**MINUTES**

**CPIC CONFERENCE CALL**

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

**DATE:** February 4th, 2011

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

| **TOPIC** | **DISCUSSION/ACTION** | **FOLLOW-UP** |
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| CPT publications timeline (Rachel)Guidelines Updates2C19/clopidogrel: (Alan, Stuart)CYP2D6/codeine: (Todd, Andrea, Kris)Warfarin (Julie)TPMT guidelineGeneTests update (Michelle)Request for funding via PGRN’s Translational Implementation of Pharmacogenetics Group (Mary) | CPT is very happy with guidelines and the relationship that has developed, but they do want to know when to expect next guidelines. Keep in mind lag time -- 2 to 3 month process from submission to acceptance; 2-3 months for publication. Editorial staff would like to tie guidelines in with themes of issues if possible. Guidelines need highly qualified reviewers. There is a special copyright for these guidelines (includes disclaimer language) – don’t sign “normal” CPT copyright.Group discussed some details of the guidelines, which was circulated ahead of call. Ready for submission to CPT in ~ 2 weeks; Limitations on number of references, and therefore some studies are only referenced in the supplement.Discussion that guidelines should be positioned as what to do once the genotype data are available – not necessarily when or whether to genotype (this based on the understanding in a few years genotype information will be much more commonly available “already” for patients).Moving forward – should have next draft for next call; plan is to focus exclusively on codeine as the drug. Software in development to translate genotypes into alleles; once refined considering putting it on PharmGKB as a tool.Writing group established by Julie and Teri – broad representation in group – conference call for writing group scheduled for next week. Relatively straightforward if focus is not on when to genotype but what to do one genotypes known. TPMT guideline now available on line.Group briefly discussed AHRQ report that does not recommend TPMT testing; discussed that AHRQ has not recommended much positive for genotyping. http://www.ahrq.gov/clinic/tp/tpmttp.htmAHRQ does have a role in Guidelines.gov (<http://www.guideline.gov/index.aspx> ); was agreed that posting CPIC guidelines to guidelines.gov is worthy but will require effort.GeneTests has decided not to post pgen testing information on their site. PharmGKB has agreed to add tests to their page on testing: <http://www.pharmgkb.org/resources/forScientificUsers/pharmacogenomic_tests.jsp> that can be linked to Testing section in supplement of CPIC guidelines.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.There may be funding available through the PGRN for this effort – one idea is what is needed to implement pgen in electronic medical records and many other aspects of implementation; idea would be to fund postdocs/residents that would focus on writing guidelines and practical issues for implementation. Group reminded that guidelines have been initial focus, but overall goal of CPIC is implementing pgen in the clinic, so other ideas are always welcome. | Several guidelines close to submission. Rachel can inform CPIC of upcoming issue themesGuideline authors should (1) check with Rachel to be sure they have correct copyright form (2) be sure to submit names of recommended reviewers at time of submission to CPT.CPIC members should give final feedback to Alan and Stuart within one week (by Feb 10th) Plan is to discuss final draft next call.Goal is to have draft to discuss by April call.Consider reformatting for posting to guidelines.gov as part of resident/fellows’ responsibilities.CPIC members who know of reliable clinical pgen testing labs should let Michelle or Teri know so they can be added to PharmGKB.Anyone who knows of a resident or trainee who would be interested in focusing on writing and implementation, and might be suitable candidate for PGRN funding, let Dick or Mary know ASAP. Aims are being written to submit project by March 1. |