



**RELY<sup>®</sup>**

Study of stroke prevention  
in atrial fibrillation

# Genetic determinants of dabigatran plasma levels and their relation to bleeding

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From the Population Health Research Institute, Uppsala Clinical Research Center, Thomas Jefferson Medical College, McMaster University, Uppsala University and Boehringer Ingelheim Pharma Inc.

With support from Boehringer Ingelheim Pharma Inc.

- Dabigatran etexilate is effective and safe in prevention of stroke in AF patients compared with warfarin
- Dabigatran etexilate is an oral prodrug that is rapidly converted by esterases (CES1) to the active agent dabigatran
- We hypothesized genetic factors are responsible for some of the inter-individual variability in dabigatran exposure

- AF patients with at least one additional RF for stroke
- 18,113 patients with median follow-up of 2.0 years
- Randomized trial of two fixed doses of dabigatran etexilate (110 and 150 mg bid) and open-label warfarin
  - 110 mg as effective as warfarin
  - 150 mg superior to warfarin
  - Both doses had lower minor and major bleeds

# Methods Summary

**Genome-wide analysis (551,203 markers) of dabigatran peak and trough concentration (N=1,490)**



**Identification of genetic determinants of peak and trough concentration**



**Association testing of genetic determinants of dabigatran concentration with safety and efficacy outcomes (N=1,694)**

- Primary efficacy endpoint defined as stroke or systemic embolism
- Primary safety endpoint define as any bleeding, minor and major
- 1,694 dabigatran etexilate-treated RE-LY participants of European ancestry successfully genotyped
  - Illumina Human610-quad beadchip (551,203 SNPs passed QC)
  - 807 warfarin-treated participants also genotyped
- 1,490 participants also had peak (1 to 3H) and trough concentrations measured by HPLC-MS/MS

# Study Population

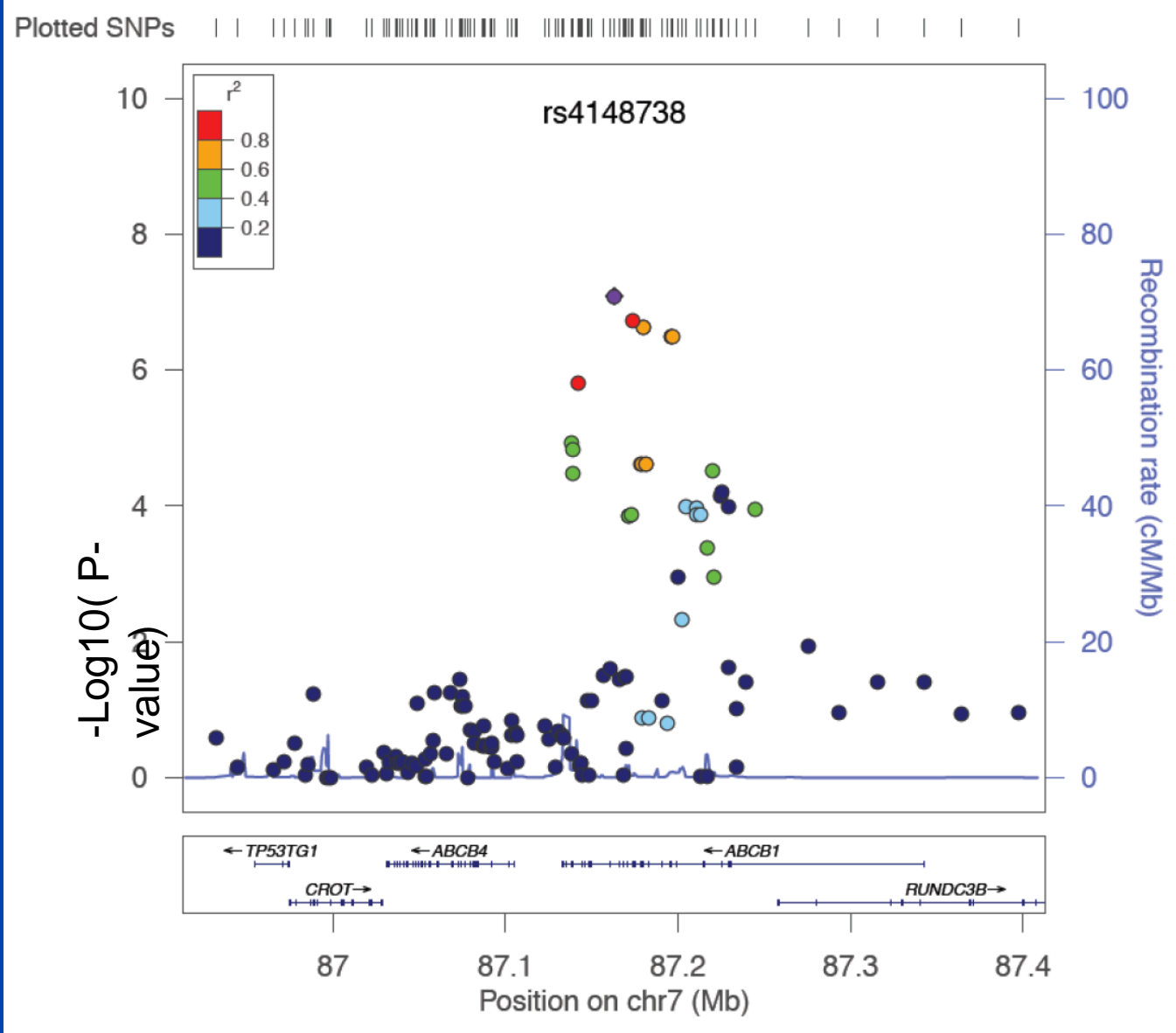
|  | Warfarin    | Dabigatran 110 mg | Dabigatran 150 mg |
|--|-------------|-------------------|-------------------|
| <b>Baseline characteristics</b>        |             |                   |                   |
| N                                      | 807         | 849               | 845               |
| Age                                    | 72.2 (7)    | 71.7 (7.5)        | 71.9 (7.6)        |
| Female (%)                             | 273 (33.8%) | 259 (30.5%)       | 272 (32.2%)       |
| BMI (Kg/m <sup>2</sup> )               | 29.4 (5.6)  | 28.9 (5.7)        | 29.2 (5.3)        |
| CHADS2                                 | 2.0 (1.1)   | 2.0 (1.2)         | 2.0 (1.1)         |
| History of Stroke (%)                  | 83 (10.3%)  | 91 (10.7%)        | 77 (9.1%)         |
| History of Diabetes (%)                | 158 (19.6%) | 178 (21.0%)       | 159 (18.8%)       |
| Aspirin Use (%)                        | 228 (28.3%) | 265 (31.2%)       | 234 (27.7%)       |
| <b>Dabigatran concentration</b>        |             |                   |                   |
| Number with measurements (%)           | -           | 752 (88.6%)       | 738 (87.3%)       |
| Trough Concentration (ng/mL)           | -           | 73 (48)           | 105 (72)*         |
| Peak Concentration (ng/mL)             | -           | 156 (94)          | 220 (133)*        |
| <b>Events</b>                          |             |                   |                   |
| Ischemic Stroke or Systemic Emboli (%) | 12(1.5%)    | 15(1.8%)          | 17(2.0%)          |
| Any Bleed (%)                          | 325(40.3%)* | 289(34.0%)        | 298(35.3%)        |
| Major Bleed (%)                        | 45(5.6%)    | 49(5.8%)          | 52(6.2%)          |
| Minor Bleed (%)                        | 306(37.9%)* | 270(31.8%)        | 275(32.5%)        |

# Peak and Trough Concentration GWAS

| SNP                         | Chromosome | Position (bp) | Locus  | Function | MAF (Allele) | Fold Change per Minor Allele (95%CI) | P-Value                  |
|-----------------------------|------------|---------------|--------|----------|--------------|--------------------------------------|--------------------------|
| <b>Peak Concentration</b>   |            |               |        |          |              |                                      |                          |
| rs4148738                   | 7          | 87000985      | ABCB1  | Intron   | 0.45 (G)     | 1.12 (1.08-1.17)                     | 8.2 x 10 <sup>-8</sup> ← |
| rs8192935                   | 16         | 54419295      | CES1   | Intron   | 0.33 (A)     | 0.88 (0.84-0.92)                     | 3.2 x 10 <sup>-8</sup> ← |
| <b>Trough Concentration</b> |            |               |        |          |              |                                      |                          |
| rs4580160                   | 16         | 54326141      | CES1P2 | Intron   | 0.30 (A)     | 0.88 (0.84-0.92)                     | 1.7 x 10 <sup>-8</sup>   |
| rs2244613                   | 16         | 54402110      | CES1   | Intron   | 0.18 (C)     | 0.85 (0.81-0.90)                     | 1.2 x 10 <sup>-8</sup> ← |

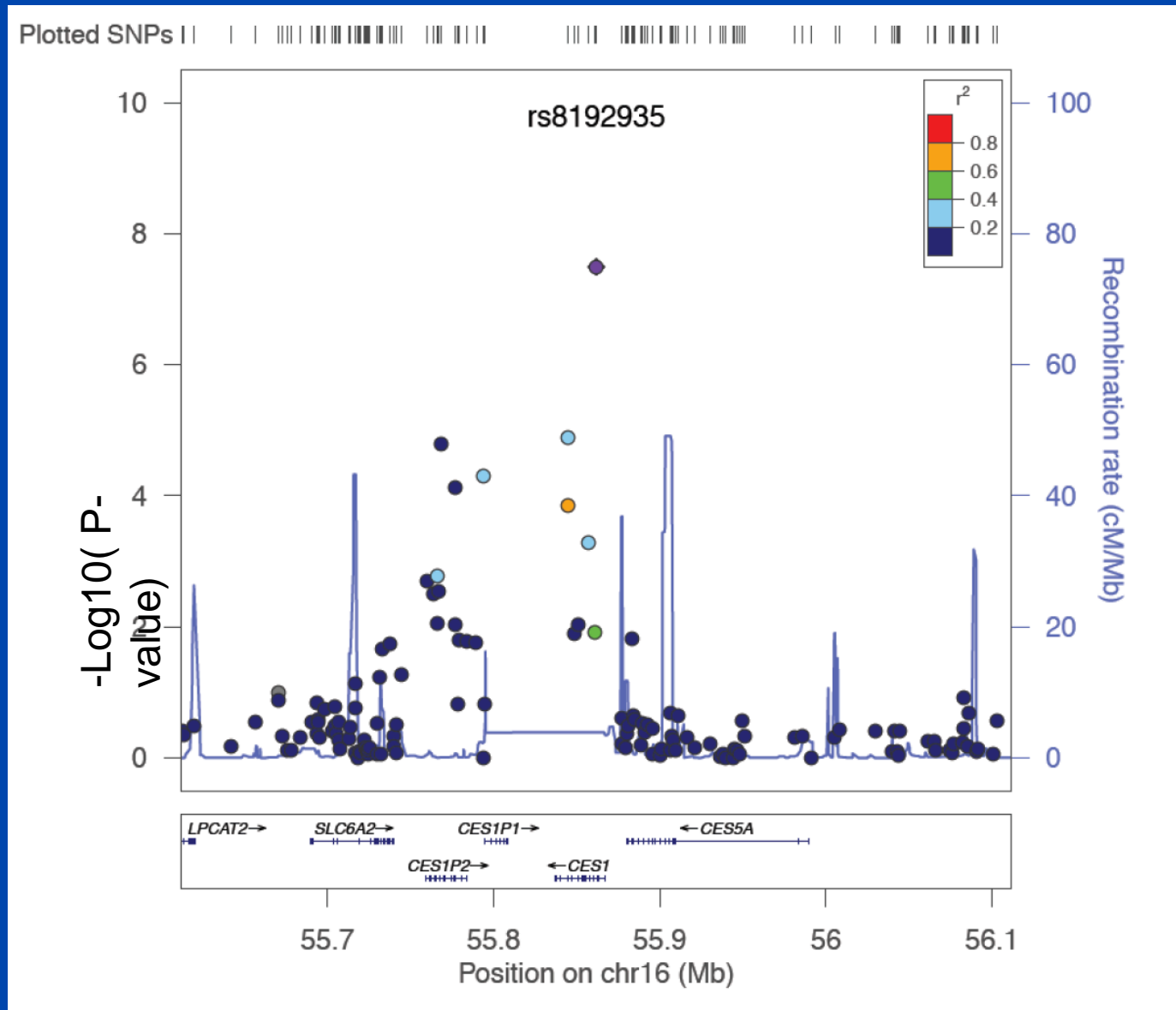
- MAF: Minor allele frequency
- Linear regression with adjustment for dose, age, sex, BMI, CrCl, PPI, P-gp inhibitor use and first 10 principal components
- Additive genetic model (gene-dose effect)
- Significance set at  $P < 9 \times 10^{-8}$

# ABCB1 Locus – Peak Concentration





# CES1 Locus – Peak Concentration

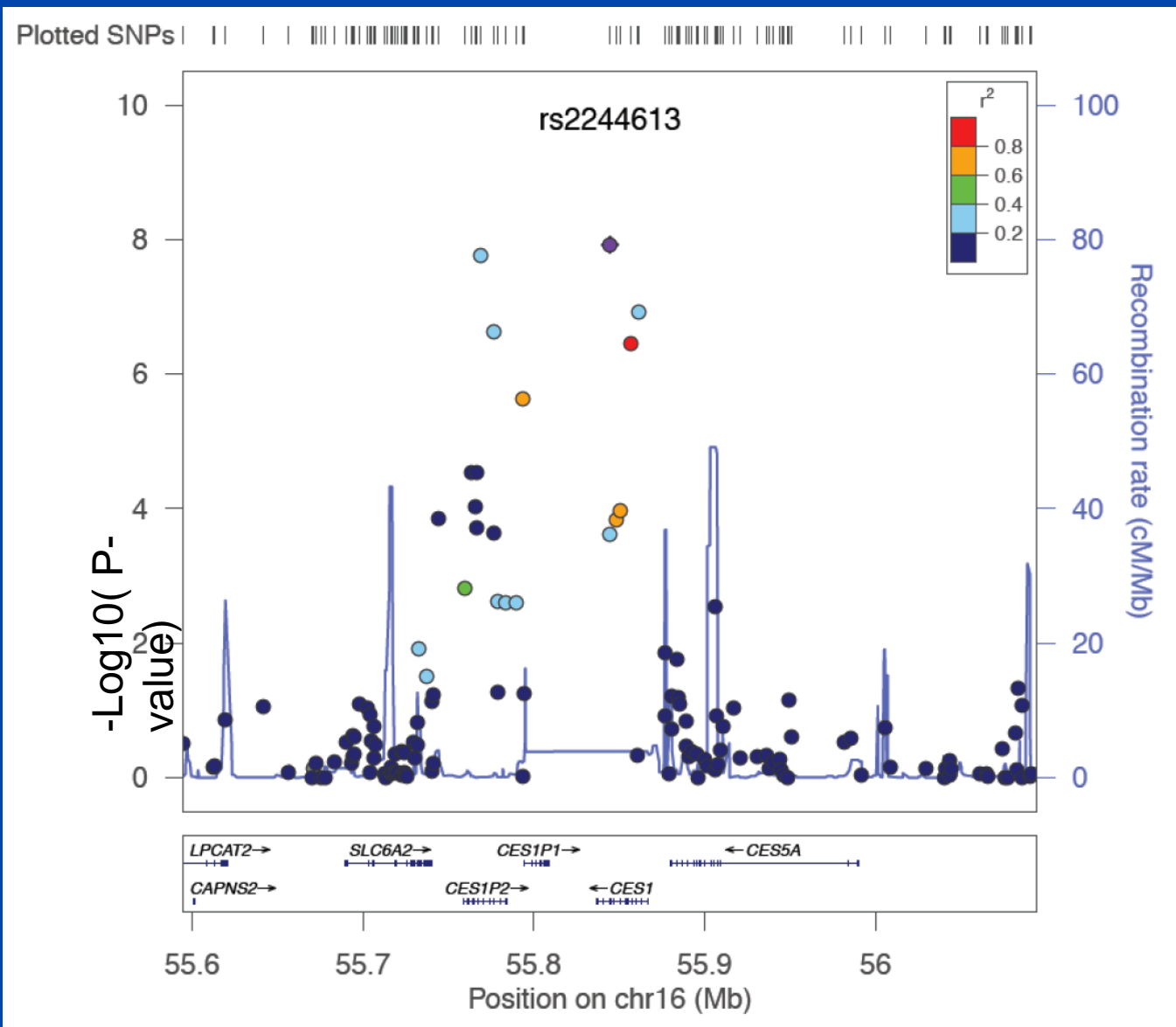


# CES1 Locus – Trough Concentration



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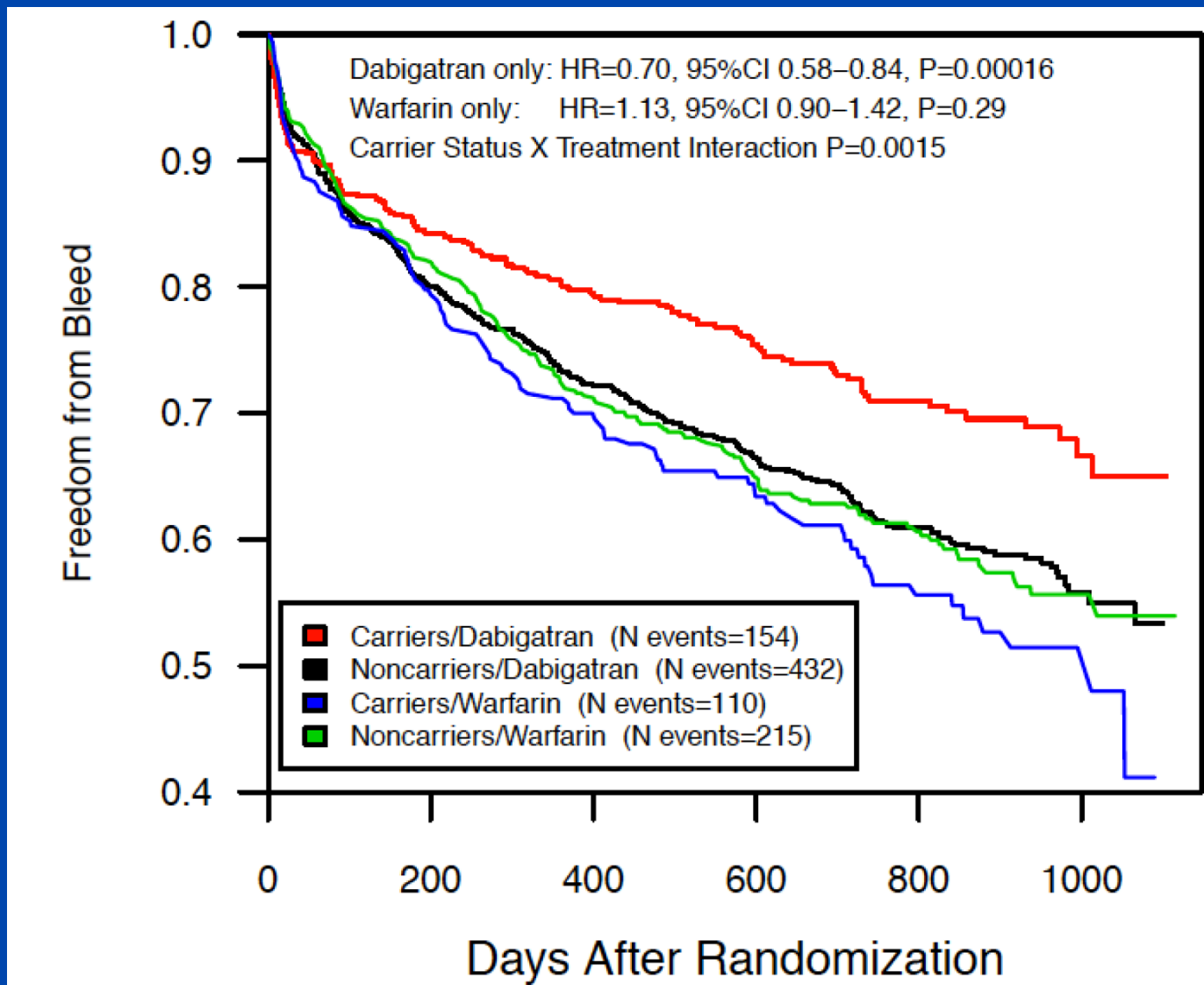
# Association with Events

| Event                                | rs4148738<br>( <i>ABCB1</i> ; Peak concentration) |      | rs8192935<br>( <i>CES1</i> ; Peak concentration) |      | rs2244613<br>( <i>CES1</i> ; Trough concentration) |                                 |
|--------------------------------------|---|------|--|------|--|---------------------------------|
|                                      | OR (95%CI) *                                      | P    | OR (95%CI) *                                     | P    | OR (95%CI) *                                       | P                               |
| Ischemic Stroke or Systemic embolism | 0.88(0.53-1.46)                                   | 0.62 | 0.76(0.43-1.34)                                  | 0.34 | 0.70(0.33-1.47)                                    | 0.34                            |
| Any Bleeding                         | 0.94(0.82-1.09)                                   | 0.44 | 0.89(0.76-1.03)                                  | 0.13 | <b><u>0.67(0.55-0.82)</u></b>                      | <b><u>7x10<sup>-5</sup></u></b> |
| Major Bleeding                       | 1.14(0.85-1.52)                                   | 0.40 | 0.88(0.64-1.21)                                  | 0.44 | 0.66(0.43-1.01)                                    | 0.06                            |
| Minor Bleeding                       | 0.94(0.81-1.09)                                   | 0.38 | 0.89(0.76-1.05)                                  | 0.17 | <b><u>0.70(0.57-0.85)</u></b>                      | <b><u>4x10<sup>-4</sup></u></b> |

- \*: Odds ratio per minor allele (gene-dose effect)
- Logistic regression with adjustment for dose, age, sex, CHADS2, ASA, CrCl and first 10 principal components
- Significance set at P < 0.05

# Survival Analysis

Freedom from bleed according to rs2244613 carrier status



- *ABCB1* and *CES1* loci are associated with dabigatran concentration
  - Dabigatran etexilate is a substrate of ABCB1
  - *CES1* is responsible for the biotransformation of dabigatran etexilate into dabigatran
- 32.8% of Europeans are carriers of the *CES1* SNP rs2244613
  - Each minor allele is associated with 15% decrease in trough concentration
  - Carriers have 27% decrease in relative risk of bleed
  - 14% decrease in relative risk of bleed for low vs high dose of dabigatran etexilate in the parent study
- No association with efficacy – but modest statistical power

# Thanks!

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