Elucigene® DPYD

- 6 Clinically Relevant Mutations
- Rapid Turnaround Time
- Reliable and Accurate Detection



DPYD Genotyping

5-fluorouracil (5-FU) is a chemotherapy agent used to treat a range of cancers including colorectal, head and neck, breast, pancreatic and stomach cancer. 5-FU is metabolized by the dihydropyrimidine dehydrogenase enzyme (DPD) which is encoded by the DPYD gene.

Several variants within DPYD have been described that lead to reduced or abolished DPD activity. Patients with these variants are at an increased risk of severe or fatal 5-FU toxicity. Therefore, implementation of DPD deficiency screening by genotyping will allow a more accurate prediction of toxicity and chemotherapeutic response.

Allelic Variant	rsID	Nucleotide Change	Protein Change	Allele Function
*2A	rs3918290	c.1905+1G>A	N/A	No Function
*13	rs55886062	c.1679T>G	p.l560S	No Function
N/A	rs67376798	c.2846A>T	p.D949V	Decreased
HapB3	rs75017182	c.1129-5923C>G	N/A	Decreased
	rs56038477	c.1236G>A	p.E412E	Decreased
	rs56276561	c.483+18G>A	N/A	Decreased

Key Features

Two tube assay:

Tube 1 detects mutant sequences for the 6 SNPs in addition to the wildtype sequence for the *2A allele to allow determination of zygosity.

Tube 2 detects the wildtype sequences for the 5 remaining wildtype alleles.

STR Markers are included in each tube to aid sample identification.

Ready to use reagents:

Simply add DNA to the PCR reaction mix.

Minimal hands on time – 1 day turnaround:

PCR: ~3 hours.

Capillary Electrophoresis: ~1 hour.

Simple data interpretation:

Software analysis files for GeneMapper and GeneMarker are provided by Elucigene.

The CPIC guideline provides supplementary information to aid the clinical interpretation of DPYD allelic variants, with additional information regarding fluoropyrimidine dose.

Elucigene DPYD Protocol Overview



1. Reaction Mix Prepare and dispense the DPYD reaction mixes into 0.2ml PCR tubes or a 96 well plate.



3. PCR Run thermal cycling program.



5. Analysis Simple analysis and interpretation of results using GeneMapper® or GeneMarker® software.

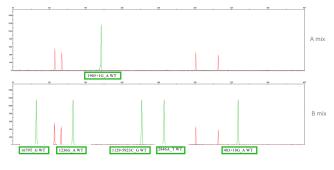


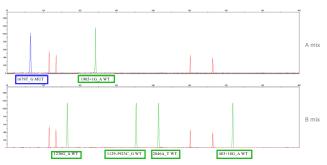
DNAAdd patient DNA to the dispensedDPYD reaction mixes.

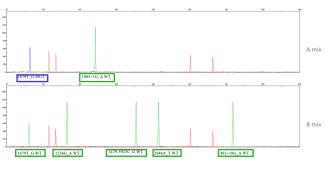


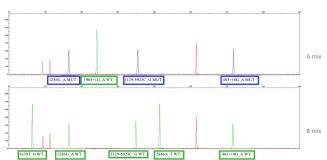
4. Capillary Electrophoresis.
No post-PCR modifications required.
Compatible with ABI 3*** Genetic
Analysers.

Example Results









Normal Result

In a normal result, all alleles detected are homozygous wildtype. In this example, the sample is wildtype for all markers detected:

*2A – green WT peak present in the A mix.

*13, c.2846A>T, HapB3 – Green WT peaks present in the B mix

Homozygous Result

In an individual homozygous for a specific mutation, the marker will only display a single mutant peak and no wildtype. In this example, the sample is homozygous mutant for 1679 T>G (blue peak), with the remaining markers showing a homozygous wildtype genotype

Heterozygous Result

If an individual is heterozygous for a marker, two peaks will be detected. In this example, the sample is heterozygous mutant for c.1679 T>G, with the remaining markers showing a homozygous wildtype genotype

Compound Heterozygous Result

If an individual is heterozygous for a marker, two peaks will be detected. In this example, the sample is heterozygous mutant for all haplotype B3 markers (c.1129-5923 C>G, c.1236 G>A, c.483+18 G>A), with the other remaining markers showing a homozygous wildtype genotype

Ordering Information

Product Number	Kit Name	Kit Size	Description	
ONDYDB1	Elucigene DPYD, CE-IVD	25 Tests	DPYD screen testing for *2A, *13, c.2846A>T, HapB3	

Elucigene kits are developed and manufactured within quality systems accredited to ISO13485:2016 and are validated as in vitro diagnostic devices in compliance with the European Community Directive (98/79/EC).

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References

Life Technologies Corporation.

- DPYD genotype-guided dose individualisation of fluoropyrimidine therapy in patients with cancer: a prospective safety analysis (Henricks et al., 2019)
- A cost analysis of upfront DPYD genotype guided dose individualisation in fluoropyrimidine-based anticancer therapy (Henricks et al., 2019)
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