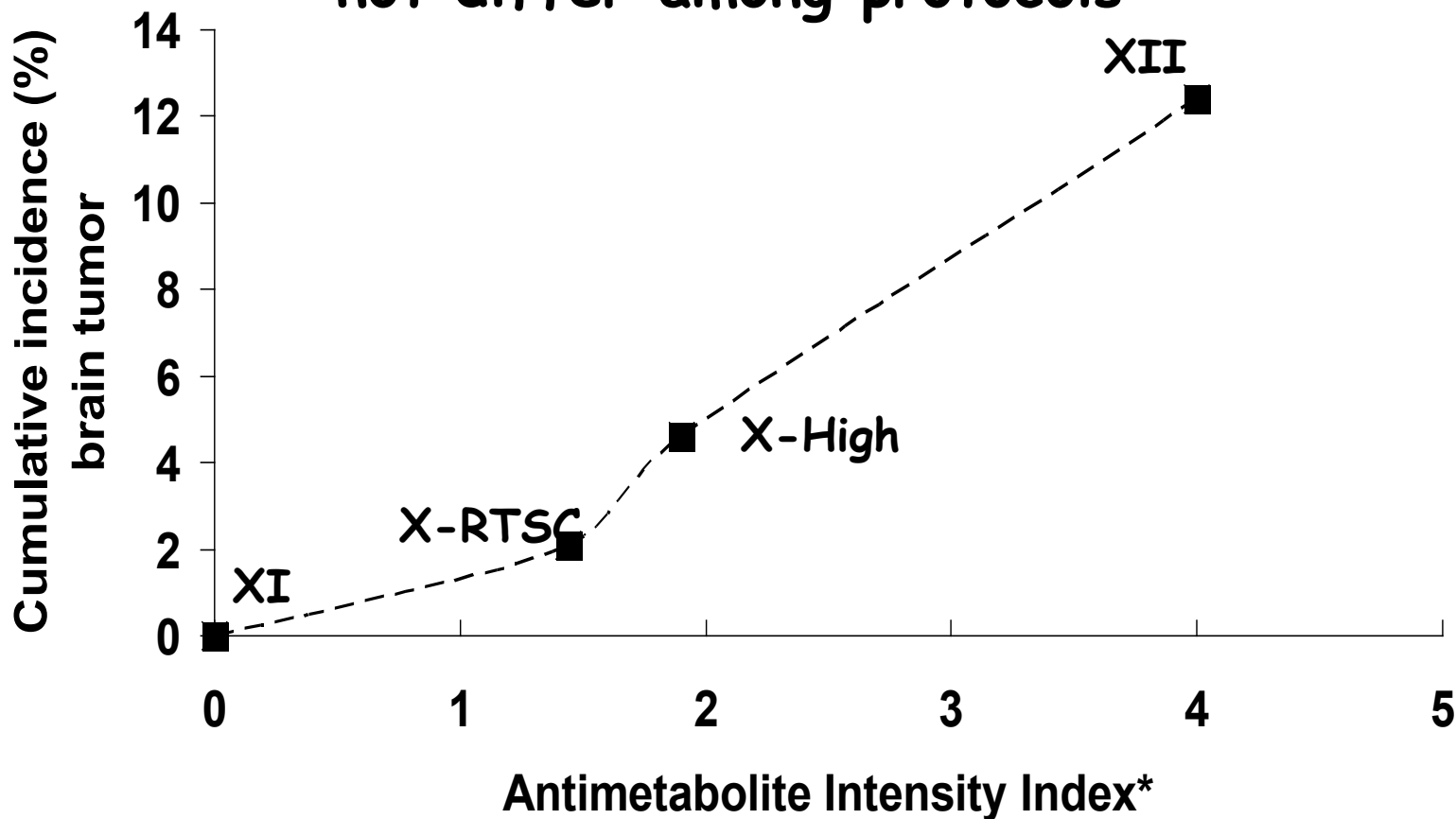


Pts with TPMT Defects have always been around— so what was different about Total 12?



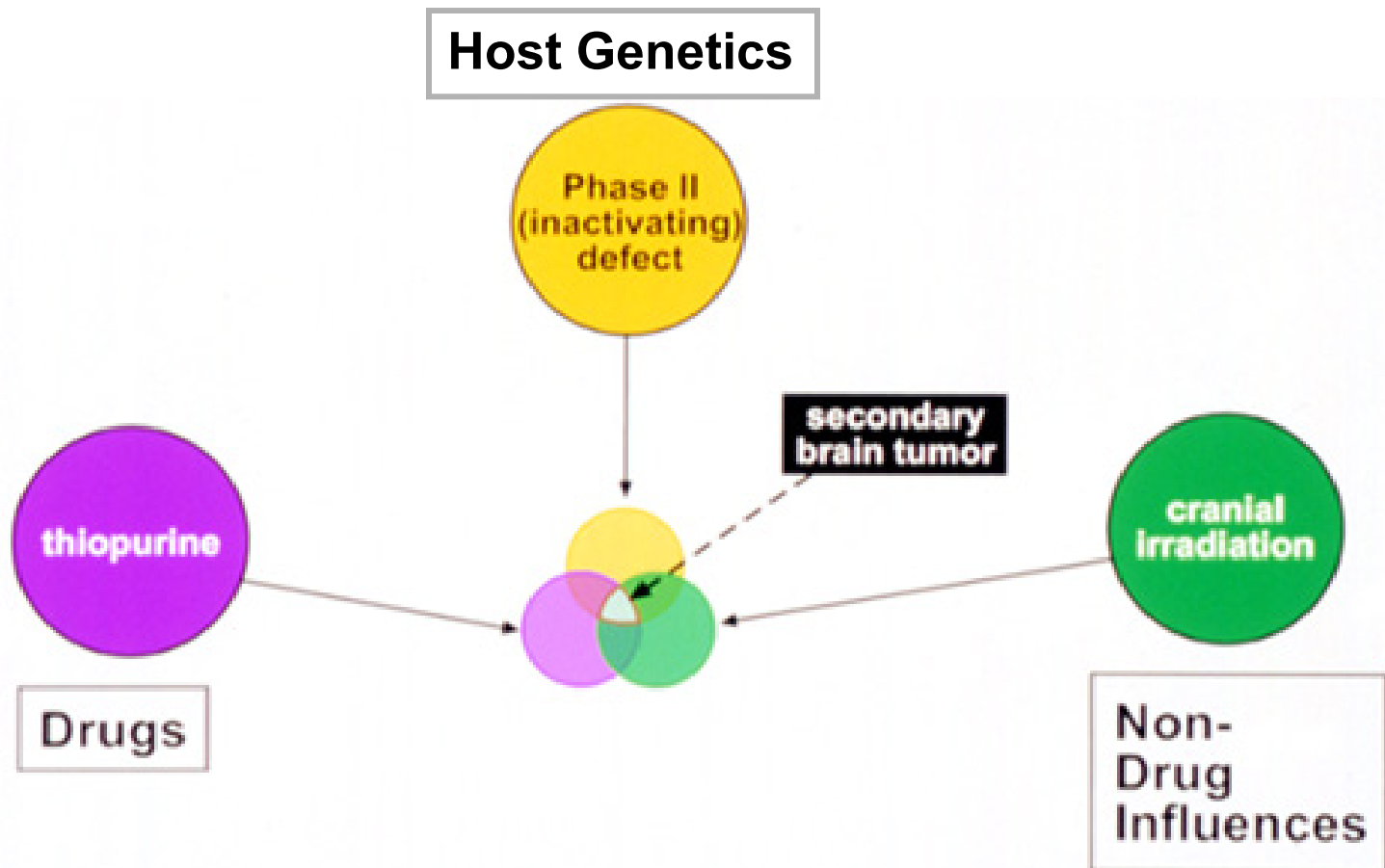
Relling et al *Lancet* 1999

The intensity of antimetabolite Intensity (during irradiation) correlated with Risk of Brain Tumor---
---although cumulative doses of antimetabolites did not differ among protocols



* Score = 1 for ITs during rads, -1 for LV during rads,
2 for systemic MTX during rads, 2 for full dose 6MP during rads

Phenotypic consequence of genetic Defect depends on detailed interactions of Drug and radiation therapy



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Can you implement if you don't know if it works?

- If you are ready to implement, implement
 - Pharmacogenetics: 13 genes, ~ 60 drugs max

CPIC: Implementing PGx
a **PharmGKB** & PGRN collaboration

- If you are not convinced it works:
 - Randomize---but then isn't that clinical research, not implementation?
 - Capitalize on our non-uniform health care "system" to randomize for you
 - Historic controls: risk poor study design and misleading answers