

POCT Pharmacogenomics, the PALOH-UK Study

2025 Weqas Annual POCT Conference

Sian Hilton

PALOH-UK

Pharmacogenetics to Avoid Loss
of Hearing – UK (PALOH-UK)



Background

Aminoglycoside Antibiotics

- Widely used antibiotics worldwide since 1940s, with many drugs in class.
- Effective against gram-negative and some gram-positive bacteria in many clinical settings.
- Gentamicin is the aminoglycoside of choice in the UK and is used widely for the treatment of serious infections.
- Side effects – nephrotoxicity and ototoxicity.

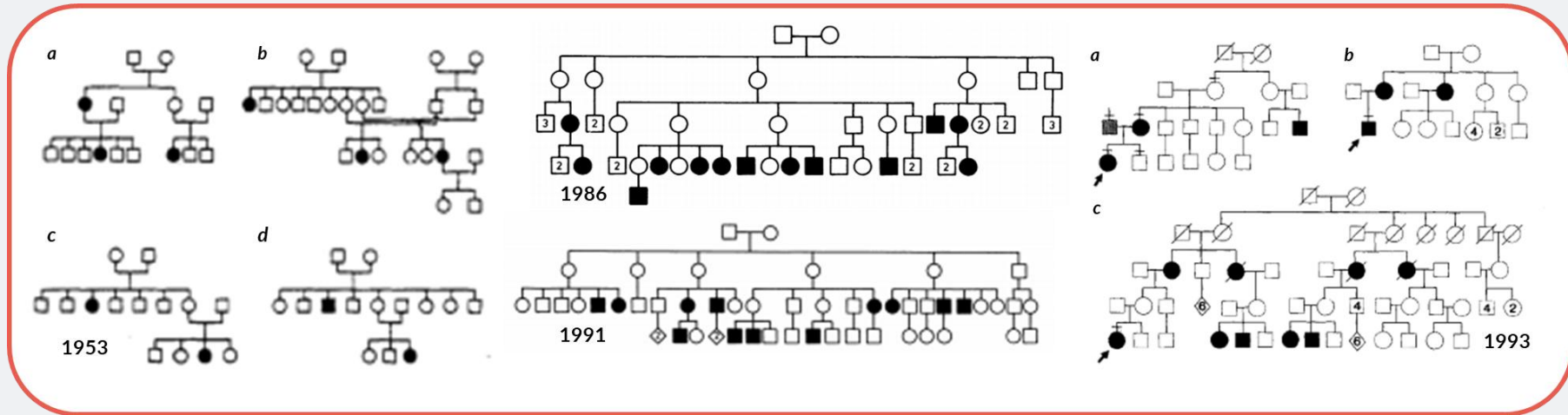


Selman A. Waksman



Background

Aminoglycosides Antibiotics



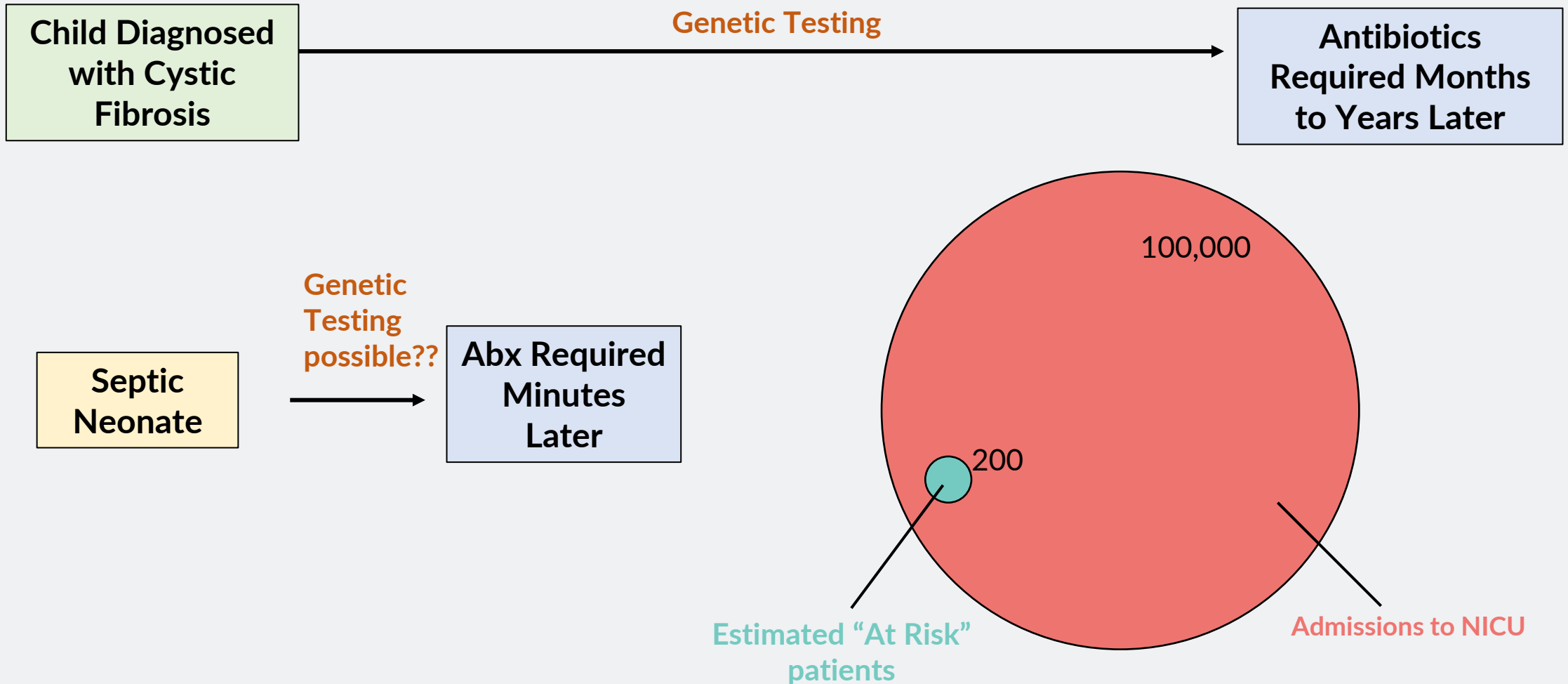
RNR1 m.1555A>G

Frequency ~1 in 500 individuals – worldwide



Background

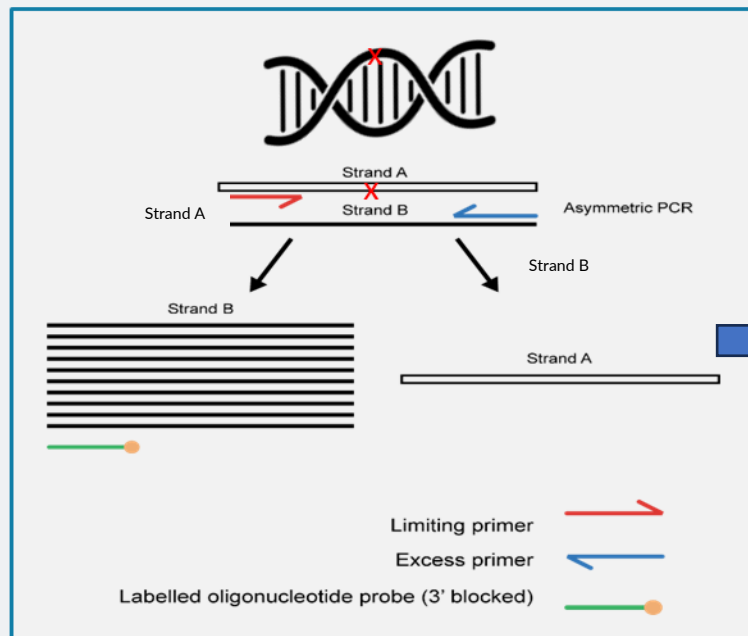
Pharmacogenetic Testing of m.1555 A>G



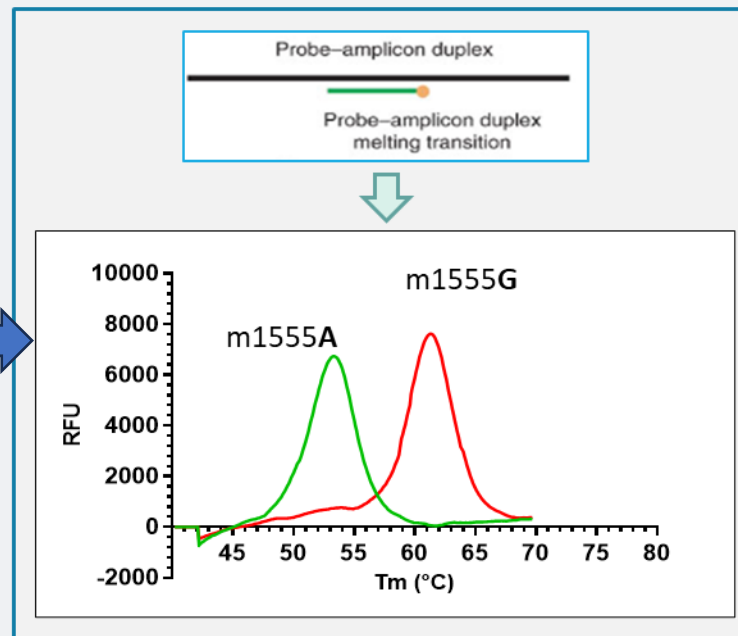
Genetic point-of-care test

Development of the POCT

- ❖ Clinically Relevant Result
 - ❖ Clinically Relevant Timeframe
 - ❖ POCT
 - ❖ Cost Effective
 - ❖ Acceptable to stakeholders
- LAMP PCR**



Melt curve analysis



Result comparable to gold standard in **26 Minutes** from cheek swab



Pharmacogenetics to Avoid Loss of Hearing (PALOH)

A Prospective Observational Trial to Assess the Implementation of Rapid Genotyping to Avoid Aminoglycoside Induced Ototoxicity in Newborns

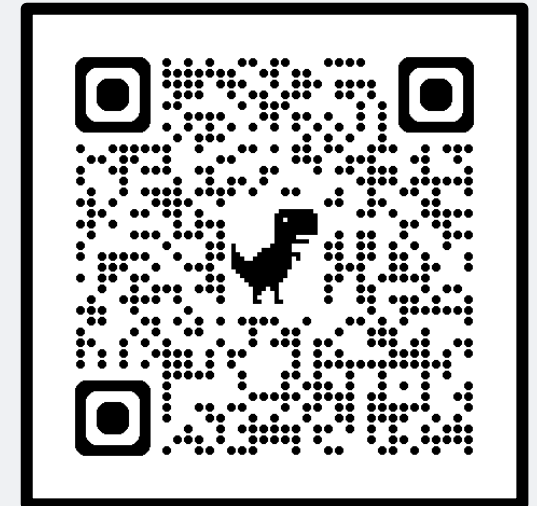


Research

JAMA Pediatrics | [Original Investigation](#)

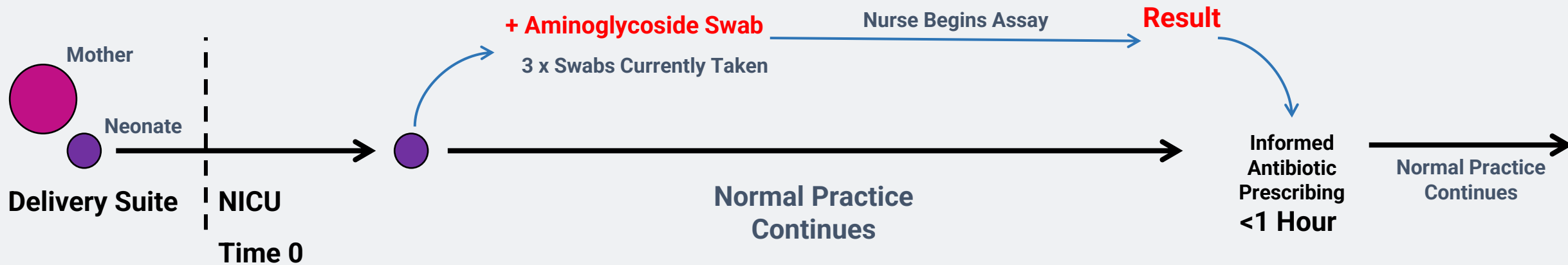
Rapid Point-of-Care Genotyping to Avoid Aminoglycoside-Induced Ototoxicity in Neonatal Intensive Care

John H. McDermott, MD, MRes; Ajit Mahaveer, MD; Rachel A. James, PhD; Nicola Booth, RN, PhD;
Mark Turner, MD, PhD; Karen E. Harvey, RN; Gino Miele, PhD; Glenda M. Beaman, PhD; Duncan C. Stoddard, MSc;
Karen Tricker, PhD; Rachel J. Corry, MSc; Julia Garlick, MSc; Shaun Ainsworth, PhD; Thomas Beevers, BSc;
Iain A. Bruce, MD, PhD; Richard Body, MD, PhD; Fiona Ulph, PhD; Rhona MacLeod, PhD; Peter L. Roberts, BA;
Paul M. Wilson, BA; William G. Newman, MD, PhD; for the PALOH Study Team



Pharmacogenetics to Avoid Loss of Hearing (PALOH)

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Swab



Mix



Transfer



Reconstitute
Reagent

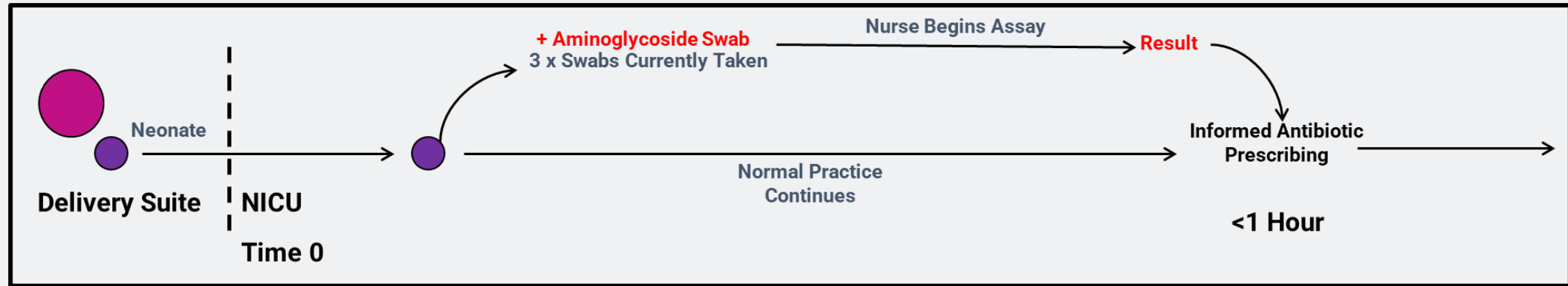


Start Test



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A Prospective Observational Trial to Assess the Implementation of Rapid Genotyping to Avoid Aminoglycoside Induced Ototoxicity in Newborns



Average Time to Swab

6 Minutes



Reference time to antibiotics was **55.87 minutes**

Study time to antibiotics was **56.43 minutes**

3 babies detected with mt-RNR1 variant – given alternative antibiotics

Pharmacogenetics to Avoid Loss of Hearing (PALOH)

A Prospective Observational Trial to Assess the Implementation of Rapid Genotyping to Avoid Aminoglycoside Induced Ototoxicity in Newborns

Genedrive MT-RNR1 ID Kit for detecting a genetic variant to guide antibiotic use and prevent hearing loss in babies: early value assessment

Health technology evaluation | HTE6 | Published: 30 March 2023 | Last updated: 10 August 2023

Essential

- EG1 – How the test impacts time to antibiotic therapy
- EG2 – How the test result affected prescribing practice
- EG3 – Failure Rate
- EG4 – Diagnostic Accuracy
- EG5 – Use in smaller non-specialist centers

Desirable

- EG6 – Use in centers with babies from diverse ethnic background
- EG7 – Use in a wide range of geographical regions



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Aiming to Address Evidence Gaps

Two-year programme – ending October 2026

Fourteen neonatal units across the UK

- Nine Group 1 sites
- Five Group 2 sites
- A range of LNUs, SCBUs, NICUs of varying sizes
- N based on power calculation ($n= 4,887$) and need for geographical spread

Primary Objective: To assess whether the Genedrive MT-RNR1 system can be integrated into routine neonatal care pathways to guide antibiotic therapy without disrupting normal clinical practice



FUNDED BY

NIHR | National Institute for
Health and Care Research

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Aiming to Address Evidence Gaps



- **Inclusion:** All babies admitted will be eligible for recruitment to the study.
- **Exclusion:** Babies requiring antibiotics immediately on admission with already established IV access, where the clinical risk of waiting for the m.1555A>G result is considered, by the attending clinician, to be too great.
- Where there is a “test fail” – a repeat test should be performed (with a new swab/kit) and if antibiotics are required urgently, the local prescribing pathway should be followed.
- The result of the test should be recorded in the patient’s healthcare record (e.g. under the allergy section).



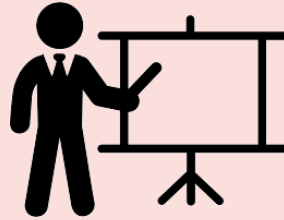
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Implementation challenges

Funding &
Commissioning



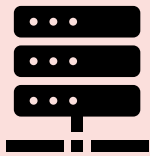
Training &
Education



Verification &
Integration



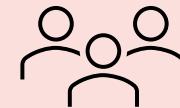
Digital connectivity
– results reporting



Quality Assurance



Public and patient
views



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Best Practice Packages

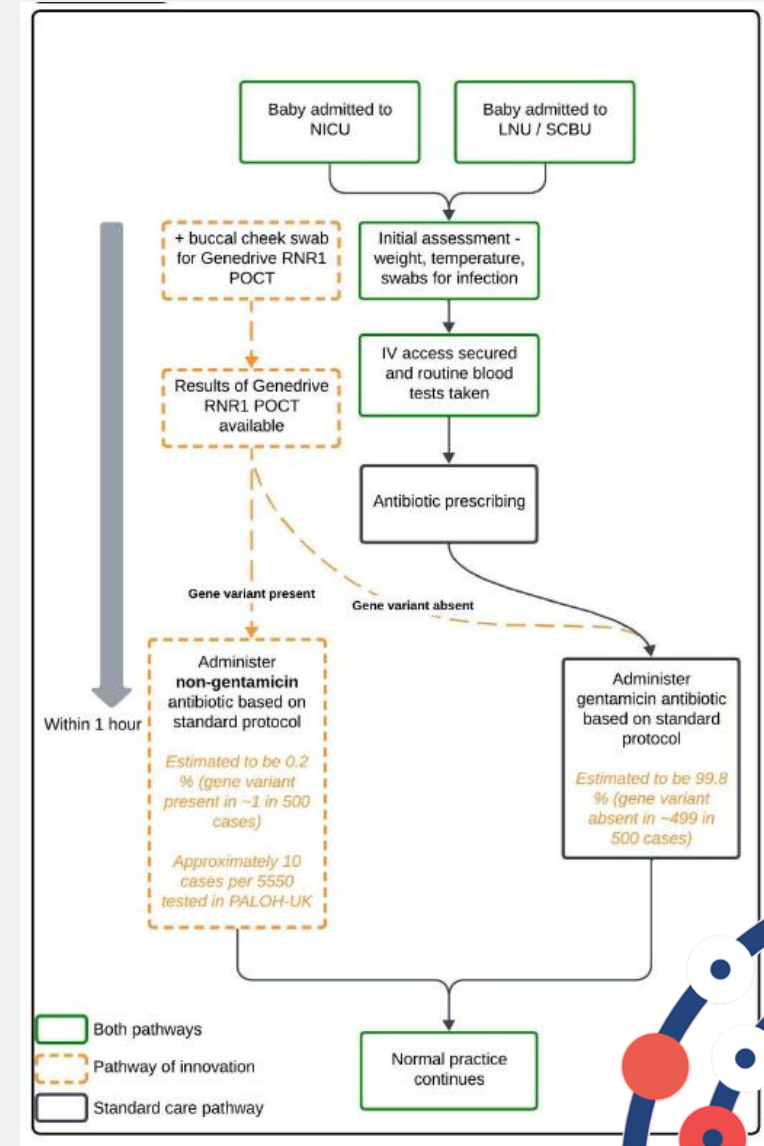
- 1.Education & Training:** Strategies and associated material to train a workforce in how to use the MT-RNR1 platform.
- 2.Installation & Verification:** Standardised, United Kingdom Accreditation Service (UKAS) compliant, protocols and timelines detailing how the MT-RNR1 system can be installed and verified by point of care testing (POCT) teams will be developed.
- 3.Ethical & Legal:** A clear and concise overview of how rapid genetic testing is permissible under the Human Tissue Act (HTA), with provision of relevant patient facing material.
- 4.Local Business Cases:** Template local business cases will be developed which can be used by NHS Hospital Trusts



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The Potential Impact & Future Directions

- The end of the research study is defined once the final patient has been recruited, defined by the power calculation, and their sample has undergone gold standard genotyping.
- PALOH-UK will comprehensively address the evidence gaps outlined in the **NICE EVA, with formal submission expected in Autumn 2026**
- During PALOH-UK, **10-15 babies** could avoid aminoglycoside induced hearing loss.
- If MT-RNR1 testing can successfully be adopted into routine practice, the hearing of hundreds of newborns could be preserved each year, whilst saving money in the NHS.



Acknowledgements

PALOH / PALOH-UK study



- Prof Bill Newman
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- Glenda Beaman
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- Rachel Corry
- Rachel James
- All Genedrive team
- Nicola Booth
- Dr Ajit Mahaveer
- Prof Paul Wilson / Amy Mathieson
- Prof Katherine Payne
- Dr Videha Sharma
- Sinduja Manohar / VOCAL team



All PIs, research office, neonatal clinical staff, POCT teams, microbiology, pharmacy and IT teams at:

1. St Mary's Hospital
2. North Manchester General Hospital
3. Wythenshawe Hospital
4. The Royal Oldham Hospital
5. Stepping Hill Hospital
6. Royal Bolton Hospital
7. Royal Albert Edward Infirmary - Wigan
8. Tameside General Hospital
9. Royal Sussex County Hospital
10. Royal Jubilee Maternity Hospital - Belfast
11. Royal Hospital for Children - Glasgow
12. University Hospital of Wales - Cardiff
13. Norfolk and Norwich University Hospital
14. Betsi Cadwaladr University Health Board



21 November 2024

Genetic test for deafness in newborns to be trialled across the UK