

#### **Headline Sponsors**:

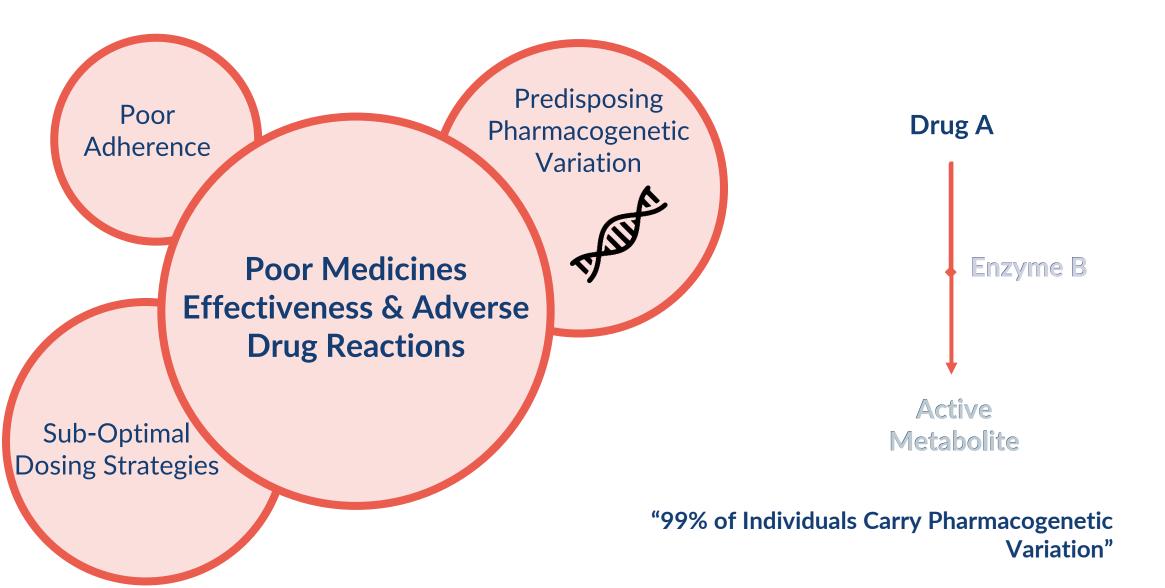




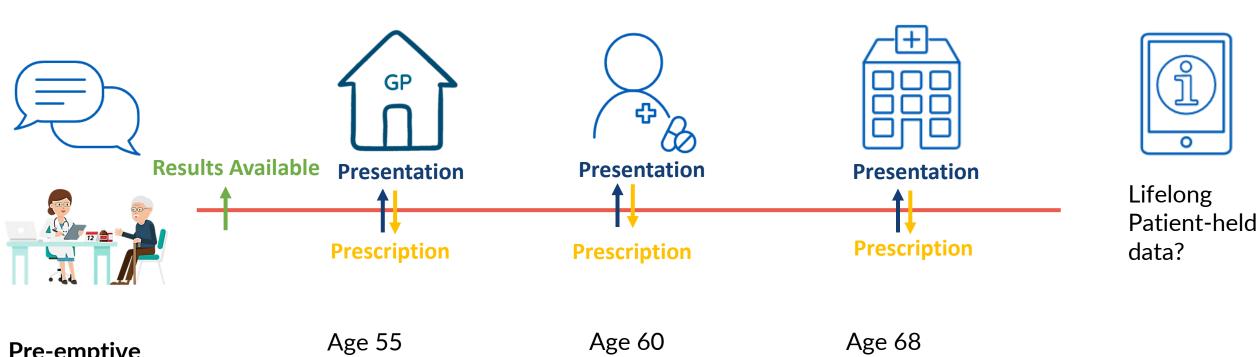
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# Common Genetic Variation is Associated with Poor Medicines Effectiveness and Adverse Drug Reactions



#### Personalising Healthcare Through Pharmacogenetics



Pre-emptive Panel Testing

Age 55
Requires
statin
PGx reduces
risk of
myopathy

Age 60

Back pain

PGx helps

selection of

analgesia

ACS
Pgx avoids risk of ineffective antiplatelet and future cardiac events

#### **Clinical Decision Support**

Genetic
Variation

CYP2C19

c.636G>A p.(W212X) \*3,\*5

CYP2C19 (\*3/\*5)

CYP2C19 PM

Prescribe Alternative Antiplatelet
c.1297C>T p.(R433W)

1.Genotype

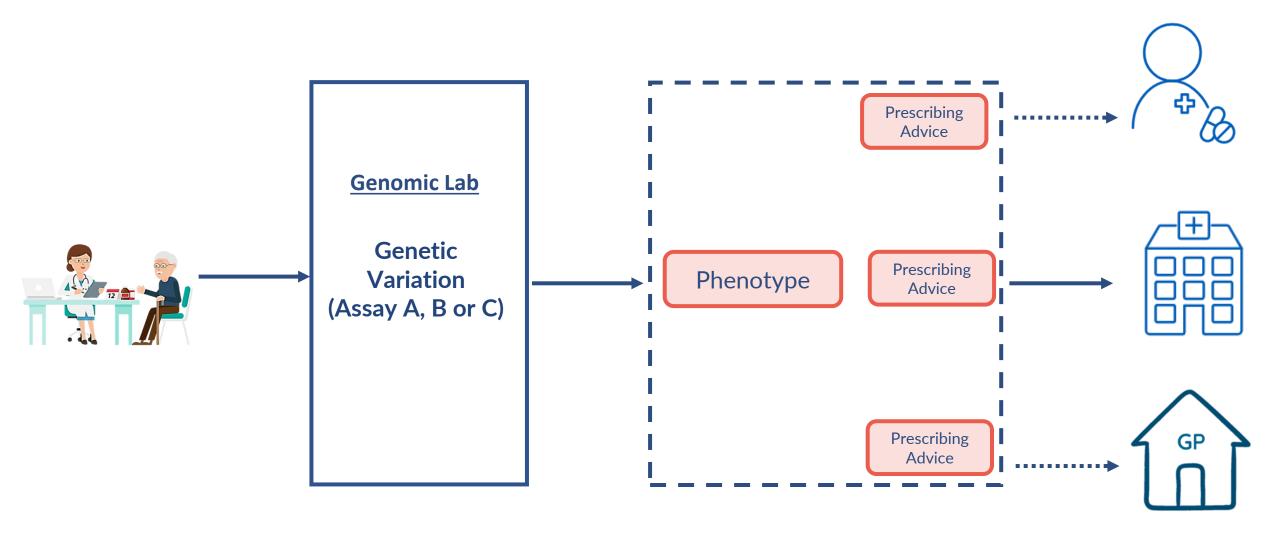
2.Haplotype

3.Diplotype

4.Phenotype

5.Guidance

## Personalised Prescribing across Integrated Care Systems



#### **User Research**



Important to have PGx results fully integrated into the Electronic Health Records



PGx process needs to be very clear and understandable to all



Pop-up or review list? Both!

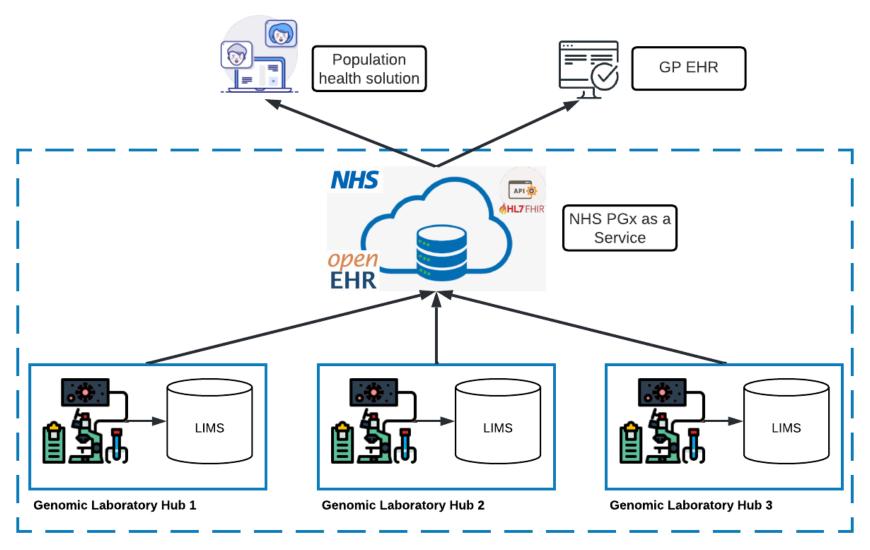


Lack of familiarity with PGx research and potential – a need for education



Recommendations must be specific – no time to review multiple options

#### Pharmacogenomics as a Service



NHS Genomics governance boundary

### Thank you for listening

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www.nw-gmsa.nhs.uk/education-and-research/et-resources/pharmacogenomics