

## UGT1A1\*6 and \*28 in Japanese colorectal cancer patients treated with irinotecan-based chemotherapy

Ichiro Iwanaga<sup>1</sup>, Yoshito Komatsu<sup>1</sup>, Takahide Sasaki<sup>1</sup>, Hiroshi Nakatsumi<sup>1</sup>, Susumu Sogabe<sup>1</sup>, Satoshi Yuki<sup>1</sup>, Takaya Kusumi<sup>2</sup>, Masao Hosokawa<sup>2</sup>, Masahiro Asaka<sup>1</sup>

<sup>1</sup>Department of Gastroenterology, Hokkaido University, Japan, <sup>2</sup>Keiyuhkai Sapporo Hospital

### Purpose

UGT1A1 \*6 and \*28 is considered one of the most important pharmacogenetic predictor of the toxicity outcome of irinotecan-based chemotherapy in Japanese colorectal cancer patients. We evaluated the correlativity of a toxicity and effectiveness and UGT1A1 \*6 and \*28 gene polymorphism.

### Methods

We investigated UGT1A1 polymorphism in 89 colorectal cancer patients who treated with irinotecan-based chemotherapy (fluorouracil, luecovorin, Irinotecan (FOLFIRI) or S-1, Irinotecan (IRIS)) in Hokkaido University hospital and Keiyuhkai Sapporo hospital. We classified them into group A with a hetero type of UGT1A1\*6 or \*28 and group B with a wild type.

### Results

The frequency of haplotype\*6 was 0.315 and the frequency of haplotype \*28 was 0.157. The frequency of \*6 homozygote was 0.034 and the frequency of \*28 homozygote was 0.011. Grade 3 or 4 neutropenia was observed 48% in group A and 23% in group B (P=0.013). 1st line PFS was 12.7 months in group A and was 14.6 months in group B (P=0.5227). Overall response rate was 50% (CI, 19.1 to 80.9) in group A, and was 66.7% (CI, 42.9 to 92.5). 2nd line (after disease progression on 5-FU and oxaliplatin) PFS was 5.9 months in group A and was 6.3 months in group B (P=0.8337).

### Conclusions

The hematological toxicity in colorectal cancer patients increases by a hetero type of UGT1A1\*6 or \*28 as reported. But there was no difference of PFS and overall response rate in group A and B.