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Research Article

**A PROSPECTIVE CLINICAL RESEARCH TO ASSESS THE
CORRELATION BETWEEN ONDANSETRON ANTI-EMETIC
EFFECTIVENESS WITH POLYMORPHISM IN (18792A>G)**¹Dr. Habib Ullah Sajid, ²Dr. Ulfat Hassan, ¹Dr. Asad Masood Khokhar¹Rashid Latif Medical College Lahore²Sargodha Medical College, Sargodha**Abstract:**

Objective: This study was to assess the connection of anti-emetic effectiveness of ondansetron with 18792A>G polymorphism in the target gene of 5-hydroxytryptamine type 3 subtype B.

Method: The genetic analysis was accomplished at Jinnah Hospital, Lahore from August 2016 to October 2017). The subjects enlisted were experiencing elective laparoscopic cholecystectomy under general anaesthesia. Every one of the patients was given the enemy of emetic ondansetron (4mg) intravenously 30 minutes before the finish of medical procedure. Inside the initial two hours after the medical procedure, the reaction to ondansetron was noted down. Patients with the grumblings of heaving and the individuals who had no spewing were broke down for 18792A>G polymorphism utilizing polymerase chain response confinement part length polymorphism strategy.

Results: Of the 350 patients, 183 (52%) had protests of heaving and 167 (48%) had no such grievances. In general, 195 (56%) patients had 18792AA genotype, 130 (37%) had genotype AG, and 25 (7%) had GG genotype. No noteworthy affiliation was found between the frequency of retching and the 18792A>G genotypes at 2 hours after the medical procedure ($p>0.05$).

Conclusion: No relationship of hostile to emetic adequacy of ondansetron with 18792A>G polymorphism in the objective quality of 5-hydroxytryptamine type 3 subtype B was found.

Keywords: 18792A>G, Ondansetron, Polymorphism, Postoperative Nausea Vomiting.

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INTRODUCTION:

Post-agent queasiness and spewing (PONV) is related to general anaesthesia with a high rate of 80% particularly in high-hazard groups [1]. The incitement of the 5-hydroxytryptamine type 3 (5-HT₃) receptors in the gastrointestinal tract and focal sensory system are said to be one driving variable at the beginning of emesis [2]. That is the reason the medications that go about as rivals to these receptors help in treating emesis. The 5-HT₃ receptor enemies (5-HT₃ RAs) have ended up being extremely successful in anticipating and treating PONV [3]. Ondansetron is a broadly utilized medication of this class. Its site of activity is a receptor which is a particle channel with numerous subunits (A, B, C, D and E). It is cation specific and produces excitation of nerves inside the central and peripheral nervous systems [4].

Ondansetron predominantly applies its impacts through its activity on the 5-HT_{3A} and 5-HT_{3B} subunits. Among these two subunits, the real supporter of its capacities is the 5-HT_{3B} subunit. This subunit is encoded by a quality 5-HT_{3B} found near one another on human chromosome 11q23.1.

This quality is, in any case, known to modify the reaction to the medications that follow up on this site. The fundamental reason for this modified reaction has been ascribed to the varieties in the gene [5]. Many hereditary varieties in the 5-HT_{3B} quality have been recognized in various populations [6, 7]. But not every one of the polymorphisms has been examined broadly. One such polymorphism is 18792A>G at the intron position of the 5-HT_{3B} quality, on which considerably fewer examinations have been done in a challenge of watching its impact on regulating the clinical reaction. The outcomes that have been advanced are unconvincing and have not addressed inquiries attractively. In addition, so far no such investigation has ever been directed on post-agent patients. The little measure of work that has been completed over the world is on malignant growth patients. Keeping the inquiries about done in disease patients and different populaces as a base, we estimated a conceivable relationship of the 18792A>G in the intron position of the 5-HT_{3B} quality with the treatment results in post-agent Pakistani patients experiencing laparoscopic cholecystectomy under general anaesthesia being given prophylactic ondansetron.

PATIENTS AND METHODS:

The genetic analysis was accomplished at Jinnah Hospital, Lahore from August 2016 to October 2017). Subsequent to getting an endorsement from the moral panel of the Institute patients giving composed educated assent were enlisted. Patients of

either sex matured 18 – 65 years with an American Society of Anaesthesiologists (ASA) review I or II experiencing elective laparoscopic cholecystectomy were incorporated. The patients were arbitrarily chosen through non-likelihood back to back inspecting having a place with various locales of Pakistan to give portrayal from all areas [8]. The present great clinical practices were followed in genuine spirits. Any patient who had a background marked by gastro-oesophageal reflux illness, any hindrance in the tract or any history of antiemetic ingestion was barred from the investigation.

A preclinical proforma was finished for each subject that incorporated the point by point history and nitty-gritty physical examination. Every one of the patients was given an institutionalized anaesthesia technique. As the intravenous (IV) line was anchored, a 5 ml blood test was drawn from every one of the patients for future hereditary testing. Thiopentone (4 – 5 mg/kg) was utilized for enlistment, rocuronium (0.6 mg/kg) for intubation and sevoflurane (1.5% – 2.0 vol %) for upkeep of anaesthesia. Ondansetron is a portion of 4mg was offered IV to every one of the patients 30 minutes before the finish of medical procedure.

Nausea and vomiting experienced by any subject were noted down in the initial 2 hours after a medical procedure in the recuperation room. Here the subjects were designated to two gatherings; those with protests of queasiness and spewing were set in the non-responders gathering, and those without any objections of sickness and heaving were put in the responders gathering.

The deoxyribonucleic corrosive (DNA) was removed utilizing the standard natural methods [9]. The genomic DNA was intensified utilizing forward: 5'-CCTTATGGTCCATCTGTG-3' and turn around 5'-GAGGCTGAGGCAGGAGAA-3' introductions for the area harbouring the 18792A>G single nucleotide polymorphism (SNP). Polymerase chain response (PCR) was completed in the last volume of 25 µl containing 10X PCR cushion without Mg²⁺, 25 mM MgCl₂, 2 mM dNTPs, 5U Taq polymerase, 10 µM forward and turn around ground works and 40 nanograms (ng) genomic DNA. At that point, the enhanced PCR results of 18792A>G were processed with limitation protein (Ppu10I). The processed DNA items were then dissected by 2% agarose gel electrophoresis and envisioned by bright light [10].

To figure the example estimate, we depended on a before study [11]. SPSS was utilized for breaking down the information. Genotypic frequencies were

surveyed through Fisher's correct test for deviation from Hardy-Weinberg balance. The genotypic frequencies and the rate of PONV were analyzed by chi-square test. $P < 0.05$ was viewed as huge.

RESULTS:

Of the 350 patients, 183 (52%) had objections of heaving and 167 (48%) had no such protestations. In general, 195 (56%) patients had 18792AA genotype, 130 (37%) had genotype AG, and 25 (7%) had GG

genotype. There was no huge distinction in patient qualities and clinical information like age, sex, history of smoking, previous history of PONV, history of movement infection and term of medical procedure, as per the genotypes.

There was no huge distinction in the rate of PONV among genotypes of 18792A>G amid the initial 2 hours after the medical procedure ($p > 0.05$).

Table – I: Group Wise SNP Division

SNP	AA (195)		AG (130)		GG (25)	
	Number	Percentage	Number	Percentage	Number	Percentage
18792 A > G	195	55.7	130	37.1	25	7.1

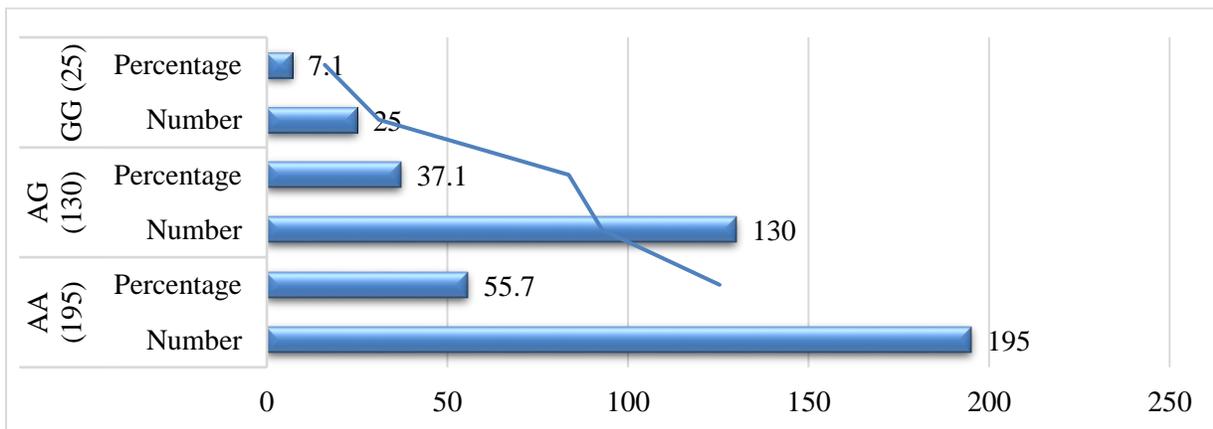


Table – II: Group Wise Gender and History Stratification

Variables		AA (195)	AG (130)	GG (25)	P-Value
Gender	Male	65	43	9	0.95
	Female	130	87	16	
History	Smoking	18	16	3	0.657
	PONV	16	12	5	0.163
	Motion Sickness	17	11	3	0.845

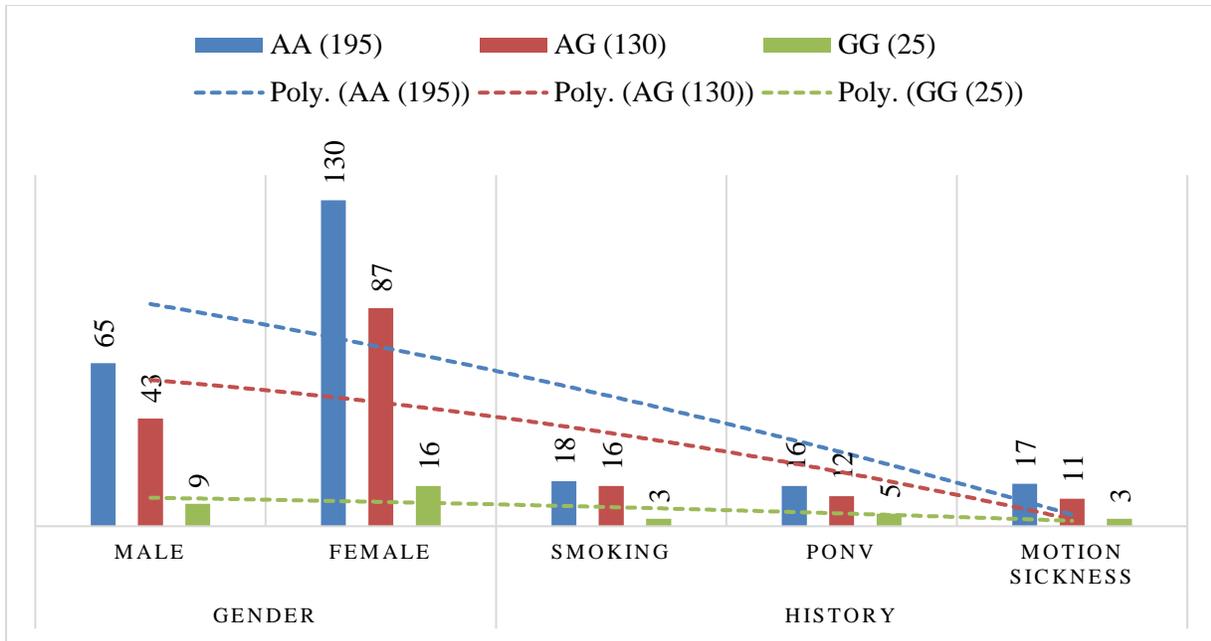


Table – III: Group Wise Age and Surgical Duration

Variables	AA (195)		AG (130)		GG (25)		P-Value
	Mean	±SD	Mean	±SD	Mean	±SD	
Age (Years)	42.74	9.61	42.73	8.1041	92	8.69	0.909
Surgery Duration	78.56	11.49	77.81	12.3	77.84	12	0.843

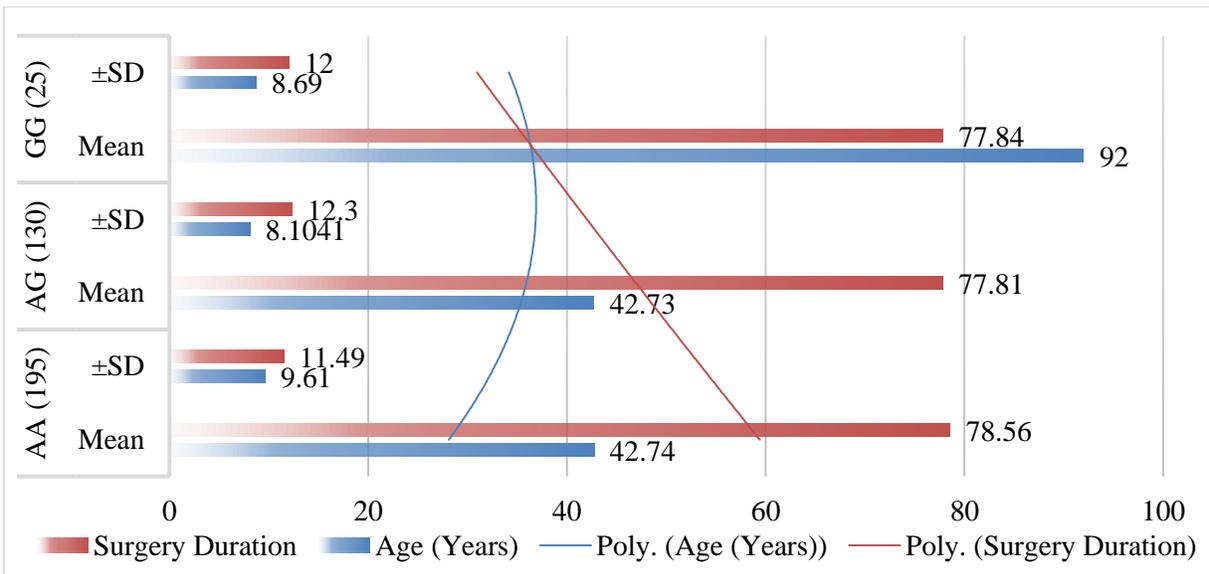


Table – IV: Genotype Distribution in Non-Responders (183) and Responders (167)

Genotypes	AA (195)	AG (130)	GG (25)
Non-Responders (n=183)	97	76	10
Responders (n=167)	98	54	15

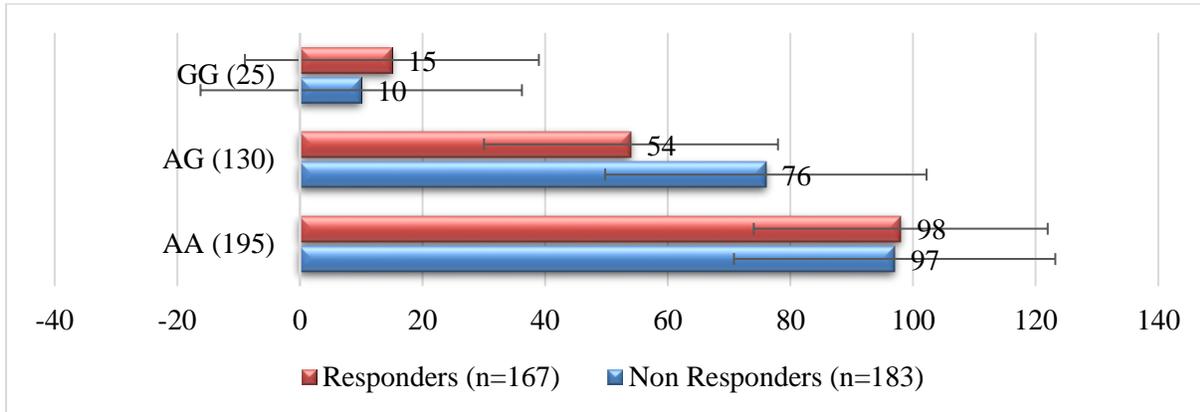


Table – V: AA Versus Non-AA in Non-Responders (183) and Responders (167)

AA Versus Non-AA	AA	Non-AA (AG+ GG)	P-Value
Non-Responders (183)	97	86	0.2855
Responders (167)	98	69	

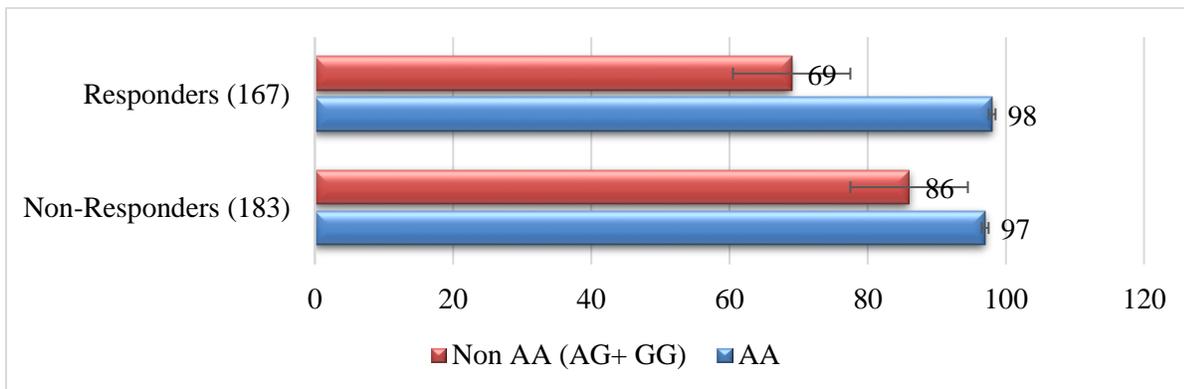
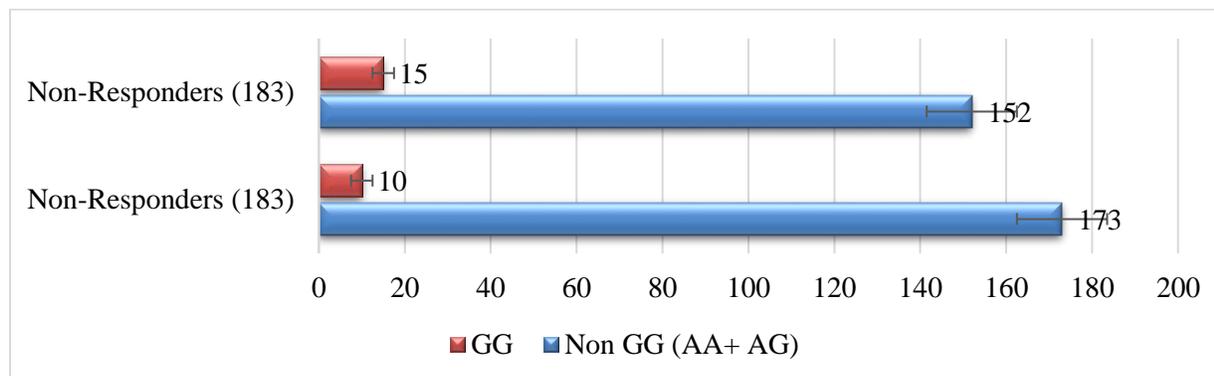


Table – VI: Non-GG Versus GG in Non-Responders (183)

Non-GG Versus GG	Non-GG (AA+ AG)	GG	P-Value
Non-Responders (183)	173	10	0.2018
Non-Responders (183)	152	15	



Expected values: 191.1; 133.7, 23.1, Chi square= 0.270, p=0.6032.

SNP: Single-nucleotide polymorphism.

SD: Standard deviation

PONV: Post-operative nausea and vomiting.

DISCUSSION:

The effectual profile of ondansetron as hostile to emetic has put this medication in the class of a broadly utilized one in our clinical settings. It has been adequately utilized in treating chemotherapy-instigated sickness and heaving (CINV), PONV and assuaging retching amid pregnancy [12]. The reaction to the medication, in any case, varies from individual to individual. What's more, among the numerous components in charge of this disparity, one imperative factor is said to be the quality that encodes the objective site of the medication. The varieties of this quality and a definitive result under their impact have been assessed in fewer investigations that have affirmed the job of polymorphisms in 5-HT3B quality in changed response to the counter emetic treatments [13 – 16].

We chose this polymorphism as there has been no work announced incorporating the recurrence circulation or the impact of 18792A>G changeability on hostile to the emetic reaction from our populace. The relationship of 18792A>G genotypes with the rate of PONV was assessed in this examination. Substantially less work has been done with this variation. One examination completed on Indonesians has demonstrated that this hereditary variation of 5-HT3B quality and the clinical reaction were not related to each other [11]. Recently an investigation directed on Chinese Han populace could likewise not locate any huge relationship between 18792A>G polymorphism and the rate of CINV in patients of intense myeloid leukaemia [10]. We also couldn't watch any noteworthy effect of HTR3B variation on the counter emetic reaction in our post-agent patients. The discoveries of this

examination, be that as it may, should be affirmed with a lot bigger example estimate.

The statement of 5-HT3 An and B complex is influenced by the hereditary varieties of these subunits. This inclines the people to expanded or diminished effects [17]. The hereditary varieties in the administrative locale of the quality adjust the structure and in addition the assigned capacity of the protein [18, 19]. Moreover, the varieties in the coding districts of qualities will affect the interpretation and flagging cascade [20 – 22]. We prescribe further work to be finished considering the practical parts of this polymorphism through an invitro contemplate. This will help in better understanding the inconsistencies between the protein articulation and movement.

We had affirmed that the genotypic circulation of 18792A>G was as per Hardy-Weinberg balance, as they watched and expected qualities were not essentially unique, proposing that our discoveries including this receptor quality were likely robust [23].

In a clinical report like our own, various variables could have influenced the results [24]. The impacts of numerous analgesic and careful elements must be limited by enrolling patients in a way entirely following incorporation and rejection criteria. What's more, that we had guaranteed. Every one of our patients was experiencing comparative system may it be medical procedure or anaesthesia. We found no critical contrasts in the hazard factors as indicated by the genotypes.

CONCLUSION:

The study has given information with respect to genotypic recurrence of 18792A>G of 5-HT3B quality in our populace; however, this variation did not influence PONV and hence may not anticipate the responsiveness to ondansetron. This is the simple first examination to give the genotypic recurrence of 18792A>G of 5-HT3B quality in our populace.

REFERENCES:

1. Meineke C, Tzvetkov MV, Bokelmann K, Oetjen E, Hirsch-Ernst K, Kaiser R, et al. Functional characterization of a -100_-102delAAG deletion-insertion polymorphism in the promoter region of the HTR3B gene. *Pharmacogenet Genomics*. 2008; 18: 219-30.
2. Thompson AJ, Sullivan NL, Lummis SC. Characterization of 5-HT3 receptor mutations identified in schizophrenic patients. *J Mol Neurosci*. 2006; 30: 273-81.
3. Krzywkowski K, Jensen AA, Connolly CN, Brauner-Osborne H. Naturally occurring variations in the human 5-HT3A gene profoundly impact 5-HT3 receptor function and expression. *Pharmacogenet Genomics*. 2007; 17: 255-66.
4. Krzywkowski K, Davies PA, Feinberg-Zadek PL, Brauner-Osborne H, Jensen AA. High-frequency HTR3B variant associated with major depression dramatically augments the signalling of the human 5-HT3AB receptor. *Proc Natl Acad Sci*. 2008; 105: 722-27.
5. Nazir N, Waheed A, Farhat K, Ismail M, Mansoor Q, Qais N. Prevalence of CYP2D6*4 genotype and its association with tamoxifen-induced hot flashes in Pakistani female breast cancer patients. *J Postgrad Med Inst*. 2015; 29: 28-33.
6. Farhat K, Iqbal J, Waheed A, Mansoor Q, Ismail M, Pasha AK, et al. Association of anti-emetic efficacy of Ondansetron with G2677T polymorphism in a drug transporter gene ABCB1 in Pakistani population. *J Coll Phys Surg Pak*. 2015; 25: 486-90.
7. Rueffert H, Thieme V, Wallenborn J, Lemnitz N, Bergmann A, Rudolf K, et al. Do Variations in the 5-HT 3A and 5-HT3B Serotonin
8. Receptor Genes (HTR3A and HTR3B) Influence the Occurrence of Postoperative Vomiting? *Anesth Analg*. 2009; 109: 1442-7.
9. Janicki PK, Sugino S. Genetic factors associated with pharmacotherapy and background sensitivity to postoperative and chemotherapy-induced nausea and vomiting. *Exp Brain Res*. 2014; 232: 2613-25.
10. Farhat K, Waheed A, Hussain A, Ismail M, Mansoor Q, Pasha AK, et al. Influence of genetic variations in ABCB1 on the clinical efficacy of ondansetron-A pharmacogenetic analysis of Pakistani population. *J Pak Med Assoc*. 2015; 65: 963-66.
11. Sambrook J, Rusell DW. In: Sambrook J, Rusell DW eds. *Molecular Cloning: Laboratory Manual*, 3rd ed. New York, USA: Cold Spring Harbour Laboratory Press, 2001; pp 51-54
12. Cao HL, Wu ZY, Deng MH. The relationship between 5- Hydroxytryptamine (serotonin) type 3 receptor and nausea and vomiting. *Int J Clin Exp Pathol*. 2016; 9: 11944-50.
13. Perwitasari DA, van der Straaten RJ, Mustofa M. Differences in 5-hydroxytryptamine-3B haplotype frequencies between Asians and Caucasians. *Int J Biol Markers*. 2012; 27: 34-8.
14. Smith HS, Cox LR, Smith EJ. 5-HT3 receptor antagonists for the treatment of nausea/vomiting. *Ann Palliat Med*. 2012; 1: 115-20.
15. Tremblay PB, Kaiser R, Sezer O, Rosler N, Schelenz C, Possinger K, et al. Variations in the 5-hydroxytryptamine type 3B receptor gene as predictors of the efficacy of antiemetic treatment in cancer patients. *J Clin Oncol*. 2003; 21: 2147-55.
16. Tanaka M, Kobayashi D, Murakami Y, Ozaki N, Suzuki T, Iwata N, et al. Genetic polymorphisms in the 5-hydroxytryptamine type 3B receptor gene and paroxetine-induced nausea. *Int J Neuropsychol Pharmacol*. 2008; 11: 261-7.
17. Ma XX, Chen QX, Wu SJ, Hu Y, Fang XM. Polymorphisms of the HTR3B gene are associated with post-surgery emesis in a Chinese Han population. *J Clin Pharm Ther*. 2013; 38: 150-55.
18. Hammer C, Cichon S, Muhleisen TW, Haenisch B, Degenhardt F, Mattheisen M. Replication of functional serotonin receptor type 3A and B variants in bipolar affective disorder: a European multicenter study. *Trans Psychia*. 2012; 2, e103.
19. Krzywkowski K. Do polymorphisms in the human 5-HT3 genes contribute to pathological phenotypes? *BiochemSoc Trans*. 2006, 34: 872-76.
20. Niesler B, Flohr T, Nothen MM, Fischer C, Rietschel M, Franzek E, et al. Association between the 5' UTR variant C178T of the serotonin receptor gene HTR3A and bipolar affective disorder. *Pharmacogenet*. 2001; 11: 471-75.
21. Gan TJ, Diemunsch P, Habib AS, Kovac A, Kranke P, Meyer TA, et al. Consensus Guidelines for the Management of Postoperative Nausea and Vomiting. *Anesth Analg*. 2014; 118: 85-113.
22. Farhat K, Ismail M, Ali S, Pasha AK. Resistance to Ondansetron: Role of Pharmacogenetics in

- Post-Operative Nausea and Vomiting. Egypt J Hum Med Genet.2013; 14: 331-36.
23. Browning KN, Travagli RA. Central Nervous System Control of Gastrointestinal Motility and Secretion and Modulation of Gastrointestinal Functions. Compr Physiol. 2014; 4: 1339-68.
 24. Barnes NM, Hales TG, Lummis SC, Peters JA. The 5-HT₃ receptor: the relationship between structure and function. Neuro Pharmacol. 2009; 56: 273-84.
 25. Choi EM, Lee MG, Lee SH, Choi KW and Choi SH. Association of ABCB1 polymorphisms with the efficacy of ondansetron for postoperative nausea and vomiting. Anaesth. 2010; 65: 996-1000.