## Explaining the unexplained leucopenia in azathioprine treatment

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## TO THE EDITOR:

Sir, leucopenia represents a major adverse event during azathioprine (AZA) therapy in inflammatory bowel disease (IBD). The frequency of leucopenia has been reported up to 10% in AZA-treated IBD patients.<sup>1</sup> Leucopenia is usually reversible after AZA dose reduction but in some patients AZA has to be withdrawn.

Leucopenia occurs when 6-TGN, the active product of AZA, is highly accumulated in tissues, including bone marrow tissue.<sup>2</sup> AZA after its ingestion can follow three competitive metabolic routes: the first is the route to 6-TGN catalyzed by TPMT and the other two routes are S-methylation to methylmercaptopurine (6-MMP pathway) catalyzed also by TPMT or oxidation to thiouric acid via the enzyme xanthine oxidase (XO).<sup>3</sup>

Although some leucopenia cases can be explained by using thiopurine-methyltransferase (TPMT) gene genotyping or TPMT activity measurements, in the majority of cases leucopenia cannot be attributed to usual TPMT variants (TPMT\*2, TPMT\*3A and TPMT\*3C) which account for 80-95% of indermediate or low TPMT enzyme activity cases.<sup>4</sup> In addition, TPMT enzyme activity measurement is not always predictive and is influenced by drug interactions and blood transfusion.<sup>5</sup>

**Key words:** Azathioprine, leucopenia, inflammatory bowel disease.

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Finally, it is of interest that other enzymes and their coding genes with their variants which are involved in AZA metabolization steps and alter the 6-TGN flow to target cells have not so far been widely investigated [Table]. These enzymes may prove of importance in explaining many of the unexplained cases of leucopenia in patients with inflammatory bowel disease treated with aza-thioprine.

## **ACKNOWLEDGMENTS:**

-Dr Konstantinos H. Katsanos is an international grant recipient of the Hellenic Society of Gastroenterology.

| ENZYME                                 | NAME   | FUNCTION   | GENE SNPs  | REFERENCES  | COMMENTS   |
|--|--|--|--|---|--|
| XO/XDH                                 | Xanthine<br>oxidase/xanthine<br>dehydrogenase            | -purine metabolism:<br>catalyzes oxidation of<br>hypoxanthine to xanthine<br>and subsequently to uric acid<br>-iron uptake & transport<br>-antimicrobial defense                               | -Not studied<br>-Post-transcriptional<br>studies not available<br>in humans                                    | -Su Y et al. J Chromatogr 1999;732:459-68<br>-Xu P, et al. J Biol Chem 2000;275:5918-26<br>-Graziewicz MA,Mutat Res 1999;434:41-52<br>-Doyle WA,et al. Eur J Biochem<br>1996;239:782-5<br>-Scazzocchio C,et al. Eur J Bioch<br>1973;36:428-45 | -multiple molecular forms of<br>the enzyme<br>-allopurinol resistance<br>-use of allopurinol in<br>azathioprine ineffectiveness  |
| HPRT<br>(HGPRT)                        | Hypoxanthine<br>guanine<br>phosphoribosyl<br>transferase | -6-MP to 6-TIMP<br>-6-TIMP to PPRP (purine<br>synthesis)   | -chemically induced<br>or spontaneous<br>mutants in rats<br>-SNPs in paroxysmal<br>nocturnal<br>hemoglobinuria | -Horikawa K, et al. Blood 2002;99:24-9<br>-Ding GR, et al. Life Sci 2001;68:1041-6<br>-Miyakosi J, et al. Mutat Res 1996;349:109-14<br>-Armel P, et al. Mutat Res 1988;202;147-53   | -T-cell colonies with mutated<br>gene are resistant to 6-TG<br>-Mutations after exposure to<br>electric or magnetic fields   |
| IMPDH<br>(6-MeTIMP)<br>[Type I and II] | 6-methyl<br>thioinosinic<br>monophosphatase              | -Catalyzes the rate-<br>limiting step in de novo<br>GTP synthesis  | -Asp226Asn<br>-Hamster V79 cell<br>line with altered<br>IMPDH activity is<br>resistant to MMF                  | -Bowne SJ, et al. Invest Opthalmol Vis Sci<br>2006; 47:34-42<br>-Hyle J, et al. J Biol Chem 2003;31:<br>28470-28478<br>-Zhou S, et al. Virology 2003;310:333-42<br>-Collart F, Mol Cell Biol 1987:7:3328-3331                                 | -Mutations lead in inherited<br>retinitis pigmentosa<br>-V79 cell line resistant to MMF<br>-Inhibition of IMPDH<br>enzyme by ribavirin or VX-497<br>results in reduction to<br>intracellular GTP                 |
| Rac1                                   | Rac1   | Rac1 is a GTPase<br>regulating cellular<br>functions by cycling<br>through GDP and GTP<br>states -GTP/GDP exchange<br>(inactive GDP/active GTP)<br>-signal transduction<br>pathways with Cdc42 | Activated forms/SNPs<br>-Rac1b<br>-Rac1 L61D38<br>-Inactivated forms/SNPs<br>-Rac1 N17                         | -Schnelzer A, et al. Oncogene<br>2000; 19:3013-20<br>-Matos et al. Exp Cell Res<br>2005;305:292-299   | -The role of Rac1b remains<br>unknown, probably it is<br>related to signal transduction<br>and cytoskeletal reorganization<br>and polarization<br>-Rac1b stimulates G1/S<br>progression and survival<br>via NFkB |

Table. Other than TPMT enzymes and their coding genes involved in azathioprine metabolization

## REFERENCES

- 1. Lennard L. TPMT in the treatment of inflammatory bowel disease with azathioprine. Gut 2003; 52:767-768
- Neurath MF, Kiesslich R, Fischer C, et al. Measurment of 6-thioguanosine mono- di- and triphosphates for monitoring of azathioprine therapy in IBD. Gastroenterology 2003; S1421:A214
- Gearry RB, Barclay ML, Burt MJ, et al. Thiopurine Smethyltransferase (TPMT) genotype does not predict adverse drug reactions to thiopurine drugs in patients with

inflammatory bowel disease. Aliment Pharmacol Ther 2003; 18:395-400

- Black AJ, McLeod HL, Capell HA, et al. Thiopurine methyltransferase genotype predicts therapy-limiting severe toxicity from azathioprine. Ann Intern Med 1998; 129:716-718
- Cheung ST, Allan RN. Mistaken identity: misclassification of TPMT phenotype following blood transfusion. Eur J Gastroenterol Hepatol 2003; 15:1245-1247
- 6. Sandborn WJ. Pharmacogenomics and IBD:TPMT and thiopurines. Inflamm Bowel Dis 2004; 10:148-158