

Medication ResponseTM

Nancy Drew

Sex Assigned at Birth: Female
Date of Birth: 06/15/1987
Sample ID: SM00232
Sample Type: BLOOD
Collection Date: 02/01/2024
Received Date: 02/03/2024

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Requisition ID:
RQ000059

Report Number:
RP654

Report Date:
04/03/2025

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PHARMACOGENOMIC SUMMARY

To facilitate the use of pharmacogenomic guidance, we report known variants in genes associated with response to common medications. Our test examines 15 genes with alleles with known pharmacogenomic implications. For additional guidance on how the findings in this report might affect drug response please refer to the FDA. **You should always consult your healthcare provider prior to making any changes to your medication regimen.**

GENE	DIPLTYPE	GENE PHENOTYPE
CYP2B6	*1 / *6	Intermediate Metabolizer
CYP2C19	*1 / *1	Normal Metabolizer
CYP2C9	*1 / *1	Normal Metabolizer
CYP2D6	*1 / *41	Normal Metabolizer
CYP3A4	*1 / *1	Variant Absent
CYP3A5	*3 / *3	Poor Metabolizer
CYP4F2	*1 / *1	Variant Absent
DPYD	*1 / *1	Normal Metabolizer
IFNL3	rs12979860 C/T	Variant Present
NUDT15	*1 / *1	Normal Metabolizer
SLCO1B1	*1 / *5	Decreased Function
TPMT	*1 / *1	Normal Metabolizer
UGT1A1	*1 / *1	Normal Metabolizer
VKORC1	rs9923231 C/C	Variant Absent
F5	rs6025 C/C	Variant Absent

GENES AND ALLELES ANALYZED

CYP2B6: *4; *6; *9; *18; *22 **CYP2C9:** *2; *3; *4; *5; *6; *8; *11; *12; *13; *15; *16; *26; *28; *29; *30; *31; *42; *55 **CYP2C19:** *2; *3; *4; *5; *6; *7; *8; *9; *10; *17; *35 **CYP2D6:** *2; *3; *4; *5; *6; *7; *8; *9; *10; *11; *12; *14; *15; *17; *21; *29; *31; *40; *41; *42; *49; *56; *59; *100; *114; *gene duplications and deletions* **CYP3A4:** *22 **CYP3A5:** *3; *6; *7 **CYP4F2:** *3 **DPYD:** rs115232898; rs3918290; rs55886062; rs75017182+rs56038477; rs146356975; rs67376798; rs59086055; rs183385770; rs112766203 **F5:** rs6025 **IFNL3:** rs12979860 **NUDT15:** *3; *4; *9 **SLC01B1:** *5; *9; *14; *20 **TPMT:** *2; *3A; *3B; *3C; *4; *11; *29 **UGT1A1:** *6; *27 **VKORC1:** rs9923231
See limitations in subsequent page(s).

TEST METHODS

- Specimen receipt, accessioning, data analysis, and interpretation is performed by MyOme Inc., 1505 Adams Drive, Suite B1, Menlo Park, CA 94025, CLIA# 05D2203070. Whole Genome Sequencing, excluding data analysis and interpretation, is performed by Broad Clinical Labs LLC, 27 Blue Sky Dr, Burlington, MA 01803, CLIA#22D2055652.
- Genomic DNA obtained from submitted samples was sequenced using Illumina technology. Reads were aligned to the NCBI GRCh38.p14 reference assembly.
- Sequencing data is then analyzed through MyOme's small variant calling process and a modified version of Aldy ¹ is used to call copy number variants and infer PGx diplotypes.
- Star alleles are based on PharmVar star allele definitions when available. CYP2D6, CYP2C9, and DPYD gene phenotypes are assigned based on the diplotype level activity score, using published thresholds ²⁻⁷.

TEST LIMITATIONS

- This test is designed to provide information only for the genes and alleles denoted in the Genes and Alleles Analyzed section of the report. A *1 allele indicates that no test alleles were found for one or both haplotypes. There may be other variants that impact your response to medications not examined here. This test does not detect CYP2D6 hybridizations.
- The sensitivity of this test to detect deletions and duplications may vary depending on the depth of coverage, the presence of structural variants (such as CYP2D6 hybridizations), or other inherent sequence properties. This assay cannot always accurately detect the exact number of gene copies.
- A history of stem cell or bone marrow transplantation, or recent blood transfusion may impact the accuracy of the results.
- Like most tests, this test carries a risk of false negative or false positive results, which may be caused by, without limitation, sample contamination from biological or non-biological sources, specimen marking issues, rare genetic variants interfering with analysis, and other technical issues and limitations.

DISCLAIMERS

This test was developed, and its performance characteristics were determined, by MyOme, Inc., a clinical laboratory certified under the Clinical Laboratory Improvement Amendments of 1988 (CLIA) and College of American Pathologist (CAP) accredited to perform high complexity clinical laboratory testing. This test has not been cleared or approved by the U.S. Food and Drug Administration (FDA). Along with factors such as age and diet, genetic variants can impact your response to certain medications. Test results should always be interpreted by a clinician in the context of clinical and familial data with the availability of genetic counseling when appropriate. You should always consult your healthcare provider prior to making any changes to your medication regimen. Predicted phenotype and allele functionality implications may change depending upon the emergence of new research and/or guideline updates. Drug-drug, drug-gene, and drug-diet interactions, as well as other factors, that are not within the scope of this test may impact the pharmacogene phenotypes reported in this test. Like most tests, this test carries a risk of false negative or false positive results. Testing is unavailable for samples damaged by human error or lost/destroyed due to weather, transit issues or other problems beyond the control of MyOme. MyOme is not responsible for the content of third-party websites referenced in this report.

REFERENCES

1. Hari et al. *An efficient genotyper and star-allele caller for pharmacogenomics*. Genome Res. 2023; 33(33):61-70 PMID: 36657977
2. Theken et al. *Clinical Pharmacogenetics Implementation Consortium Guideline (CPIC) for CYP2C9 and Nonsteroidal Anti-Inflammatory Drugs*. Clin Pharmacol Ther. 2020; 108(108):191-200. PMID: 32189324
3. Henricks et al. *Translating DPYD genotype into DPD phenotype: using the DPYD gene activity score*. Pharmacogenomics. 2015; 16(16):1277-86 PMID: 26265346
4. Caudle et al. *Standardizing CYP2D6 Genotype to Phenotype Translation: Consensus Recommendations from the Clinical Pharmacogenetics Implementation Consortium and Dutch Pharmacogenetics Working Group*. Clin Transl Sci. 2020; 13(13):116-124 PMID: 31647186
5. Gaedigk et al. *The Pharmacogene Variation (PharmVar) Consortium: Incorporation of the Human Cytochrome P450 (CYP) Allele Nomenclature Database*. Clin Pharmacol Ther. 2018; 103(103):399-401 PMID: 29134625
6. Gaedigk et al. *PharmVar and the Landscape of Pharmacogenetic Resources*. Clin Pharmacol Ther. 2020; 107(107):43-46 PMID: 31758698
7. Gaedigk et al. *Pharmacogene Variation Consortium: A Global Resource and Repository for Pharmacogene Variation*. Clin Pharmacol Ther. 2021; 110(110):542-545 PMID: 34091888

REVIEWED BY

MyOme

MyOme Example Lab Director

04/03/2025

Date