**MINUTES**

**CPIC CONFERENCE CALL**

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

**DATE:** December 2nd, 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 Genetests linkNIH GTR interactions (Rochelle)Disclaimer language (Teri, Rochelle, Mary)Status of the TPMT guideline and PharmGKB (Mary, Teri)Google page updates (Teri)Update on CYP2C19 clopidogrel (Stuart, Alan)PGRN Translational/Implementation demonstration project (Mary)Carbamazepine/HLA (Susan)Warfarin | Mary reported that she contacted Bonnie Pagon of GeneTests to determine how to make reciprocal links from CPIC guidelines to GeneTests (to be replaced by GTR) and from GeneReviews to CPIC guidelines when they are out on line. Rochelle Long shared with CPIC members her draft feedback to GTR after previewing their demo, which included the “warfarin sensitivity” beta page . <http://oba.od.nih.gov/GTR/gtr_presentation.html> CPIC members agreed that terminology for pharmacogenetic gene tests should be different than that used for disease state or disease risk. Agreed that although use of “evidence” is important, use of term “evidence based medicine” has developed connotation of randomized controlled trial---so must be careful in using/defining “evidence” terms. Russ Altman has written an editorial for CPT that explains how genetics for disease risk is very different from pharmacogenetics; Editorial was accepted and so Russ will send to Rochelle. Comment was that the published TPMT/thiopurine guidelines will provide a great example for GTR as the best way to provide “GeneReviews” type guidance linked to GTR.“Final” disclaimer language included in CPIC TPMT/thiopurine guideline was based on published disclaimers from other clinical guidelines, vetted by all members and some attorneys, but there was not 100% agreement on all language by all members. Language was circulated and prompted more discussion. Guideline was revised and is now accepted; plan is to have it published at same time as commentary that describes CPIC in March CPT issue. PharmGKB site is evolving to integrate CPIC and other changes related to clinical pharmacogenetics.Google group maintained allowing for posting of documents for the rest of December. New software is coming in January and should facilitate collaboration on documents.Draft main and supplement documents were circulated. There was discussion of the fact that recommendations for heterozygotes/ intermediate metabolizers and those with \*17 allele might require more space---consider putting details in supplement. Other topics related to loading dose considerations, prasugrel dosing, off label uses. It was also reiterated that the CPIC guidelines should be written to include the possibility that the relevant genotype is already available (without having to necessarily recommend that genotype be ordered) for any given patient.There is a clinical implementation project that is being planned as part of PGRN with Dr. Weinshilboum leading: there will be connections with CPIC as the project moves forward. Susan Leckband begun discussions with co-authors.Julie Johnson reported the group had been working and hope to have a draft to circulate by February. | Waiting follow up from Bonnie; Mary will follow up as needed.CPIC members to provide feedback to Rochelle on her comments within next week.Send any minor changes to Mary and Teri within next week.Teri will work with PharmGKB staff so that guidelines are posted simultaneously with publication in CPT. CPIC members will receive a specific email with instructions from Teri. CPIC members encourage to provide feedback to Stuart and Alan directly; new drafts will be circulated again with a more finalized supplement.To be updated as needed.Guideline work continues.Draft to be circulated when ready.  |