



THE PROBLEM

- ▶ 10,1% of hospitalized patients experience adverse drug reactions¹
- ▶ 3,5% of hospital admissions are related to adverse drug reactions¹
- ▶ Adverse drug reactions are the 4th leading cause of death in the USA²



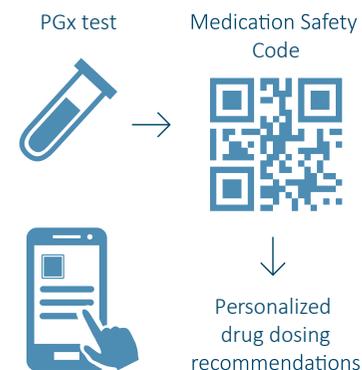
Personalized medicine
in your pocket

A POSSIBLE SOLUTION

- ▶ A small set of so-called **pharmacogenes** has an impact on the **safety** and **efficacy** of many common medications.
- ▶ **Pharmacogenomic (PGx)** tests can detect variations in these pharmacogenes based on a blood or saliva sample.
- ▶ The **Medication Safety Code (MSC)** system captures these PGx test results and provides **personalized drug dosing recommendations** whenever needed during medical care.

THE MEDICATION SAFETY CODE AT A GLANCE

- ▶ The **Medication Safety Code (MSC)** is a QR code that captures PGx test results.
- ▶ After scanning the QR code with your smartphone, you are led to a website that displays **patient-specific drug dosing recommendations**.



- ▶ The Medication Safety Code system can help you **individualize** your patient's drug therapy and thus **reduce the risk for adverse drug reactions and ineffective treatments**.
- ▶ The MSC can be printed on **personalized cards** that patients can carry in their wallets, or they can be incorporated in paper-based lab reports.

HOW MANY PATIENTS CAN BENEFIT?

- ▶ Over half of all Caucasian patients exhibit at least one pharmacogenetic variant in one of the 8 most relevant pharmacogenes with significant therapeutic implications
- ▶ Over 30% of all patients older than 40 receive at least one drug for which pharmacogenetic dosing guidelines are available*

* based on US drug prescription data

PRIVACY AND DATA SECURITY

- ▶ The MSC system does not require central data storage: all pharmacogenetic data are inside the QR code.
- ▶ The MSC contains only PGx data that can be used to optimize a patient's drug therapy. No other sensitive health data (e.g. current medication or diseases) are captured.

TRY IT OUT



safety-code
The Medication Safety Code initiative

What is it?
The Medication Safety Code on the left represents a patient-specific genetic profile regarding important pharmacogenes.

How does it work?
After scanning the QR code (e.g. with a smartphone), you are led to a website that displays patient-specific drug dosing recommendations.

Laboratory contact
+0123456789
Some lab name
Some street name 123/45
1234 Some city name

 www.safety-code.org

safety-code
The Medication Safety Code initiative

Name: Jane Doe
Date of birth: 01.02.1934

Gene, status	Critical drug substances (modification recommended!)
CYP2C19 Poor metabolizer	Clopidogrel, Sertraline
CYP2D6 Ultrarapid metabolizer	Amitriptyline, Aripiprazole, Clomipramine, Codeine, Doxepin, Haloperidol, Imipramine, Metoprolol, Nortriptyline, Paroxetine, Propafenone, Risperidone, Tamoxifen, Tramadol, Venlafaxine
TPMT Poor metabolizer	Azathioprine, Mercaptopurine, Thioguanine
Other genes Not actionable	ABCB1, ADRB1, BRCA1, COMT, CYP1A2, CYP2A6, CYP2B6, CYP2C9, CYP3A4, CYP3A5, DPYD, G6PD, HMGCR, P2RY12, SULT1A1, UGT1A1, VKORC1

Date printed: 15.03.2016 Card number: 0000001

Further information, including

- ▶ examples of adverse drug reactions that can potentially be prevented by using the MSC system
- ▶ a complete list of drug substances for which the MSC system provides recommendations

is available at

<http://www.safety-code.org>

INTERESTED?

Please do not hesitate to contact us

- ▶ if you are a physician or pharmacist and are interested in offering individualized therapies to your patients.
- ▶ if you are a laboratory service provider and are interested in making your pharmacogenetic test results usable via the MSC system.
- ▶ or if you have any other requests or questions regarding the MSC system.

CONTACT

Asst.-Prof. Dr. Matthias Samwald

Medical University of Vienna, BT88.3

Spitalgasse 23

1090 Vienna, Austria

Phone: +43-1-40400-6665

E-Mail: matthias.samwald@meduniwien.ac.at

REFERENCES

[1] Bouvy, J. C., De Bruin, M. L. & Koopmanschap, M. A. Epidemiology of adverse drug reactions in Europe: a review of recent observational studies. *Drug Saf.* 38, 437–453 (2015).

[2] US Food and Drug Administration (FDA); <http://www.fda.gov>