**MINUTES**

**CPIC CONFERENCE CALL**

**ST. JUDE CHILDREN'S RESEARCH HOSPITAL**

**DATE:** April 1st, 2010

**PRESENT:** Mary Relling, Matthew Goetz, James Hoffman, Teri Klein, Kristine Crews, Christie Ingram, Jim Kennedy, Daniel Mueller, Mike Stein, Todd Skaar, Russell Wilke, Andrea Gaedigk, Grace Kuo, Rachel Tyndale, Sook Wah Yee, Michelle Carillo

| **TOPIC** | **DISCUSSION/ACTION** | **FOLLOW-UP** |
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| MOUs, phone, WebEx, Google groups  Publications of guidelines  Timelines  CPIC guidelines  Guidelines on guidelines | Teri Klein discussed that MOUs had been returned by most; those who have were sent invitations to join Google groups, which will be used for communication and sharing of documents for CPIC. WebEx function didn’t work properly for this call.  Dr. Tyndale discussed further progress with Nature and CPT about publishing guidelines. Nature has offered to work on logos and/or design features of the articles. CPIC should think about whether the preference would be to have abbreviated published guidelines that could go to the “front” of the journal (< 2000 words) vs somewhat more liberal word-count pieces that would go in the “back”; it was mentioned that this could be decided later.  Goal is to have at least one “final” gene(s)/drug(s) guideline for CPIC to present at PGRN retreat in July 2010.  There was substantial discussion about current draft guidelines (CYP2D6 and HLA/Abacavir. Items included drug-centric—e.g. warfarin--- vs gene-centric—e.g. CYP2D6. A challenge of the latter is a desire to not have the “first” published guideline omit any VERY important (already clinically-used) drugs. Once a gene result goes into the chart, there is some desire that CPIC guidelines would not omit drug recommendations that are already presenting challenges to clinicians—hence the need to survey current practices to some extent. Limited discussion of psychiatric drugs was thought to be a weakness of current expertise---although Drs. Kennedy and Mueller offered that they sometimes use CYP2D6 for some psychiatric drugs; perhaps a broader or differently worded survey of experts would turn up more drug/gene pairs worthy of CPIC coverage. Whether CYP2D6 could go forward with codeine alone, +/- tamoxifen, +/- other drugs is still not 100% clear. Group revisited that CPIC wants to drive the gene/drug pairs with the best evidence; original CPIC survey identified highest-use pairs as CYP2C19/clopidogrel (reinforced by recent FDA black box warning), CYP2C9+VKORC1/warfarin, CYP2D6/tamoxifen, HLA/abacavir, TPMT/thiopurines as highest priority. There was additional discussion that other gene/drug pairs (CYP2C19/clopidogrel and TPMT/thiopurines) may be easier and more realistic to meet July deadline.  Several additional guideline grading scales presented and circulated prior to and after the call. Discussed that CPIC recommendations should have a level of “strength” for the recommendation, and that preferably, major evidence would have a grade for quality of evidence, and several scales were mentioned and circulated. In addition, if at all possible, the scales/grades chosen should be uniform for all CPIC guidelines in the future. | Further instructions on using Google Groups will follow from Teri. During future CPIC calls, we will try to use WebEx to facilitate looking at common documents and sites during calls.  None needed now.  Group felt this was do-able, but might better occur with a gene simpler than CYP2D6.  Continue to go forward with either a drug-centric or a gene-centric model. Gene summaries should be as generic as possible to apply across multiple drugs; drug-specific changes to gene-centric data (i.e. alleles that affect drug A but not drug B) should be noted on drug-specific summaries (at a minimum). Moreover, each gene summary should at least include a “short list” of affected drugs, only some of which would merit drug-specific summaries as well.  Dr. Gaedigk offered to ask ASCPT if they’d be willing to allow a survey of their members on current clinical PGEN practices, which might elicit information to help inform guidelines. Dr. Kuo also offered to help with survey.  Todd and Andrea will continue to work on CYP2D6 gene summary; Kris will add codeine. Those who want to advocate for psychiatric drugs and/or tamoxifen need to volunteer to help write---soon!  Mary and Kris offered to draft TPMT/thiopurines.  Teri Klein and James Hoffman agreed to work on a draft guideline for HLA/abacavir.  Michelle Carillo offered to work with Alan Shuldiner on CYP2C19/clopidogrel.  Next set of draft guidelines should include grading scales used for evidence and recommendations. Next call will be devoted to discussing grading systems. |

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