**MINUTES**

**CPIC CONFERENCE CALL**

DATE: October 6, 2022

| TOPIC | DISCUSSION/ACTION | FOLLOW-UP |
| --- | --- | --- |
| Housekeeping announcements | Attendance will be taken by poll after each conference call. Members will receive an email with a poll 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. |
| Inter-Society Coordinating Committee for Practitioner Education In Genomics (ISCC-PEG) update | Phil Empey, Co-Chair of the ISCC-PEG Pharmacogenomics Project Group, provided an update on current ISCC-PEG initiatives. ISCC-PEG aims to identify genomics educational needs and potential solutions for healthcare professionals, share best practices in educational approaches, and develop educational resources. There are several project groups, including a Pharmacogenomics Project Group. Key updates include: 1. The G2C2 resource has transitioned to GenomeEd ([www.genome.gov/GenomeEd](http://www.genome.gov/GenomeEd)), which hosts genomics competencies for healthcare professionals and educational resources.
2. The Pharmacogenomics Project group has developed nine educational modules covering a variety of pharmacogenomics topics that are expert-developed and peer-reviewed. They will be produced/hosted for dissemination by University of Pittsburgh and offer CE for healthcare professionals (8 hr total). They will also be featured on genome.gov.
3. The ISCC-PEG Scholars program, which is entering its 3rd year, is a competitive program for trainees (2-year term) that involves a mentored educational project in collaboration with an established ISCC-PEG project group. Applications are due Nov. 1, 2022. For more information, see: <https://www.genome.gov/careers-training/Professional-Development-Programs/ISCC-PEG-Scholars-Program>.
4. The 2023 Healthcare Professionals Genomic Education Week is scheduled for June 5-9, 2023. This is a social media campaign to advance genomics broadly. There is one theme each day (including pharmacogenomics). The submission form will be available shortly if you would like to be involved.
 | Email Phil Empey (pempey@pitt.edu) if you have any questions or are interested in joining ISCC-PEG. |
| Policy Opportunities to Improve Patient Access to Comprehensive Biomarker Testing – Hillary Gee Goeckner, MSW | Hillary Gee Goeckner, MSW, is the Director of State & Local Campaigns of Access to Care for the American Cancer Society Cancer Action Network (ACS CAN). She provided an overview of the importance of biomarker testing in oncology and the barrier of limited insurance coverage. She also highlighted disparities in access to biomarker testing based on race, socioeconomic status, and treatment setting (e.g., community vs. academic medical center). Lack of insurance coverage is the most frequently mentioned concern as a barrier to biomarker testing. Coverage differs greatly across payers, and payers are not keeping pace with clinical guidelines and evidence. There is broad patient and provider support for biomarker testing.The ACS CAN has developed legislation to address insurance coverage, which will require state-regulated insurance plans (including Medicaid) to cover comprehensive biomarker testing when supported by medical and scientific evidence. This legislation is disease and stage agnostic: *Biomarker testing must be covered for the purposes of diagnosis, treatment, appropriate management, or ongoing monitoring of an enrollee’s disease or condition when the test is supported by medical and scientific evidence, including, but not limited to:*1. *Labeled indications for an FDA-approved or -cleared test;*
2. *Indicated tests for an FDA-approved drug;*
3. *Warnings and precautions on FDA-approved drug labels;*
4. *Centers for Medicare and Medicaid (CMS) National Coverage Determinations and Medicare Administrative Contractor (MAC) Local Coverage Determinations; or*
5. *Nationally recognized clinical practice guidelines and consensus statements*

This legislation has passed in AZ, IL, LA, and RI, and is expected to be considered in several other states in 2023. For more information, see: [www.fightcancer.org/biomarkers](http://www.fightcancer.org/biomarkers)  | If you'd like to get involved in the ACS CAN's biomarker testing campaign work in your state or sign an organization on in support of this work, please reach out to Hillary at Hilary.Gee@cancer.org. |
| ClinGen Pharmacogenomics Working Group (PGxWG) – Michelle Whirl-Carrillo, PhD and Stuart Scott, PhD  | Michelle Whirl-Carrillo and Stuart Scott provided an overview of the Clinical Genome Resource (ClinGen; <https://clinicalgenome.org/>) and associated pharmacogenomics initiatives including the newly-formed Pharmacogenomics Working Group (PGxWG). ClinGen is funded by the National Human Genome Research Institute. It involves many individuals, working groups, and expert panels. The mission of ClinGen is to build and support authoritative central resources that define the clinical relevance of genes and variants for use in precision medicine and research. Their focus to date has been mainly disease genetics. The ClinGen team curates the evidence via Gene and Variant Curation Expert Panels. There is an established ClinGen, CPIC, PharmGKB, Partnership to bring CPIC and PharmGKB information into the ClinGen website (see: <https://clinicalgenome.org/about/clingen-cpic-pharmgkb/>). The PGxWG has members that span many fields and includes representation from CPIC. The goal of this group is to propose an evidence-based classification system for the clinical significance of pharmacogenomic variants and gene-drug phenotype validity assignments that leverage the expert curation of PharmGKB and CPIC that is consistent with other ClinGen working group efforts, the ACMG guidelines for interpreting genetic variants implicated in Mendelian diseases, and AMP/ASCO/CAP standards and guidelines for interpreting sequence variants in cancer. This effort aims to be synergistic with the established CPIC allele curation and CPIC SOPs, not redundant.  | Email Michelle Whirl-Carrillo (mwcarrillo@stanford.edu) if you have any questions about the ClinGen PGxWG. |