91-100 Percent of patients have at least one actionable genetic variant that affects response to one or more medications

90 Percent dosage reduction of azathioprine or mercaptopurine needed to avoid serious hematologic toxicity in a patient with reduced TPMT function

80 Percent of variability in drug efficacy and adverse effects can be explained by genomic variation [Kim JA 2021]

61.5 Percent of patients receiving amitriptyline have PGx variants supporting the need for reduced dose or alternate treatment [McInnes G 2021]

50 Percent of patients who may have CYP2C19 genetic variants that make clopidogrel (Plavix) ineffective

32.4 Percentage of patients whose prospective PGx tests resulted in a recommended change in gene-targeted drug therapy [Niedrig DF 2021]

25 Percent of all prescription drugs are affected by CYP2D6

22.9 Percent of patients have decreased function of SLCO1B1, predisposing them to simvastatin-associated myopathy [Ramsey LB 2012]

7 Percent of population has either ultra-rapid or poor-metabolizer CYP2D6 functionality

5.9 Percent of patients have TMPT reduced function impacting thiopurine (azathioprine, mercaptopurine) toxicity [Niedrig DF 2021]

3.7 Average number of PGx variants each person has that would lead to a nontypical drug response [McInnes G 2021]

1 - 7 Percent of patients have a DPYD deficiency associated with potentially fatal toxicity following treatment with standard doses of fluorouracil or capecitabine

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