Letters to the editor

Genotyping of the A6986G polymorphism of *CYP3A5*

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We read with great interest the article in the June 2003 issue of the British Journal of Clinical Pharmacology by King and coworkers which reports the *CYP3A5* phenotype-genotype correlation in a British population [1]. Whereas the interpretation of the data and the conclusions are correct, we believe that there are some discrepancies concerning the description of the methods which could mislead researchers intending to genotype the A6986G polymorphism of *CYP3A5* according to this publication.

In particular the following sections require specification:

- 1 On several occasions the restriction site of *RsaI*, which is the sequence GT↓AC, is not correctly assigned to the respective allele (Abstract, Materials and Methods, and Results). Whereas a first *RsaI* restriction site is present in both alleles the additional restriction site of the PCR product is only created in samples positive for the G-allele (Figure 1).
- 2 Whereas the different digestion products (Figure 1) are correctly described in Figure 1 of the manuscript they are not correctly assigned in the text (Results).
- 3 The arrow in Figure 1b (ii) of the manuscript pointing to the position of the mismatch introduced by the reverse primer is not correct and should point to the sixth nucleotide of the sequence shown.
- 4 In the forward primer mentioned in Materials and Methods one thymidine at position 12 (underlined) is missing; the correct sequence should be: CCTGC CTCAATTTTTCCT.
- 5 It might help to mention that the 20 bp fragment occurring during the digestion process of the G-allele is not seen in Figure 1a of the manuscript (see also Figure 1).

Figure 1

RsaI restriction pattern of the PCR product of the *CYP3A5* G6986 allele (top) and the A6986 allele (bottom). Numbers within the boxes refer to the fragment size of the respective digestion product

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Reference

- 1 King BP, Leathart JBS, Mutch E, Williams FM, Daly AK. *CYP3A5* phenotype-genotype correlations in a British population. *Br J Clin Pharmacol* 2003; 55: 625–9.

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