**MINUTES**

**CPIC CONFERENCE CALL**

DATE: December 4, 2014

| TOPIC | DISCUSSION/ACTION | FOLLOW-UP |
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| Housekeeping Announcements | Attendance will be taken by poll after each conference call. Members will receive an email with a doodle link after each call. Please enter your first and last name and check the box indicating you were in attendance. No action required if you were unable to make the conference call. | Kelly will send the poll link after each conference call. |
| CPIC guidelines in progress | - *CYP2D6*/SSRI: Final version will be circulated to CPIC group next week for review (see below for more discussion)  - *CYP3A5*/tacrolimus: Final version circulated to CPIC member for review last month. Will submit next week.  -*UGT1A1*/atazanavir: This guideline will be led by Dr. David Haas. Authorship plan approved by the CPIC Steering Committee. Evidence review underway.  -*CYP2C19*/voriconazole: Working on authorship plan; still looking for senior author. Please send any nominations for senior author to Kelly.    Guideline Updates:  - *HLA-B*/allopurinol: Will be a minor update (changes to supplement only). Evidence review complete and writing underway.  - CYP2C9/VCORC1, warfarin: Update underway. | Kelly will follow-up. |
| CYP2D6/CYP2C19, SSRI guideline | Kevin Hicks (on behalf of the guideline authors) presented the guideline, specifically Table 1 and Table 2. CPIC members provided feedback. Discussed i) FDA warning for fluoxetine and the risk of QTc prolongation and ii) CYP2D6/tamoxifen and whether to discuss hot flashes in the guideline. Plan to submit this guideline to *CPT* in early January. | Kelly will circulate the modified guideline to CPIC members for review and feedback. Please send any comments/edits to Kelly by January 5th. |
| Draft nomenclature survey, Delphi process, for alleles and for phenotypes | CPIC is planning a project to standardize phenotype terms in the CPIC guidelines and harmonize these terms with external groups (e.g., ClinGen, IOM, etc.). Two types of terms will be evaluated: i.) Allele functional status terms (i.e. allele descriptive-Table 1 in guideline such as low, absent, high, intermediate, etc.) ii.) Phenotype (i.e. diplotype descriptive-Table 2 in guideline such as PM, IM, EM, etc.). To create standardized terms for alleles and phenotypes, CPIC informatics has devised the following plan:   1. Create a list of terms used in the literature and in laboratory reports for CPIC genes. 2. Using the Delphi method, survey CPIC membership, ClinGen, CDC Pgx working group, and others to determine the best terms to use for each gene (2 to 4 surveys will likely be required to achieve consensus). 3. Adopt these terms in future CPIC guidelines and facilitate the adoption by external groups.   We are in the process of creating the list of terms to use in the first survey by surveying genetic testing laboratories to see what terms are currently used. Stuart volunteered to help create a contact list of individuals at these companies.  We expect the final survey of CPIC membership and others to be circulated in January. | Kelly will follow-up on progress. Survey will be sent to CPIC members in January. Please participate in the survey. |
| Steering Committee actions | The CPIC Steering Committee has approved the CPIC informatics SOP and authorship plans for allopurinol update and *UGT1A1*/atazanavir guideline. |  |
| ClinVar expert panel | ClinVar facilitates access to and communication about the relationships asserted between human variation and observed health status, and the history of that interpretation. ClinVar collects reports of variants found in patient samples, assertions made regarding their clinical significance, information about the submitter, and other supporting data. CPIC has been provisionally approved as a 4-star review status (i.e. professional guideline) for submissions to ClinVar. This is the highest level of review status (PharmGKB was given a 3-star ranking (i.e. expert panel)). The 4 star rating means our guidelines will be accepted and implemented in EHRs and endorsed essentially by ClinGen. | Teri/Kelly will respond to ClinVar’s request for further information on CPIC’s policies and continue to manage this collaboration. |