



**ASSOCIATION FOR MOLECULAR PATHOLOGY**

*Education. Innovation & Improved Patient Care. Advocacy.*

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October 26, 2015

Stuart Scott, PhD on behalf of the Clinical Pharmacogenetics Implementation Consortium (CPIC)  
The Mount Sinai Hospital  
One Gustave L. Levy Place, Box 1194  
New York, NY 10029-6574

Dear Dr. Scott,

Thank you for contacting the Association for Molecular Pathology (AMP) to seek organizational endorsement for the Clinical Pharmacogenetics Implementation Consortium (CPIC) sponsored draft manuscript *Term Standardization for Clinical Pharmacogenetic Test Results: Alleles and Phenotypes*. The AMP is pleased to endorse this CPIC initiative to standardize pharmacogenomic nomenclature.

The AMP was founded in 1995 to provide structure and leadership to the then-emerging field of molecular diagnostics. Through its Board of Directors and Committees, AMP is broadly engaged in topics of importance to those at the forefront of this growing discipline. AMP has assumed national visibility with its efforts to shape regulations and policy that influence research and the practice of molecular diagnostics. The organization is divided into the scientific subdivisions of genetics, infectious diseases, hematopathology, informatics, and solid tumors. The AMP membership includes individuals from academia, government, and industry, including basic scientists, laboratory directors, medical technologists, and trainees.

As such, the AMP largely represents the clinical laboratories that perform pharmacogenomic testing. Currently, there is no commonly used language or terms to describe either metabolizer status categories or allele function. Establishment of a standardized nomenclature would provide increased clarity and consistency for molecular pathologists, metabolic specialists, and ordering clinicians, ultimately resulting in better patient care. We applaud CPIC's efforts to establish a consensus standard developed by subject matter experts in pharmacogenomics similar to efforts by the Human Genome Variation Society to standardize genomic nomenclature. Adoption of the standardized nomenclature by the clinical laboratory community could enhance reporting, facilitate decision support, and facilitate creation of bioinformatics/electronic decision support tools.

CPIC has assembled an international workgroup, utilized a Delphi process to develop their recommendations, and sought feedback from a number of professional organizations. This stakeholder engagement is vital to ensure that the broad spectrum of clinical professionals who would utilize pharmacogenomic testing are involved in the consensus process, and will promote adoption of the recommendations. We are confident that our members' expertise as molecular pathologists can contribute valuable insight and foundations upon which this and other CPIC projects may benefit. We are happy to assist in providing expertise on issues related to clinical pharmacogenomic testing and welcome the opportunity to foster collaboration between AMP and CPIC.

We look forward to the final manuscript appearing in press.

Sincerely,

Janina Longtine, MD