



JUDY

43 years old

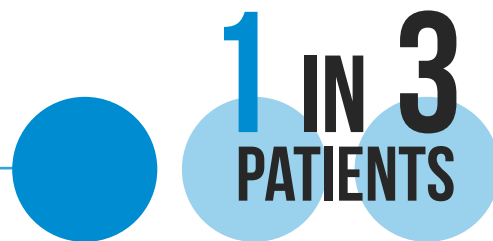
6 month history of depressive symptoms

Prescribed an antidepressant

No improvement 4 months later

TAILORING MEDICATION FOR EVERY INDIVIDUAL

Achieve treatment goals for patients sooner,
with more informed prescribing.



MAY PROCESS CERTAIN MEDICATIONS¹
TOO QUICKLY, **INCREASING**
THEIR RISK OF
TREATMENT FAILURE

Pharmacogenomics (PGx)

The study of genetic variations that influence medication response.

1 IN 5 AUSTRALIAN PATIENTS HAVE **ABNORMAL FUNCTION OF THE CYP2D6 ENZYME,** WHICH METABOLISES ~25% OF MEDICATIONS IN CLINICAL USE²

BEFORE TESTING



20mg

PG_x MEDICATION TEST

AFTER TESTING

POOR METABOLISER INTERMEDIATE METABOLISER NORMAL METABOLISER ULTRARAPID METABOLISER



5mg

10mg

20mg

30mg

DNA LED PRESCRIBING HAS BEEN SHOWN TO IMPROVE PATIENT OUTCOMES



Only 50 per cent of patients respond to the initial treatment with antidepressants³

JUDY

PG_x Medication Test completed

Fast metaboliser

Increased dose of PG_x antidepressant

Showed considerable improvement 2 months later

HOW TO ORDER A PG_x TEST WHEN PRESCRIBING MEDICATION FOR PAIN & MENTAL HEALTH CONDITIONS

*Improving access
to PG_x testing for
all patients*



REQUEST FORM

Discuss PG_x medication testing with your patient.

Request a PG_x medication test with a standard request form.

Select PG_x MH (\$147*)
PG_x Pain (\$147*)
or PG_x Multi (\$197*)

Remember to list patients' medications.



PAYMENT

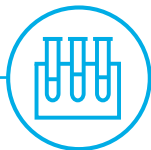
Patient should pay at

www.gdpay.com.au

before visiting any TML Pathology Collection Centre and record their receipt number on their form.

This test has **NO** Medicare rebate.

Call 1800 822 999
for any enquiries.



COLLECTION CENTRE

Patient visits any TML Pathology Collection Centre with request form for blood collection.



RESULTS READY

The patient report will be delivered by your preferred method. A pdf report with further recommendations and insights is available on a secure doctor portal by using the link at the end of the report.

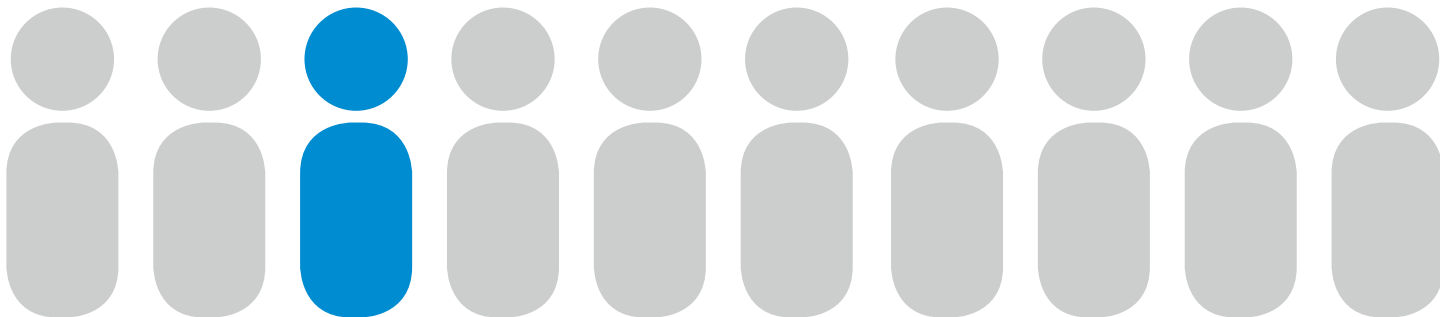


LIFETIME RELEVANCE

You can provide your patient with access to the pdf version of their report using their unique patient access code and the link at the end of the test report.

The PG_x MH and PG_x Multi Medication Tests cover
80 per cent of commonly prescribed antidepressants.

80%



OFFER A SOLUTION
THAT CAN
CHANGE LIVES

myDNA[™]


Genomic Diagnostics
LEADING THE WAY TO IMPROVE HEALTH


TML Pathology
Tasmanian Medical Laboratories

FOR MORE INFORMATION AND SUPPORT

Call **1800 822 999** or email **info@genomicdiagnostics.com.au**

WHAT IS THE SUPPORTING EVIDENCE FOR THE CLINICAL APPLICATION OF PGx? The PGx Medication Reports are based on the results of many clinical studies that measure how genetic variations affect a drug's efficacy and/ or risk of adverse effects. Recently, the results of these studies have been confirmed by an increasing number of randomised controlled trials (RCTs). These studies have been recently summarised into published guidelines by the Clinical Pharmacogenetics Implementation Consortium (CPIC) and the Royal Dutch Pharmacists Association – Pharmacogenetics Working Group.

TEST LIMITATIONS There are some important PGx Medication Test limitations to be aware of: The test cannot determine how individuals respond to all medications in clinical use; response to medications is complex and this genetic test only looks at one aspect affecting drug response; a "normal" result does not always predict the patient will respond to a medication and not experience any side effects, but can indicate that their genetic result doesn't predict a further increase in the risk of these clinical issues; enzyme function can also be affected by factors other than genotype, including age, the effect of co-administered drugs (i.e. drug-drug interactions), and the presence of liver disease; these should be taken into account when considering the PGx Medication Reports; allergic reactions cannot be detected by this genetic test; the test does not detect all known variants in the genes tested; only common variants present in Caucasian, African and Asian backgrounds are covered; if an individual carries a rare variant not covered by the test, the phenotype may be inaccurately reported; and testing for the common variants is the practice of most screening molecular genetic testing laboratories around the world.

REFERENCES

1. Hicks JK, et al. Clinical pharmacogenetics implementation consortium guideline (CPIC) for CYP2D6 and CYP2C19 genotypes and dosing of tricyclic antidepressants: 2016 update. Clin Pharmacol Ther. 2016.
2. Mostafa S, Kirkpatrick CMJ, Byron K, Sheffield L. An analysis of allele, genotype and phenotype frequencies, actionable pharmacogenomic (PGx) variants and phenoconversion in 5408 Australian patients genotyped for CYP2D6, CYP2C19, CYP2C9 and VKORC1 genes. J Neural Transm [journal on the internet]. 2018 Sep 6 [cited 2018 Dec 6]. Available from: <https://link.springer.com/article/10.1007%2Fs00702-018-1922-0> [Epub ahead of print]
3. Rush AJ, Trivedi MH, Wisniewski SR, Nierenberg AA, Stewart JW, Warden D, et al. Acute and longer-term outcomes in depressed outpatients requiring one or several treatment steps: a STAR*D report. Am J Psychiatry. 2006;163(11):1905-17.

Please note: case study name "Judy" for marketing purposes only.

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