

한국인 신이식환자에서 CYP3A와 ABCB1 다형성이 용량 보정 타크로리무스 trough level에 미치는 영향

경북대학교 의학전문대학원 내과학교실, 말기신부전 임상연구센터

조장희, 진미경, 권오연, 홍경득, 권소연, 안지선, 오세현, 최지영, 윤세희, 박선희, 김용림, 김찬덕

Impact of CYP3A and ABCB1 Polymorphisms on Tacrolimus Dose-adjusted Trough Levels Among Renal Transplant Recipients in Korea

Jang-Hee Cho, Mi-Kyung Jin, O-wen Kwon, Kyung-Deuk Hong, So-Youn Kwon, Ji-Sun Ahn
Se-Hyun Oh, Ji-Young Choi, Se-Hee Yoon, Sun-Hee Park, Yong-Lim Kim, Chan-Duck Kim

Department of Internal Medicine Kyungpook National University Hospital
Clinical Research Center for End Stage Renal Disease in Korea

Background: Tacrolimus is a substrate of cytochrome P450 3A (CYP3A) and P-glycoprotein (P-gp), encoded by the CYP3A and ATP-binding cassette sub-family B member 1 (ABCB1) genes, respectively. This study was aimed to investigate the impact of CYP3A and ABCB1 polymorphisms on the tacrolimus pharmacokinetics and clinical outcomes in renal transplant recipients in Korea.

Methods: We retrospectively analyzed data from a cohort of 63 renal transplant recipients receiving tacrolimus. CYP3A4*4, CYP3A4*5, CYP3A4*18, CYP3A5*3, ABCB1 C1236>T, ABCB1 G2677>T/A and ABCB1 C3435>T polymorphisms were genotyped and correlated to dose-adjusted tacrolimus trough concentration on month 1, 3, 6 and 12 after transplantation.

Results: Frequencies of variant alleles among the renal transplant recipients were CYP3A4*4 0.0%, CYP3A4*5 0.0%, CYP3A4*18 1.8%, CYP3A5*3 77.0%, ABCB1 C1236>T 60.3%, ABCB1 G2677>T/A 57.1% and ABCB1 C3435>T 34.1%. Patients with the CYP3A5*3 alleles showed higher dose-adjusted tacrolimus concentrations for 12 months and higher trough levels until 6 month after transplantation. ABCB1 polymorphisms were not associated with tacrolimus concentrations. In a multivariate analysis, the presence of at least one CYP3A5*3 allele was significant independent variable affecting dose-adjusted tacrolimus concentrations. Glomerular filtration rate (GFR), acute rejection and opportunistic infection were not affected by CYP3A5 polymorphisms. CNI toxicity which showed higher tendency in patients with CYP3A5 *1 alleles, might be associated with higher tacrolimus dose/kg.

Conclusion: The CYP3A5 genotype is a major factor in determining the dose requirement for tacrolimus, and genotyping may be of value in individualization of immunosuppressive drug therapy for renal transplant patients.

Key Words: 타크로리무스, 약동학, 유전자 다형성

Tacrolimus, Pharmacokinetics, Polymorphisms