Call Notes from Clinical Pharmacogenetics Implementation Consortium (CPIC) Conference Call on Thursday, December 3, 2009

Over 20 participants on the first call

1. Discussion of CPIC objectives and scope
   1. No additional objectives were mentioned
   2. Any missing expertise? – group can remain open, and so contact Mary Relling if others would like to join
   3. General discussion of implementation experiences to date – different sites are different points in process; key discussion points:
      1. Cost of testing going down
      2. Genetic info in FDA label – estimates vary based on definition 58 to over 100 drugs
      3. More tests now available (e.g. DMET chip); keep in mind technology changing quickly which could influence implementation
      4. While challenges exist, clinicians want to use data but “noise” needs to be filtered/translated for busy clinicians; potential for clinical decision support to help with this;
      5. “PR” perspective -- Need to find ways to make our efforts positive and promote action ; not get caught in same old arguments
   4. Specific Ideas generated
      1. Group could generate guidelines for pharmacogenetic implementation
         1. For example, guidance on genotype interpretation would be especially helpful (e.g. algorithms, imputed phenotypes – CYP2D6 example discussed)
         2. Guidance on standard format for reporting results (Felix distributed a document that provides a starting point)
         3. Need some sort of matrix or index that would take into account the ADR being avoided; disease severity etc.
         4. Publish and have as an evolving resource housed on PharmGKB; will need group’s ongoing effort to maintain guidelines; this may align with ongoing PharmGKB efforts related to adding content on clinical use of pgen
      2. Start by focusing on a specific gene and clinically actionalable information
         1. CYP2D6 mentioned by many as a challenge;
         2. could focus on deciding which drugs associated with CYP2D6 really benefit from clinical testings of genetic variation (not just those whose kinetics are influenced)
         3. implementation details need to be decided for CYP2D6 -- For example, no good consensus on which genotyping platform is best
2. Discussion of CPIC Decision Framework
   1. Series of surveys to CPIC membership (see framework document)
   2. Agreed we would start with a brief planning survey to understand implementation status and understand priorities; goals
      1. determine genes of interest
      2. determine which gene/drug pairs organizations are already doing (or want to do in the near future)
      3. Aim will be to have planning survey sent out via web survey tool in December
   3. Mechanics of how to proceed
      1. Communication
         1. Use Sharepoint/Wiki type site for intra-group communication– google groups has worked well in the past
         2. Web survey tools
         3. More polished/final documents will go on PharmGKB/PGRN sites
      2. Schedule time for recurrent conference call ---- We will continue to use 4 PM Central time Thursdays since turnout was good
3. Upcoming relevant meetings---
   1. e.g. FDA/DIA workshop on pharmacogenomics was attached but not discussed
   2. Be ready to present some concrete plans by the time of the PGRN retreat summer 2010