Q1 Did you either call in to this conference call on February 24th, 2018 OR listen to the recorded webinar?
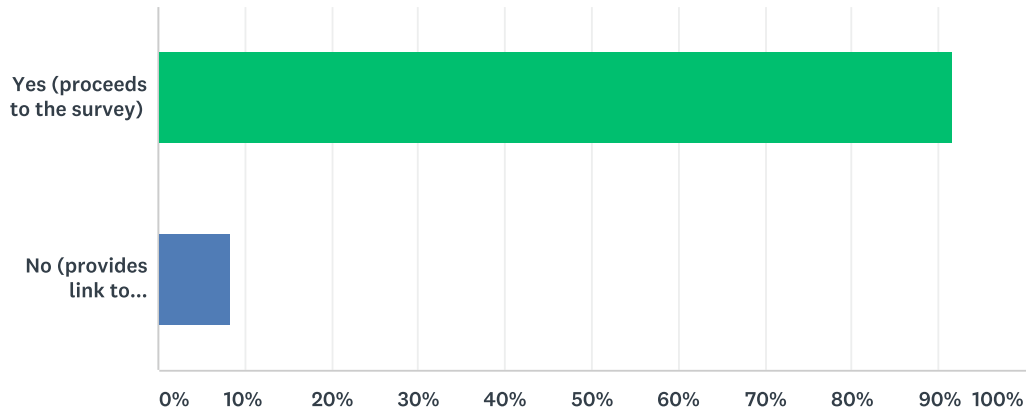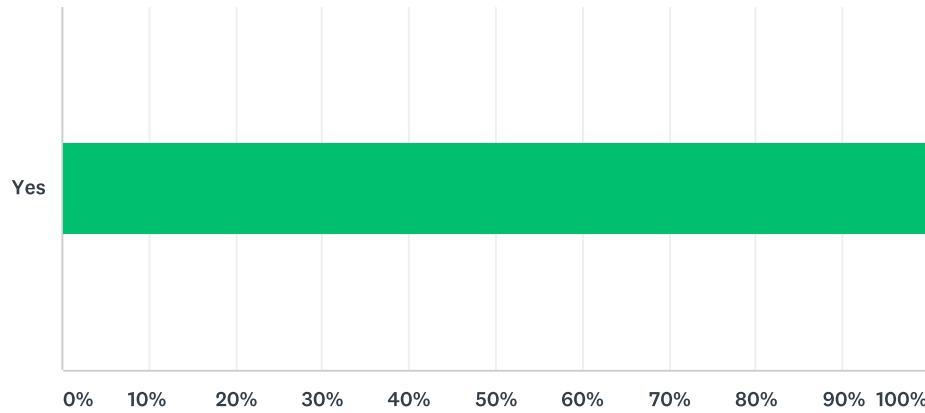
Answered: 24   Skipped: 0

ANSWER CHOICES	RESPONSES	
Yes (proceeds to the survey)	91.67%	22
No (provides link to webinar)	8.33%	2
TOTAL		24

Q2 I have watched the webinar and I am ready to continue with the survey.
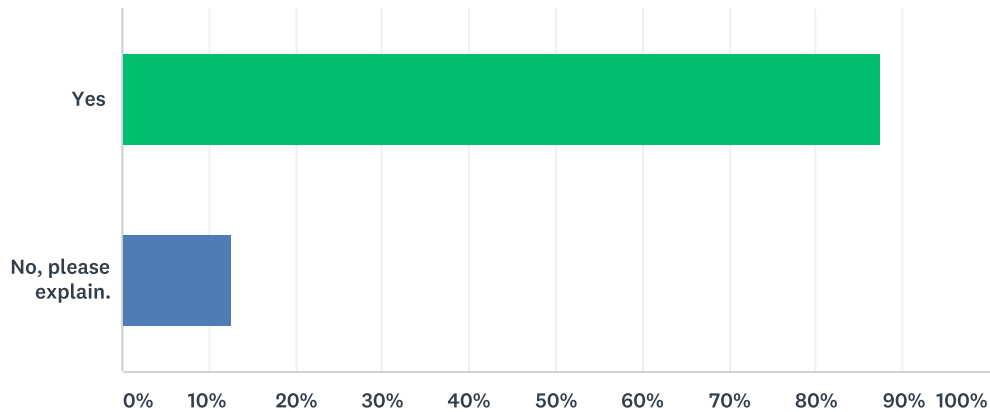
Answered: 2   Skipped: 22

ANSWER CHOICES	RESPONSES	
Yes	100.00%	2
TOTAL		2

Q3 Do you agree with this recommendation to proceed with categorizing AS=1 as intermediate metabolizers (i.e. IM=0.5 to 1)? Please note: Additional details of assignment of phenotype based on genotype (e.g., how to incorporate AS of 2.5) will be decided in subsequent surveys.
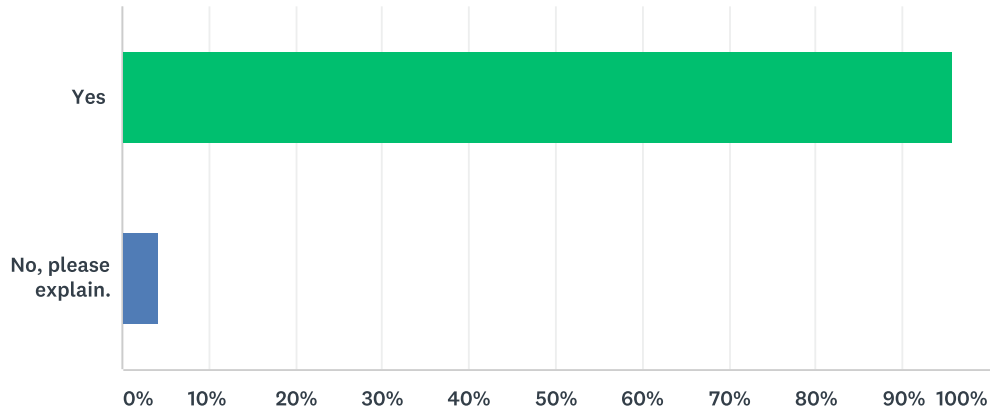
Answered: 24   Skipped: 0

ANSWER CHOICES	RESPONSES	
Yes	87.50%	21
No, please explain.	12.50%	3
TOTAL		24

#	NO, PLEASE EXPLAIN.	DATE
1	As we can look at in the below manuscript, the plasma endoxifen level in patients with CYP2D6*10/*10 is similar to those in PM group. If we follow the above scoring system,AS=0.5 should be categorized into PM Dose-adjustment study of tamoxifen based on CYP2D6 genotypes in Japanese breast cancer patients. Kiyotani K, Mushiroda T, Imamura CK, Tanigawara Y, Hosono N, Kubo M, Sasa M, Nakamura Y, Zembutsu H. Breast Cancer Res Treat. 2012 Jan;131(1):137-45.	3/4/2018 6:47 PM
2	I still think that an AS = 0.5 should be distinguished from AS = 1 as a "slow metabolizer" rather than having a single name potentially covering 2 different drug-specific phenotypes, i.e. when recommendations for 0.5 and 1 differ. Decreased function alleles are increasingly recognized as having drug-specific activity, and more granularity will help when implementing recommendations into EHR.	2/21/2018 5:52 PM
3	I do agree with making AS 1 an IM, but the span of the IM group is too narrow. It seemed, during the presentation, that we would increase the range of IM from 0.5-1.5 to 1.5, thus incorporating the *1/*10 example as an IM (1.25 if we decrease *10, as below).	2/15/2018 11:34 AM

Q4 Do you agree with this recommendation to proceed with downgrading some alleles (*10 for now) to a lower AS score (0.25)? Please note: Additional details of assignment of phenotype based on genotype (e.g., how to incorporate AS of 0.25) will be decided in subsequent surveys.
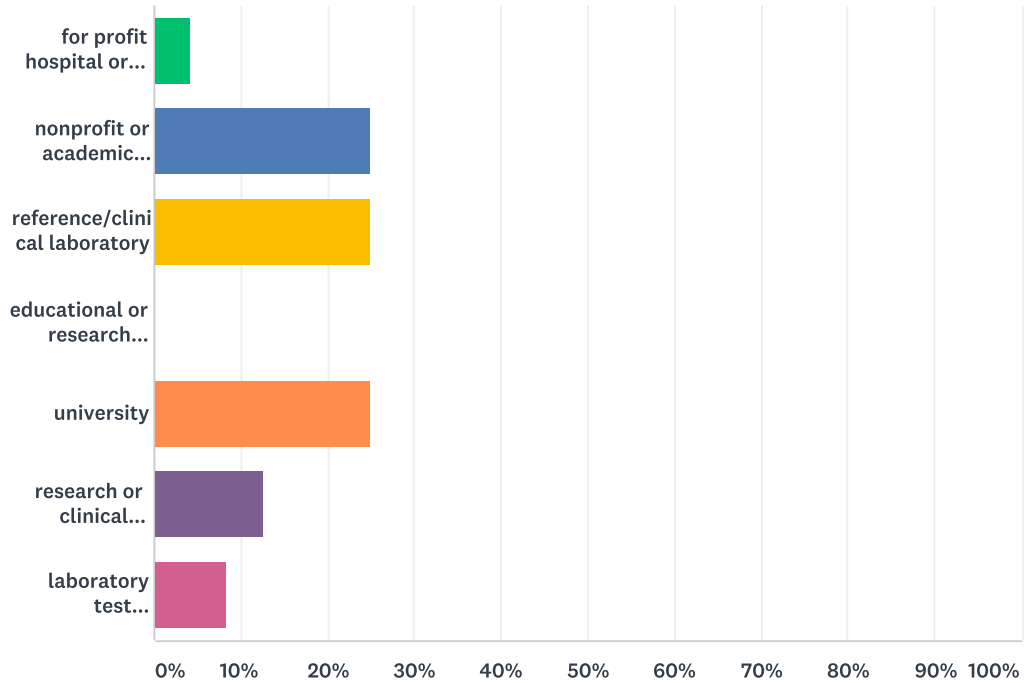
Answered: 24   Skipped: 0

ANSWER CHOICES	RESPONSES	
Yes	95.83%	23
No, please explain.	4.17%	1
TOTAL		24

#	NO, PLEASE EXPLAIN.	DATE
1	1. This would create another subgroup, which we should avoid. 2. If AS=1 in i te IM group, this would give a correct warning that *10/*10 is decreased activity, which is sufficient and will solve this problem.	2/15/2018 2:26 AM

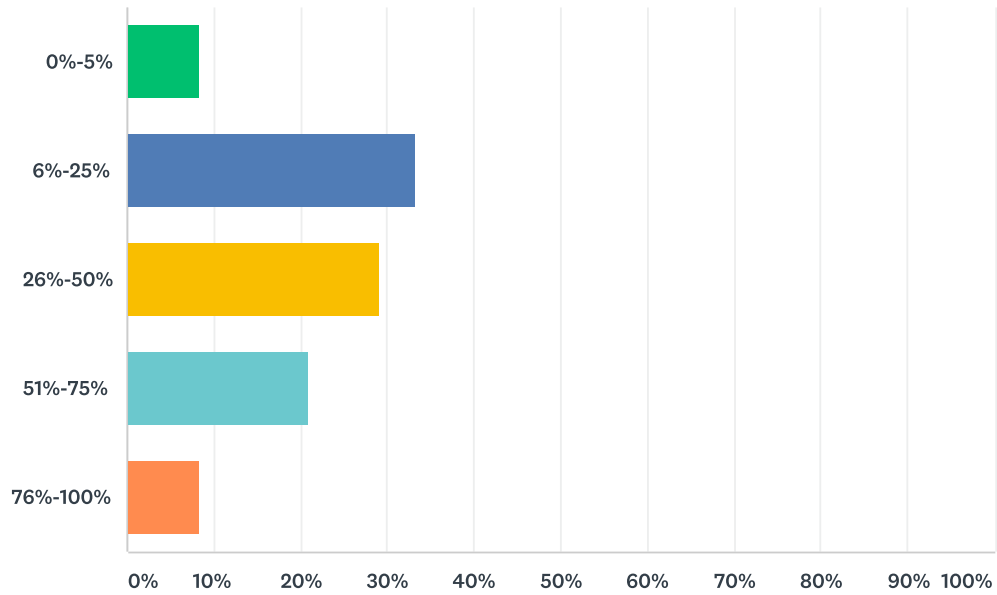# Q5 Which of the following describes your workplace setting ?

Answered: 24   Skipped: 0

ANSWER CHOICES	RESPONSES	
for profit hospital or clinic	4.17%	1
nonprofit or academic hospital or clinic	25.00%	6
reference/clinical laboratory	25.00%	6
educational or research resource	0.00%	0
university	25.00%	6
research or clinical institute	12.50%	3
laboratory test interpretation service	8.33%	2
TOTAL		24

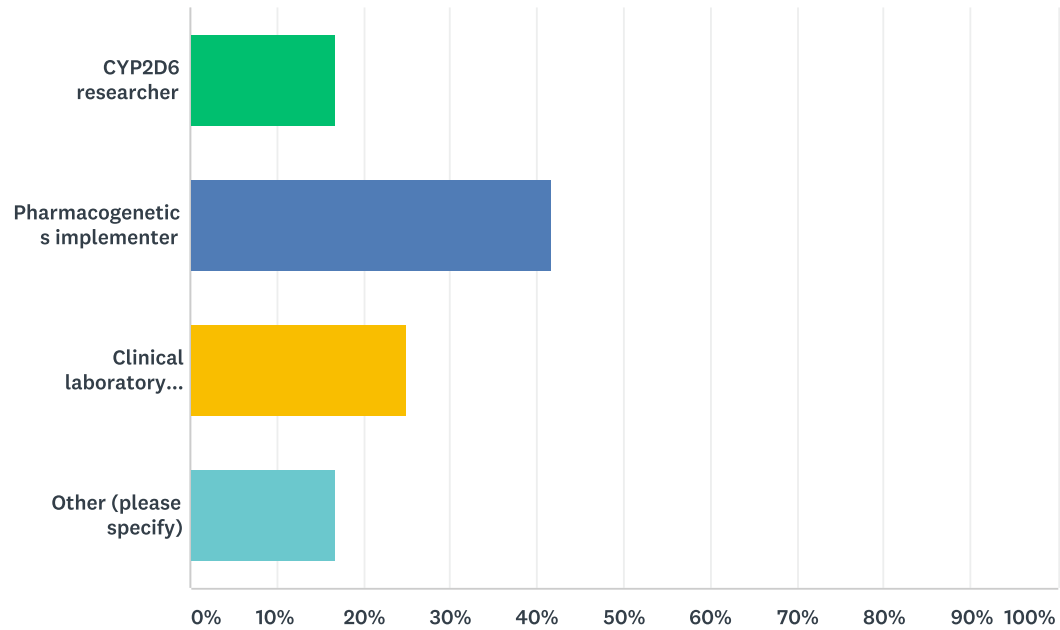# Q6 What percent of you time is related to work involving CYP2D6?

Answered: 24   Skipped: 0

ANSWER CHOICES	RESPONSES	
0%-5%	8.33%	2
6%-25%	33.33%	8
26%-50%	29.17%	7
51%-75%	20.83%	5
76%-100%	8.33%	2
TOTAL		24

Q7 Which of the following best describes your primary job?

Answered: 24   Skipped: 0

ANSWER CHOICES	RESPONSES	
CYP2D6 researcher	16.67%	4
Pharmacogenetics implementer	41.67%	10
Clinical laboratory professional	25.00%	6
Other (please specify)	16.67%	4
TOTAL		24

#	OTHER (PLEASE SPECIFY)	DATE
1	general PGx research	2/22/2018 4:46 PM
2	PGx research	2/22/2018 3:47 PM
3	Pharmacogenetics researcher (includes CYP2D6)	2/21/2018 2:08 PM
4	research and implementation, DPWG leadership	2/15/2018 1:50 AM