**MINUTES**

**CPIC CONFERENCE CALL**

DATE: December 6, 2012

PRESENT: Adriana Malheiro, Andrea Gaedigk, Cyrine Haidar, Deana Kroetz, Kelly Caudle, Kevin Hicks, Ellen McDonagh, Jesse Swen, Kathryn Teng, Katrin Sangkuhl, Kelly Filipski, Li Gong, Marc Williams, Mary Relling, Mary Rouse, Matthias Schwab, Mia Wadelius, Rachel Tyndale, Samuel Johnson, Sook Wah Yee, Stuart Scott, Tammie Chang, Teri Klein, Todd Skaar, Vojteh Huser.

| TOPIC | DISCUSSION/ACTION | FOLLOW-UP |
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| Update of authorship guideline | The authorship guideline has been revised to include language addressing CPIC guideline updates which occur every two years. In short, the senior author of the original guideline will be given the opportunity to lead the update, including inviting additional authors if warranted, and if they decline, then the CPIC Steering Committee will identify a new senior author. | Authorship Guideline posted on the CPIC working group website. |
| Updates on guidelines in progress | - CPIC G6PD-rasburicase guideline: Draft ready to circulate to additional co-authors  - TCA guideline: in 2nd review at CPT  - SSRI guideline: Editing; reviewing dosing recommendations  - IL28B CPIC guideline: Draft to be circulated to other authors/interested CPIC members (e.g. Marc Williams) soon  - DPYD/5FU : in final stages of writing  - allopurinol HLA: in press  - phenytoin CYP2C9/ HLA: Scoring evidence for CYP2C9/HLA-B to determine if evidence strong enough for dosing recommendation  - HLA-CBZ: Final stages of editing  -Ivacaftor/CFTR: Authorship plan to be submitted to CPIC Steering Committee; evaluating evidence  -Clopidogrel update: Major update; Due to CPT this month; Will have draft ready to send to authors next week. Adding section on novel variants, sequencing based results | Kelly will submit authorship plan to Steering Committee |
| Pediatrics sections | New CPIC guidelines and updates of existing guidelines should include a section on pediatric recommendations—even if just to acknowledge not enough data are available to make recommendation. | Kelly to incorporate into guideline template and remind authors of updates. |
| Corresponding author on CPIC guidelines | Discussed changing the corresponding author email address to “cpic@PharmGKB.org” email address. The proposal is that guidelines will still have the individual’s (senior author’s) name listed as corresponding author but the corresponding email address will change to the email address for PharmGKB. This will help PharmGKB/CPIC better track manuscript submissions, copyright forms being signed, need for corrections, etc. Any email sent to this address would be forwarded by PharmGKB to the corresponding author to allow for their input; this would provide a mechanism for CPIC to track and be responsible for administration of CPIC guidelines. | Please let Mary or Teri know if you have any questions or concerns regarding this change.  Steering Committee to make final decision. |
| Existing CPIC guidelines in light of available WGS results | Vojtech Huser discussed his experiences using CPIC guidelines and PharmGKB website/look-up tables in implementing pharmacogenetic decision support at an institute using whole-genome sequencing (WGS) (presentation attached to minutes). Although WGS will generally detect the variants included in CPIC guidelines, additional variants likely to be functional (i.e. coding an early stop codon) will also be encountered and incorporating those data into guidelines a priori will be difficult, given how commonly unique functional variants will be encountered. Point was made that the additional details in “look up” translational tables are very helpful for translating variants into clinically actionable rules. PharmGKB is well aware of problems that sequencing will cause and is working on some strategies. How to address issues posed by sequencing data is a challenge not only for pharmacogenetics but for all of genomic medicine. See attached presentation for more details (also uploaded to CPIC working group site). | Will continue discussion on subsequent CPIC calls. Supports an approach of making supplemental tables in CPIC guidelines as inclusive of variants as possible, and of keeping translational tables relating variants to function available and updated. |