



## ORIGINALS

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## Results of the implementation of a pharmacogenomics platform based on NGS technologies. Combining clinical and research approaches

Resultados de implementación de una plataforma farmacogenómica basada en tecnologías NGS. Combinación de abordajes asistencial y de investigación

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## Abstract

**Objective:** As more genes are incorporated into pharmacogenomic care processes and more importance is given to rare variants, the use of targeted capture sequencing panels has been proposed as a very efficient alternative due to their affordability, high throughput, and deep coverage, all of them characteristics of high-quality next-generation sequencing data. The purpose of this study is to describe the prevalence of clinically actionable pharmacogenetic variants previously described in the scientific literature, as well as that of new variants identified by next-generation sequencing technologies, and to evaluate the drugs potentially affected by such variants.

**Method:** A panel of 18 clinically actionable pharmacogenomics-related genes was evaluated in 41 subjects diagnosed with breast cancer undergoing neoadjuvant treatment. The prevalence of previously descri-

## Resumen

**Objetivo:** A medida que se incorporan más genes a los procesos farmacogenómicos asistenciales y se otorga más importancia a las variantes raras, el uso de paneles de secuenciación dirigida por captura se ha propuesto como una alternativa muy eficiente atendiendo a sus costes, su rendimiento y la cobertura profunda, característica de los datos de secuenciación de nueva generación de alta calidad. El objeto de este trabajo es describir la prevalencia de variantes farmacogenéticas clínicamente procesables descritas previamente en la literatura científica, así como de nuevas variantes identificadas mediante tecnologías de secuenciación de nueva generación y evaluar los fármacos potencialmente afectados por estas variantes.

**Método:** Se evaluó un panel de 18 genes relacionados con la farmacogenómica clínicamente procesables en 41 individuos con diagnóstico de cáncer de mama que van a recibir tratamiento adyuvante y neoadyuvante. Se estudió

## KEYWORDS

Pharmacogenetics; Pharmacogenomics; Personalized medicines; High throughput nucleotide sequencing; Germline mutation; Health plan implementation; Clinical guidelines; Genome structural variants.

## PALABRAS CLAVE

Farmacogenética; Farmacogenómica; Medicina personalizada; Secuenciación de nucleótidos de alto rendimiento; Mutación de la línea germinal; Aplicación del plan de salud; Guías de práctica clínica; Variante genómica estructural.



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bed clinically actionable variants as well as of phenotypes classified according to current interpretation standards was studied. The pharmacological treatments potentially affected by the identified variants were also evaluated. An estimation was made of the prevalence of not previously described, possibly deleterious, variants selected using bioinformatics criteria.

**Results:** All subjects carried clinically actionable variants, with a mean of 4.02 genes affected by each variant per individual. *VKORC1*, *CYP4F2*, *CYP2C19*, *CYP2D6* and *CYP2B6* were the most polymorphic genes and were present with actionable phenotypes in more than 50% of patients; 15-50% had actionable phenotypes in *UGT1A1*, *SLCO1B1*, *CYP2C9* and *TPMT* and 2-15% in *HLA-B*, *CYP3A5*, *HLA-A* and *DPYD*. No actionable variants were identified in *RYR1*, *CACNA1S*, *G6PD*, *F5* and *NUDT15*. These variants had the potential to affect response to 84% of the drugs described in the leading pharmacogenetic guidelines. Possibly deleterious variants not previously described accounted for 11.4% of all clinically actionable variants and were present in 12.2% of patients.

**Conclusions:** The results obtained show a high prevalence of clinically actionable variants, both common, i.e., previously described in the literature, and rare, i.e., not previously studied with conventional technological approaches. The latter are candidates for a more exhaustive molecular and/or clinical characterization.

## Introduction

Pharmacogenetic research has, since its initial stages, identified numerous genes related to the metabolism and transport of, and the response to, drugs showing that many of the genomic variables in these genes are associated with inter-individual pharmacological response variations. Multiple clinical guidelines and other sources of information have been published in the last few years that have helped identify a number of key genes that contain clinically actionable variants, with patients carrying such variants requiring dose adjustments or specific therapeutic strategies<sup>1</sup>. These gene-drug pairs include metabolizing enzymes (*CYP2C19* and clopidogrel<sup>2</sup>) and transporting (*SLCO1B1* and simvastatin<sup>3</sup>) and other proteins involved in the pharmacological response (*RYR1* and halogenated anesthetics<sup>4</sup>).

Although pharmacogenetic studies are becoming increasingly popular in clinical centers, most of the genomic variations analyzed are common (i.e. with an allele frequency > 1%)<sup>5</sup>. In fact, most of the currently available high-throughput pharmacogenomic platforms are focused mainly on common variations<sup>5</sup>. However, several studies based on next generation sequencing (NGS) have confirmed the existence of rare deleterious variants (i.e., with an allele frequency < 1%), which are very frequently found in drug metabolizing enzymes and in the genes coding for pharmacological target proteins. It has been estimated that up to 17% of individuals harbor this kind of variant<sup>6,7</sup>. Moreover, rare variants have been directly associated with more severe drug response variations than common variants<sup>6</sup>, as well as with unusual adverse reactions<sup>8</sup>. For that reason, it is a priority to endow clinical processes with technologies able to identify and manage information not only on the widely studied common variants but particularly on the less known rare variants.

NGS techniques are becoming increasingly popular for the performance of routine genetic studies. Indeed, their cost has been going down in the last few years, the equipment needed is available in a growing number of centers, and there is a rising awareness that rare variants play an important role in the development of disease and in the patients' response to their medication<sup>6</sup>. Most pharmacogenomic studies based on NGS techniques correspond to whole exome and whole genome sequencing projects led by large research consortia<sup>9,10</sup>. Whole exome and whole genome sequencing is still associated with high costs and with problems related to the processing and storage of the large amounts of data generated<sup>1,6,11,12</sup>. The use of targeted high-throughput sequencing panels, capable of capturing and sequencing a small set of genomic targets to high depth has been proposed as an ideal alternative as it represents a middle ground that maximizes throughput while maintaining the deep coverage characteristic of high-quality NGS data<sup>1,6,11,12</sup>.

la prevalencia de variantes clínicamente procesables previamente descritas en la literatura científica, así como de los fenotipos farmacogenéticos clasificados según los estándares de interpretación actuales. Asimismo, se evaluaron los tratamientos farmacológicos potencialmente afectados por las variantes identificadas. Se estimó la prevalencia de variantes posiblemente deletéreas no descritas previamente seleccionadas con criterios bioinformáticos.

**Resultados:** Todos los individuos fueron portadores de variantes clínicamente procesables, con una media de 4,02 genes afectados por alguna variante por individuo. Los genes *VKORC1*, *CYP4F2*, *CYP2C19*, *CYP2D6* y *CYP2B6* fueron los más polimórficos, con más de un 50% de pacientes con fenotipos procesables; un 15-50% en *UGT1A1*, *SLCO1B1*, *CYP2C9* y *TPMT* y un 2-15% *HLA-B*, *CYP3A5*, *HLA-A* y *DPYD*. No se identificaron variantes procesables en *RYR1*, *CACNA1S*, *G6PD*, *F5* y *NUDT15*. Estas variantes afectarían a la respuesta de un 84% de los fármacos descritos en las principales guías de farmacogenética. Las variantes posiblemente deletéreas no descritas previamente supusieron un 11,4% del total de variantes clínicamente procesables y están presentes en un 12,2% de los pacientes.

**Conclusiones:** Los resultados obtenidos constatan una alta prevalencia de variantes clínicamente procesables tanto comunes, previamente descritas en la literatura, como raras, no estudiadas con abordajes tecnológicos convencionales y candidatas a una caracterización molecular y/o clínica más exhaustiva.

The A Coruña University Hospital Complex has developed a previously described and validated NGS-based pharmacogenomic platform<sup>13</sup> intended to support clinical practice and research studies. The platform was designed with a view to studying high evidence, clinically actionable genes and pharmacogenetic regions in addition to genomic regions related to clinical research projects currently underway in the hospital. The idea is to improve the effectiveness of the work carried out in the molecular biology laboratory.

The purpose of this study is to use the NGS platform to identify the prevalence of clinically actionable pharmacogenetic variants in a previously studied population and use NGS to study the new variants identified in the genes that contain clinically actionable variants. In addition, an analysis will be made of the drugs included in pharmacogenetic clinical guidelines that may potentially be affected by such variants.

## Methods

### Design

This was a descriptive cross-sectional pharmacogenetic variant prevalence study of a population of 41 patients. The sample was selected based on the availability of genomic sequencing data obtained using the NGS platform developed by the A Coruña University Hospital Complex. The studied population corresponded to the total number of patients recruited by the Hospital within the framework of a project geared towards validating pharmacokinetic and pharmacogenetic biomarkers related with the risk of developing neuropathy following administration of taxanes in the context of the neoadjuvant breast cancer therapy.

### Genetic study

The genomic regions of clinical interest were captured using a personalized capture probe library (SureSelect Target Enrichment Kit for the Illumina paired-end multiplex sequencing method; Agilent Technologies, Santa Clara, California, USA) and sequenced on the HiSeq 1500 platform (Illumina, San Diego, California) following Illumina protocols<sup>14,15</sup>. The read depth (number of times a base was sequenced by independent reads) of every nucleotide of genes from the defined genomic regions of interest was >30x (mean: 250x-400x). Analytical validation of this platform has been previously described<sup>13</sup>. The capture probe library allows sequencing of a total of 433,000 bases. The genes and regions of interest evaluated in this study correspond to a subset of all the genomic regions included in the capture probe library.

## Selection of candidate genomic regions of interest

A group of genomic regions was selected from 18 pharmacogenomics-related genes that were considered clinically actionable (*CACNA1S*, *CYP2B6*, *CYP2C19*, *CYP2C9*, *CYP2D6*, *CYP3A5*, *CYP4F2*, *DPYD*, *F5*, *G6PD*, *HLA-A*, *HLA-B*, *NUDT15*, *RYR1*, *SLCO1B1*, *TPMT*, *UGT1A1* and *VKORC1*). These genes have been described in several clinical guidelines, including CPIC (Clinical Pharmacogenetics Implementation Consortium)<sup>16</sup>, DPWG (Dutch Pharmacogenomics Working Group)<sup>17</sup> and CPNDS (Canadian Pharmacogenomics Network for Drug Safety)<sup>18</sup>. A mixed research strategy was developed, which consisted of: a) the development of a specific allele-variant database that allowed an automatic evaluation of the genetic variants and the pharmacogenetic alleles described in the literature; this database comprised 1,027 variants and was developed based on the PharmVar<sup>19</sup> and PharmGKB<sup>20</sup> databases, and on the GeT-RM pharmacogenomic projects<sup>21-23</sup>; b) an analysis of the candidate functional variants in the coding regions of genes *CACNA1S*, *CYP2B6*, *CYP2C19*, *CYP2C9*, *CYP2D6*, *DPYD*, *NUDT15*, *RYR1*, *SLCO1B1*, *TPMT*, *UGT1A1* and *VKORC1*.

## Bioinformatic analysis

The sequence analysis was carried out using a purpose-developed bioinformatic algorithm that included the demultiplexing of the samples as well as all the steps needed to obtain a validated report of the annotated variants, together with their coverage and quality parameters<sup>13</sup>. Haplotypes were assigned following a purpose-designed algorithm that used variant-allele translation tables developed together with the variant files (vcf format) and the coverage data (cov format) obtained from each sample<sup>13</sup>.

The analysis of the copy number variants (CNVs) and the structural variants of *CYP2D6* was carried out using a previously-described and validated comparative coverage depth strategy<sup>13,24</sup>.

## Genotype interpretation

It was done using the genotype-to-phenotype prediction classification system described in pharmacogenomic prescription guidelines and recommendations. These standards are summarized below. Phenotypes were determined by genotyping sets (haplotypes) of genetic variants known as star alleles “\*”. Every patient has two star alleles that are collectively referred to as a diplotype or genotype (e.g., \*1/\*2). Each star allele was then assigned a function (i.e., no, decreased, normal or increased function) and a corresponding numerical activity level based on the evidence available on databases and in leading publications such as PharmVar. The activity levels of the two alleles in each individual were combined and translated into a phenotype (poor, intermediate, normal, rapid, ultrarapid) that was then linked to a selection of specific drugs and a dosing recommendation<sup>22,25</sup>.

## Clinical actionability

It was determined based on the prescription recommendations described in the CPIC, DPWG and CPNDS clinical guidelines<sup>16-18</sup>. Three different categories were established: “non actionable”, “conditional” and “actionable”. Table 2 in the Annex includes a detailed description of this classification.

## Data analysis

In the first place, a clinically actionable allele prevalence study was conducted; alleles were grouped by patient and by gene. Secondly, an analysis was carried out of the prevalence of the different pharmacogenetic phenotypes obtained from the genotype interpretation process. Thirdly, the clinical actionability of the pharmacogenetic phenotypes identified for each of the drugs described in pharmacogenetic clinical guidelines was established. Lastly, a bioinformatic algorithm was used to select the potentially deleterious candidate variables using the following filtering criteria: they had to be rare variants (whose gnomAD population frequency was

below 1%) located in coding regions (gene coding exons), which could bring about changes in the protein sequence (nonsense, missense) and with a phred score above 20 for the CADD bioinformatic predictor (the phred score is used to select the most deleterious 1% of all possible variants of the gene).

## Ethical-legal aspects

The present study was approved by the Drug Research Ethics Committee of Galicia (CEIm-G ID 2017/437). All the patients included gave their informed consent to participate in the study.

## Results

The patient sample was made up of a total of 41 individuals of whom 40 were female (97.6%). Mean age was 57.05 ± 11.23 years (range 36-77 years).

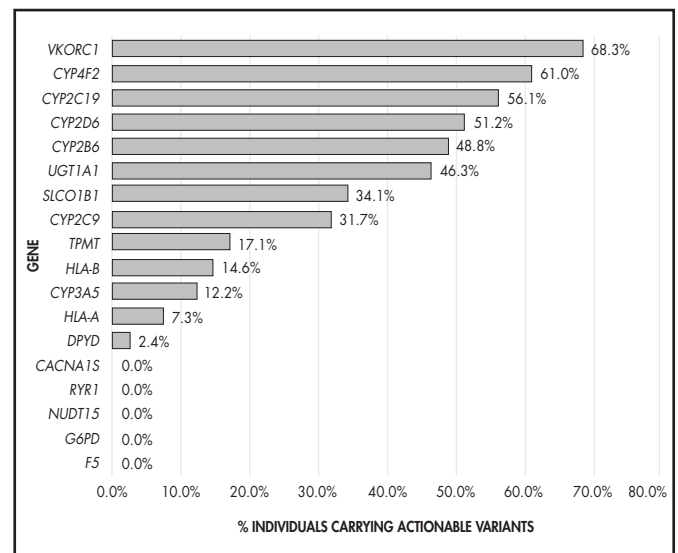
The sequencing and bioinformatic analysis process of the 41 analyzed patients resulted in the identification of 6,802 variants in the genes for whose coding regions there was sequencing data available. A total of 2,216 of these variants were found in the coding genes that had been coded in full. Removing duplications, a total of 175 unique variants were identified. Table 3 in the Annex includes a list of the genetic variants identified in this population.

## Distribution of clinically actionable alleles in the studied population

An analysis of clinically actionable alleles, grouped by gene and by individual, showed that all the subjects carried alleles of clinical interest in at least one of the 18 genes studied, with a mean of 4.02 ± 1.68 genes and a maximum number of seven genes; 4.8% of patients were carriers of clinically actionable alleles in one gene, 14.6% in two genes, 22% in three genes, 22% in four genes, 14.6% in five genes, 12.2% in six genes and 9.8% in seven genes.

The analysis of clinically actionable alleles grouped by gene (Figure 1) showed that over 50% of subjects carried alleles of clinical interest in the *VKORC1*, *CYP4F2*, *CYP2C19*, *CYP2D6* and *CYP2B6* genes; between 15 and 50% of subjects carried such alleles in the *UGT1A1*, *SLCO1B1*, *CYP2C9* and *TPMT* genes, and between 2 and 15% carried them in the *HLA-B*, *CYP3A5*, *HLA-A* and *DPYD* genes. None of the patients carried the *RYR1*, *CACNA1S*, *G6PD*, *F5* or *NUDT15* genes.

**Figure 1.** Percentage of individuals carrying clinically actionable alleles in the different genes.



## Distribution of pharmacogenetic phenotypes in the population and their potential influence (clinical actionability) on treatment

Table 1 shows the pharmacogenetic categories or phenotypes identified in the population. The identified genotypes, together with their fre-

quency in the studied population, are shown in Table 2 in the Annex. Clinical guidelines establish prescription recommendations or strategies for specific medications within each one of these pharmacogenetic categories or phenotypes. A total of 75 different drugs were found to be discussed in the CPIC, DPWG, CPNDS guidelines; 63 of them (84%) appear to be potentially affected by one of the genetic variants identified in the sample.

**Table 1.** Distribution of pharmacogenetic phenotypes in the analyzed genes

Gene	Category	Nr (%)	Smith et al. <sup>30</sup>	McInnes et al. <sup>7</sup> (Eur)
CACNA1S	Negative (MH susceptibility)	41 (100)	667 (100)	
	Intermediate metabolizer	15 (36.6)	247 (37)	157,574 (35.3)
CYP2B6	Normal metabolizer	21 (51.2)	355 (53)	235,044 (52.6)
	Rapid metabolizer	5 (12.2)	65 (10)	10,474 (2.3)
CYP2C19	Intermediate metabolizer	14 (34.1)	186 (29)	116,100 (26)
	Normal metabolizer	18 (43.9)	269 (40)	177,971 (39.8)
	Rapid metabolizer	6 (14.6)	160 (24)	121,160 (27.1)
CYP2C9	Ultrarapid metabolizer	3 (7.3)	27 (4)	20,788 (4.7)
	Intermediate metabolizer	13 (31.7)	218 (33)	144,156 (32.3)
	Normal metabolizer	28 (68.3)	434 (65)	284,032 (63.6)
CYP2D6	Intermediate metabolizer	19 (46.3)	248 (37)	113,670 (25.4)*
	Normal metabolizer	20 (48.8)	351 (53)	167,876 (37.6)*
	Poor metabolizer	1 (2.4)	34 (5)	23,220 (5.2)*
CYP3A5	Ultrarapid metabolizer	1 (2.4)	19 (3)	*
	Intermediate metabolizer	5 (12.2)	125 (19)	5,683 (1.3)
	Poor metabolizer	36 (87.8)	496 (74)	436,556 (97.6)
CYP4F2	Intermediate metabolizer	22 (53.7)		95,254 (21.3)**
	Normal metabolizer	16 (39)		217,127 (48.6)**
DPYD	Poor metabolizer	3 (7.3)		
	Intermediate metabolizer	1 (2.4)	8 (1)	30,181 (6.8)
F5	Normal metabolizer	40 (97.6)	659 (99)	416,050 (93.2)
	Negative (FVL)	41 (100)		
G6PD	Normal activity	41 (100)		
HLA-A	Negative	38 (92.7)		
	Positive (HLA-A*31:01 het.)	3 (7.3)		
HLA-B	Negative	37 (90.2)		
	Positive (HLA-B*58:01 het.)	4 (9.8)		
NUDT15	Normal metabolizer	41 (100)		444,955 (99.4)
RYR1	Negative (HM susceptibility)	41 (100)	662 (99)	
	Increased function	1 (2.4)	158 (24)	120,720 (27)
	Normal function	16 (39)	495 (74)	171,380 (38.3)
SLCO1B1	Normal function; increased function	10 (24.4)		
	Poor function	1 (2.4)	14 (2)	10,304 (2.3)
	Decreased function	13 (31.7)		83,552 (18.7)
TPMT	Intermediate metabolizer	2 (4.9)	59 (9)	
	Intermediate metabolizer; poor metabolizer	5 (12.2)		
	Normal metabolizer	34 (82.9)	607 (91)	
UGT1A1	Intermediate metabolizer	17 (41.5)		204 (0)***
	Normal metabolizer	21 (51.2)		142,438 (31.8)***
	Poor metabolizer	1 (2.4)		***
	Rapid metabolizer	1 (2.4)		***
VKORC1	NP c.-1639G>A	13 (31.7)	274 (41)	175,737 (39.3)
	hom. c.-1639G>A	5 (12.2)	88 (13)	62,474 (14)
	het. c.-1639G>A	23 (56.1)	305 (46)	209,357 (46.8)

FVL: factor V Leiden; het.: heterozygous carrier; hom.: homozygous carrier; MH: malignant hyperthermia; NC: non-carrier.

\*McInnes et al did not analyze CNVs in CYP2D6. A total of 17.1% of subjects were classified as intermediate metabolizers. \*\*McInnes et al classified intermediate and poor metabolizers as part of the same group. \*\*\*McInnes et al reported that 68.1% were "unavailable" among the population.

**Figure 2.** Clinical actionability of the identified pharmacogenetic alleles for different drugs.

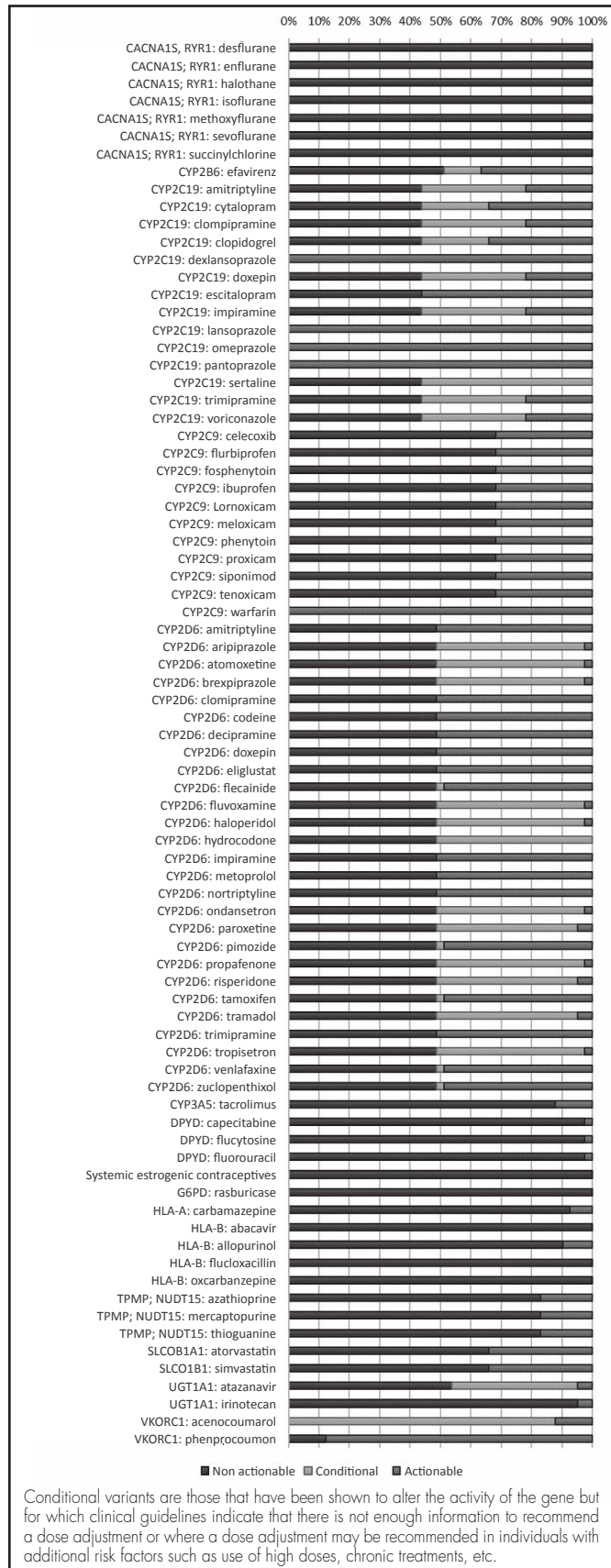


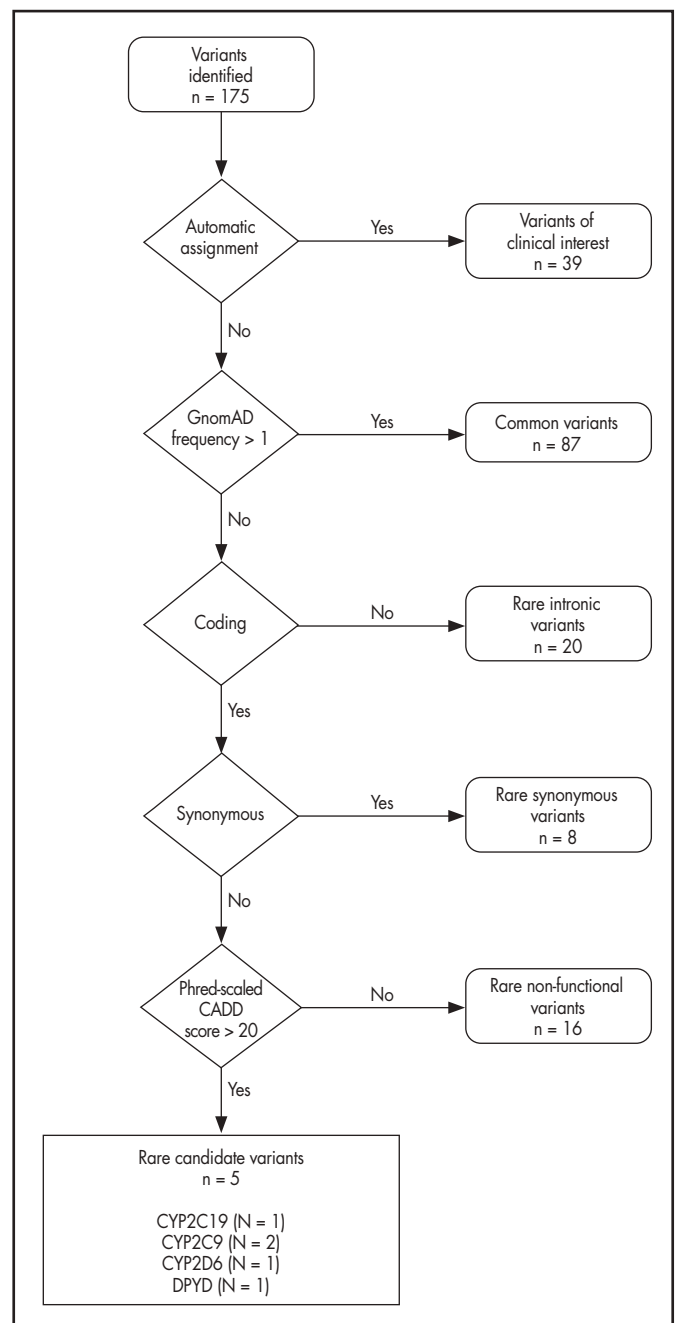
Figure 2 shows the proportion of patients with actionable variants in the different treatment categories included in the clinical guidelines.

Apart from the SNV and INDEL variants usually considered in conventional techniques, 14 samples (34.15%) were found to contain CNVs in the *CYP2D6* gene. Five samples carried heterozygous deletions (\*5), three samples had heterozygous duplications (x2) and 7 samples possessed hybrid *CYP2D6/2D7* tandem alleles. One of the samples presented with a deletion and a \*36 hybrid; the remaining hybrids identified were of the \*68 class.

### Candidate variants identified

By recourse to the analysis described in Figure 3, a total of five variants were identified that had not been included in the previously described sets

**Figure 3.** Bioinformatic process followed to filter candidate variants that may potentially exert a functional effect on the protein.



of clinically actionable variants (11.4% of all clinically actionable variants, present in 12.2% of subjects). These variants were *CYP2C19* p.Arg125His / c.374G>A, *CYP2C9* p.Pro33Ser / c.97C>T and p.Val153Ala / c.458T>C, *CYP2D6* p.Tyr355Cys / c.1064A>G and *DPYD* p.Lys259Glu / c.775A>G. Table 3 in the Annex includes a more detailed description of these variants including their location in the gene and their population frequency according to the gnomAD database.

## Discussion

The present article describes the prevalence of clinically actionable pharmacogenetic variants and alleles in the genes most commonly covered by clinical guidelines as well as the prevalence of new candidate variants in those same genes. The study was carried out using a purpose-developed pharmacogenetic platform based on NGS technologies aimed at providing support to studies seeking to advance both clinical practice and scientific inquiry<sup>13</sup>. A cohort of 41 patients was analyzed, which corresponded to the accessible patients from whom genomic sequencing data had been obtained using the same platform. Patients with breast cancer in their first cycle of neoadjuvant chemotherapy were deemed to be an appropriate population (proof of concept) to test the implementation of this kind of screening in clinical practice as genetic studies could be added to other diagnostic tests in these patients, the results provided by genomic biomarkers possibly changing future therapeutic management.

This study has shown that pharmacogenetic variants of clinical interest in key genes are highly prevalent, and that the majority of individuals in the studied population exhibited multiple clinically actionable variants. This high prevalence was already reported by other authors such as Van Driest *et al.* who identified one such variant in the majority of individuals studied (98%)<sup>26</sup>. Bush *et al.*, who used the eMERGE cohort with an NGS capture sequencing panel (PGRNseq), identified one or more level A actionable variants (CPIC) in 96.19% of all samples, with a median of two actionable variants per individual<sup>27</sup>. Likewise, McInnes *et al.*, who analyzed a cohort of patients from the UK Biobank using a whole genome approach, identified one variant in 99.5% of individuals with a mean of 3.7 genes per individual containing clinically actionable variants<sup>7</sup>.

Table 1 shows that, for some genes such as *SLCO1B1* or *TPMT*, variant combinations have been identified for which multiple classifications are possible. These ambiguous results, reported previously by other authors and present in other pharmacogenetic analysis platforms, are due to the fact that certain combinations of functional variants may be identified in the same or in different alleles therefore affecting one or both alleles of the gene<sup>21,23</sup>.

NGS massive sequencing technologies allow identification of rare variants that have not been described previously and that are not included in conventional genotyping platforms. Although these variants are extremely rare in isolation, when taken as a whole they are apt to affect a large number of individuals<sup>6,8</sup>. The role of these variants has been scarcely studied in the literature, with most of the information available being based on proofs of concept<sup>9,10</sup>. This study identified a total of five candidate variants in 41 subjects (i.e., in 12.2% of the sample) using an algorithm that takes into consideration the variant's allelic frequency, the location of the gene, any changes in the protein sequence, and the *in silico* bioinformatic prediction (CADD). The accuracy of the *in silico* bioinformatic predictor used (CADD) has been estimated at 84%<sup>28</sup>. In addition to displaying a phred-scaled CADD score above 20, these variants are considered deleterious by at least three additional bioinformatic predictors: SIFT, Poliphen-2 and DANN. The p.Lys259Glu/c.775A>G *DPYD* variant is included in the pharmVar database as due for classification and, with the exception of the variants above, the bioinformatic Poliphen-2 predictor classifies it as benign. We believe that these *in silico* results do not preclude the performance of confirmation studies. As regards the potential clinical application of the technology, these variants could result in a decrease in the genes' activity and patients carrying them may benefit from a closer follow-up

when prescribed a drug that may be affected. Furthermore, 17% of the population studied by McInnes *et al.* carried at least one deleterious variant of one of the 14 genes analyzed that was not included in the existing allelic definitions<sup>7</sup>. In the limited sample included in this analysis, the frequency of potentially deleterious rare variants vs. the already established ones was low (5 vs. 39), which contrasts with previous reports, which found rare variants to account for half of total variants<sup>27</sup>. Lastly, rare genetic variants could be the key for applying the information about the better biologically preserved genes, e.g., those coding for pharmacological targets, as the only variants identified for many of these genes are rare<sup>29</sup>.

This is one of the first studies to analyze the results of implementing a pharmacogenomics-specific NGS sequencing platform to support clinical and research activities. The PGRN (Pharmacogenomics Research Network), in collaboration with several US centers involved in the eMERGE-PGx pharmacogenomic sequencing implementation project, has developed a similar platform to the one presented here<sup>11,27</sup>. For these projects to be successful, multi-center studies are needed that generate a broader knowledge base. It is to be hoped that more centers can join this initiative and benefit from the use of this platform for clinical and research purposes.

When selecting the technology to be used for pharmacogenetic implementation, it is essential to take into consideration numerous factors, most of them related to the assets that must be available to the molecular biology laboratory of the participating center. At the same time, it must be remembered that the different technologies are complementary and the decision to prioritize one over another should be made based on the specific clinical condition of the patient. A detailed description of pharmacogenetic technologies may be found in van der Lee M *et al.*<sup>6</sup>. The Annex included here provide a detailed explanation of the reasons behind the choice of the technological approach used.

The main limitations of this study are its small sample size and the failure to validate the genomic findings identified by means of *in vitro*, *ex vivo* or *in vivo*, molecular functional studies and subsequently validate the genotype-phenotype correlation in the studied patients. Another limitation is the failure to obtain information about the pharmacological treatment that patients were on at the time of —or before— the study, which could have been influenced by the pharmacogenetic alleles identified. Nor was there any intervention made regarding prescription of the medication, or were the patients' health outcomes analyzed to evaluate the therapeutic interventions or their clinical relevance. Although that was not one of the goals of the study and the clinical impact of the pharmacogenetic alleles studied has admittedly been well-described in the literature, such evaluations could be useful to clinically validate the platform. It is estimated that around 24% of the general population receive a medication affected by their genotype<sup>7</sup>. What is more, this prevalence could be even higher in patients with the characteristics of the subject included in this study.

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### Conflict of interest

Luis Ramudo Cela is a member of the scientific committee at Health in Code. The other authors declare to have no conflict of interest.

### Contribution to the scientific literature

The present study demonstrates the usefulness of implementing next generation sequencing-based pharmacogenomic processes in clinical practice with a view to identifying both common and rare clinically actionable variants not studied previously by conventional approaches.

## ANNEX 1

### Selection of the best technological approach

When selecting the technology for implementing a pharmacogenetic approach, it is crucial to consider a series of factors, most of them dependent on the assets and resources available to the molecular biology laboratory where the testing will be carried out. It is also important to bear in mind that the different technologies are complementary, and the decision to prioritize one over another should be made on the basis of the patients' clinical situation.

Our hospital was already using NGS technology for diagnostic studies, and had obtained a large volume of samples prior to the setting up of the pharmacogenetics panel used in the study. Moreover, the team of molecular biologists, IT specialists and physicians who participated in the study had already gained significant experience in the management of purpose-developed "tailor-made" panels, databases and bioinformatic algorithms. This made it easier to carry out the required NCS processing and to acquire enough affordable reagents to deal with the high volume of work involved. Also, the possibility of combining pharmacogenetic and diagnostic samples in one single sequencing pool makes it possible to work with smaller batches of pharmacogenetic samples without the risk of excessive sample accumulations (which is an important limitation to the use of dedicated processes and is particularly important for array rPCR technologies, where sample volumes are typically low). Although the theoretical per-sample cost for array rPCR procedures is lower than the sample cost for NGS procedures, when such factors are considered as the depreciation of new equipment, the development of new workflows, the extra cost of personalizing the arrays and the need to use a larger number of sample batches, the implementation

of this technology usually turns out to be more disadvantageous than adapting an already-implemented NGS procedure. New process automation systems such as the Magnis NGS Prep System, or Agilent's Bravo Automated Liquid Handling Platform allow a reduction of NGS preparation times in the wet lab of up to 48 hours. Mean NGS response times in our center are of 3-5 weeks from the arrival of the sample (including bioinformatic data processing and preparation of the clinical report). Emergency clinical scenarios (e.g., DPYD studies prior to treatment with fluoropyrimidines) may be addressed with more targeted complementary technologies such as Sanger sequencing or low-scale rPCR.

While NGS panels that include a set of genes of interest do not need to have their design updated following the publication of new variants of interest for those genes, targeted technologies require either updating their design with any non-included variant or applying a complementary technique to ensure the success of the study.

The strengths of the platform include the fact that the laboratory is UNE-EN ISO 15189 and CLIA (Clinical Laboratory Improvement Amendments) certified, both accreditations covering NGS pharmacogenetic procedures. In addition, the platform has been validated by comparative studies performed by institutions from different geographical areas (the College of American Pathologists [CAP]), the European Molecular Genetics Quality Network [EMQN]) and the Spanish Society of Pharmacogenetics and Pharmacogenomics (SEFFT). The platform could be used by centers wishing to outsource the process or may alternatively be implemented in centers that possess the required equipment.

**Table 1.** Clinical actionability of the recommendations of pharmacogenetic clinical guidelines grouped by drug, gene, and phenotype (or genotype, if appropriate)

Drug	Gene	Phenotype / genotype	CPIC	DPWG	CPNDS	
Abacavir	HLA-B	Positive *57:01	Yes	Yes		
		Negative 15:01	No	No		
Acenocoumarol	VKORC1	het. c.-1639G>A		Yes		
		hom. c.-1639G>A		Conditional		
		NC c.-1639G>A		Conditional		
Aloprurinol	HLA-B	*58:01 negative	No			
		*58:01 positive	Si			
Amitriptyline	CYP2C19	IM	Conditional			
		NM	No			
		PM	Si			
		RM	Si			
	CYP2D6	UM	Si		Si	
		IM	Si		Si	
		NM	No		No	
		PM	Yes		Yes	
Aripiprazole	CYP2D6	UM	Yes	Yes		
		IM		Conditional		
		NM		No		
		PM		Yes		
		UM		Conditional		

**Table 1 (cont.).** Clinical actionability of the recommendations of pharmacogenetic clinical guidelines grouped by drug, gene, and phenotype (or genotype, if appropriate)

Drug	Gene	Phenotype / genotype	CPIC	DPWG	CPNDS
Atazanavir	UGT1A1	IM	Conditional		
		NM	No		
		PM	Yes		
Atomoxetine	CYP2D6	IM	Conditional	Conditional	
		NM	Conditional	No	
		PM	Conditional	Yes	
		UM	Conditional	Conditional	
Atorvastatin	SLCO1B1	DF		Yes	
		NF		No	
		PF		Yes	
		IM	Yes	Yes	
Azathioprine	NUDT15	NM	No	No	
		PM	Yes	Yes	
		IM	Yes	Yes	
	TPMT	NM	No	No	
		PM	Yes	Yes	
		IM	Yes	Yes	
Brexpiprazole	CYP2D6	IM		Conditional	
		NM		No	
		PM		Yes	
		UM		Conditional	
Capecitabine	DPYD	IM	Yes	Yes	
		NM	No	No	
		PM	Yes	Yes	
Carbamazepine	HLA-A	31:01 negative	No		No
		31:01 positive	Yes		Yes
	HLA-B	* 15:02 negative	No		No
		* 15:02 negative	Yes		Yes
Celecoxib	CYP2C9	IM	Yes		
		NM	No		
		PM	Yes		
Citalopram	CYP2C19	IM	Conditional	Yes	
		NM	No	No	
		PM	Yes	Yes	
		RM	Yes	Conditional	
		UM	Yes	Conditional	
Clomipramine	CYP2C19	IM	Conditional	Conditional	
		NM	No	No	
		PM	Yes	Conditional	
		RM	Yes	Yes	
	CYP2D6	UM	Yes	Yes	
		IM	Yes	Yes	
		NM	No	No	
		PM	Yes	Yes	
Clopidogrel	CYP2C19	UM	Yes	Yes	
		IM	Yes	Yes	
		NM	No	No	
		PM	Yes	Yes	
		RM	Conditional	Conditional	
		UM	Conditional	Conditional	



**Table 1 (cont.).** Clinical actionability of the recommendations of pharmacogenetic clinical guidelines grouped by drug, gene, and phenotype (or genotype, if appropriate)

Drug	Gene	Phenotype / genotype	CPIC	DPWG	CPNDS
Codeine	CYP2D6	IM	Yes	Conditional	No
		NM	No	No	No
		PM	Yes	Yes	Yes
		UM	Yes	Yes	Yes
Desflurane	CACNA1S	MH negative	No		
		MH positive	Yes		
	RYR1	MH negative	No		
		MH positive	Yes		
Desipramine	CYP2D6	IM	Yes		
		NM	No		
		PM	Yes		
		UM	Yes		
Dexlansoprazole	CYP2C19	IM	Yes		
		NM	Yes		
		PM	Yes		
		RM	Yes		
		UM	Yes		
Doxepin	CYP2C19	IM	Conditional		
		NM	No		
		PM	Yes		
		RM	Yes		
	CYP2D6	UM	Yes		
		IM	Yes	Yes	
		NM	No	No	
		PM	Yes	Yes	
Efavirenz	CYP2B6	UM	Yes	Yes	
		IM	Yes	Conditional	
		NM	No	No	
		PM	Yes	Yes	
		RM	Conditional	Conditional	
Eliglustat	CYP2D6	UM	Conditional	Conditional	
		IM		Yes	
		NM		No	
		PM		Yes	
Enflurane	CACNA1S	MH negative	No		
		MH positive	Yes		
	RYR1	MH negative	No		
		MH positive	Yes		
Escitalopram	CYP2C19	UM	Conditional	Yes	
		IM	Conditional	Yes	
		NM	No	No	
		PM	Yes	Yes	
		RM	Yes	Yes	
Flecainide	CYP2D6	UM	Yes	Yes	
		IM	Yes	Yes	
		NM	No	No	
		PM	Yes	Yes	
		UM	Conditional	Conditional	
		IM	Conditional	Yes	

**Table 1 (cont.).** Clinical actionability of the recommendations of pharmacogenetic clinical guidelines grouped by drug, gene, and phenotype (or genotype, if appropriate)

Drug	Gene	Phenotype / genotype	CPIC	DPWG	CPNDS
Flucytosine	DPYD	IM		Yes	
		NM		No	
		PM		Yes	
Flucloxacillin	HLA-B	*57:01 negative		No	
		*57:01 positive		Yes	
Fluorouracil	DPYD	IM	Yes	Yes	
		NM	No	No	
		PM	Yes	Yes	
Flurbiprofen	CYP2C9	IM	Yes		
		NM	No		
		PM	Yes		
Fluvoxamine	CYP2D6	IM	Conditional		
		NM	No		
		PM	Yes		
		UM	Conditional		
Fosphenytoin	CYP2C9	IM	Yes		
		NM	No		
		PM	Yes		
	HLA-B	*15:02 negative	No		
		*15:02 positive	Yes		
Haloperidol	CYP2D6	IM		Conditional	
		NM		No	
		PM		Yes	
		UM		Conditional	
Halothane	CACNA1S	MH negative	No		
		MH positive	Yes		
	RYR1	MH negative	No		
		MH positive	Yes		
Hydrocodone	CYP2D6	IM	Conditional		
		NM	No		
		PM	Conditional		
Ibuprofen	CYP2C9	IM	Yes		
		NM	No		
		PM	Yes		
Imipramine	CYP2C19	IM	Conditional	Conditional	
		NM	No	No	
		PM	Yes	Yes	
		RM	Yes	Conditional	
	CYP2D6	UM	Yes	Conditional	
		IM	Yes	Yes	
		NM	No	No	
Irinotecan	UGT1A1	PM	Yes	Yes	
		IM		No	
		NM		No	
		PM		Yes	

**Table 1 (cont.).** Clinical actionability of the recommendations of pharmacogenetic clinical guidelines grouped by drug, gene, and phenotype (or genotype, if appropriate)

Drug	Gene	Phenotype / genotype	CPIC	DPWG	CPNDS
Isoflurane	CACNA1S	MH negative	No		
		MH positive	Yes		
	RYR1	MH negative	No		
		MH positive	Yes		
Lansoprazole	CYP2C19	IM	Yes	Conditional	
		NM	Yes	No	
		PM	Yes	Conditional	
		RM	Yes	Yes	
		UM	Yes	Yes	
Lornoxicam	CYP2C9	IM	Yes		
		NM	No		
		PM	Yes		
Meloxicam	CYP2C9	IM	Yes		
		NM	No		
		PM	Yes		
Mercaptopurine	NUDT15	IM	Yes	Yes	
		NM	No	No	
		PM	Yes	Yes	
	TPMT	IM	Yes	Yes	
		NM	No	No	
		PM	Yes	Yes	
Methoxyflurane	CACNA1S	MH negative	No		
		MH positive	Yes		
	RYR1	MH negative	No		
		MH positive	Yes		
Metoprolol	CYP2D6	IM		Yes	
		NM		No	
		PM		Yes	
		UM		Yes	
Nortriptyline	CYP2D6	IM	Yes	Yes	
		NM	No	No	
		PM	Yes	Yes	
		UM	Yes	Yes	
Omeprazole	CYP2C19	IM	Yes	Conditional	
		NM	Yes	No	
		PM	Yes	Conditional	
		RM	Yes	Yes	
		UM	Yes	Yes	
Ondansetron	CYP2D6	IM	Conditional		
		NM	No		
		PM	Conditional		
		UM	Yes		
Oxcarbazepine	HLA-B	*15:02 negative	No		
		*15:02 positive	Yes		
Pantoprazole	CYP2C19	IM	Yes	Conditional	
		NM	Yes	No	
		PM	Yes	Conditional	
		RM	Yes	Yes	
		UM	Yes	Yes	

**Table 1 (cont.).** Clinical actionability of the recommendations of pharmacogenetic clinical guidelines grouped by drug, gene, and phenotype (or genotype, if appropriate)

Drug	Gene	Phenotype / genotype	CPIC	DPWG	CPNDS
Paroxetine	CYP2D6	IM	Conditional	Conditional	
		NM	No	No	
		PM	Yes	Conditional	
		UM	Yes	Yes	
Phenprocoumon	VKORC1	het. c.-1639G>A		No	
		hom. c.-1639G>A		Yes	
		NC c.-1639G>A		Yes	
Phenytoin	CYP2C9	IM	Yes	Yes	
		NM	No	No	
		PM	Yes	Yes	
	HLA-B	*15:02 negative	No		
		*15:02 positive	Yes		
Pimozide	CYP2D6	IM		Yes	
		NM		No	
		PM		Yes	
		UM		Conditional	
Piroxicam	CYP2C9	IM	Yes		
		NM	No		
		PM	Yes		
Propafenone	CYP2D6	IM		Conditional	
		NM		No	
		PM		Yes	
		UM		Conditional	
Rasburicase	G6PD	DA	Yes		
		NA	No		
		VA	Conditional		
Risperidone	CYP2D6	IM		Conditional	
		NM		No	
		PM		Yes	
		UM		Yes	
Sertraline	CYP2C19	IM	Conditional	Conditional	
		NM	No	No	
		PM	Yes	Yes	
		RM	Conditional	Conditional	
		UM	Conditional	Conditional	
Sevoflurane	CACNA1S	MH negative	No		
		MH positive	Yes		
	RYR1	MH negative	No		
		MH positive	Yes		
Simvastatin	SLCO1B1	DF	Yes	Yes	
		NF	No	No	
		PF	Yes	Yes	
Siponimod	CYP2C9	IM		Yes	
		NM		No	
		PM		Yes	

**Table 1 (cont.).** Clinical actionability of the recommendations of pharmacogenetic clinical guidelines grouped by drug, gene, and phenotype (or genotype, if appropriate)

Drug	Gene	Phenotype / genotype	CPIC	DPWG	CPNDS
Succinylcholine	CACNA1S	MH negative	No		
		MH positive	Yes		
	RYR1	MH negative	No		
		MH positive	Yes		
Systemic estrogenic contraceptives	F5	FVL negative		No	
		FVL positive		Yes	
Tacrolimus	CYP3A5	IM	Yes	Yes	
		NM	Yes	Yes	
		PM	No	No	
Tamoxifen	CYP2D6	IM	Yes	Yes	Yes
		NM	No	No	No
		PM	Yes	Yes	Yes
		UM	Conditional	Conditional	Conditional
Tenoxicam	CYP2C9	IM	Yes		
		NM	No		
		PM	Yes		
Thioguanine	NUDT15	IM	Yes	Yes	
		NM	No	No	
		PM	Yes	Yes	
	TPMT	IM	Yes	Yes	
		NM	No	No	
Tramadol	CYP2D6	PM	Yes	Conditional	
		UM	Yes	Yes	
		IM	Conditional	Conditional	
Trimipramine	CYP2C19	NM	No		
		PM	Yes		
		RM	Yes		
	CYP2D6	UM	Yes		
		IM	Yes		
		NM	No		
Tropisetron	CYP2D6	PM	Yes		
		UM	Yes		
		IM	Conditional		
		NM	No		
Venlafaxine	CYP2D6	PM	Conditional		
		UM	Yes		
		IM		Yes	
		NM		No	
Voriconazole	CYP2C19	PM	Yes	Yes	
		RM	Yes	Yes	
		UM	Yes	Yes	
		IM	Conditional	Conditional	
		NM	No	No	

**Table 1 (cont.).** Clinical actionability of the recommendations of pharmacogenetic clinical guidelines grouped by drug, gene, and phenotype (or genotype, if appropriate)

Drug	Gene	Phenotype / genotype	CPIC	DPWG	CPNDS	
Warfarin	CYP2C9	IM	Yes	Yes	Yes	
		NM	Yes	No	Yes	
		PM	Yes	Yes	Yes	
	CYP4F2	IM	Yes			
		NM	No			
		PM	Yes			
	VKORC1	het. c.-1639G>A	Yes		No	Yes
		hom. c.-1639G>A	Yes		Yes	Yes
NC c.-1639G>A		Yes		Yes	Yes	
Zuclopenthixol	CYP2D6	IM		Yes		
		NM		No		
		PM		Yes		
		UM		Conditional		

CPIC: Clinical Pharmacogenetics Implementation Consortium; CPNDS: Canadian Pharmacogenomics Network for Drug Safety; DA: decreased activity; DF: decreased function; DPWG: Royal Dutch Association for the Advancement of Pharmacy-Pharmacogenetics Working Group; FVL: factor V Leiden; het.: heterozygosis; hom.: homozygosis; IF: increased function; IM: intermediate metabolizer; MH: malignant hyperthermia; NA: normal activity; NC: non-carrier; NF: normal function; NM: normal metabolizer; PF: poor function; PM: poor metabolizer; RM: rapid metabolizer; UM: ultrarapid metabolizer; VA: variable activity.

Clinical actionability classification. Non-actionable: no pharmacogenic alleles are present; conditional: there is a pharmacogenic allele that alters the activity of the coded enzyme or protein, but changes to the prescription are either contingent on the concomitant presence of other risk factors such as disease, use of high doses, chronic use of the treatment, etc. or not recommended due to lack of sufficient information. In the latter case, the guidelines recommend close monitorization. Actionable: the guidelines recommend dose adjustments or selection of an alternative treatment in carriers with no other risk factors.

**Table 2.** Genotypes identified and their frequency in the studied population, grouped by gene and phenotype

Gene	Phenotype	Genotype	Nr (%)
CACNA1S	Negative	No high-risk MH variant present (rs1800559, rs772226819)	41 (100)
			41 (100)
CYP2B6	Intermediate metabolizer	*14/*6 <sup>a</sup>	1 (2.4)
		*1A/*6A; *4A/*9A	7 (17.1)
		*1A/*7A; *5A/*6A	1 (2.4)
		*4A/*9A; *1A/*6A	4 (9.8)
		*5A/*6A; *1A/*7A	1 (2.4)
	Normal metabolizer	*6A/*6 <sup>a</sup>	1 (2.4)
		*1A/*1 <sup>a</sup>	14 (34.1)
		*1A/*2 <sup>a</sup>	3 (7.3)
		*1A/*5 <sup>a</sup>	3 (7.3)
		*5A/*5 <sup>a</sup>	1 (2.4)
Rapid metabolizer	*1A/*4 <sup>a</sup>	2 (4.9)	
	*22A/*5 <sup>a</sup>	1 (2.4)	
	*2A/*4 <sup>a</sup>	1 (2.4)	
	*4A/*5 <sup>a</sup>	1 (2.4)	
CYP2C19	Intermediate metabolizer	*17/*2 <sup>a</sup>	1 (2.4)
		*1A/*2 <sup>a</sup>	9 (22)
	Normal metabolizer	*1A/*2B	4 (9.8)
		*1A/*1 <sup>a</sup>	18 (43.9)
CYP2C9	Rapid metabolizer	*1A/*17	6 (14.6)
	Ultrarapid metabolizer	*17/*17	3 (7.3)
CYP2C9	Intermediate metabolizer	*1/*2	7 (17.1)
		*1/*3	6 (14.6)
	Normal metabolizer	*1/*1	28 (68.3)

**Table 2 (cont.).** Genotypes identified and their frequency in the studied population, grouped by gene and phenotype

Gene	Phenotype	Genotype	Nr (%)
CYP2D6	Intermediate metabolizer	*10A/*5	1 (2.4)
		*1A/*3A	1 (2.4)
		*1A/*4A	6 (14.6)
		*1A/*5	2 (4.9)
		*2A/*4A	7 (17.1)
		*2A/*5	1 (2.4)
		*4A/*41	1 (2.4)
	Normal metabolizer	*1A/*1A	5 (12.2)
		*1A/*2A	9 (22)
		*1A/*41	2 (4.9)
		*2A/*41	1 (2.4)
		*2A/*9	1 (2.4)
		*2Ax2/*4A	2 (4.9)
Poor metabolizer	*6A/*5	1 (2.4)	
Ultrarapid metabolizer	*1Ax2/*1A	1 (2.4)	
CYP3A5	Intermediate metabolizer	*1A/*3C	5 (12.2)
	Poor metabolizer	*3C/*3C	35 (85.4)
		*3C/*6	1 (2.4)
CYP4F2	Intermediate metabolizer	*1/*3	10 (24.4)
		*2/*3	11 (26.8)
		*3/*3	1 (2.4)
	Normal metabolizer	*1/*1	16 (39)
	Poor metabolizer	*2+3/*2+3	2 (4.9)
		*2+3/*3	1 (2.4)
DPYD	Intermediate metabolizer	*1/c.1905+1G>A (*2A)	1 (2.4)
	Normal metabolizer	*1/*1	40 (97.6)
F5	Negative	Non-carrier FVL	41 (100)
G6PD	Normal activity	B (homozygosis)	1 (2.4)
		B (homozygosis)	40 (97.6)
HLA-A	Negative	c.*66A= (rs1061235-A)/c.*66A= (rs1061235-A)	38 (92.7)
	Positive (HLA-A*31:01 het.)	c.*66A= (rs1061235-A)/c.*66A>T (rs1061235-T) (*31:01)	3 (7.3)
HLA-B	Negative	B*07:02:01/B*35:08:01	1 (2.4)
		B*07:02:01/B*37:01:01	1 (2.4)
		B*07:02:01/B*38:01:01	1 (2.4)
		B*08:01:01/B*14:02:01	1 (2.4)
		B*08:01:01/B*15:01:01:01	1 (2.4)
		B*08:01:01/B*18:01:01:01	1 (2.4)
		B*08:01:01/B*35:08:01	1 (2.4)
		B*08:01:01/B*44:02:01:01	1 (2.4)
		B*13:02:01/B*14:02:01	1 (2.4)
		B*15:01:01:01/B*49:01:01	1 (2.4)
		B*15:16:01/B*44:03:01	1 (2.4)
		B*18:01:01:01/B*53:01:01	1 (2.4)
		B*35:01:01:01/B*14:02:01	1 (2.4)
		B*35:01:01:01/B*18:01:01:01	1 (2.4)
		B*40:02:01/B*14:02:01	1 (2.4)
		B*40:02:01/B*55:01:01	2 (4.9)
B*40:04/B*14:02:01	1 (2.4)		

**Table 2 (cont.).** Genotypes identified and their frequency in the studied population, grouped by gene and phenotype

Gene	Phenotype	Genotype	Nr (%)
HLA-B	Negative	B*41:01/B*44:03:01	1 (2.4)
		B*44:02:01:01/B*15:16:01	1 (2.4)
		B*44:02:01:01/B*18:01:01:01	1 (2.4)
		B*44:02:01:01/B*27:02:01	1 (2.4)
		B*44:02:01:01/B*51:01:07	1 (2.4)
		B*44:03:01/B*44:02:01:01	1 (2.4)
		B*44:03:01/B*49:01:01	1 (2.4)
		B*44:03:01/B*51:01:01	1 (2.4)
		B*49:01:01/B*49:01:01	1 (2.4)
		B*49:01:01/B*51:01:01	1 (2.4)
		B*49:01:01/B*55:01:01	2 (4.9)
		B*50:01:01/B*51:01:01	1 (2.4)
		B*51:01:01/B*35:01:01:01	1 (2.4)
		B*51:01:01/B*40:02:01	1 (2.4)
		B*51:01:01/B*44:02:01:01	1 (2.4)
		B*51:01:01/B*50:01:01	1 (2.4)
	B*53:01:01/B*38:01:01	1 (2.4)	
	B*55:01:01/B*15:16:01	1 (2.4)	
	Positive (HLA-B*58:01 het.)	B*13:02:01/B*58:01:01	1 (2.4)
		B*37:01:01/B*58:01:01	1 (2.4)
B*44:02:01:01/B*58:01:01		1 (2.4)	
B*58:01:01/B*27:05:02		1 (2.4)	
NUDT15	Normal metabolizer	*1A/*1A	41 (100)
RYR1	Negative	No high-risk MH variant present	41 (100)
SLCO1B1	Increased function	*14/*1B	1 (2.4)
	Normal function	*1A/*1A	2 (4.9)
		*1A/*1B	11 (26.8)
		*1A/*21	3 (7.3)
		*1B/*21	1 (2.4)
	Normal function; increased function	*1A/*14; *1B/*4	1 (2.4)
		*1B/*4; *1A/*14	8 (19.5)
	Poor function	*15/*5	1 (2.4)
	Decreased function	*14/*15	2 (4.9)
		*14/*17	1 (2.4)
*14/*5; *15/*4		1 (2.4)	
*15/*1B		1 (2.4)	
*15/*4; *14/*5		1 (2.4)	
*1A/*15; *1B/*5		1 (2.4)	
*1A/*17; *21/*5		1 (2.4)	
*1A/*5		3 (7.3)	
*1B/*5; *1A/*15		2 (4.9)	
Intermediate metabolizer		*1/*2	2 (4.9)
TPMT	Intermediate metabolizer; Poor metabolizer	*1/*3A; *3B/*3C	3 (7.3)
		*3B/*3C; *1/*3A	34 (82.9)
	Normal metabolizer	*1/*1	2 (4.9)



**Table 2 (cont.).** Genotypes identified and their frequency in the studied population, grouped by gene and phenotype

Gene	Phenotype	Genotype	Nr (%)		
UGT1A1	Intermediate metabolizer	*1/*28+60; *28/*60	2 (4.9)		
		*1/*28+60+93; *28+60/*93	4 (9.8)		
		*28/*60; *1/*28+60	1 (2.4)		
		*28+60/*93; *1/*28+60+93	5 (12.2)		
		*28+60+93/*60	5 (12.2)		
		*1/*1	13 (31.7)		
UGT1A1	Normal metabolizer	*1/*60	8 (19.5)		
		*28+60+93/*28+60+93	1 (2.4)		
		*1/*36+60; *36/*60	1 (2.4)		
		Normal sensitivity to coumarins	Non-carrier c.-1639G>A (rs9923231)	13 (31.7)	
			Highly increased sensitivity to coumarins	Homozygous carrier c.-1639G>A (rs9923231)	5 (12.2)
				Increased sensitivity to coumarins	Heterozygous carrier c.-1639G>A (rs9923231)

FVL: factor V Leiden; het.: heterozygosis; hom.: homozygosis; MH: malignant hyperthermia.  
The B allele in the *G6PD* gene corresponded to the wild-type reference allele.

**Table 3.** Genetic variants identified, frequency in the study population and other associated data

GENE	PROTEIN_NAME	CDNA_NAME	CHROMOSOMIC_NAME	GENE_ZONE	PROTEIN_TYPE	SPICING_REGION	IN_DATASET	CADD_PHRED	EXAC_FREQ	GNOMAD_FREQ	DBSNP_FREQ	NUMBER_HETEROZYGOSES	HETEROZYGOSES_FREQ	NUMBER_HOMOZYGOSES	HOMOZYGOSES_FREQ	ALLELE_FREQ
CYP2B6	NP_000758.1.p.(Leu238=)	NM_000767.4.c.714G>A	NC_000019.9.g.41515192G>A	Coding exon	Synonymous	NO	NO	0,031	0,0891	0,3094	0,0891	2	4,87804878	0	1,219512195	
CYP2B6	NP_000758.1.p.(Pro72=)	NM_000767.4.c.216G>C	NC_000019.9.g.41509950G>C	Coding exon	Synonymous	NO	NO	3,718	5,043	4,9602	5,0489	4	9,756097561	0	2,43902439	
CYP2B6	NP_000758.1.p.Arg140Gln	NM_000767.4.c.419G>A	NC_000019.9.g.41510286G>A	Coding exon	Nonsynonymous	NO	YES	20,9	0,3455	0,3428	0,3357	2	4,87804878	0	1,219512195	
CYP2B6	NP_000758.1.p.Arg22Cys	NM_000767.4.c.64C>T	NC_000019.9.g.41497274C>T	Coding exon	Nonsynonymous	NO	YES	17,44	4,896	4,8301	4,8903	1	2,43902439	0	0,609756098	
CYP2B6	NP_000758.1.p.Arg487Cys	NM_000767.4.c.1459C>T	NC_000019.9.g.41522715C>T	Coding exon	Nonsynonymous	NO	YES	0,31	9,0906	8,7843	8,9391	1	2,43902439	0	0,609756098	
CYP2B6	NP_000758.1.p.Gln172His	NM_000767.4.c.516G>T	NC_000019.9.g.41512841G>T	Coding exon	Nonsynonymous	NO	YES	0,001	27,319	27,0857	27,4879	14	34,14634146	1	2,43902439	9,756097561
CYP2B6	NP_000758.1.p.Gly611Leu	NM_000767.4.c.62A>T	NC_000019.9.g.41497272A>T	Coding exon	Nonsynonymous	NO	NO	0,117	0,3857	0,4042	0,3846	1	2,43902439	0	0,609756098	
CYP2B6	NP_000758.1.p.Lys262Arg	NM_000767.4.c.785A>G	NC_000019.9.g.41515263A>G	Coding exon	Nonsynonymous	NO	YES	0,001	5,6317	14,7183	5,6317	2	4,87804878	0	1,219512195	
CYP2B6	NP_000758.1.p.Lys611Thr	NM_000767.4.c.182A>C	NC_000019.9.g.41509916A>C	Coding exon	Nonsynonymous	YES	NO	15,67	0,0017	0,0032	0,0017	20	48,7804878	5	12,19512195	18,29268293
CYP2B6		NM_000767.4.c.1153-9C>T	NC_000019.9.g.41518570C>T	Intron		YES	NO	1,345	0,019	0,0163	0,019	20	48,7804878	5	12,19512195	18,29268293
CYP2B6		NM_000767.4.c.1294-53C>T	NC_000019.9.g.41518773C>T	Intron		NO	NO	1,133	26,6997	31,6893	2	4,87804878	0	1,219512195		
CYP2B6		NM_000767.4.c.334-34T>G	NC_000019.9.g.41510102T>G	Intron		NO	NO	11,39	0,0009	0,3152	21	51,2195122	16	39,02439024	32,31707317	
CYP2B6		NM_000767.4.c.335-14C>G	NC_000019.9.g.41510188C>G	Intron		NO	NO	6,01	0,2709	0,2791	0,2641	1	2,43902439	0	0,609756098	
CYP2B6		NM_000767.4.c.485-1007C>G	NC_000019.9.g.41511803C>G	Intron		NO	NO	9,023	28,318	29,1334	1	2,43902439	0	0,609756098		
CYP2B6		NM_000767.4.c.485-18C>T	NC_000019.9.g.41512792C>T	Intron		NO	NO	4,528	33,5284	33,1657	33,3375	21	51,2195122	16	39,02439024	32,31707317
CYP2B6		NM_000767.4.c.646-17C>T	NC_000019.9.g.41515107C>T	Intron		NO	NO	4,245	1,8462	1,7689	2,0419	6	14,63414634	0	3,658536585	
CYP2B6		NM_000767.4.c.822+183G>A	NC_000019.9.g.41515483G>A	Intron		NO	NO	2,561	68,8008	76,1581	14	34,14634146	0	8,536585366		
CYP2B6		NM_000767.4.c.822+40A>T	NC_000019.9.g.41515340A>T	Intron		NO	NO	2,446			1	2,43902439	0	0,609756098		
CYP2B6		NM_000767.4.c.822+50G>A	NC_000019.9.g.41515350G>A	Intron		NO	NO	5,156	1,3805	0,2056	1,3805	1	2,43902439	0	0,609756098	
CYP2B6		NM_000767.4.c.823-197T>C	NC_000019.9.g.41515702T>C	Intron		NO	NO	1,759	66,5122	73,4824	6	14,63414634	0	3,658536585		
CYP2B6		NM_000767.4.c.82T>C	NC_000019.9.g.41497129T>C	Intron		NO	YES		1,6546	1,6374	14	34,14634146	0	8,536585366		
CYP2C19	NP_000760.1.p.(Pro227=)	NM_000769.2.c.681G>A	NC_000010.10.g.96541616G>A	Coding exon	Synonymous	NO	YES	5,686	18,5627	17,4893	18,7069	14	34,14634146	0	8,536585366	
CYP2C19	NP_000760.1.p.(Pro33=)	NM_000769.2.c.99T>C	NC_000010.10.g.96522561T>C	Coding exon	Synonymous	NO	NO	0,096	7,8891	7,6424	7,9405	6	14,63414634	0	3,658536585	
CYP2C19	NP_000760.1.p.(Val330=)	NM_000769.2.c.990C>T	NC_000010.10.g.96602622C>T	Coding exon	Synonymous	NO	NO	7,62	18,3515	17,7101	18,501	1	2,43902439	0	0,609756098	
CYP2C19	NP_000760.1.p.Arg125His	NM_000769.2.c.374G>A	NC_000010.10.g.96535189G>A	Coding exon	Nonsynonymous	NO	NO	23	0,0297	0,0343	0,0297	1	2,43902439	0	0,609756098	
CYP2C19	NP_000760.1.p.Gln92Asp	NM_000769.2.c.276G>C	NC_000010.10.g.96534922G>C	Coding exon	Nonsynonymous	NO	YES	0,026	2,3597	2,2587	2,3019	1	2,43902439	0	0,609756098	
CYP2C19	NP_000760.1.p.Ile222Val	NM_000769.2.c.664A>G	NC_000010.10.g.96541599A>G	Coding exon	Nonsynonymous	NO	NO	0,02			1	2,43902439	0	0,609756098		
CYP2C19	NP_000760.1.p.Val331Ile	NM_000769.2.c.991G>A	NC_000010.10.g.96602623G>A	Coding exon	Nonsynonymous	NO	NO	0,001	6,2417	5,9734	6,1866	7	17,07317073	0	4,268292683	
CYP2C19		NM_000769.2.c.332-23A>G	NC_000010.10.g.96535124A>G	Intron		NO	NO	5,31	18,6267	17,9538	18,7942	7	17,07317073	3	7,317073171	7,926829268
CYP2C19		NM_000769.2.c.-806C>T	NC_000010.10.g.96521657C>T	Intron		NO	YES		20,5184	15,3155	13	31,70731707	0	7,926829268		
CYP2C19		NM_000769.2.c.820-51C>G	NC_000010.10.g.96580202C>G	Intron		NO	NO	1,805	18,6111	17,9388	18,7809	3	7,317073171	1	2,43902439	3,048780488
CYP2C9	NP_000762.2.p.(Gly475=)	NM_000771.3.c.1425A>T	NC_000010.10.g.96748737A>T	Coding exon	Synonymous	NO	NO	0,01	6,3769	6,1589	6,3181	29	70,73170732	0	17,68292683	
CYP2C9	NP_000762.2.p.(Phe267=)	NM_000771.3.c.801C>T	NC_000010.10.g.96709023C>T	Coding exon	Synonymous	NO	NO	15,43	0,0812	0,0831	0,0811	2	4,87804878	0	1,219512195	
CYP2C9	NP_000762.2.p.Arg144Cys	NM_000771.3.c.430C>T	NC_000010.10.g.96702047C>T	Coding exon	Nonsynonymous	NO	YES	29,1	9,1435	9,0956	8,971	13	31,70731707	0	7,926829268	











**Table 3 (cont.).** Genetic variants identified, frequency in the study population and other associated data

GENE	PROTEIN NAME	CDNA NAME	CHROMOSOMIC NAME	GENE ZONE	PROTEIN TYPE	SPICING REGION	IN DATASET	CADD PHRED	EXAC FREQ	GNOMAD FREQ	DBSNP FREQ	NUMBER HETEROZYGOSES	HETEROZYGOSES FREQ	NUMBER HOMOZYGOSES	HOMOZYGOSES FREQ	ALLELE FREQ
HIA-B	NP_005505.2:p.Tyr140Phe	NM_005147:c.419A>T	NC_000006.11:g.31324144T>A	Coding exon	Nonsynonymous	NO	YES	0,001	20,1943	19,0754	20,3351	13	31,70731707	2	4,87804878	10,36585366
HIA-B	NP_005505.2:p.Tyr140Ser	NM_005147:c.419A>C	NC_000006.11:g.31324144T>G	Coding exon	Nonsynonymous	NO	YES	0,001	19,2367	22,2731	19,5806	1	2,43902439	1	2,43902439	1,829268293
HIA-B	NP_005505.2:p.Tyr195His	NM_005147:c.583T>C	NC_000006.11:g.31323980A>G	Coding exon	Nonsynonymous	NO	YES	4,606	7,0066	7,5071		1	2,43902439	1	2,43902439	1,829268293
HIA-B	NP_005505.2:p.Tyr33Asp	NM_005147:c.97T>G	NC_000006.11:g.31324711A>C	Coding exon	Nonsynonymous	NO	YES	0,01	4,63	5,8449		8	19,51219512		0	4,87804878
HIA-B	NP_005505.2:p.Tyr33His	NM_005147:c.97T>C	NC_000006.11:g.31324711A>G	Coding exon	Nonsynonymous	NO	YES	0,027	16,8116	17,1135		20	48,7804878	2	4,87804878	14,63414634
HIA-B	NP_005505.2:p.Tyr91*	NM_005147:c.273C>G	NC_000006.11:g.31324535G>C	Coding exon	Nonsense	NO	YES	35	0,001	0,0004	99,602	3	7,317073171		0	1,829268293
HIA-B	NP_005505.2:p.Tyr91_Lys92insMet	NM_005147:c.274_275insTGA	NC_000006.11:g.31324534_31324535insCAT	Coding exon	Insertion	NO	YES	7,12	3,8577	2,7891		15	36,58536585	3	7,317073171	12,80487805
HIA-B	NP_005505.2:p.Tyr91Asn	NM_005147:c.271T>A	NC_000006.11:g.31324537A>T	Coding exon	Nonsynonymous	NO	YES	2,907	0,0011	0,0038	99,5942	2	4,87804878		0	1,219512195
HIA-B	NP_005505.2:p.Tyr91Cys	NM_005147:c.272A>G	NC_000006.11:g.31324536T>C	Coding exon	Nonsynonymous	NO	YES	6,514	14,551	15,5791	36,6813	13	31,70731707	2	4,87804878	10,36585366
HIA-B	NP_005505.2:p.Tyr91Phe	NM_005147:c.272A>T	NC_000006.11:g.31324536T>A	Coding exon	Nonsynonymous	NO	YES	8,641	29,4641	29,7045	18,8898	1	2,43902439		0	0,609756098
HIA-B	NP_005505.2:p.Tyr91Ser	NM_005147:c.272A>C	NC_000006.11:g.31324536T>G	Coding exon	Nonsynonymous	NO	YES	8,067	31,3427	34,5332	9,8243	13	31,70731707	2	4,87804878	10,36585366
HIA-B	NP_005505.2:p.Val127Leu	NM_005147:c.379G>C	NC_000006.11:g.31324184C>G	Coding exon	Nonsynonymous	NO	YES	0,011	4,683	10,0588	94,1052	9	21,95121951	6	14,63414634	12,80487805
HIA-B	NP_005505.2:p.Val272Met	NM_005147:c.814G>A	NC_000006.11:g.31323175C>T	Coding exon	Nonsynonymous	NO	YES	25,7	0,0058	0,0011		9	21,95121951	6	14,63414634	12,80487805
HIA-B	NP_005505.2:p.Val30Ile	NM_005147:c.916G>A	NC_000006.11:g.31322980C>T	Coding exon	Nonsynonymous	NO	YES	0,039	44,7249	44,0241		6	14,63414634		0	3,658536585
HIA-B	NP_005505.2:p.Val36Met	NM_005147:c.106G>A	NC_000006.11:g.31324702C>T	Coding exon	Nonsynonymous	NO	YES	17,12	49,5751	57,0086		17	41,46341463	5	12,19512195	16,46341463
HIA-B	NP_005505.2:p.Val9Leu	NM_005147:c.25G>C	NC_000006.11:g.31324911C>G	Coding exon	Nonsynonymous	NO	YES	9,781	7,8903	9,3882	91,0713	3	7,317073171	38	92,68292683	48,17073171
HIA-B		NM_005147:c.*4+27_*4+34delTGGGGTGG	NC_000006.11:g.31322224_31322231delACCCACC	Intron		NO	YES	3,004	4,2482	1,3615	4,4417	1	2,43902439		0	0,609756098
HIA-B		NM_005147:c.*4+27delT	NC_000006.11:g.31322229delA	Intron		NO	YES	0,02	0,0011	0,0886	0,0011	5	12,19512195		0	3,048780488
HIA-B		NM_005147:c.*4+27T>C	NC_000006.11:g.31322229A>G	Intron		NO	YES	0,159	19,4564	20,1396		12	29,26829268	1	2,43902439	8,536585366
HIA-B		NM_005147:c.*4+32_*4+35delTTGGC	NC_000006.11:g.31322221_31322224delGCCA	Intron		NO	YES	3,238	14,2031	16,9559	20,8299	6	14,63414634		0	3,658536585
HIA-B		NM_005147:c.*4+32_*4+42delTGGGGTCTG	NC_000006.11:g.31322215_31322225delAGACCCGCCAC	Intron		NO	YES	3,12				17	41,46341463	5	12,19512195	16,46341463
HIA-B		NM_005147:c.*4+32_*4+43delTGGGGTCTG	NC_000006.11:g.31322215_31322226delAGACCCGCCAC	Intron		NO	YES					6	14,63414634	1	2,43902439	4,87804878
HIA-B		NM_005147:c.*4+32delT	NC_000006.11:g.31322224delA	Intron		NO	YES	4,482	0,0945	0,5779	0,0945	7	17,07317073		0	4,268292683
HIA-B		NM_005147:c.*4+32T>G	NC_000006.11:g.31322224A>C	Intron		NO	YES	3,848	8,0337	14,5852	8,3692	14	34,14634146	25	60,97560976	39,02439024
HIA-B		NM_005147:c.*4+35delC	NC_000006.11:g.31322221delG	Intron		NO	YES	3,299	0,1394	2,2648		2	4,87804878		0	1,219512195
HIA-B		NM_005147:c.*4+36G>A	NC_000006.11:g.31322220C>T	Intron		NO	YES	4,246	29,639	17,6763		2	4,87804878		0	1,219512195
HIA-B		NM_005147:c.*4+39_*4+41delTCT	NC_000006.11:g.31322215_31322217delAGA	Intron		NO	YES	4,979	10,378	9,0655		10	24,3902439	2	4,87804878	8,536585366
HIA-B		NM_005147:c.*4+39T>G	NC_000006.11:g.31322217A>C	Intron		NO	YES	0,744	11,7196			11	26,82926829	1	2,43902439	7,926829268
HIA-B		NM_005147:c.*4+40_*4+42delCTG	NC_000006.11:g.31322214_31322216delCAG	Intron		NO	YES	4,552	0,0062	0,2049		2	4,87804878		0	1,219512195
HIA-B		NM_005147:c.*4+41_*4+42delTGG	NC_000006.11:g.31322214_31322215delCA	Intron		NO	YES	4,577	10,0843	3,0674		9	21,95121951		0	5,487804878
HIA-B		NM_005147:c.*4+41T>G	NC_000006.11:g.31322215A>C	Intron		NO	YES	1,314	0,0168	0,2244		1	2,43902439		0	0,609756098
HIA-B		NM_005147:c.*4+45G>A	NC_000006.11:g.31322211C>T	Intron		NO	YES	3,632	0,0081	0,0014		9	21,95121951	32	78,04878049	44,51219512
HIA-B		NM_005147:c.1012+29G>A	NC_000006.11:g.31322855C>T	Intron		NO	YES	0,921	7,5948	7,4886		19	46,34146341	3	7,317073171	15,24390244
HIA-B		NM_005147:c.1013-17A>G	NC_000006.11:g.31322459T>C	Intron		NO	YES	15,15	26,5818	26,5702		10	24,3902439		0	6,097560976
HIA-B		NM_005147:c.1013-28G>C	NC_000006.11:g.31322470C>G	Intron		NO	YES	0,535	84,6565	84,7442	15,2418	4	9,756097561		0	2,43902439
HIA-B		NM_005147:c.1013-32C>T	NC_000006.11:g.31322474G>A	Intron		NO	YES	2,029	0,1195	0,1253	0,1171	1	2,43902439		0	0,609756098
HIA-B		NM_005147:c.1013-45C>T	NC_000006.11:g.31322487G>A	Intron		NO	YES	1,101	10,2244	10,1143		2	4,87804878		0	1,219512195
HIA-B		NM_005147:c.1045+15T>C	NC_000006.11:g.31322395A>G	Intron		NO	YES	7,58	9,9476	9,7782	9,8715	1	2,43902439		0	0,609756098
HIA-B		NM_005147:c.1045+43A>C	NC_000006.11:g.31322367T>G	Intron		NO	YES	4,843	7,526	7,5566		12	29,26829268	1	2,43902439	8,536585366
HIA-B		NM_005147:c.1045+8G>A	NC_000006.11:g.31322402C>T	Intron		YES	YES	10,81	26,6203	26,5963		5	12,19512195		0	3,048780488
HIA-B		NM_005147:c.1046-37C>A	NC_000006.11:g.31322340G>T	Intron		NO	YES	0,447	3,3586	3,3758		3	7,317073171	38	92,68292683	48,17073171
HIA-B		NM_005147:c.1046-37C>T	NC_000006.11:g.31322340G>A	Intron		NO	YES	1,072	7,7087	8,443		2	4,87804878		0	1,219512195
HIA-B		NM_005147:c.-18G>A	NC_000006.11:g.31324953C>T	UTR		NO	YES	2,871	59,8493	60,2889	60,9438	3	7,317073171		0	1,829268293
HIA-B		NM_005147:c.-20G>A	NC_000006.11:g.31324955C>T	UTR		NO	YES	9,762	7,4508	5,791	7,673	7	17,07317073		0	4,268292683
HIA-B		NM_005147:c.343+17C>T	NC_000006.11:g.31324448G>A	Intron		NO	YES	8,14	9,2551	8,4386		3	7,317073171		0	1,829268293
HIA-B		NM_005147:c.343+50T>G	NC_000006.11:g.31324415A>C	Intron		NO	YES	5,211	15,2245	15,1806		2	4,87804878		0	1,219512195
HIA-B		NM_005147:c.344-10C>G	NC_000006.11:g.31324229G>C	Intron		YES	YES	4,958	8,7411	10,4829	91,2589	21	51,2195122	14	34,14634146	29,87804878

Table 3 (cont.). Genetic variants identified, frequency in the study population and other associated data

GENE	PROTEIN NAME	CDNA_NAME	CHROMOSOMIC_NAME	GENE_ZONE	PROTEIN_TYPE	SPICING REGION	IN DATASET	CADD PHRED	EXAC FREQ	GNOMAD FREQ	DBSNP FREQ	NUMBER HETEROZYGOTES	HETEROZYGOTES FREQ	NUMBER HOMOZYGOTES	HOMOZYGOTES FREQ	ALLELE FREQ
HIA-B		NM_005514.7:c.344-16G>A	NC_000006.11:g.31324235C>T	Intron		NO	YES	9,304	1,9563	1,8634	1,9563	20	48,7804878	2	4,87804878	14,63414634
HIA-B		NM_005514.7:c.344-24G>T	NC_000006.11:g.31324243C>A	Intron		NO	YES	9,475	4,0708	6,0333		11	26,82926829	28	68,29268293	40,85365854
HIA-B		NM_005514.7:c.344-26delT	NC_000006.11:g.31324245delA	Intron		NO	YES	7,813	0,0316	0,0059	0,0316	11	26,82926829	28	68,29268293	40,85365854
HIA-B		NM_005514.7:c.344-26T>G	NC_000006.11:g.31324245A>C	Intron		NO	YES	2,187	70,8559	79,3142	72,3828	12	29,26829268	1	2,43902439	8,536585366
HIA-B		NM_005514.7:c.344-29_344-28insG	NC_000006.11:g.31324252_31324253insC	Intron		NO	YES	5,185	29,8479	30,6508	29,8507	4	9,756097561	0		2,43902439
HIA-B		NM_005514.7:c.344-36_344-35insGGGGC	NC_000006.11:g.31324270_31324271insCCCCG	Intron		NO	YES	2,12	0,0453	1,3438	0,0453	8	19,51219512	0		4,87804878
HIA-B		NM_005514.7:c.344-42_344-41insGGGGG	NC_000006.11:g.31324264_31324265insCCCCC	Intron		NO	YES					3	7,317073171	0		1,829268293
HIA-B		NM_005514.7:c.344-46_344-45insTGGGC	NC_000006.11:g.31324268_31324269insAGCCC	Intron		NO	YES					5	12,19512195	0		3,048780488
HIA-B		NM_005514.7:c.344-47_344-46insGGGGG	NC_000006.11:g.31324269_31324270insCCCCC	Intron		NO	YES					5	12,19512195	0		3,048780488
HIA-B		NM_005514.7:c.344-48_344-47insTCGGG	NC_000006.11:g.31324273_31324274insCGACC	Intron		NO	YES					3	7,317073171	0		1,829268293
HIA-B		NM_005514.7:c.344-8G>T	NC_000006.11:g.31324227C>A	Intron		YES	YES	9,536	16,2335	12,8601	16,2029	2	4,87804878	0		1,219512195
HIA-B		NM_005514.7:c.3G>A	NC_000006.11:g.31324938C>T	UTR		NO	YES	3,754	4,574	3,95	4,4083	2	4,87804878	0		1,219512195
HIA-B		NM_005514.7:c.620-40A>G	NC_000006.11:g.31323409T>C	Intron		NO	YES	2,821	84,6702	84,7984		5	12,19512195	0		3,048780488
HIA-B		NM_005514.7:c.620-43T>G	NC_000006.11:g.31323412A>C	Intron		NO	YES	9,442				4	9,756097561	0		2,43902439
HIA-B		NM_005514.7:c.620-45C>T	NC_000006.11:g.31323414G>A	Intron		NO	YES	3,456	2,5757	2,4822		1	2,43902439	0		0,609756098
HIA-B		NM_005514.7:c.620-47C>G	NC_000006.11:g.31323416G>C	Intron		NO	YES	0,817	9,1626	9,3164	90,9516	7	17,07317073	34	82,92682927	45,73170732
HIA-B		NM_005514.7:c.66>A	NC_000006.11:g.31324941C>T	UTR		NO	YES	7,363	1,8921	1,7678	1,9372	2	4,87804878	0		1,219512195
HIA-B		NM_005514.7:c.73+11_73+12insA	NC_000006.11:g.31324851_31324852insT	Intron		NO	YES	8,95	1,4629	1,6387		3	7,317073171	0		1,829268293
HIA-B		NM_005514.7:c.73+11_73+12insG	NC_000006.11:g.31324854_31324855insC	Intron		NO	YES	8,95	37,1184	42,2209		2	4,87804878	0		1,219512195
HIA-B		NM_005514.7:c.73+16G>C	NC_000006.11:g.31324847C>G	Intron		NO	YES	9,718	25,384	27,2645	26,0563	2	4,87804878	0		1,219512195
HIA-B		NM_005514.7:c.73-33C>T	NC_000006.11:g.31324830G>A	Intron		NO	YES	7,984	61,7311	65,8285	63,1271	4	9,756097561	0		2,43902439
HIA-B		NM_005514.7:c.73-34C>G	NC_000006.11:g.31324829G>C	Intron		NO	YES	7,021	61,0417	64,3156	62,1829	2	4,87804878	0		1,219512195
HIA-B		NM_005514.7:c.73-43C>A	NC_000006.11:g.31324820G>T	Intron		NO	YES	3,93	3,9893	4,092	4,3354	21	51,2195122	0		12,80487805
HIA-B		NM_005514.7:c.74-10_74-9insTG	NC_000006.11:g.31324743_31324744insCA	Intron		YES	YES	8,688	3,7915	2,9408	3,8248	40	97,56097561	0		24,3902439
HIA-B		NM_005514.7:c.74-15C>A	NC_000006.11:g.31324749G>T	Intron		NO	YES	8,48	6,4129	1,2942	6,4129	38	92,68292683	0		23,17073171
HIA-B		NM_005514.7:c.74-16C>T	NC_000006.11:g.31324750G>A	Intron		NO	YES	11,98	1,31	2,9103		9	21,95121951	2	4,87804878	7,926829268
HIA-B		NM_005514.7:c.74-22C>T	NC_000006.11:g.31324756G>A	Intron		NO	YES	13,91	4,2382	3,4719		3	7,317073171	0		1,829268293
HIA-B		NM_005514.7:c.74-30G>T	NC_000006.11:g.31324764C>A	Intron		NO	YES	14,05	3,5534	3,3596		1	2,43902439	0		0,609756098
HIA-B		NM_005514.7:c.74-3delC	NC_000006.11:g.31324741delG	Intron		YES	YES	9,822			2,5959	26	63,41463415	0		15,85365854
HIA-B		NM_005514.7:c.74-42G>T	NC_000006.11:g.31324776C>A	Intron		NO	YES	9,736	0,7512	0,1388	0,7512	2	4,87804878	0		1,219512195
HIA-B		NM_005514.7:c.74-7C>G	NC_000006.11:g.31324741G>C	Intron		YES	YES	15,47				1	2,43902439	0		0,609756098
HIA-B		NM_005514.7:c.74-7C>T	NC_000006.11:g.31324741G>A	Intron		YES	YES	8,956	0,9247	0,1403	0,9247	5	12,19512195	0		3,048780488
HIA-B		NM_005514.7:c.74-8_74-6delACC	NC_000006.11:g.31324741_31324743delGTG	Intron		YES	YES	7,955	3,6015	2,8825	3,6015	1	2,43902439	0		0,609756098
HIA-B		NM_005514.7:c.74-8_74-7delAC	NC_000006.11:g.31324742_31324743delTGT	Intron		YES	YES					8	19,51219512	0		4,87804878
HIA-B		NM_005514.7:c.74-8A>G	NC_000006.11:g.31324742T>C	Intron		YES	YES	6,55	81,8712	84,3621	82,3537	1	2,43902439	0		0,609756098
HIA-B		NM_005514.7:c.74-8A>T	NC_000006.11:g.31324742T>A	Intron		YES	YES	11,09	0,0177	0,0092	0,0166	16	39,02439024	2	4,87804878	12,19512195
HIA-B		NM_005514.7:c.74-8delA	NC_000006.11:g.31324742delT	Intron		YES	YES	6,414				20	48,7804878	2	4,87804878	14,63414634
HIA-B		NM_005514.7:c.74-9_74-7delCACinsTG	NC_000006.11:g.31324741_31324743delGTGinsCA	Intron		YES	YES					3	7,317073171	0		1,829268293
HIA-B		NM_005514.7:c.74-9C>G	NC_000006.11:g.31324743G>C	Intron		YES	YES	7,618	0,8695	0,8713	98,789	2	4,87804878	0		1,219512195
HIA-B		NM_005514.7:c.74-9C>T	NC_000006.11:g.31324743G>A	Intron		YES	YES	9,199	0,0014			1	2,43902439	0		0,609756098
HIA-B		NM_005514.7:c.74-9delC	NC_000006.11:g.31324743delG	Intron		YES	YES	8,447				33	80,48780488	0		20,12195122
HIA-B		NM_005514.7:c.895-22C>G	NC_000006.11:g.31323072G>C	Intron		NO	YES	2,2	0,0151	0,093	0,0151	6	14,63414634	0		3,658536585
HIA-B		NM_005514.7:c.895-25A>G	NC_000006.11:g.31323069T>C	Intron		NO	YES	5,464	0,6167	0,4186	0,6167	19	46,34146341	13	31,70731707	27,43902439
HIA-B		NM_005514.7:c.895-27C>G	NC_000006.11:g.31323070G>C	Intron		NO	YES	5,848	0,6385	0,4195	0,6385	2	4,87804878	0		1,219512195



**Table 3 (cont.).** Genetic variants identified, frequency in the study population and other associated data

GENE	PROTEIN NAME	CDNA_NAME	CHROMOSOMIC_NAME	GENE_ZONE	PROTEIN_TYPE	SPICING_REGION	IN_DATASET	CADD_PHRD	EXAC_FREQ	GNOMAD_FREQ	DBSNP_FREQ	NUMBER_HETEROZYGOTES	HETEROZYGOTES_FREQ	NUMBER_HOMOZYGOTES	HOMOZYGOTES_FREQ	ALLELE_FREQ
HIA-B		NM_005514.7:c.895+29C>G	NC_000006.11:g.31323065G>C	Intron		NO	YES	6,588	14,5771	13,9235	85,2636	0		1	2,43902439	1,219512195
HIA-B		NM_005514.7:c.895+44_895+45ins TGAGCCCTCT	NC_000006.11:g.31323049_31323050insAGAAGGGCTCA	Intron		NO	YES					1	2,43902439	0		0,609756098
HIA-B		NM_005514.7:c.895+44_895+45ins TGATCCCTCT	NC_000006.11:g.31323049_31323050insAGAAGGGATCA	Intron		NO	YES					1	2,43902439	0		0,609756098
HIA-B		NM_005514.7:c.895+45_895+46ins nsAAGTCCCTG	NC_000006.11:g.31323049_31323050insAGGACTTC	Intron		NO	YES	14,66	0,0643	0,0911	0,0643	13	31,70731707	1	2,43902439	9,146341463
HIA-B		NM_005514.7:c.895+45_895+46ins CAGCCCTCTG	NC_000006.11:g.31323049_31323050insAGAAGGGCTGC	Intron		NO	YES					6	14,63414634	0		3,658536585
HIA-B		NM_005514.7:c.895+45_895+46ins TAGCCCTGCTG	NC_000006.11:g.31323049_31323050insAGCAGGGCTAC	Intron		NO	YES					1	2,43902439	0		0,609756098
HIA-B		NM_005514.7:c.895+45_895+46ins TAGCCCTCTG	NC_000006.11:g.31323049_31323050insAGAAGGGCTAC	Intron		NO	YES					24	58,53658537	12	29,26829268	29,26829268
HIA-B		NM_005514.7:c.895+46_895+47ins CGCCCTCTGG	NC_000006.11:g.31323049_31323050insAGAAGGGCGCC	Intron		NO	YES					19	46,34146341	9	21,95121951	22,56097561
HIA-B		NM_005514.7:c.895+46G>A	NC_000006.11:g.31323048C>T	Intron		NO	YES	15,28			0,85	16	39,02439024	0		9,756097561
HIA-B		NM_005514.7:c.895+47_896-46ins TCCCTCTGGA	NC_000006.11:g.31323049_31323050insAGAAGGGATCC	Intron		NO	YES			0,0004		3	7,317073171	0		1,829268293
HIA-B		NM_005514.7:c.896-12C>T	NC_000006.11:g.31323012G>A	Intron		NO	YES	7,537	17,7809	17,903		1	2,43902439	0		0,609756098
HIA-B		NM_005514.7:c.896-20A>G	NC_000006.11:g.31323020T>C	Intron		NO	YES	11,09	25,899	26,3527		1	2,43902439	0		0,609756098
HIA-B		NM_005514.7:c.896-26_896-25ins TGAGCTGGAGGTGACGGGC	NC_000006.11:g.31323034_31323035insTCCAGCCTCAGCCCTGACC	Intron		NO	YES					2	4,87804878	0		1,219512195
HIA-B		NM_005514.7:c.896-27G>A	NC_000006.11:g.31323027C>T	Intron		NO	YES	12,6	1,3617	1,2155		1	2,43902439	0		0,609756098
HIA-B		NM_005514.7:c.896-35G>A	NC_000006.11:g.31323035C>T	Intron		NO	YES	15,39				0		2	4,87804878	2,43902439
HIA-B		NM_005514.7:c.896-36A>C	NC_000006.11:g.31323036T>G	Intron		NO	YES	15,31		0,0019		1	2,43902439	1	2,43902439	1,829268293
HIA-B		NM_005514.7:c.896-36A>T	NC_000006.11:g.31323036T>A	Intron		NO	YES	16,39				2	4,87804878	0		1,219512195
HIA-B		NM_005514.7:c.896-40_896-39ins TGGAGCCCTTC	NC_000006.11:g.31323049_31323050insAGAAGGGCTCC	Intron		NO	YES	12,94	48,4352	48,1478	48,9402	1	2,43902439	0		0,609756098
HIA-B		NM_005514.7:c.896-43_896-42ins GTCTGGAGCCC	NC_000006.11:g.31323049_31323050insAGCAGGGCTCC	Intron		NO	YES					1	2,43902439	0		0,609756098
HIA-B		NM_005514.7:c.896-44_896-43ins ATTCTGGAGCC	NC_000006.11:g.31323049_31323050insAGAATGGCTCC	Intron		NO	YES					1	2,43902439	0		0,609756098
HIA-B		NM_005514.7:c.896-45_896-44ins ACTCTGGAGCC	NC_000006.11:g.31323049_31323050insAGAAGTCTCC	Intron		NO	YES					3	7,317073171	0		1,829268293
HIA-B		NM_005514.7:c.896-46_896-45ins ACCTCTGGAGC	NC_000006.11:g.31323049_31323050insAGAAGTCTCC	Intron		NO	YES					16	39,02439024	1	2,43902439	10,97560976
NUDT15		NM_018283.3:c.*7G>A	NC_000013.10:g.48619942G>A	UTR		NO	NO	0,33	6,624	6,7361	6,4937	29	70,73170732	0		17,68292683
NUDT15		NM_018283.3:c.158+52_158+53ins GGGGGTGGCAGAGGG ACGATCTC	NC_000013.10:g.48612092_48612093insGGGGGTGGCAGAGGG GACGATCTC	Intron		NO	NO	1,513	4,101	4,2305	4,1031	12	29,26829268	0		7,317073171
SICO1B1	NP_006437.3:p.[Leu191=]	NM_006446.4:c.57T>C	NC_000012.11:g.21331599T>C	Coding exon	Synonymous	NO	NO	0,006	52,6046	52,195	51,9758	1	2,43902439	0		0,609756098
SICO1B1	NP_006437.3:p.[Phe199=]	NM_006446.4:c.597C>T	NC_000012.11:g.21331625C>T	Coding exon	Synonymous	NO	NO	12,16	38,5138	38,9939	38,6343	20	48,7804878	6	14,63414634	19,51219512
SICO1B1	NP_006437.3:p.[Ser137=]	NM_006446.4:c.411G>A	NC_000012.11:g.21329761G>A	Coding exon	Synonymous	NO	NO	6,028	11,2778	11,0057	11,0351	10	24,3902439	26	63,41463415	37,80487805
SICO1B1	NP_006437.3:p.[Asn130Asp]	NM_006446.4:c.388A>G	NC_000012.11:g.21329738A>G	Coding exon	Nonsynonymous	NO	YES	0,002	47,9486	47,9938		8	19,51219512	0		4,87804878
SICO1B1	NP_006437.3:p.[Leu643Phe]	NM_006446.4:c.1929A>C	NC_000012.11:g.21391976A>C	Coding exon	Nonsynonymous	NO	NO	3,415	4,6322	4,5844	4,6241	20	48,7804878	12	29,26829268	26,82926829
SICO1B1	NP_006437.3:p.[Pro155Thr]	NM_006446.4:c.463C>A	NC_000012.11:g.21329813C>A	Coding exon	Nonsynonymous	NO	YES	2,73	11,6632	11,3856	11,4573	12	29,26829268	21	51,2195122	32,92682927
SICO1B1	NP_006437.3:p.[Val174Ala]	NM_006446.4:c.521T>C	NC_000012.11:g.21331549T>C	Coding exon	Nonsynonymous	NO	YES	22,9	12,9434	13,3191	12,7777	3	7,317073171	0		1,829268293
SICO1B1		NM_006446.4:c.1682+7A>C	NC_000012.11:g.21370244A>C	Intron		YES	NO	13,09				5	12,19512195	0		3,048780488
SICO1B1		NM_006446.4:c.1747+26_1747+38del AAAAAAAAAATAATA	NC_000012.11:g.21375324_21375336delAAAAAAAAAATAATA	Intron		NO	NO					1	2,43902439	0		0,609756098
SICO1B1		NM_006446.4:c.1747+33A>T	NC_000012.11:g.21375331A>T	Intron		NO	NO	3,677				12	29,26829268	21	51,2195122	32,92682927
SICO1B1		NM_006446.4:c.1747+34_1747+42del ATAATAATAATA	NC_000012.11:g.21375332_21375340delATAATAATAATA	Intron		NO	NO					29	70,73170732	6	14,63414634	25
SICO1B1		NM_006446.4:c.1747+35_1747+37del TAT	NC_000012.11:g.21375333_21375335delTAT	Intron		NO	NO	9,537		0,0977		29	70,73170732	0		17,68292683
SICO1B1		NM_006446.4:c.1747+35_1747+39del TAT	NC_000012.11:g.21375333_21375337delTAT	Intron		NO	NO	9,339		0,014		1	2,43902439	0		0,609756098
SICO1B1		NM_006446.4:c.1747+35T>A	NC_000012.11:g.21375333T>A	Intron		NO	NO	8,75	14,5833	12,3148	14,8936	2	4,87804878	0		1,219512195
SICO1B1		NM_006446.4:c.1747+39T>A	NC_000012.11:g.21375337T>A	Intron		NO	NO	7,347	0,2865	2,3016	0,2865	17	41,46341463	21	51,2195122	35,97560976

Table 3 (cont.). Genetic variants identified, frequency in the study population and other associated data

GENE	PROTEIN NAME	CDNA_NAME	CHROMOSOMIC_NAME	GENE_ZONE	PROTEIN_TYPE	SPICING_REGION	IN_DATASET	CADD_FREQ	EXAC_FREQ	GNOMAD_FREQ	DBSNP_FREQ	NUMBER_HETEROZYGOTES	HETEROZYGOTES_FREQ	NUMBER_HOMOZYGOTES	HOMOZYGOTES_FREQ	ALLELE_FREQ
SLCO1B1		NM_006446.4:c.1747+41T>A	NC_000012.11:g.21375339T>A	Intron		NO	NO	3,377		0,5593		17	41,46341463	23	56,09756098	38,41463415
SLCO1B1		NM_006446.4:c.1747+43T>A	NC_000012.11:g.21375341T>A	Intron		NO	NO	4,076		0,2046		16	39,02439024	21	51,2195122	35,36585366
SLCO1B1		NM_006446.4:c.1747+9A>G	NC_000012.11:g.21375307A>G	Intron		YES	NO	11,87	5,2566	10,1819	4,5991	20	48,7804878	7	17,07317073	20,73170732
SLCO1B1		NM_006446.4:c.1865+4846T>C	NC_000012.11:g.21382619T>C	Intron		NO	NO	1,565		21,0258	21,9249	17	41,46341463	2	4,87804878	12,80487805
SLCO1B1		NM_006446.4:c.359+23_359+24insA	NC_000012.11:g.21327666_21327667insA	Intron		NO	NO	9,211	40,0171	42,1978	5,758	17	41,46341463	2	4,87804878	12,80487805
SLCO1B1		NM_006446.4:c.359+23_359+24insAA	NC_000012.11:g.21327666_21327667insAA	Intron		NO	NO	9,108	9,0865	9,2002	44,9076	1	2,43902439	0	0,609756098	
SLCO1B1		NM_006446.4:c.481+1G>T	NC_000012.11:g.21329832G>T	Intron		YES	NO	22,7	0,2889	0,2997	0,314	3	7,317073171	0	1,829268293	
SLCO1B1		NM_006446.4:c.727+33C>T	NC_000012.11:g.21331987C>T	Intron		NO	NO	2,492	40,6972	40,4735	40,2466	2	4,87804878	0	1,219512195	
SLCO1B1		NM_006446.4:c.910G>A	NC_000012.11:g.21283322G>A	Intron		NO	YES		6,3214	5,4713		14	34,14634146	1	2,43902439	9,756097561
TPMT	NP_000358.1:p.(Ile159=)	NM_000367.3:c.474C>T	NC_000006.11:g.18139214G>A	Coding exon	Synonymous	NO	NO	14,07	76,3337	76,3961	76,2927	22	53,65853659	14	34,14634146	30,48780488
TPMT	NP_000358.1:p.(Ala154Thr)	NM_000367.3:c.460G>A	NC_000006.11:g.18139228C>T	Coding exon	Nonsynonymous	NO	YES	28,4	2,7492	2,7671						
TPMT	NP_000358.1:p.(Ala80Pro)	NM_000367.3:c.238G>C	NC_000006.11:g.18143955C>G	Coding exon	Nonsynonymous	YES	YES	29,5	0,1381	0,1685	99,8586					
TPMT	NP_000358.1:p.(Tyr240Cys)	NM_000367.3:c.719A>G	NC_000006.11:g.18130918T>C	Coding exon	Nonsynonymous	NO	YES	28,3	3,6689	3,7185						
TPMT		NM_000367.3:c.141-10delT	NC_000006.11:g.18148166delA	Intron		YES	NO	0,451	40,6003	19,7605	0,138					
TPMT		NM_000367.3:c.233+35C>T	NC_000006.11:g.18148019G>A	Intron		NO	NO	4,774	52,0288	52,5022	52,0839					
TPMT		NM_000367.3:c.367-17delT	NC_000006.11:g.18139973delA	Intron		NO	NO	3,202	65,2649	58,4255	0,0057					
TPMT		NM_000367.3:c.367-25T>A	NC_000006.11:g.18139973A>T	Intron		NO	NO	0,019	1,3037	1,1009						
TPMT		NM_000367.3:c.367-27_367-26delAA	NC_000006.11:g.18139984_18139985delTT	Intron		NO	NO	1,777	5,3655	5,6909	5,4753					
TPMT		NM_000367.3:c.580+14delG	NC_000006.11:g.18134023delC	Intron		NO	NO	0,167	1,266	0,1178	1,266					
TPMT		NM_000367.3:c.580+14G>T	NC_000006.11:g.18134021C>A	Intron		NO	NO	1,345	61,1539	66,4879	61,0312					
TPMT		NM_000367.3:c.580+26_580+27msT	NC_000006.11:g.18134020_18134021insA	Intron		NO	NO	0,788	51,2875	55,8348	41,7252					
TPMT		NM_000367.3:c.580+26_580+27msTT	NC_000006.11:g.18134020_18134021insAA	Intron		NO	NO	0,726	6,3537	6,3233	51,3512					
UGT1A1	NP_000454.1:p.(His203_Lys211delmsGln)	NM_000463.2:c.609_632del	NC_000002.11:g.234669542_234669565del	Coding exon	Insertion/Deletion	NO	NO									
UGT1A1	NP_000454.1:p.(Thr168Ala)	NM_000463.2:c.502A>G	NC_000002.11:g.234669435A>G	Coding exon	Nonsynonymous	NO	NO	12,11	0,0008	0,0014	0,0008					
UGT1A1		NM_000463.2:c.*211T>C	NC_000002.11:g.234681416T>C	UTR		NO	NO	0,737		74,7718	75,2396					
UGT1A1		NM_000463.2:c.*339G>C	NC_000002.11:g.234681544G>C	UTR		NO	NO	0,051		81,2089	82,1086					
UGT1A1		NM_000463.2:c.*440G>C	NC_000002.11:g.234681645G>C	UTR		NO	NO	1,174		73,3231	74,5008					
UGT1A1		NM_000463.2:c.1352A>C	NC_000002.11:g.234667582A>C	Intron		NO	NO	2,587		51,6751						
UGT1A1		NM_000463.2:c.2951A>G	NC_000002.11:g.234665983A>G	Intron		NO	NO	5,241		35,4615						
UGT1A1		NM_000463.2:c.3152G>A	NC_000002.11:g.234665782G>A	Intron		NO	YES			29,971	30,2117					
UGT1A1		NM_000463.2:c.3275T>G	NC_000002.11:g.234665659T>G	Intron		NO	YES			54,8473						
UGT1A1		NM_000463.2:c.364C>T	NC_000002.11:g.234668570C>T	Intron		NO	NO	4,544		36,3619						
UGT1A1		NM_000463.2:c.40_39insTA	NC_000002.11:g.234668894_234668895insTA	Intron		NO	YES	6,723		34,6576	32,528					
UGT1A1		NM_000463.2:c.41_40delTA	NC_000002.11:g.234668893_234668894delTA	Intron		NO	YES	7,661		2,2006						
UGT1A1		NM_000463.2:c.996+18C>T	NC_000002.11:g.234675829C>T	Intron		NO	NO	5,081	1,1561	1,2209	1,2791					
UGT1A1		NM_000463.2:c.997-37T>C	NC_000002.11:g.234676458T>C	Intron		NO	NO	5,189	3,4911	3,7776	3,4873					
VKORC1	NP_076869.1:p.(Arg12=)	NM_024006.5:c.36G>A	NC_000016.9:g.31106015C>T	Coding exon	Synonymous	NO	NO	15,25	1,7664	1,5078	1,7148					
VKORC1	NP_076869.1:p.(Leu120=)	NM_024006.5:c.358C>T	NC_000016.9:g.31102589G>A	Coding exon	Synonymous	NO	YES	11,89	1,9094	1,9988	2,0719					
VKORC1		NM_001311311.1:c.284-6_284-5insT	NC_000016.9:g.31104201_31104202insA	Intron		YES	NO	6,408	14,9733	16,1791	31,3233					
VKORC1		NM_024006.5:c.1639G>A	NC_000016.9:g.31107689C>T	Intron		NO	YES			32,5975	35,5631					
VKORC1		NM_024006.5:c.173+324T>G	NC_000016.9:g.31105554A>C	Intron		NO	YES	0,371	19,1899	18,9878	18,7661					
VKORC1		NM_024006.5:c.173+525C>T	NC_000016.9:g.31105353G>A	Intron		NO	YES	7,872		16,7808	9,365					
VKORC1		NM_024006.5:c.174-136C>T	NC_000016.9:g.31104878G>A	Intron		NO	YES	10,42		32,6143	35,5831					
VKORC1		NM_024006.5:c.1877A>G	NC_000016.9:g.31107927T>C	Intron		NO	YES			10,5002						
VKORC1		NM_024006.5:c.283+124G>C	NC_000016.9:g.31104509C>G	Intron		NO	YES	5,156		37,492	41,6334					
VKORC1		NM_024006.5:c.283+837T>C	NC_000016.9:g.31103796A>G	Intron		NO	YES	8,857		64,309	60,9625					
VKORC1		NM_024006.5:c.4931C>T	NC_000016.9:g.31110981G>A	Intron		NO	NO			57,5756	52,5559					

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