**MINUTES**

**CPIC CONFERENCE CALL**

DATE: May 7, 2015

| 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: In revision  - *CYP3A5*/tacrolimus: published (PMID:25801146)  -*UGT1A1*/atazanavir: Evidence review complete; writing underway  -*CYP2D6*/tamoxifen: Evidence review underway.  -*CYP2C19*/voriconazole: Working on authorship plan; will start guideline development in next few weeks.    Guideline Updates:  - *HLA-B*/allopurinol: in revision  - CYP2C9/VCORC1, warfarin: Evidence review underway. | Kelly will follow-up. |
| CPIC Term Standardization Project-Delphi 1 results | Kelly presented results from the second survey to CPIC members (<https://www.pharmgkb.org/page/cpicTermProject>). 54 out of 58 experts from Delphi 1 responded to Delphi 2. Comments from Delphi 1, 2 and feedback from the CPIC meeting at the PGRN meeting indicated that we need to have terms as standardized as possible across all genes. With this in mind, the CPIC Informatics working group recommended that phenotype (diplotype descriptors) terms could be grouped together by the type of protein encoded by that gene. We envision 3 sets of terms that could be used for many genes: 1) drug metabolizing enzymes (all CYP enzymes, UGT1A1, DPYD, and TPMT); 2) drug transporters (e.g., SLCO1B1); and 3) allele carrier status (e.g., HLA-B). Members discussed the advantages/disadvantages of these groupings, concerns with the term “normal” (e.g., CYP2C19 normal metabolizer) to describe phenotype, and function vs activity vs metabolizer terms to describe phenotype. We have also received feedback that further input on the process from non-experts (lay and medical) after Delphi 3 might help inform the construction of the final Delphi surveys. To address this need, non-experts representing patient communities (e.g. via Vanderbilt’s CTSA) and clinicians (e.g. via NHGRI’s Language of Genetics program) could be presented with possible sets of terms for alleles and phenotypes that are candidates for the final consensus terms. Their feedback would then be summarized and presented to the expert panel to consider before a final decision is made (e.g. before Survey #4 and if needed #5), and such feedback may influence the content of either or both surveys. | Kelly will continue to update CPIC members on the progress of this project. |