



Cancer Genomics: Chapter 6. Cancer Pharmacogenomics in Children

Shahrad Rod Rassekh, Colin J.D. Ross

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In the last 50 years, the cure rate for children with cancer has increased from 5–10% to over 80% today. However, this dramatic improvement in outcome has come at a significant cost. Approximately 40% of children suffer irreversible, life-threatening, or long-lasting toxicities that are caused by their medications during cancer treatment. Recent technological advances in genomics have opened the door to potentially identifying genetic differences between individual children that may explain their different responses to cancer therapies. The goals of the emerging field of cancer pharmacogenomics are to identify the genomic factors responsible for individual differences in drug response, specifically drug effectiveness and susceptibility to adverse drug reactions. Pharmacogenomics helps to explain why one child treated with the same medication as another child may respond well to therapy, while another patient may not respond, or worse, may develop a life-threatening adverse drug reaction. The focus of this chapter is to explore recent developments in the pharmacogenomics of pediatric cancer with a focus on serious adverse drug reactions. Specific drugs of focus include thiopurines, methotrexate, cisplatin, vincristine and anthracyclines. Several pharmacogenomic tests are currently available to provide dosing recommendations, and the number of these tests is expected to increase significantly in the future. There is a strong immediate need for international collaboration to advance this research to reduce the occurrence of severe adverse drug reactions in pediatric oncology.

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