Comparison of Parents' Initial Intent and Reported Sharing of their Children's CYP2D6 Research Results at Three Month Follow Up

3 Control

mothers

withdrew

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Research Foundation

Introduction

- Clinical Pharmacogenetics
 Implementation Consortium (CPIC)
 published codeine-CYP2D6 guidelines in
 2012, updated 2014. Both versions
 recommend avoidance of codeine for
 CYP2D6 ultrarapid metabolizers and poor
 metabolizers. Recommendations about
 alternative opioids are provided.
- *CYP2D6* testing to inform opioid therapy is rare in clinical settings

Aim

Determine parents' intent and actual practice of sharing their child's *CYP2D6* research result as it pertained to codeine.

Methods

- Potential parent participants were identified through studies in which parents had consented to store their child's DNA for future research at Cincinnati Children's Hospital and agreed to be recontacted.
- TaqMan allelic discrimination system
 (Applied Biosystem, Forest City, CA) was
 used to analyze children's stored DNA for
 20 CYP2D6 alleles. When these variants
 were not identified, *1 was assumed.
 Long PCR used for CYP2D6*5 allele (full
 gene deletion) and CYP2D6 duplication.
 Assays performed in CLIA approved
 laboratory.
- Genetics APRN returned child's CYP2D6 result to parent via telephone
 - Script used for message consistency
 - Individualized script with questions, answers, comments, responses recorded and mailed to parent
- Call transferred to research staff to conduct baseline survey
 - Survey adapted from existing tool^{1,2}
 - \$10 gift card mailed after completion
- 3 month follow up telephone survey attempted for all participants
 - Requested permission to share result with child's primary provider after completing survey
 - \$10 gift card mailed after completion
- All data entered into and managed using REDCap electronic data capture tools hosted at CCHMC.
- Microsoft Excel 2010 used for descriptive statistics

150 Mothers,4 Fathers, 1 Grandmother 130 CYP2D6 children's results 1 result returned to

parents

44 completed 3

month survey

adult child

Baseline Results

Perceived Clinical Utility of CYP2D6 - Codeine Result at Baseline

	Strongly agree	Somewhat agree	Somewhat disagree	Strongly disagree
Parent can use result for child's care	72 (74%)	24 (25%)	1 (1%)	0
Doctor can use result for child's care	78 (80%)	19 (20%)	0	0
	Extromoly	Samowhat	Not Vory	Not at all

child's care	78 (80%)	19 (20%)	Ü	U
	Extremely interested	Somewhat Interested	Not Very Interested	Not at all Interested
Interest in having CYP2D6 test for other children	52 (53%)	29 (30%)	5 (5%)	1 (1%)
	8 did not have other children, 2 answered "Don't know			

Parent's Baseline Intent to Share CYP2D6 – Codeine

Result				
	Extremely likely	Somewhat likely	Not very likely	Not at all likely
Plan to share result with child's doctor	67 (69%)	28 (29%)	2 (2%)	0
Plan to share result with child within one year*	42	26	8^	11^
Plan to share result with child before child turns 18 years ^	15§	2	2	2
Plan to share result with pharmacist**	26 (27)	41 (42)	23 (24)	6 (6)

Responses "Don't Know" *2 with child; **1 with pharmacist ^ Child's DOB 1998 – 2013; Median & Mode 2003

3 Month Results

- 64 parents eligible for 3 month survey
- 44 (69%) parents completed 3 month survey
 - 100% reported they shared child's CYP2D6 result with at least one adult

Adults with Whom Parent Shared Child's CYP2D6 Results at Three Months

	Shared	Didn't share
Other parent	35 (80%)	9 (20%)
Child's PCP	10 (23%)	33 (75%)
Extended family	11 (25%)	33 (75%)
Participant's friend	12 (27%)	32 (73%)
Child's siblings	11 (25%)	31 (71%)
Others	3 (7%)	41 (93%)
Pharmacist	2 (5%)	42 (95%)
Other HCP	2 (5%)	42 (96%)
Child's school	0%	44 (100%)

Rows that do not equal 44 contain 1 or more "don't know" responses

Comparison of Intention to Share and Actual Sharing at Three Months

Action	Intention: extremely likely	Reported action at 3 months
Share with child's doctor	67	8 (12%)
Share with pharmacist	26	1 (4%)

Summary

- Parents' perceived utility of their child's *CYP2D6* test result for codeine response was high.
- Parents' intent to share the result was high immediately after learning their child's result.
- Although only 23% shared results with their child's primary care provider by 3 months, we anticipate a greater proportion of parents contacted at 12 months will have shared their child's CYP2D6 result with their child's primary care provider.

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References:

[1] Haga SB, et al. Genet Med. 2011;13:723-8. [2] Haga SB, et al. Pharmacogenomics J. 2012;12:197-204. [3]

^{§ 2} previously responded "Don't know" to "...within one year"