**MINUTES**

**CPIC CONFERENCE CALL**

DATE: November 7, 2013

PRESENT: Adriana Malheiro, Betty Dong, Cyrine Haidar, Dan Roden, Daniel Muller, David Kisor, Gillian Bell, James Hoffman, Katrin Sangkuhl, Tom Callaghan, Jason Mayes, Jasmine Talameh, Javier Blanco, Katrin Sangkuhl, Kevin Hicks, Kelly Caudle, Lynn Dressler, Mark Dunnenberger, Mary Relling, Michael Martin, Michelle Whirl-Carrillo, Robert Freimuth, Shane Clark, Stuart Scott, Tammie Chang, Todd Skaar, Yijing He

| TOPIC | DISCUSSION/ACTION | FOLLOW-UP |
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| Updated documents | Updated MOU and authorship guidelines have been posted to the CPIC working group site. Documents were updated to clarify managing conflicts of interest of CPIC authors. A form has also been created for authors to use to disclose any relationships with potential for conflict of interest (posted to working group site (<http://consortia.pharmgkb.org/display/cpic/CPIC>)) | Kelly will ask authors of new and updated guidelines to complete and sign these forms. |
| CPIC guideline development process paper | The CPIC guideline development process paper was accepted for publication in a special issue of *Current Drug Metabolism* entitled “CLINICAL USE OF BIOMARKERS IN DRUG METABOLISM AND ADVERSE DRUG REACTIONS”. The purpose of this paper was to describe the development process of the CPIC guidelines and to compare our process to the Institute of Medicine’s (IOM) Standards for Developing Trustworthy Clinical Practice Guidelines. | Kelly will present this paper to the CPIC group on a subsequent CPIC conference call. |
| Patient and public involvement in CPIC | IOM standard 3.2 states that patient and public involvement should be facilitated by including (at least at the time of clinical question formulation and draft guideline review) a current or former patient and a patient advocate or patient/consumer organization representative in the guideline development group. CPIC members discussed idea of having more involvement of patient advocates or representative(s) in CPIC. | Please email Mary ([mary.relling@stjude.org](mailto:mary.relling@stjude.org)) or Kelly ([Kelly.caudle@stjude.org](mailto:Kelly.caudle@stjude.org)) with any suggestions. |
| HLA-B/abacavir guideline update | The HLA-B/abacavir guideline has been updated (minor update). Only the supplemental material was updated including inclusion of a summary of new literature describing the mechanism by which abacavir can elicit an immune response through *HLA-B\*57:01*, updated abacavir skin patch testing evidence, inclusion of a pediatric-specific therapeutic recommendation, and added resources to facilitate incorporation of HLA-B pharmacogenetics into an electronic health record with clinical decision support (see below). | Kelly will circulate to CPIC members for review. Please send all comments/edits to Kelly ([Kelly.caudle@stjude.org](mailto:Kelly.caudle@stjude.org)) by November 25th. |
| CPIC informatics working group and HLA-B/abacavir translation tables | To provide additional resources for applying CPIC guidelines into the electronic health record (EHR), CPIC created an informatics working group in 2013 that is focused on supporting the adoption of CPIC guidelines within a clinical electronic environment. This guideline is the first to provide these new clinical implementation resources in the supplementary material, including workflow diagrams for placing the pharmacogenetic result and clinical decision support (CDS) into an EHR. New tables that correspond to these workflow diagrams are provided that translate genotype test results into an interpreted phenotype. Other tables provide summary genotype/phenotype terms, example text for documentation in the EHR and point of care alerts, and cross reference tables for drug and gene names to various widely used terminologies and standardized nomenclature systems. | Kelly will circulate to CPIC members for review. Please send all comments/edits to Kelly ([Kelly.caudle@stjude.org](mailto:Kelly.caudle@stjude.org)) by November 22nd. |
| New gene/drug pair list and evaluation groupings | The CPIC Steering Committee has endorsed the plan to increase the scope of CPIC guidelines to include gene/drug pairs for which the strength of the therapeutic recommendation would be “moderate” or “optional” (CPIC status A or B) and publishing CPIC “evaluations” (CPIC status C) for gene-drug pairs in which there is a need to summarize evidence but no prescribing recommendation is made based on genetics. CPIC status D would apply to gene/drug pairs with no CPIC guideline or evaluation that are perhaps worthy of PharmGKB clinical annotations. Reviewed a putative grouping of genes/drugs to estimate the total number of CPIC guidelines/evaluations for the future. This list includes: 16 guidelines (includes 28 drugs) with a Status A (where we already have a CPIC guideline or a guideline is planned); 8 proposed gene-based guidelines (includes 34 drugs) with a Status B; and 9 evaluations (would cover 25 drugs) with a Status C. A putative schedule for new guidelines, guideline updates, and evaluations has been mapped out using a Gantt chart, trying to account for a less frequent update schedule and including translation tables with each guideline and guideline update. This list will be circulated to CPIC members once finalized by CPIC Steering Committee and PharmGKB. | Please send any comments or ideas or questions to Kelly ([Kelly.caudle@stjude.org](mailto:Kelly.caudle@stjude.org)), Mary ([mary.relling@stjude.org](mailto:mary.relling@stjude.org)), or Teri (teri.klein@stanford.edu). |