



Genetic Information Management System – GIMS.pharma

Efficient translation of genetic data
into clinical practice

Who we are



bio·logis

genetic information management

- founded 2013
- located at
Frankfurt Innovation Center
Germany
- 25 highly qualified team players
with background in
 - Software Development
 - Bioinformatics
 - Human Genetics



bio·logis

genetic information management

Our goal:

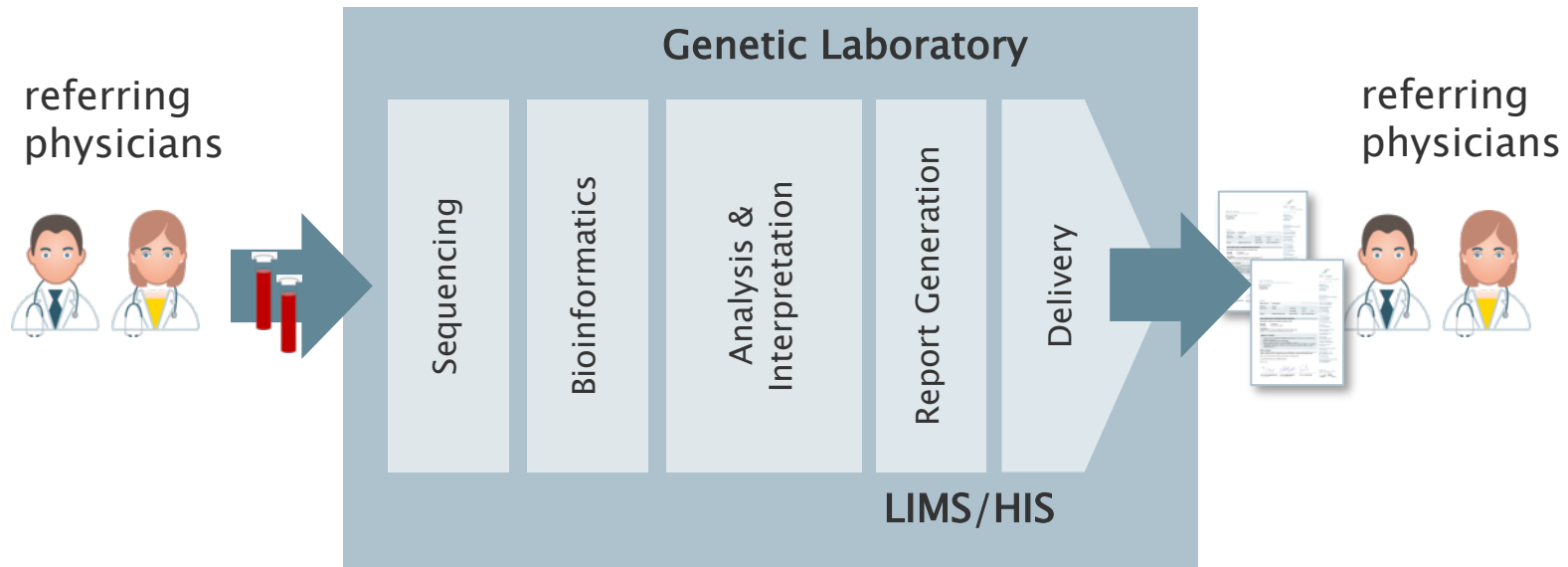
Support implementation of genetic diagnostics
into clinical practice

Our offer:

IT-tools and services
for management and curation of clinically
relevant interpretations of genetic variants.
Creation of a virtual space for a human “Interpretome”

**We are bridging the gap
between genetic knowledge
and clinical implementation**

Genetic Diagnostics: Workflow



Problem: highly fragmented
manual processes
consuming time & money

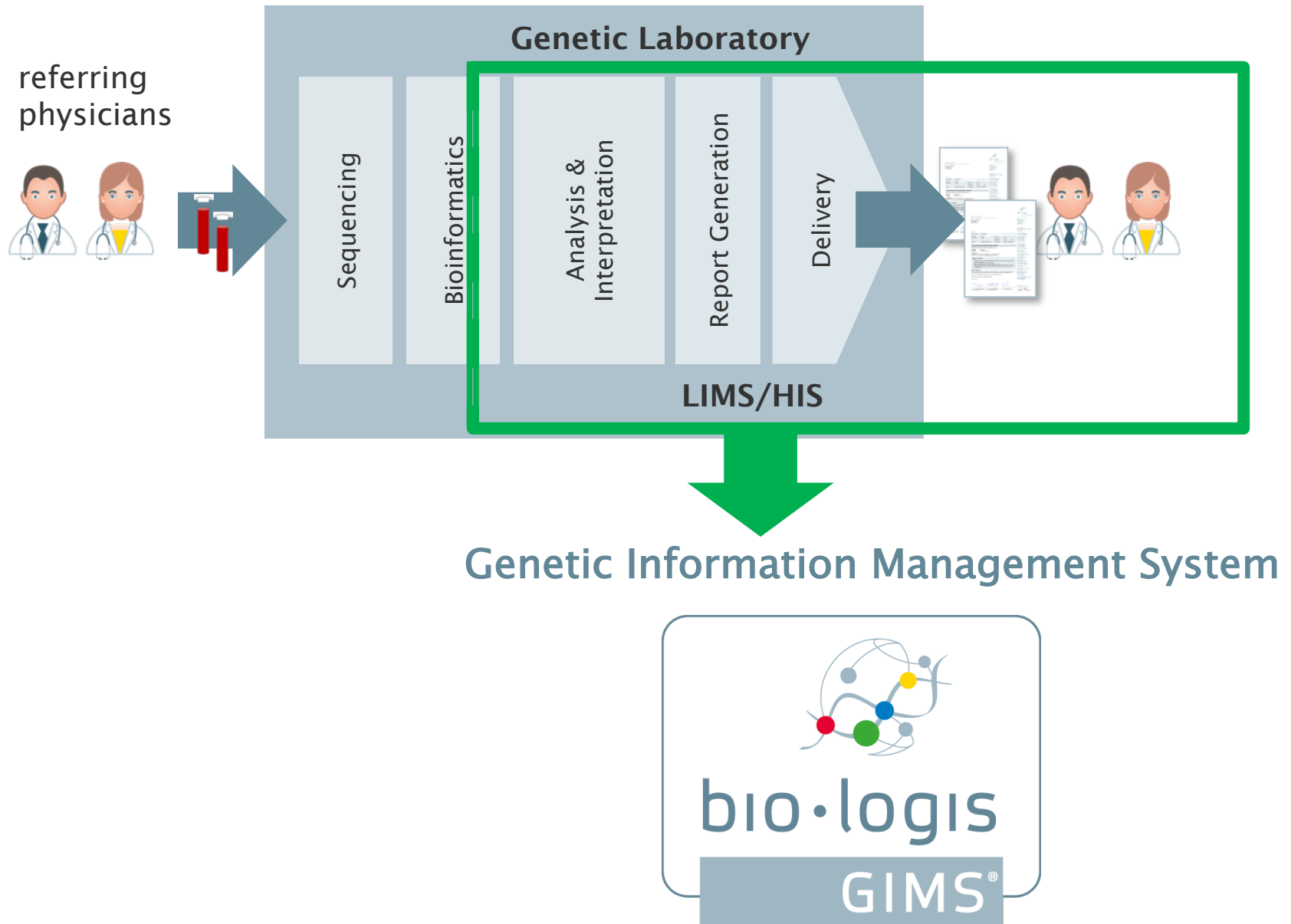


actually NO ONE workflow available
for processing of complex genetic diagnostics

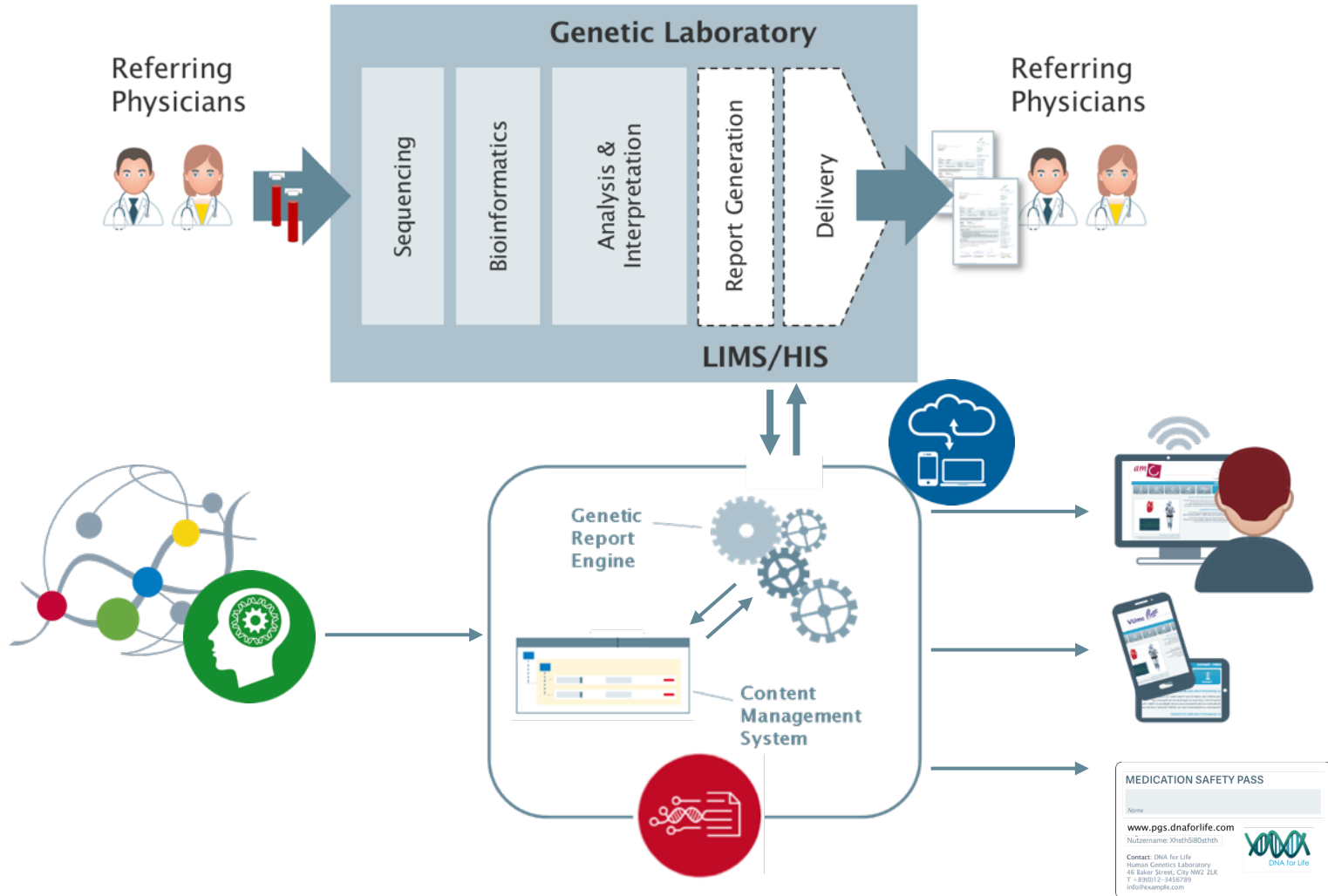


bio.logis delivers the solutions
to overcome this situation stepwise

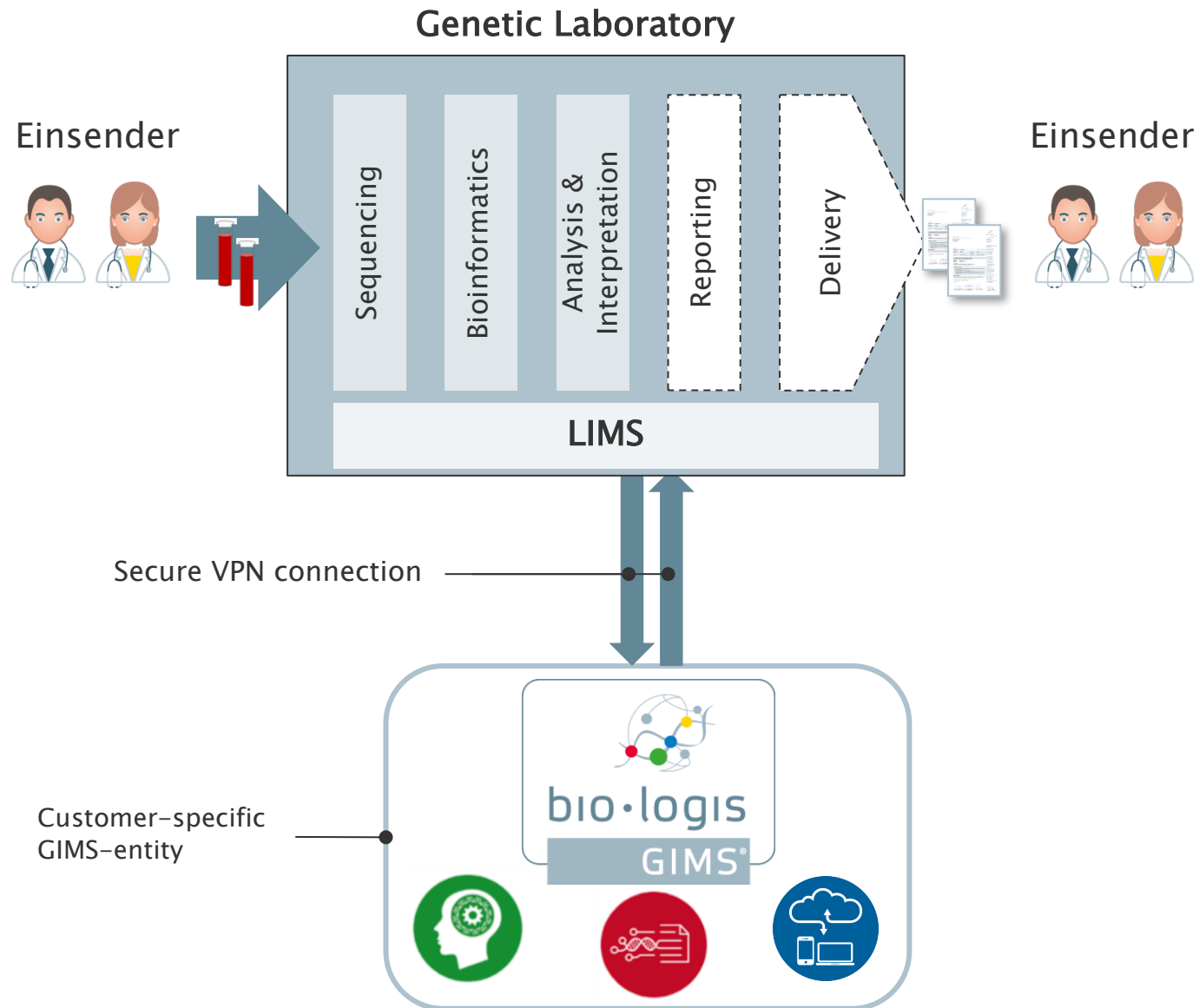
Genetic Diagnostics: Workflow



GIMS®: Genetic Information Management System



GIMS Integration



First focus area:

Pharmacogenetics

Finding the right drug and dosage for patients based on their individual genetic make-up

**Why is it not used
in clinical practice?**

What is needed

Efficient and standardized translation of analysis results into clinical recommendations

Digital decision support at Point of Care

Use Case



U-PGx | Ubiquitous Pharmacogenomics





U-PGx | Ubiquitous Pharmacogenomics

← → ↻ upgx.eu



U-PGx | Ubiquitous Pharmacogenomics

[News / Events](#) [Participating organisations](#) [Work packages](#) [Contact](#)

**WE WANT TO MAKE EFFECTIVE
TREATMENT OPTIMIZATION
ACCESSIBLE TO EVERY EUROPEAN
CITIZEN**

[TELL ME MORE](#)

OUR FOCUS

We want to improve the safety and efficacy of pharmacotherapy for every European patient by enabling clinical pharmacogenomics



SHARED EUROPEAN GUIDELINES

Maintenance and dissemination of pharmacogenomics guidelines in the European Union



IMPLEMENTATION AND EVALUATION

Clinical implementation and outcome evaluation of pre-emptive pharmacogenomics in a multitude of European countries



ENABLING TECHNOLOGIES

Development of powerful and barrier-free clinical decision support systems and novel pharmacogenomics methodologies



COMMUNICATION AND EDUCATION

Development of a program to reach out to patients, health care professionals, regulatory agencies, politics and health insurance organisations



EUROPEAN COMMISSION DIRECTORATE-GENERAL FOR RESEARCH & INNOVATION Health HORIZON 2020 Personalised Medicine Grant Agreement No.: 668353 -U-PGx H2020-PHC-2014-2015/H2020-PHC-2015-two-stage



- EU-funded project within the Horizon 2020 program
- Aiming to support implementation of pharmacogenomics in clinical practice
- bio.logis GIM responsible for implementing GIMS at 7 selected hospitals across Europe



European
Commission

Horizon 2020
European Union funding
for Research & Innovation



Servicio Andaluz de Salud
CONSEJERÍA DE SALUD

Univerza v Ljubljani



Leids Universitair
Medisch Centrum



Dosing recommendations
for: 78 drugs
based on: ≈ 50 variants
in: 13 genes
available: 7 languages

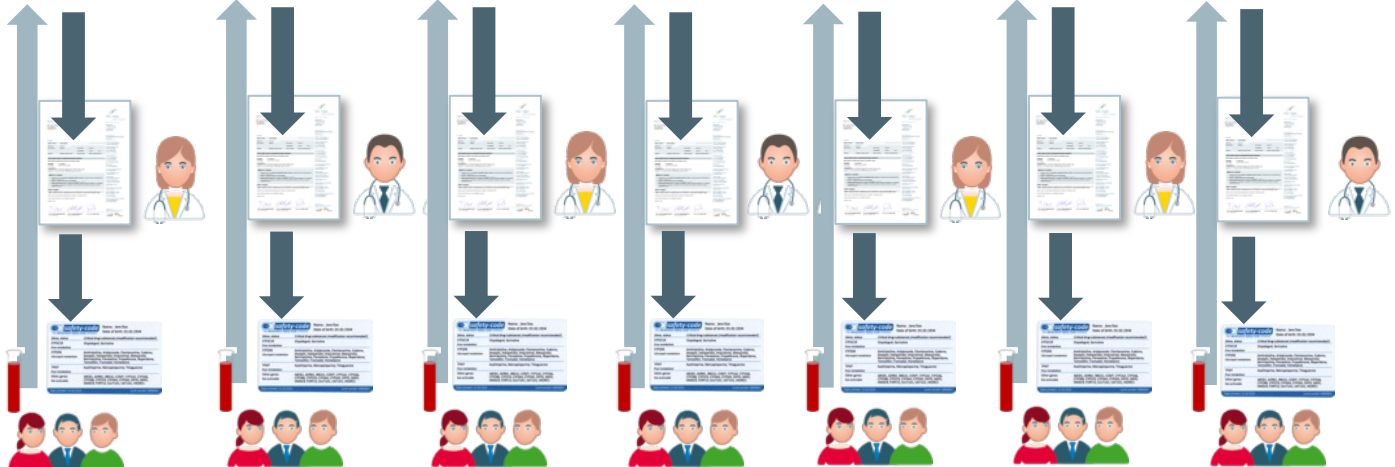


Name: Jane Doe Date of birth: 01.02.1934	
Gene, status	Critical drug substances (modification recommended!)
CYP2C19	Clopidogrel, Sertraline
Poor metabolizer	
CYP2D6	Amitriptyline, Aripiprazole, Clomipramine, Codeine, Donepezin, Haloperidol, Imipramine, Metoprolol, Nortriptyline, Paroxetine, Propafenone, Risperidone, Tamoxifen, Tramadol, Venlafaxine
Ultrarapid metabolizer	
TPMT	Azathioprine, Mercaptopurine, Thioguanine
Poor metabolizer	
Other genes	ABCB1, ADRB1, BRCA1, COMT, CYP1A2, CYP2A6, CYP2B6, CYP2C3, CYP3A4, CYP3A5, DPYD, G6PD, HMGCR, P2RY12, SULT1A1, UGT1A1, VKORC1
Not actionable	
Date printed: 15.03.2016	
Card number: 0000001	

Project Sites

Leiden Liverpool Vienna Aviano Granada Patras Ljubljana

Patients





Standardized Genotyping

13 Genes ≈50 Variants

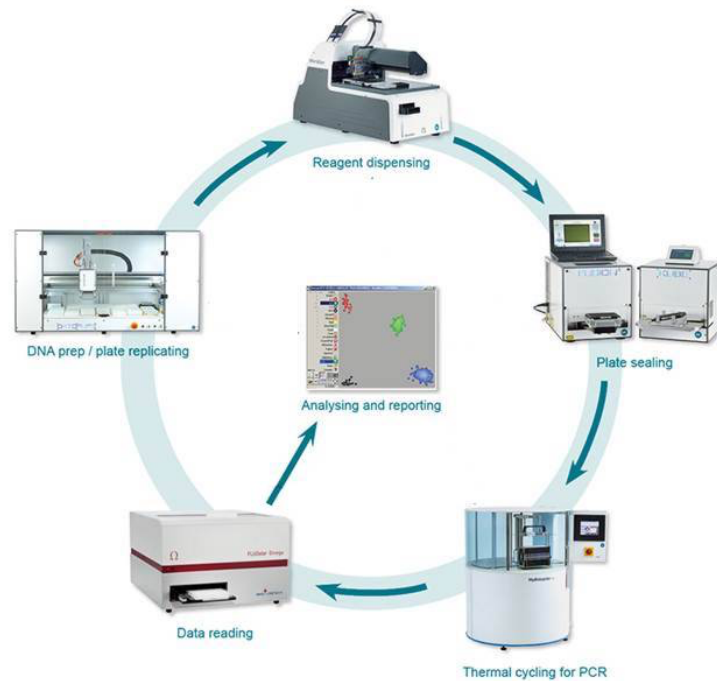


Table 1: Selected pharmacogenes and respective variants (RS number included).

Genes	Allele	Major Nucleotide Variation	dbSNP RS ID	Effect on protein	Functional Status
CYP2B6	*6/*9	516G>T	rs3745274	Q172H	Decreased or Inactive
CYP2B6	*4/*16	785A>G	rs2279343	K262R	Decreased or Inactive
CYP2B6	*18	983T>C	rs28399499	I328T	Decreased or Inactive
CYP2C9	*2	430C>T	rs1799853	R144C	Decreased
CYP2C9	*3	1075A>C	rs1057910	I359L	Decreased
CYP2C9	*5	1080C>G	rs28371686	D360E	Decreased
CYP2C9	*11	1003C>T	rs28371685	R335W	Decreased
CYP2C19	*2	681G>A	rs4244285	Splicing defect	Inactive
CYP2C19	*3	636G>A	rs4986893	W212X	Inactive
CYP2C19	*4A/B	1A>G	rs28399504	M1V	Inactive
CYP2C19	*5	1297C>T	rs56337013	R433W	Inactive
CYP2C19	*6	395G>A	rs72552267	R132Q	Inactive
CYP2C19	*8	358T>C	rs41291556	W120R	Inactive or Decreased
CYP2C19	*9	431G>A	rs17884712	R144H	Decreased
CYP2C19	*10	680C>T	rs6413438	P227L	Decreased
CYP2C19	*17	-806C>T ³	rs12248560	X	Increased
CYP2D6	*xN	Gene duplication or multiplication	X	X	Increased
CYP2D6	*3	2549delA	rs35742686	259Frameshift	Inactive
CYP2D6	*4	1846G>A	rs3892097	Splicing defect	Inactive
CYP2D6	*5	Gene deletion	X	Gene deletion	Inactive
CYP2D6	*6	1707delT	rs5030655	118Frameshift	Inactive
CYP2D6	*8	1758G>T	rs5030865	G169X	Inactive
CYP2D6	*9	2615delAAG	rs5030656	K281 deletion	Decreased
CYP2D6	*10	100C>T	rs1065852	P34S	Decreased
CYP2D6	*14A/B	1758G>A	rs5030865	G169R	Decreased
CYP2D6	*17	1023C>T	rs28371706	T107I	Decreased
CYP2D6	*41	2988G>A	rs28371725	Splicing	Decreased
CYP3A5	*3	6986A>G	rs776746	Splicing defect	Inactive
CYP3A5	*6	14690G>A	rs10264272	Splicing defect	Inactive
CYP3A5	*7	27131_27132insT	rs41303343	346Frameshift	Inactive
DPYD	*2A	IVS14 + 1G>A (1905+1G>A)	rs3918290	X	Inactive
DPYD	*13	1679T>G	rs55886062	I560S	Inactive
DPYD	X	2846A>T	rs67376798	D949V	Decreased
DPYD	X	1236G>A	rs56038477	E412E	Decreased
FS	X	1691G>A	rs6025	R506Q	Decreased
HLA-B	*5701	T>G	rs2395029		Tagging SNP
SLCO1B1	*5/*15/*17	521T>C	rs4149056	V174A	Decreased
TPMT	*2	238G>C	rs1800462	A80P	Inactive
TPMT	*3B	460G>A	rs1800460	A154T	Inactive
TPMT	*3C	719A>G	rs1142345	Y240C	Inactive
UGT1A1	*6	211(G>A)	rs4148323	G71R	Decreased
UGT1A1	*27	686(C>A)	rs35350960	P229Q	Decreased
UGT1A1	*28/*37	A(TA)6TAA>A(TA)7TAA /A(TA)8TAA	rs8175347	X	Decreased
VKORC1	X	1173C>T (C6484T)	rs9934438		Increased sensitivity

³ Position in genomic DNA sequence is used, since there is no cDNA position for this mutation.



78 active ingredients

Antiarrhythmic drugs:

- Amiodarone
- Disopyramide
- Flecainide
- Kinidine
- Propafenone

Anticoagulants:

- Acenocoumarol
- Clopidogrel
- Phenprocoumon
- Prasugrel
- Ticagrelor
- Warfarin

Antidiabetic drugs:

- Glibenclamide
- Gliclazide
- Glimepiride
- Tolbutamide

Antidepressants:

- Moclobemide

NARI

- Atomoxetine

SSRI

- Citalopram
- Duloxetine
- Escitalopram
- Fluoxetine
- Fluvoxamine
- Paroxetine
- Sertraline
- Venlafaxine

TCA

- Amitriptyline
- Clomipramine
- Doxepin
- Imipramine
- Mirtazapine
- Nortriptyline

Analgetics:

- Codeine
- Oxycodone
- Tramadol

beta Blockers:

- Atenolol
- Bisoprolol
- Carvedilol
- Metoprolol
- Sotalol

HIV therapy:

- Abacavir
- Efavirenz

Immunotherapy:

- Azathioprine
- Tacrolimus

Contraceptives:

- Oestrogen containing drugs

Neuroleptics:

- Aripiprazole
- Clozapine
- Flupentixol
- Fluphenazine
- Haloperidol
- Olanzapine
- Pimozide
- Quetiapine
- Risperidone
- Zuclopenthixol

PPIs:

- Esomeprazole
- Lansoprazole
- Omeprazole
- Pantoprazole
- Rabeprazole

Cholesterol-lowering drugs:

- Atorvastatin
- Fluvastatin
- Simvastatin

Tumor therapy:

- Capecitabine
- Fluorouracil
- Gefitinib
- Irinotecan
- Mercaptopurine
- Tamoxifen
- Tegafur
- Tioguanine

Others:

- Clonidine
- Dexmethylphenidate
- Eliglustat
- Flucloxacillin
- Methylphenidate
- Phenytoin
- Voriconazole
- Siponimod

What is needed

Efficient and standardized translation of analysis results into clinical recommendations

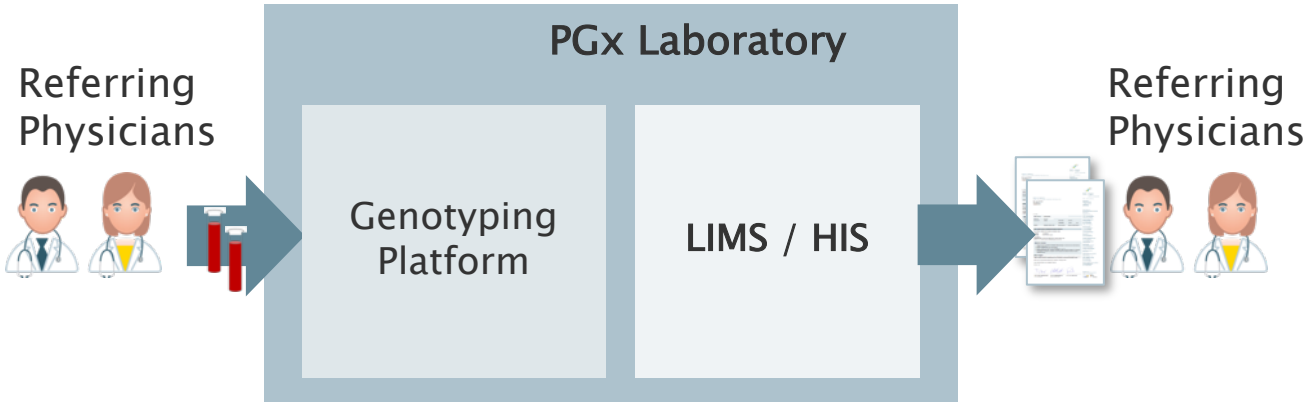
Digital decision support at Point of Care

The solution

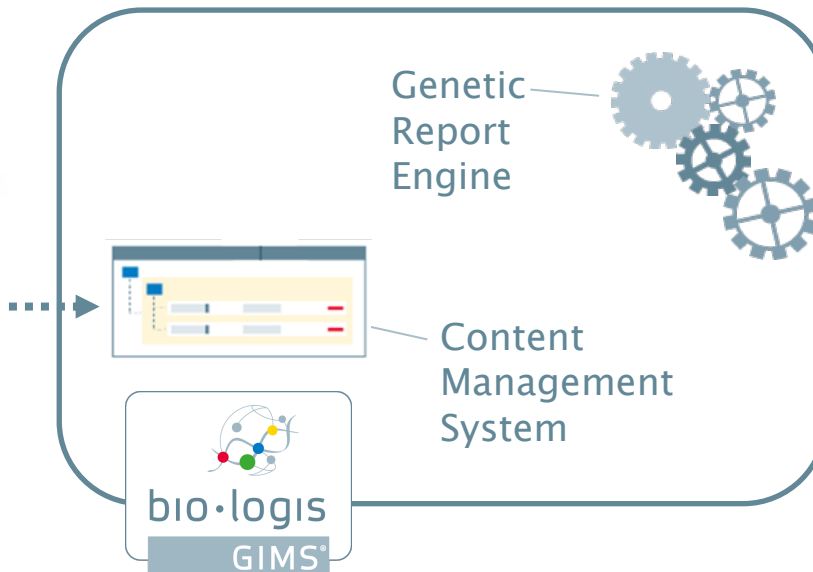




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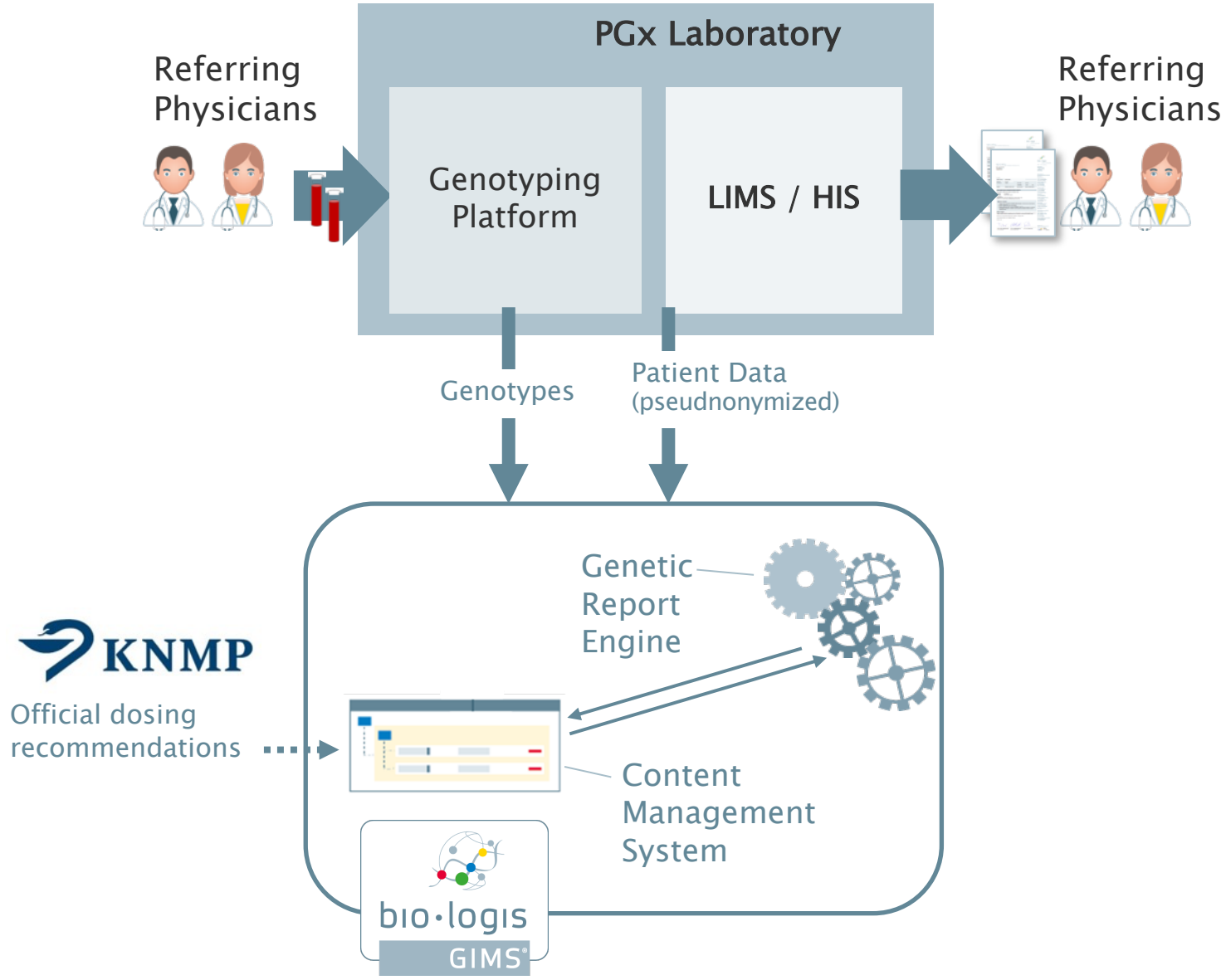


Official dosing
recommendations



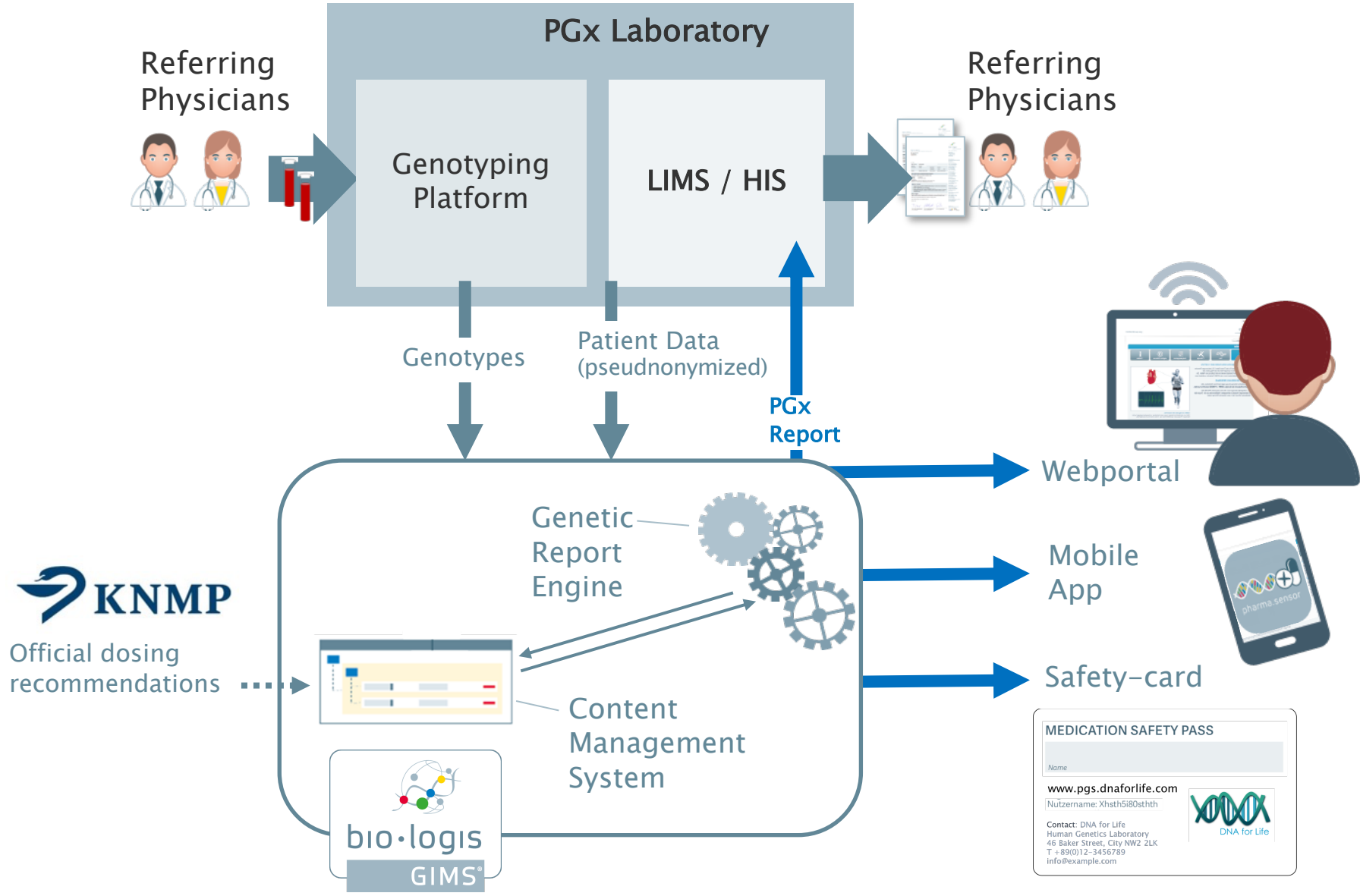


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The result: Knowledge for usage at the Point of Care, in real-time

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10117 Berlin



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T: +99 (0)999 9999
Email: info@example.com

Name / First name:

Date of birth: 24 Jan 1963

Indication: Identification of genetic variants

Date of report: 11 May 2016

Date of receipt: 18 Apr 2011

Sample number: 100000027

Type of sample: Saliva

Human genetic report on clinical question: simvastatin intolerance

Analysis of *SLCO1B1* gene

Genotype:
*SLCO1B1**1B/*15

Phenotype:
reduced transport capacity

Interpretation:
Increased simvastatin plasma level possible owing to reduced hepatic uptake.
Elevated risk for myopathy based on *SLCO1B1* genotype (see table 2).

Relevance for medication:

- Maximum daily simvastatin dose of 40 mg* (see table 1).
- Monitoring of creatine kinase activity indicated.
- or
- Use alternative medications (e.g. fluvastatin, pravastatin, rosuvastatin) in case of unwanted side effects (see table 1).
- Variants of *CYP2C9* gene are associated with enhanced fluvastatin plasma levels. In case of ADE under fluvastatin therapy genotyping of *CYP2C9* can be considered.

General information:
Avoid as possible if you are taking

- statins: Co-medication with substances inhibiting *SLCO1B1*
- simvastatin: *CYP3A4* inhibitors
- fluvastatin, rosuvastatin: *CYP2C9* inhibitors (see table 3)

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Dr. rer. nat. Tatjana Pabst

akkreditiert durch:
College of American Pathologists (CAP)



- Validated and targeted clinical recommendations based on guidelines from expert groups like e. g.
- Clinical Pharmacogenetic Implementation Consortium (CPIC)
- Dutch Pharmacogenetics Working Group (DPWG)



Medication Safety Pass

Medication Safety Pass

Name

<https://pgx-oms/webapp/>

Username: xWki3S94mFe2



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PLEASE NOTE

DNA variants are often responsible for too high or low efficacy of drugs and adverse events.

For the owner of this Medication Safety Pass DNA variants have been analyzed which may be important to consider for prescribing medication



Before prescribing:

- Check if personal recommendations are to be considered
- Detailed information available
 - In personal patient account
 - Accessible by using the QR code above



Genetic Health Record



Department
of Genetics
Oxbridgeland
Medical School

logged in as
3bmw-ZQ3LP6Rc

 Log out



Drug check



My DNA analysis



Tutorial pharmacogenetics



Support



Settings

Imprint

Terms and conditions

Privacy policy

search for drugs and active ingredients to get personal recommendations

 simvastatin

Simvastatin
active ingredient

Simvastatin saar 10mg
drug

Simvastatin saar 20mg Filmtabletten
drug

Simvastatin saar 40mg Filmtabletten
drug

Simvastatin ISIS 10mg
drug

 **Simvastatin**








Genetic Health Record



Department
of Genetics
Oxbridgeland
Medical School

logged in as
3bmw-ZQ3LP6Rc

 Log out

-  **Drug check**
-  My DNA analysis
-  Tutorial pharmacogenetics
-  Support
-  Settings

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 Simvastatin

Your search returned matches for following active ingredients:

✓ **Simvastatin**

GENE **SLC01B1**

ACTIVE INGREDIENT
Simvastatin



MY DNA-VARIANT
SLC01B1 POOR FUNCTION

view more



 What's the meaning of the symbols?



Genetic Health Record



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of Genetics
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Medical School

logged in as
3bmw-ZQ3LP6Rc

 Log out

 **Drug check**

 My DNA analysis

 Tutorial pharmacogenetics

 Support

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 Simvastatin

Your search returned matches for following active ingredients:

✓ **Simvastatin**

GENE **SLC01B1**

ACTIVE INGREDIENT
Simvastatin



MY DNA-VARIANT
SLC01B1 POOR FUNCTION

 view less

recommendation

gene

scientific background

literature

The genetic polymorphism leads to reduced simvastatin transport to the liver. This increases simvastatin plasma concentrations and therefore the risk of myopathy.

Recommendation:

1. Choose an alternative

Consider any additional risk factors for statin-induced myopathy.

Rosuvastatin and pravastatin are influenced to a lesser extent by SLC01B1 polymorphisms. They are also not influenced by CYP3A4 inhibitors such as amiodarone, verapamil and diltiazem.

Fluvastatin is not influenced by SLC01B1 polymorphisms or CYP3A4 inhibitors.



This report does not replace a decision made in cooperation with a physician or genetic counselor.
To avoid serious health risks, change of medicinal therapy should only be done under medical supervision.

powered by

bio•logis



Mobile App: pharma.sensor



Do I need to consider DNA variants for the drug I am taking?

Search Drug / Active ingredient

Barcode scanner

Drug Check:

- enter name in search field or
- scan barcode on packaging



clomipramine

Gene **CYP2C19**

- for this active ingredient you need to consider DNA variants
- considering DNA variants, there are recommendations for
 - adjusting the dose and/or
 - prescribing an alternative therapy

If your DNA variants are known, look in here:

Login

Or:
Test DNA variants and check whether clomipramine is effective



Anafranil 10mg Dolorgiet Dragees

Gene **CYP2D6**

Analysis from



Your result (DNA-variant / phenotype):
CYP2D6 POOR METABOLIZER

The genetic polymorphism leads to decreased metabolic capacity of CYP2D6. This may cause increased plasma concentrations of clomipramine and the active metabolite and decreased concentrations of the potentially cardiotoxic hydroxy metabolites.

Recommendation:

- Indication DEPRESSION:
 1. decrease the dose to 50% of the standard dose





Certified as Medical Device & GDPR-proof



Mike Peter
Sachverständiger für Datenschutz



yourprivacyfirst.de

Bestätigung / Confirmation

Ich bestätige hiermit / I hereby confirm that

Firma / Company

bio.logis Genetic Information Management GmbH

**die Anforderungen der DSGVO /
the requirements of the GDPR**

umgesetzt hat und sie weiterhin evaluiert /
has implemented and continues to evaluate them

Landau, 25.04.2019


Unterschrift

Mike Peter
Sachverständiger für Datenschutz

translating DNA into health

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