**MINUTES**

**CPIC CONFERENCE CALL**

DATE: December 5, 2019

| TOPIC | DISCUSSION/ACTION | FOLLOW-UP |
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| Housekeeping Announcements | Attendance will be taken by poll after each conference call. Members will receive an email with a doodle link after each call. Please enter your first and last name and check the box indicating you were in attendance. No action required if you were unable to make the conference call. | Kelly will send the poll link. |
| CPIC guidelines in progress | Guideline updates in progress:   * *CYP2C9/HLA/*phenytoin: Drafting guideline * *CYP2D6*/opioid: Drafting recommendation; evidence review underway for *OPRM1* and *COMT* * *CYP2C19/*clopidogrel: Evidence review underway   New guidelines in progress:   * *CYP2C19/*PPIs: Drafting guideline * *CYP2C9/*NSAIDs: in review * *mtRNR1*/aminoglycosides: authorship plan approved by CPIC Steering Committee; first call next week | Guideline preparation will continue and Kelly will continue to follow-up. |
| FDA PGx Collaborative Community | Matt Rutledge is organizing a FDA Collaborative Community as described here: <https://www.fda.gov/about-fda/cdrh-strategic-priorities-and-updates/collaborative-communities-addressing-healthcare-challenges-together>. If you are interested in joining this group, please email Matt Rutledge at [matthew@mdlabs.com/](mailto:matthew@mdlabs.com/). There are currently five groups interested in organizing a Collaborative Community but the FDA would like to engage with one single community. The groups are discussing the possibility of forming just one community. In the meantime, a draft charter is available [here](https://boards.upboard.io/embed/8bafcf5a-8b2a-4e29-ac3f-b974a22ad6b3/6031773415768064/95cdfc58-a38a-44fe-9572-638a4906418c) and is open for comment. | Matt will continue to update CPIC members. |
| PGx variant function assignment | Mary reviewed the current draft of the allele function SOP. The SOP was posted for public review and feedback has been incorporated. A new strength of evidence category was recommended, “Limited *in vitro* only” for cases where the only evidence to support a causal role for this allelic variant in this drug phenotype is *in vitro* or computational data. Members discussed. It was pointed out that this new strength implies weaker evidence than “limited” (“limited” defined as evidence including at least one patient case and supporting *in vitro* and computational activity predictions) but this might not be the case especially in cases of an early stop codon or complete gene deletion where only *in vitro* data exist. Furthermore, one patient case is not very informative.  CPIC is currently working with ClinGen to determine the best way to provide more direct information for ClinGen users about actionability of pharmacogenes. | Mary/Kelly will continue to update with CPIC members. |
| *CYP2C19*/PPI guideline | John Lima (lead author) presented Tables 1 and 2 to CPIC membership. Authors are working to finalize the guideline and implementation resources. Members discussed. It was suggested that “Possible” phenotype terms be included in the guideline tables to allow for uploading to the database. Members discussed that the term “possible” can be confusing to clinicians. Possible use of this term will be included in Term Standardization 2. | This guideline will be sent out for CPIC review after the authors finalize. |