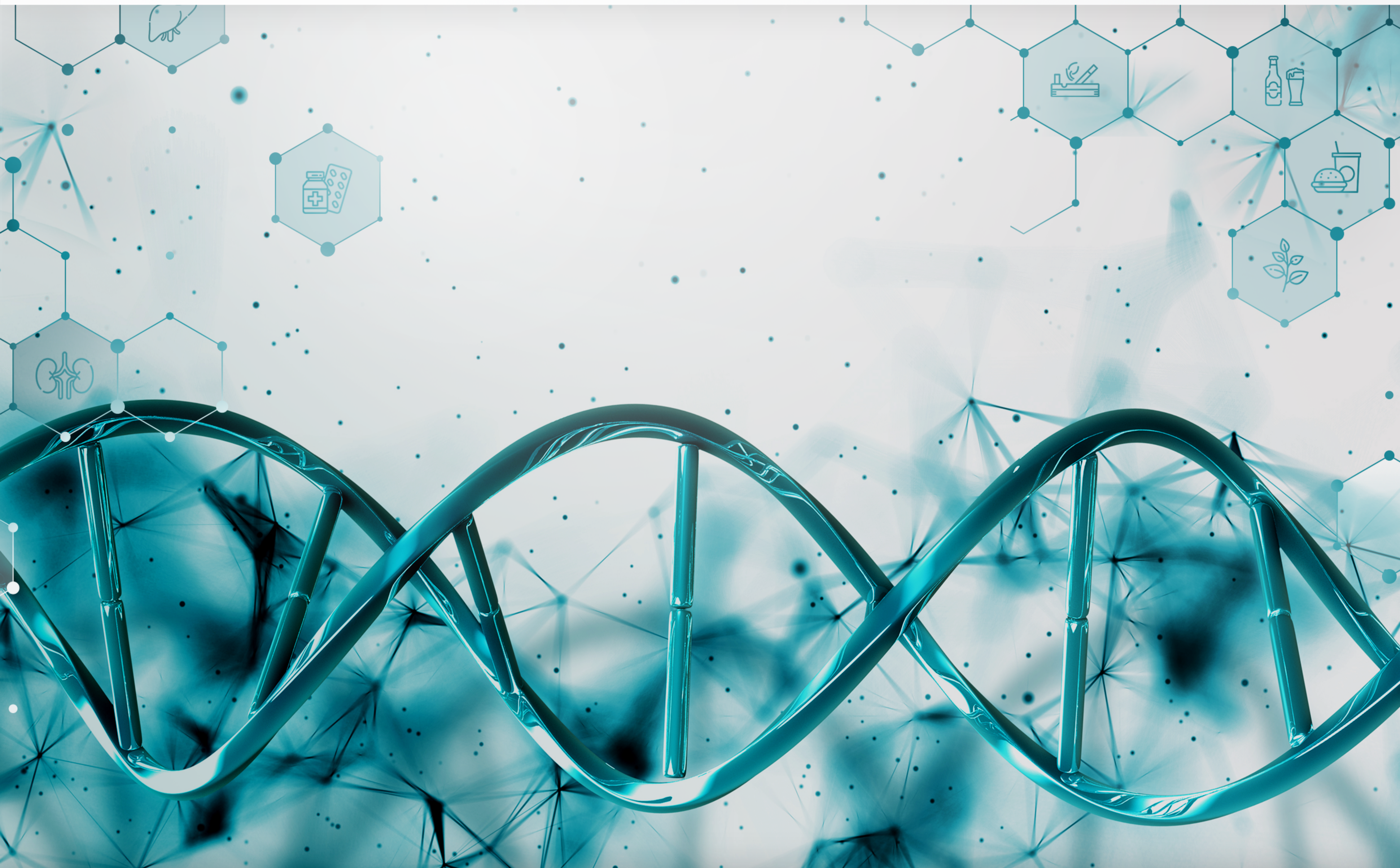


BH MedGene

Personalized Report



Patient Name:

HN:

Date of Birth:

Gender:

Ordering by:

Hospital Name/Clinic:

Date of order:














Ethnicity:

Date of report:

Remark The prediction is based on simply the genetic profile. Other factors such as patient's current condition, kidney and liver function, and drug-drug interaction, etc. may also considered by the doctor if your medication treatment would be adjusted.

Genotype-Predicted Phenotype Interpretation



Gene	Genotype	Predicted Phenotype	Medication Response
CYP2D6	*1/*1	Normal Metaboliser AS 2	Normal drug metabolism and clearance. The drugs that are metabolized by CYP2D6 can prescribe at standard doses.
CYP2C19	*1/*17	Rapid Metaboliser	Rapid drug metabolism and clearance. Consider adjusted doses or alternative treatment for optimal therapeutic response for drugs that are metabolized by CYP2C19.
CYP2C9	*1/*1	Normal Metaboliser AS 2	Normal drug metabolism and clearance. The drugs that are metabolized by CYP2C9 can prescribe at standard doses.
VKORC1	AG	Moderately reduced VKORC1 enzyme level	Decrease vitamin K level results in enhanced reponse to warfarin.
CYP1A2	*1A/*1A	Normal Metaboliser	Normal drug metabolism and clearance. The drugs that are metabolized by CYP1A2 can prescribe at standard doses.
CYP3A4	*1/*1	Normal Metaboliser	Normal drug metabolism and clearance. The drugs that are metabolized by CYP3A4 can prescribe at standard doses.
CYP3A5	*1/*1	Normal Metaboliser	Normal drug metabolism and clearance. The drugs that are metabolized by CYP3A5 can prescribe at standard doses.












 normal	 abnormal	 higher sensitivity	 activity score	 increased, rapid	 ultrarapid	
 function	 metaboliser	 risk	 sensitivity	 insensitivity	 decreased, intermediate	 poor

Date of report
xxxxxxxxxxxxx

Remark The prediction is based on simply the genetic profile. Other factors such as patient's current condition, kidney and liver function, and drug-drug interaction, etc. may also considered by the doctor if your medication treatment would be adjusted.

Genotype-Predicted Phenotype Interpretation

Gene	Genotype	Predicted Phenotype	Medication Response
SLCO1B1	TT	Normal Transporter Function	Normal transporter function. The drugs that are Transported by SLCO1B1 can prescribe at standard doses. 
OPRM1	AA	Higher mu-opioid receptor (OPRM1) sensitivity	Higher analgesic response to opioid medications to control pain. You may have high pain-threshold and pain-tolerance. 

 normal	 abnormal	 higher sensitivity	AS activity score	 increased, rapid	 ultrarapid
 function	 metaboliser	 risk	 sensitivity	 decreased, intermediate	 poor


Date of report
xxxxxxxxxxxxx


Remark The prediction is based on simply the genetic profile. Other factors such as patient's current condition, kidney and liver function, and drug-drug interaction, etc. may also considered by the doctor if your medication treatment would be adjusted.

Future Drug – Gene Interactions Summary

Category	Drug class	Standard precautions	Use with caution	Consider alternatives
Psychoanaleptics	Selective serotonin reuptake inhibitors	<ul style="list-style-type: none"> Paroxetine Sertraline Fluvoxamine 		<ul style="list-style-type: none"> Citalopram Escitalopram
Drugs For Acid Related Disorders	Proton pump inhibitors		<ul style="list-style-type: none"> Esomeprazole Omeprazole Lansoprazole Pantoprazole Dexlansoprazole 	


Future Drug – Gene Interactions Detail


Drug	Implications	Therapeutic recommendations	
Citalopram	Increased metabolism when compared to extensive metabolizers. Lower plasma concentrations will increase probability of pharmacotherapy failure.	Consider an alternative drug not predominantly metabolized by CYP2C19	Moderate
Escitalopram	Increased metabolism when compared to extensive metabolizers. Lower plasma concentrations will increase probability of pharmacotherapy failure.	Consider an alternative drug not predominantly metabolized by CYP2C19	Moderate


Drug	Implications	Therapeutic recommendations	
Esomeprazole	Decreased plasma concentrations of PPIs compared with CYP2C19 NMs; increased risk of therapeutic failure	Initiate standard starting daily dose. Consider increasing dose by 50–100% for the treatment of Helicobacter pylori infection and erosive esophagitis. Daily dose may be given in divided doses. Monitor for efficacy.	Optional
Omeprazole	Decreased plasma concentrations of PPIs compared with CYP2C19 NMs; increased risk of therapeutic failure	Initiate standard starting daily dose. Consider increasing dose by 50–100% for the treatment of Helicobacter pylori infection and erosive esophagitis. Daily dose may be given in divided doses. Monitor for efficacy.	Moderate

■ Standard precautions
 ■ Use with caution
 ■ Consider alternative
  Recommendation level

Future Drug – Gene Interactions Detail


Drug	Implications	Therapeutic recommendations	
Lansoprazole	Decreased plasma concentrations of PPIs compared with CYP2C19 NMs; increased risk of therapeutic failure	Initiate standard starting daily dose. Consider increasing dose by 50–100% for the treatment of Helicobacter pylori infection and erosive esophagitis. Daily dose may be given in divided doses. Monitor for efficacy	Moderate
Pantoprazole	Decreased plasma concentrations of PPIs compared with CYP2C19 NMs; increased risk of therapeutic failure	Initiate standard starting daily dose. Consider increasing dose by 50–100% for the treatment of Helicobacter pylori infection and erosive esophagitis. Daily dose may be given in divided doses. Monitor for efficacy	Moderate
Dexlansoprazole	Decreased plasma concentrations of PPIs compared with CYP2C19 NMs; increased risk of therapeutic failure	Initiate standard starting daily dose. Consider increasing dose by 50–100% for the treatment of Helicobacter pylori infection and erosive esophagitis. Daily dose may be given in divided doses. Monitor for efficacy	Optional

Drug	Implications	Therapeutic recommendations	
Fluvoxamine	Normal metabolism	Initiate therapy with recommended starting dose.	Optional
Paroxetine	Normal metabolism plasma concentrations may increase probability of pharmacotherapy failure.	Initiate therapy with recommended starting dose.	Strong

Standard precautions
 Use with caution
 Consider alternative
  Recommendation level

Date of report xxxxxxxxxxxxxx **Remark** The prediction is based on simply the genetic profile. Other factors such as patient's current condition, kidney and liver function, and drug-drug interaction, etc. may also considered by the doctor if your medication treatment would be adjusted.

Future Drug – Gene Interactions Detail

Drug	Implications	Therapeutic recommendations	
Sertraline	Increased metabolism when compared to extensive metabolizers	Initiate therapy with recommended starting dose. If patient does not respond to recommended maintenance dosing, consider alternative drug not predominantly metabolized by CYP2C19	Optional

■ Standard precautions
 ■ Use with caution
 ■ Consider alternative
  Recommendation level