Stevens-Johnson Syndrome and Toxic Epidermal Necrolysis

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MRC Centre for Drug Safety Science: Mission

To use the critical mass and knowledge in drug safety science that we have now accrued within the Centre:

- to undertake leading edge science, and train the next generation of drug safety scientists
- to understand the fundamental mechanisms of clinically important, and currently relevant, adverse drug reactions
- to develop strategies to improve the benefit-risk ratio of current and new medicines, for the benefit of patients, industry and regulators.





iSAEC's Mission



"The iSAEC will identify DNA variants useful in understanding the risk of drug induced serious adverse events."

Serious cutaneous adverse reactions

Drug-Induced Liver Injury

QT prolongationtorsades de pointes

Osteonecrosis of the Jaw

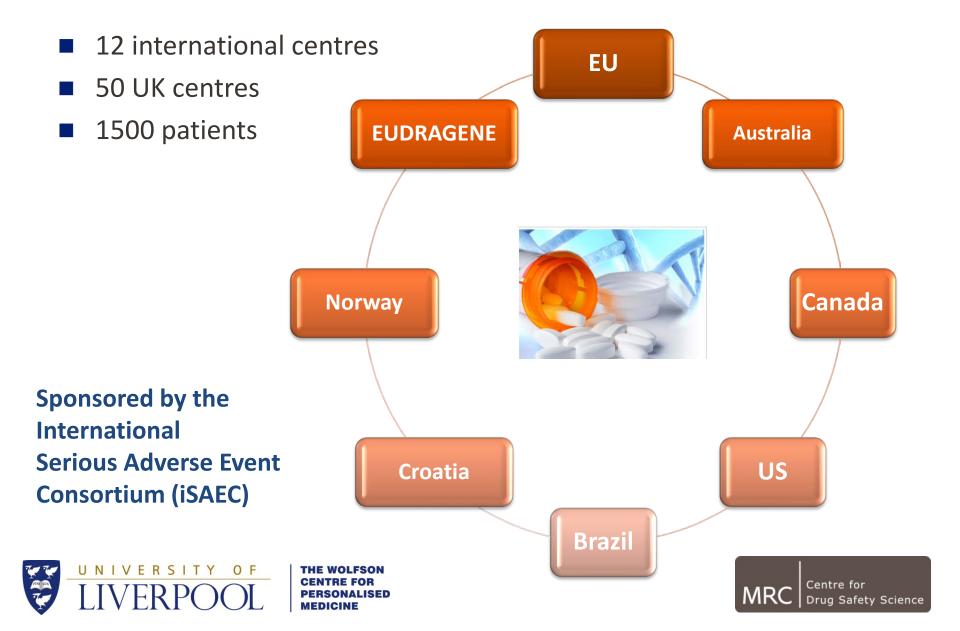
Drug-induced renal injury

Antipsychoticinduced weight gain





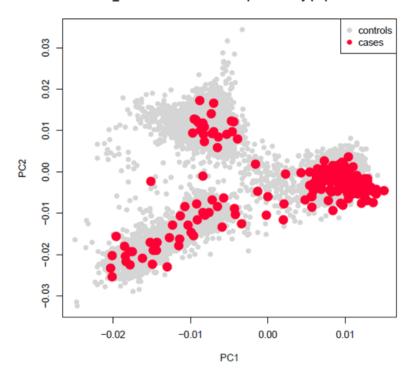
<u>InTernational Consortium on Drug Hypersensitivity</u> (ITCH)



SJS/TEN Patients

DRUGS	SJS/TEN
ALLOPURINOL	10
AMOXICILLIN	16
AMOXICILLIN/CLAVULANIC ACID	5
AMPICILLIN	2
BACAMPICILLIN	1
CARBAMAZEPINE	33
LAMOTRIGINE	18
OTHERS	100
PHENYTOIN	11
SULFASALAZINE	6
TRIMETHOPRIM/SULFAMETHOXAZOLE	26
Total	227

ALL_SJS.TEN in overall European Study population



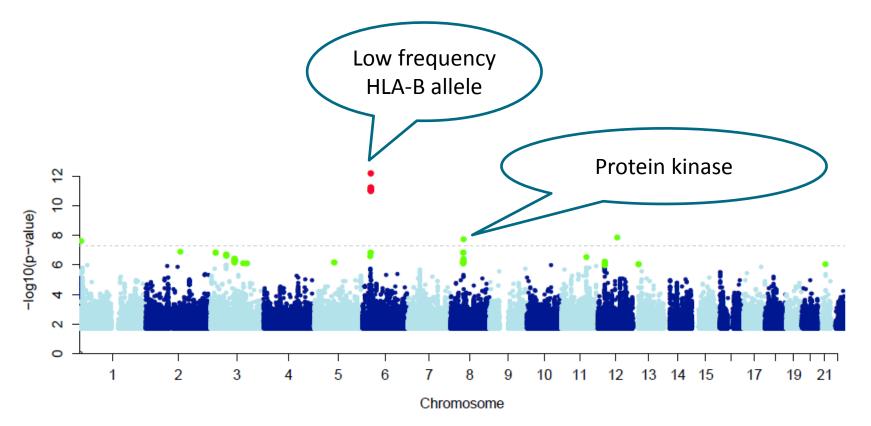
177 Caucasians Cases





All Caucasian SJS/TEN cases

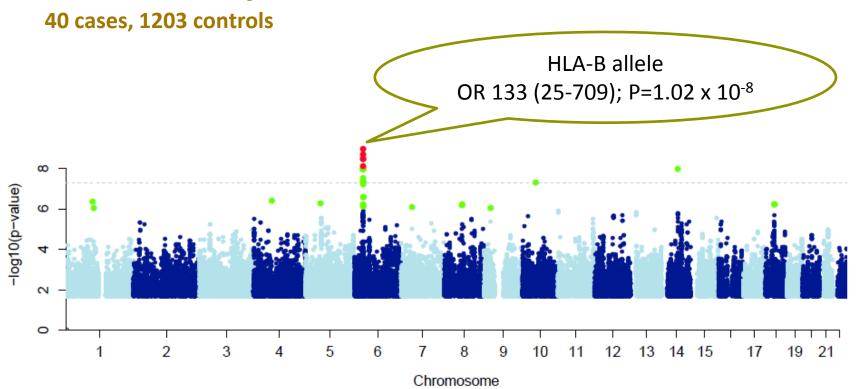
177 cases, 9237 controls







ITALIAN SJS/TEN cases:

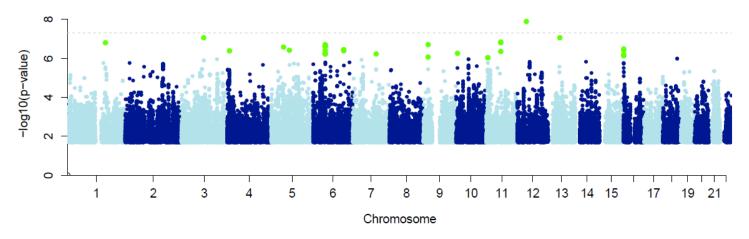




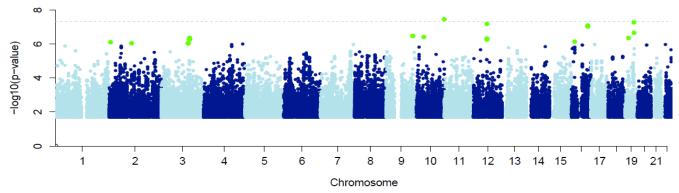


SJS/TEN: No Other Population Specific Signals

North Europeans: 116 cases, 5315 controls



Spanish population: 21 cases, 2622 controls

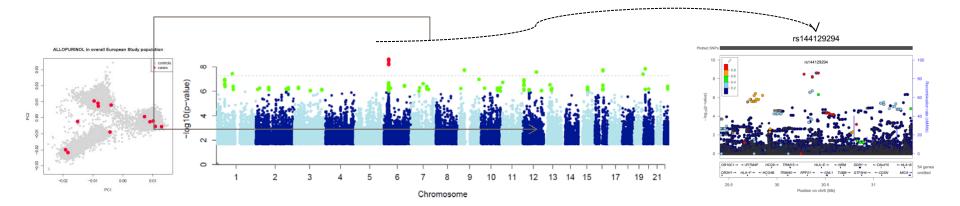






SJS Allopurinol analysis:

9 Caucasian SJS cases



SNP	CHR	ВР	ODDS	Pvalue	L95	U95	FreqCases	FreqContr	Freq1kg
rs144129294	6	30406608	568	2.46E-09	70.66	4565	0.1111	0.000379	0.001
rs150364710	6	30428647	568	2.46E-09	70.66	4565	0.1111	0.000379	0.001
rs116203030	6	30279907	488.7	3.28E-09	62.86	3800	0.1111	0.000379	0.002
rs151052569	6	30365915	672	5.86E-09	75.05	6017	0.1111	0.000379	0.001

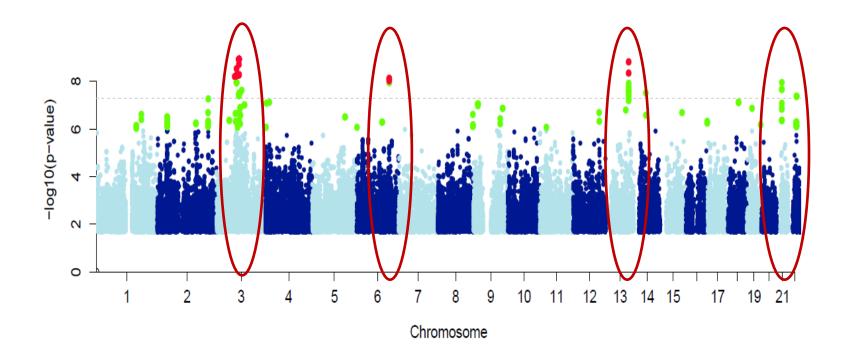
SNP	ODDS	UCI	LCI	Pvalue	FreqCases	FreqContr
HLA-B*58:01	45.15	188.2	10.83	1.68E-07	0.2222	0.008567
HLA-A*74:01	1139	20700	62.63	1.98E-06	0.05556	0.000163
HLA-A*33:03	68.66	400.5	11.77	2.60E-06	0.1111	0.00244
HLA-C*03:02	48.3	265.7	8.779	8.31E-06	0.1111	0.002169





TRIMETHOPRIM/SULFAMETHOXAZOLE

17 north European SJS cases 5315 controls
Common Genome wide significant hits on chr13 and chr6
Uncommon genome wide significant hits on chr3
Borderline genome wide significant hits on chr22 and chr21







Nevirapine Hypersensitivity in Malawi

- NVP treated Malawian HIV patients included:
 - ► 182 NVP-tolerant controls
 - ► 151 Hypersensitive patients
 - 56 Rash
 - 23 DRESS
 - 51 SJS/TEN
 - 21 DILI



GWAS and proteomic studies

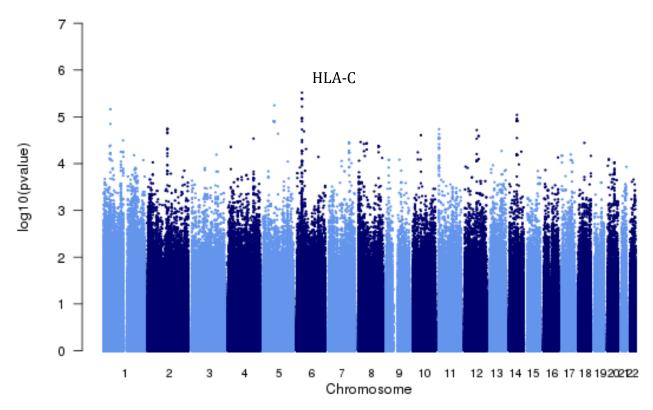
HMGB1 – total and isoforms that stratify according to both mechanism of release (acetylation status) and function (redox status)





Nevirapine-Induced SJS/TEN

51 SJS/TEN and 182 Tolerant controls Logistic Regression with CD4+ cell count as covariate Imputed using 1K genomes phase I data







NVP-Induced SJS/TEN: Replication

Replication Cohort

11 SJS/ TEN and 59 Tolerant controls (Malawian and Ugandan)

Additional Cases

27 SJS/ TEN (Mozambique)*

Initial top hit:rs5010528 (HLA-C)

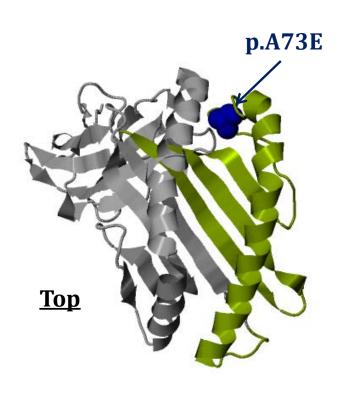
				Logistic Regression		Meta-	<u>Meta-analysis</u>	
Cohort		<u>n</u>	MAF	<u>p</u>	OR (95%CI)	<u>p</u>	OR (95%CI)	
Discovery	Case	51	0.36	1.48x10 ⁻⁶	4.64 (2.48-8.66)			
	Control	182	0.14					
Darliastian	Case	11	0.36	0.000	5 62 (1 56 20 25)	4.31x10 ⁻⁸	4 01 (2 74 0 44)	
Replication	Control	59	0.12	0.008	5.63 (1.56-20.35)	4.31X10°	4.81 (2.74-8.44)	
Replication	Case	38	0.38					
+additional	Control	59	0.12	9.6x10 ⁻⁵	6.40 (2.66-15.43)	2.69x10 ⁻¹⁰	5.17 (3.10-8.59)	

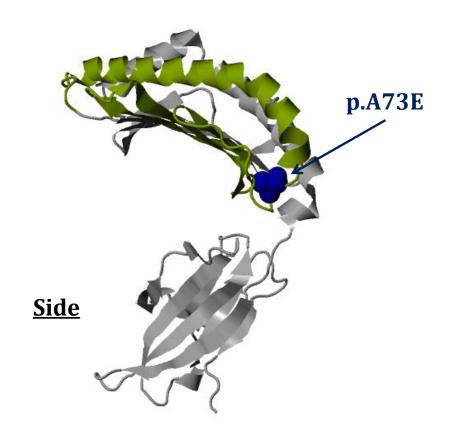




HLA-C 3D Protein Structure

■ Amino Acid 73 is within the a1 subunit (yellow) of the peptide recognition site.









Nevirapine forms protein adducts in patients





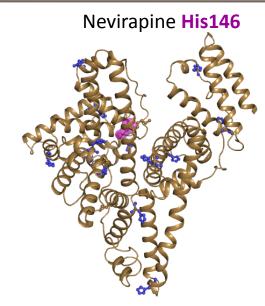
Article

pubs.acs.org/crt

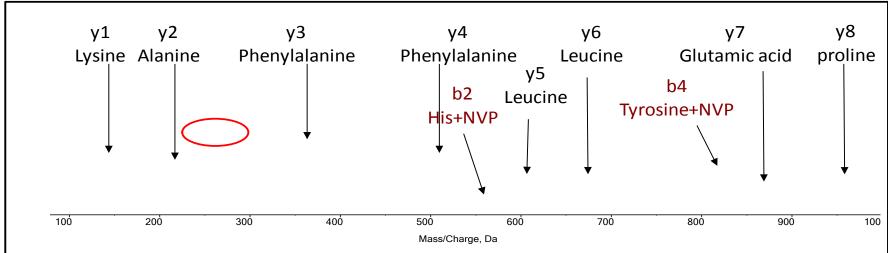
Detection of Drug Bioactivation in Vivo: Mechanism of Nevirapine— Albumin Conjugate Formation in Patients

Xiaoli Meng, Alice Howarth, Caroline J. Earnshaw, Rosalind E. Jenkins, Neil S. French, David J. Back, Dean J. Naisbitt, and B. Kevin Park*

MRC Centre for Drug Safety Science, Department of Molecular and Clinical Pharmacology, University of Liverpool, Liverpool, U.K.



RH(NVP)PYFYAPELLFFAK





Summary

- iSAEC as private-public partnership has worked well, and has managed to recruit well phenotyped patients
- Genome-wide approaches are now beginning to bear fruit with several hits identified
- Global collaboration is important to further some of these findings
- Genomic studies will identify predisposing loci, but other studies also important to identify diagnostic and prognostic biomarkers

Acknowledgements

- 1. iSAEC Paola Nicoletti, Yufeng Shen, Arthur Holden and many others
- iSAEC collaborators contributed cases and adjudication (Shear, Friedmann)
- 3. Malawi team Carr, Chaponda, Khoo, Lalloo and others



