**MINUTES**

**CPIC CONFERENCE CALL**

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

**DATE:** May 6, 2010

**PRESENT:** Russ Altman, Uli Broeckel, Michelle Whirl Carrillo, Kristine Crews, Eileen Dolan, Andrea Gaedigk, Fran Greeson, James Hoffman, Ogechi Ikediobi, Christie Ingram, Amalia Issa, Peter O’Donnell, Jaekyu Shin, Teri Klein, Daniel Mueller, Todd Skaar, Rachel Tyndale, Sook Wah Yee, Issam Zineh, Michelle Carillo

| **TOPIC** | **DISCUSSION/ACTION** | **FOLLOW-UP** |
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| Google groups  Draft documents  Survey  Terminology (What are we writing) | Teri Klein clarified use of Google groups.. To access the Google group, please use the email address that you provided Teri when you signed the MOU (typically your institutional email address). You will need to set up a Google account (not a gmail account) with that email which will then allow you to access the Google group (<http://groups.google.com/group/ClinPGx>)  The current documents in process are:   * Relling: TPMT-Thiopurines * Hoffman and Klein: HLA-Abacavir * Klein and Shuldiner: CYP2C19-Clopidogrel   Todd suggested we need estimated time to fill out in introduction (agreed it was safe to say survey can be done in under 10 minutes).  Feedback on formatting:   * Question #2 may be too long and can be moved down * Question #4 needs a don’t know response   Guidelines vs. Protocols vs. “White papers”:  Russ led the discussion. He described how guidelines have a very specific meaning and are usually a two phase process – evidence gathering and then objective assessment. Russ’ suggestion was to produce a less formal document that summarizes evidence and makes recommendation; (keep in mind we are focusing on application of pgen to current clinical practice) seemed to be good consensus not to use the term “guideline”  However, what should the documents be called? Potential names mentioned included a protocol, recommendations, PGx dosing or simple “how to”; Each name could have different connotations, such as “protocol” has a very specific and scientific meaning for clinical trials. No final consensus on what documents should be called – this will be considered further as the template is established.  Goal is for the documents to be helpful to busy clinicians, and so what word should be useful to be clear with that message? What word will attract clinicians attention?   * Rachel suggested that we focus on what term is most meaningful to clinicians and that will attract attention in web searches, and etc. * Russ started making a list of potential names * Rachel will use the list to query CPT editorial board on the journal’s preference for names.   Even if we are going away from using term “guideline”, documents should still be structured.   * Russ suggested a small group review literature pulled and make recommendations for the template for categories (cost, burden of disease, etc) * Need to agree on essential items each document must include * Need to have consistency in documents:   + How we evaluate data and evidence   + How evidence are graded and recommendations are made   + Format of document   Todd mentioned that an ASCPT annual meeting will have a program on successful implementation of pharmacogenetics | To goal is to have one or two of these documents in DRAFT form for distribution to the group for the June 3rd call so that we can discuss them in the context of the evidence grading and recommendation strength.  Survey will be updated to reflect suggested changes.  James and Teri will work on reformatting survey early next week so that survey can go out via ASCPT and PharmGKB  “Protocol” will be used as placeholder for now, but has the connotation  Russ, James, Michelle, Teri and Mary  Need to have template established in next couple of weeks to make certain individuals working on documents can incorporate all required elements  Agreed CPIC should contribute to the program |