**MINUTES**

**CPIC CONFERENCE CALL**

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

**DATE:** June 3, 2010

**PRESENT:** Uli Broeckel, Kristine Crews, Fran Greeson, James Hoffman, Eric Gardner, Matthew Goetz, Christie Ingram, Caryn Lerman, Rochelle Long, Jaekyu Shin, Teri Klein, Mary Relling, Todd Skaar, Mike Stein, Rachel Tyndale

| **TOPIC** | **DISCUSSION/ACTION** | **FOLLOW-UP** |
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| Reiteration of CPIC goals: how to (not whether)Approval of surveyApproval of CPIC guideline template (attached)Approval of system for grading evidence and level of recommendation for guidelines (attached)TPMT draft as example of CPIC guideline for discussion (attached) | Mary Relling started the call by reminding the group that CPIC’s focus is how to implement pharmacogenetics. The focus of CPIC is the practical considerations of how to put pharmacogenetic into practice once the decision has already been made to obtain genetic information. While there are certainly challenges related to clinical implementation of pgen, such as when it is appropriate to do pharmacogenetic testing, economic considerations, etc, CPIC must stay focused on the practical considerations that exist once the decision has been made to do a genetic test. (Or in some situations once a patient has genetic information) Use of DMET chip in a CLIA environment is a good example of how pharmacogenetics is being used in clinical practice and how additional challenges exist because of the many gene variants the DMET chip includes. Uli Broeckel briefly reviewed how his lab is running the DMET chip data in a CLIA environment. Other laboratories will be providing similar testing in a clinical environment and clinicians will be left with how to take action once genetic information is in the medical record. Final approval of survey (see link: <http://www.surveymonkey.com/s/PGRN_CPIC> ) *Note: You do not have to answer the questions if you do not want to, you can simply view the survey and close the window when you are done*Comments from the last call have been incorporated into the survey. For example, the time to take the survey has been added to the introduction and the survey has been streamlined (e.g. question with gene/drug was moved and cleaned up). There were still some questions about the gene/drug question, but this list was generated by CPIC so there was reluctance to change it. Based on other surveys done by PharmGKB, if one question is challenging respondents will simply skip the question they find challenging. There was one suggestion to define the scope of the survey (i.e. define a pharmacogenetic drug-gene relationship).James briefly reviewed the document template. Again the focus is on pharmacogenetic tests that are non-controversial and provide guidelines on how to interpret and use the genetic information to make decisions for drug therapy. Teri described several scenarios where more often clinicians and patients will have the genotype in hand (or an entire panel) and questions will exist on how to use the information.From discussion since the last call, the subgroup settled on the term guideline since our goal is to reach practicing clinicians and the term “guideline” is what clinicians know best. James briefly reviewed the range of guideline types and rigor that exist. In the last call, the point was made that guidelines have two groups – one group that pulls the evidence and another that make recommendations. However, the NCCN guidelines were cited as an example of guidelines that have the same group that collects evidence and makes recommendations. These guidelines are widely used in adult cancer and referenced by major payers such as CMS and UnitedHealth care. At first there was good agreement on using the term guideline for the CPIC documents, but there was a comment that “guideline” can have “baggage.” Therefore, the suggestion was made to use the term guidance since this is a more flexible term that doesn’t suggest a final decision (e.g. FDA uses the term “guidance” and it is known that it is not a final decision and the guidance can be updated). There was a divided opinion between the term guidance or guideline. The plan is to go ahead with one of these two terms. However, since the name of the document doesn’t change the content, we must move forward and can make a final decision on the term later. There may be further opinions to consider such as opinions at the PGRN retreat. Each document will need to be written and then it will need to be divided -- Some content will go into the printed journal and some content will be supplementary material online. The entire document will then go to PharmGKB. For publication in CPT, the front part of the journal is limited to 2000 words (the TMPT document is about 2400 words) with 30 refs and 3 figures/tables.  So what we need as you go through the draft is a clear idea which of the figures/tables are most important to the audience and which can become part of the CPT supplementary material which people can go to for additional in depth information (all of this will be part of the reference and will be mirrored on PharmGKB's website). Rachel will take the TPMT document as an example to further review how the guideline can be arranged.It is important to describe the strength of evidence when making recommendations. The sub group went through various scales for grading evidence and level of recommendation for guidelines. The proposed scales were developed based on several existing scales that are often used.  | James will contact Andrea to get the survey posted to ASCPT. James and Teri will work together to get it posted to PharmGKB. The same link will be used for both groups so that all the data go into one place. By June 10th, please provide feedback on the general template (and the draft TPMT document). Rachel asked the group to specifically consider what should go in the printed journal and what can go online.Please provide feedback on the evidence grading/recommendation system by June 10thPlease provide feedback by June 10th. Again, Rachel asked the group to review the document to consider what content must be in the printed version and what can go online, especially for the tables.  |