**MINUTES**

**CPIC CONFERENCE CALL**

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

**DATE:** July 1, 2010

**PRESENT:** Uli Broeckel, Kristine Crews, James Hoffman, Matthew Goetz, Christie Ingram, Caryn Lerman, Teri Klein, Mary Relling, Todd Skaar, Mike Stein, Russ Altman, \_\_\_\_\_\_\_\_\_\_\_\_\_

| **TOPIC** | **DISCUSSION/ACTION** | **FOLLOW-UP** |
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| Review final decisions on scales for CPIC guidelinesUpdate on surveyDiscuss distribution of content for guideline: main vs supplement, using TPMT draft as a template Update on other guidelines | For grading of evidence (based on AACC guidelines):  <http://www.aacc.org/members/nacb/LMPG/OnlineGuide/PublishedGuidelines/LAACP/Pages/toc.aspx> High: Evidence includes consistent results from well-designed, well-conducted studies.Moderate: Evidence is sufficient to determine effects, but the strength of the evidence is limited by the number, quality, or consistency of the individual studies; generalizability to routine practice; or indirect nature of the evidence.Weak: Evidence is insufficient to assess the effects on health outcomes because of limited number or power of studies, important flaws in their design or conduct, gaps in the chain of evidence, or lack of informationFor strength of recommendations (based on AIDSinfo.gov):A: Strong recommendation for the statement B: Moderate recommendation for the statement  C: Optional recommendation for the statementSurvey posted on PharmGKB in mid-June and circulated to ASCPT membership via email June 25th. 31 responses received thus far. Some highlights were discussed preliminarily, which included strong desire for information on interpreting genotype tests to impute phenotype. Only ~ half of responses from practicing clinicians. Updated version of TPMT guideline posted before call. Input from CPIC on last draft was discussed and incorporated into current draft. Group talked through the sections and relegation to main vs supplement. Need to point to definitive websites for allele nomenclature and updating and reference in paper. Keep at least an abbreviated table of assignment of phenotypes to genotypes in each CPIC guideline (even if only a few examples; details can be on line). All agreed that dosing Table 2 is the “meat” of the guideline. Additional feedback on the dosing recommendations was obtained from practicing clinicians in various areas, including key authors of other guidelines, who are now co-authors.Abacavir/HLA: In development (James Hoffman); dosing table will be very brief.Clopidogrel /2C19 (Alan Shuldiner/Teri Klein). It was discussed that dosing is a challenge and controversy, and that there may be a role for genotype combined with platelet function testing. Extent of CPIC guideline tackling phenotypic in addition to genotypic tests should be addressed in “scope” in Intro to guideline document. Future addition of other CYP2C19 drugs may be in separate document(s) that refers heavily to the initial CYP2C19/clopidogrel document. | Teri will post on PharmGKB CPIC page.James and Shaherah will further summarize survey results by background of respondent after allowing another week for responses to be received. Teri to confirm no copyright problems with simultaneous PharmGKB and publication of guidelines. Russ (and others) to provide suggested changes in document to Mary. Mary to confirm best webpage source for allele nomenclature for TPMT (to be done by authors of each guideline). Mary will edit further and distribute at PGRN retreat in July. Template to be posted at PharmGKB.James and Alan to lead efforts to develop.  |