



Clinical Pharmacology & Toxicology Pearl of the Week

~ Pharmacogenomics and Immune Reactions ~

- ✓ HLAs are proteins on antigen presenting cells responsible for presenting immunogenic proteins and substances, or haptens, to T-cells
- ✓ Genetic variants in HLA genes can increase an individual's risk for severe immune reactions to drugs, including severe cutaneous adverse reactions (SCARs) (ex: DRESS, Stevens-Johnson-Syndrome (SJS))
- ✓ Impaired clearance of drugs can also increase an individual's risk for severe immune reactions.

What factors increase a patient's risk for a hypersensitivity (immune) reaction?

- ✓ Hypersensitivity reactions can be difficult to predict, and have multiple factors that contribute to their pathogenesis
 - Genetic permutations in HLA proteins can increase the risk of hypersensitivity reactions
 - Previous Epstein-Barr Virus, Human Herpes Virus 6 or 7, or cytomegalovirus infection
 - Increased metabolism to more immunogenic metabolites, or decreased clearance of these metabolites
 - Increasing the patient exposure to the immunogenic compounds
 - Underlying immunogenicity of the drug
- ✓ Unfortunately, the presence or absence of any of these factors cannot predict the occurrence of a hypersensitivity reaction. They only influence the underlying risk.

Examples of Clinical Applications

- ✓ **Allopurinol**
 - HLA-B*58:01 genotype is associated with 34-580x increased risk for SCARs.
 - HLA-B*58:01 genotype is found in up to 6% of Asian and less than 1% of European populations.
 - HLA-B*58:01 genotype is an absolute contraindication to allopurinol therapy. Recommendations are to use alternative uric acid lowering pharmacologic and non-pharmacologic therapies.
 - Additional considerations increasing the risk of SCARs in all populations:
 - Higher allopurinol doses
 - Concurrent diuretic use (decreases clearance of allopurinol)
 - Concurrent antibiotic use (decreases clearance of allopurinol)
 - Chronic Kidney Disease (decreases clearance of allopurinol)
- ✓ **Aromatic Anti-epileptics**
 - HLA-B*15:02 genotype is associated with increased risk for SCARs for patients exposed to carbamazepine, oxcarbazepine, lamotrigine phenytoin and fosphenytoin.
 - HLA-A*31:01 genotype is associated with increased risk for SCARs for patients exposed to carbamazepine and oxcarbazepine.
 - HLA-B*15:02 and HLA-A*31:01 genotypes are found in up to 4% of Asian and 2% of European populations.
 - Strong recommendations to avoid **carbamazepine and oxcarbazepine** for patients with HLA-B*15:02 or HLA-A*31:01 genotypes due to increased risk of SCARs. Recommendation to use other anti-epileptics.
 - Strong recommendations to avoid phenytoin and fosphenytoin for patients with HLA-B*15:02 genotype due to increased risk for SCARs. Recommendation to use other anti-epileptics.
 - The risk of cross-reactivity with other aromatic anti-epileptics (Ex: phenobarbital) is unknown although it is generally recommended to avoid these agents as well.

✓ **Abacavir**

- HLA-B*57:01 genotype is associated with increased risk for SCARs.
- HLA-B*57:01 genotype is found in 3% of European and up to 7% of Central/South Asian populations.
- HLA-B*57:01 genotype is a contraindication to abacavir therapy. Recommendations are to select an alternative anti-retroviral agent.

Consider HLA testing in high-risk populations prior to prescribing any of the above pharmaceuticals. HLA testing is performed by Alberta Precision Labs and is covered by Alberta Health Insurance.

References:

1. Brunton L, Hilal-Dandan R, Knollmann B, editors. Goodman & Gilman's The Pharmacological Basis of Therapeutics. 13th ed. New York: McGraw Hill Medical; c2018
2. Peck RW. Precision Medicine Is Not Just Genomics: The Right Dose for Every Patient. Annu Rev Pharmacol Toxicol. 2018;58:105-122. doi:10.1146/annurev-pharmtox-010617-052446
3. <https://cpicpgx.org/guidelines/>
4. Day RO, Graham GG, Hicks M, McLachlan AJ, Stocker SL, Williams KM. Clinical pharmacokinetics and pharmacodynamics of allopurinol and oxypurinol. Clin Pharmacokinet. 2007;46(8):623-644. doi:10.2165/00003088-200746080-00001

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The Poison and Drug Information Service (PADIS) is available 24/7 for questions related to poisonings. Please call 1-800-332-1414 (AB and NWT) or 1-866-454-1212 (SK). Information about our outpatient Medical Toxicology Clinic can be found in [Alberta Referral Directory](#) (ARD) by searching "Toxicology" from the ARD home page.

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