**MINUTES**

**CPIC CONFERENCE CALL**

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

**DATE:** October 7, 2010

**PRESENT:** Russ Altman, Michelle Carrillo, Kristine Crews, Robert Freimuth, Matt Goetz, Andrea Gaedigk, Fran Greeson, James Hoffman, Ogechi Ikediobi, Amalia Issa, Teri Klein, Audrey Papp, Steven Scherer, Stuart Scott, Todd Skaar, Mike Stein, Rachel Tyndale, Russell Wilke, Sook Wah Yee

| **TOPIC** | **DISCUSSION/ACTION** | **FOLLOW-UP** |
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| Update on CPT agreement for publications  Submission of TPMT/thiopurines guidelines to CPT  Change in use of Google groups  Update on CPIC guidelines  Mayo experience described from psychiatry perspective  CPIC Guidelines updates  New Business | Formal signed agreement between CPT/ASCPT and Stanford University, NIH and ASPCT to publish CPIC guidelines: (1) CPT has right of first refusal for the guidelines; (2) Copyright considerations: not standard CPT copyright different copyright process since guideline is also going on PharmGKB  TPMT guideline is submitted and under review with CPT. Introductory CPIC paper also submitted to CPT. Goal is to have both papers in March CPT issue.  Changes in Google groups have prompted a need to go to a different platform for sharing information. Teri is developing a new platform for sharing information.     * Genotyping is happening and CPIC needs to take a leadership role in providing guidance on how to do it! * Need clinicians on group to help write guidelines on how genotyping is occurring in clinical practice * Suggestion was to put out the list of gene-drug pairs and have people sign up to work on them (even those “in progress” need help)   + ***See below figure***   + Based on past CPIC minutes, gene/drug pairs of highest priority include:     - TPMT/thiopurines (done)     - HLA/abacavir (in progress)     - CYP2D6/codeine +? (in progress)     - CYP2C19/clopidogrel (in progress)     - CYP2C9+VKORC1/warfarin     - CYP2D6/psych drugs     - DPYD/5FU + capecitabine     - UGT1A1/irinotecan     - G6PD/rasburicase + dapsone + chloroquine + capecitabine     - HLA/carbamazepine     - HLA/phenytoin   About 40% of patients are being genotyped. Genomic data being added to the electronic record; working towards adding electronic alerts for genomic data. Reluctance to suggest specific dosages for SSRIs as part of the process. At mayo, genotyping for psychiatry is ahead of genotyping for warfarin.  **Warfarin:** Group (Klein, Altman & Stein) will develop a first draft over next few months so the group can respond to it  **CYP2D6/codeine**: Todd, Kris, Matt (no tamoxifen)  Genetic information developed. Kris Crews developing drug information to add to guideline.  **CYP2C19/clopidogrel:** Stuart Scott  Goal is to have a draft by next call  **SSRIs**: Dick Weinshilboum will contact David Mazerak (Mayo) and Julia Stingl (formerly Kirchheiner) regarding an SSRIs guideline –  Russ Altman noted that discussion of CPIC’s focus in the future will be needed   * Will need to define what CPIC focuses on after first 5-10 guidelines are written; we may reach a point where drug/gene guidelines are no longer the area of focus * There will likely be many other aspects of implementing pharmacogenetics into patient care that CPIC can focus on; for example, CPIC could describe how to best use clinical decision support (CDS) to support the use of pharmacogenetics   ***Referenced figure(above)*** | Many thanks to Rachel for facilitating this effort!  Detailed information will be distributed in the future.  Need clinicians on group to help write guidelines on how genotyping is occurring in clinical practice  Teri to talk with Todd about contributing tables that define \*allele calls to EM/IM/PM  As we have several guidelines to develop, this is a discussion to have in further detail next year |