MT-RNR1 Advanced **Pharmacogenomics Competency**





Updated on 5/2022



An MT-RNR1 high-risk genotype is associated with aminoglycoside-induced

- a)High-frequency hearing loss
- b)Vestibular toxicity
- c)Renal toxicity
- d)None of the above

Which of the following *MT-RNR1* variants are associated with aminoglycoside-induced hearing loss?

- m.1494T *a*)
- *m.1095C* **b**)
- c) m.1555G
- d) All of the above

A patient who has the "Increased Risk of Aminoglycoside-induced Hearing Loss" phenotype is prescribed amikacin. Which of the following actions is most appropriate based on the MT-RNR1 phenotype?

a) Dispense amikacin as prescribed b)Substitute tobramycin for amikacin c)Select a non-aminoglycoside antibiotic d)Prescribe a reduced dose of amikacin



- Upon completion of this competency, participants will be able to:
 - Recognize the high-risk *MT-RNR1* allele variants
 - Assign the correct MT-RNR1 phenotype based on a patient's MT-RNR1 genotype
 - Make therapeutic recommendations for aminoglycoside therapy based on a patient's *MT-RNR1* pharmacogenetic test result
 - Identify sections of the EHR with MT-RNR1 test-related information



- A 3-year-old boy who is receiving therapy for acute lymphoblastic leukemia presents to the hospital with fever and neutropenia. He is initially treated with cefepime.
- While flushing the catheter after the cefepime infusion, he develops chills and rigors, so amikacin is prescribed.
- An alert is presented to the prescriber indicating that the patient is at high risk of ototoxicity from amikacin due to his MT-RNR1 genotype test result.



What is MT-RNR1?





- Human cells have two sets of DNA:
 - Chromosomal DNA inherited from both parents
 - Mitochondrial DNA inherited from the mother
- Because chromosomal DNA are inherited from both parents, individuals have two alleles for each gene:

- For example: *CYP2C19* *1/*17

• Because mitochondrial DNA is inherited from one parent (the mother), there is only one allele per gene:

– For example: *MT-RNR1 m.1555G*



- *MT-RNR1* is a gene in the mitochondrial DNA that codes for the **12S ribosomal RNA (rRNA)**
- Certain genetic variations in the MT-RNR1 gene lead to changes in the shape of the ribosome, which can make the human ribosome look more like bacterial ribosomes



MT-RNR1 Encodes rRNA



Adapted from: Guan MX, et al. *Mitochondrion*. 2011;11:237.



MT-RNR1 Encodes rRNA



Adapted from: Guan MX, et al. *Mitochondrion*. 2011;11:237.



- Aminoglycosides work by binding to bacterial ribosomes
- When variations in the MT-RNR1 gene cause the human ribosome to look more like bacterial ribosomes, aminoglycosides lose their specificity for bacterial ribosomes and also bind to human ribosomes
- The goal is to know the patient's *MT-RNR1* status prior to a patient receiving the <u>first</u> dose of an aminoglycoside





MT-RNR1 Allele Variants





- There are three known high-risk *MT-RNR1* variants:
 - -m.1555G
 - -m.1494T
 - -m.1095C





Assigning MT-RNR1 phenotypes





- The assignment of MT-RNR1 phenotype is based on the mitochondrial *MT-RNR1* allele that the patient carries
 - Reminder: there is no diplotype because only one allele is inherited for a mitochondrial gene
- There are two MT-RNR1 phenotypes
 - Increased Risk of Aminoglycoside-induced Hearing Loss
 - Normal Risk of Aminoglycoside-induced Hearing Loss



- Increased Risk of Aminoglycoside-induced Hearing Loss
 - Assigned to individuals carrying one high-risk MT-RNR1 allele
 - This is the <u>high-risk</u> phenotype
 - Approximately 0.1% (1 in 1,000) individuals have this phenotype
 - It is defined by the presence of any of the high-risk *MT-RNR1* alleles
 - -m.1555G
 - -m.1494T
 - -m.1095C



MT-RNR1 Phenotype Prevalence







MT-RNR1 Phenotype-based **Recommendations for** Aminoglycosides

Aminoglycosides and MT-RNR1 Phenotypes

- Aminoglycosides are antibiotics used to treat Gram-negative and some Gram-positive infections. They include agents such as:
 - Amikacin, gentamicin, plazomicin, streptomycin, and tobramycin.
- Formulations and routes of delivery
 - MT-RNR1 phenotype should be considered for aminoglycosides given by the intravenous and inhaled routes as these are absorbed systemically.
 - MT-RNR1 phenotype is less of a consideration if aminoglycosides that are given by the ophthalmic or topical routes given their low systemic absorption
 - Reminder: otic formulations should be avoided in all patients (regardless of MT-RNR1 phenotype) if the tympanic membrane is ruptured, including in someone with tympanostomy tubes.



MT-RNR1 High-risk Phenotype and Aminoglycosides

- Patients with the Increased Risk of Aminoglycosideinduced Hearing Loss phenotype are at high risk of developing hearing loss after exposure to aminoglycosides:
 - Risk of hearing loss applies to all aminoglycosides
 - Hearing loss typically starts as a high-frequency hearing loss, which can progress to profound deafness
 - Hearing loss is bilateral and irreversible
 - In people with this phenotype, hearing loss occurrence is independent of the duration and dose and can occur even after a single dose of aminoglycoside



MT-RNR1 High-risk Phenotype & Aminoglycosides Considerations

- Depending on your institution, the Infectious Diseases Service or the Antimicrobial Stewardship team should be consulted ASAP if you are considering to prescribe an aminoglycoside agent to a patient with the MT-RNR1 high-risk phenotype
- Avoid prescribing aminoglycosides antibiotics
 - Unless the high risk of permanent hearing loss outweighs the severity of infection and there is a lack of safe effective alternative therapies
- Prescribe an alternative agent
 - Consider patient specific factors and clinical status, such as culture results and colonization history when selecting the alternative agent

Example Clinical Decision Support Alert

Cerner

WARNING

Based on the mt-RNR1 genotype result, this patient is predicted to be at high risk of aminoglycoside-induced ototoxicity. Aminoglycosides (such as Tobramycin) are likely to cause IRREVERSIBLE hearing loss in this patient. For help with selecting an alternative agent, please consult the Infectious Diseases Service or a clinical pharmacist. Infectious diseases quidelines in the St. Jude formulary may also be helpful in quiding choice of alternative agents. For more information click Add'l info.

Alert Action

Cancel Tobramycin order	
Continue with Tobramycin order	
Add'l info	

Note: It is important to consider patient-specific factors, and the CDS alert will <u>not</u> provide a "blanket" alternative recommendation.

OK.

Normal Risk of Aminoglycoside-induced Hearing Loss

- Patients with the Normal Risk of Aminoglycosideinduced Hearing Loss are at normal risk of developing hearing loss after exposure to aminoglycosides
 - No change in therapy is warranted based on the *MT*-RNR1 test result alone
 - **Note:** Patients with this phenotype are still at risk of developing hearing loss from aminoglycosides, but the risk is the same as most people



- For more information about *MT-RNR1* and aminoglycoside therapy, visit the CPIC guideline at https://cpicpgx.org/gene/MT-RNR1
- For more information about the St. Jude implementation efforts for *MT-RNR1* visit *www.stjude.org/mtrnr1*



An MT-RNR1 high-risk genotype is associated with aminoglycoside-induced

- a)High-frequency hearing loss
- b)Vestibular toxicity
- c)Renal toxicity
- d)None of the above



An MT-RNR1 high-risk genotype is associated with aminoglycoside-induced

- a)High-frequency hearing loss
- b)Vestibular toxicity
- c)Renal toxicity
- d)None of the above



Which of the following *MT-RNR1* variants are associated with aminoglycoside-induced hearing loss?

- a) m.1494T
- *m.1095C* **b**)
- c) m.1555G
- d) All of the above



Which of the following *MT-RNR1* variants are associated with aminoglycoside-induced hearing loss?

- a) m.1494T
- *m.1095C* **b**)
- c) m.1555G
- d) All of the above

A patient who has the Increased Risk of Aminoglycoside-induced Hearing Loss phenotype is prescribed amikacin. Which of the following actions is most appropriate based on the MT-RNR1 phenotype?

a) Dispense amikacin as prescribed b)Substitute tobramycin for amikacin c)Select a non-aminoglycoside antibiotic d)Prescribe a reduced dose of amikacin



A patient who has the Increased Risk of Aminoglycoside-induced Hearing Loss phenotype is prescribed amikacin. Which of the following actions is most appropriate based on the MT-RNR1 phenotype?

a) Dispense amikacin as prescribed b)Substitute tobramycin for amikacin c)Select a non-aminoglycoside antibiotic d)Prescribe a reduced dose of amikacin



The information in this competency, including but not limited to any text, graphics or images, is for informational and educational purposes only. Although reasonable efforts have been made to ensure that the information provided is current, complete and, where appropriate, based on scientific evidence, St. Jude Children's Research Hospital makes no assurances as to whether the provided information will at all times be current or complete. St. Jude Children's Research Hospital, in offering this document, is not providing medical advice or offering a consultative opinion and is not establishing a treatment relationship with any given individual. You, therefore, should not substitute information contained herein for your own professional judgment, nor should you rely on information provided herein in rendering a diagnosis or choosing a course of treatment for a particular individual.