



Canadian HIV/AIDS Pharmacists Network  
Association Canadienne des Pharmaciens en VIH/SIDA  
CHAP Annual General Meeting – Minutes

**Toronto Delta – Harbourfront Room**

**Toronto, Ontario**

Wednesday, April 29, 2015

0800 to 1800h

**Pre-meeting Breakfast Symposium** – Dealing with HIV Denial & Denialism – Dr. Evan Collins,  
Staff Psychiatrist, Immunodeficiency Clinic, Toronto General Hospital,  
Assistant Professor Department of Psychiatry, University of Toronto

**BUSINESS MEETING**

1. In attendance: Linda Robinson, Nancy Sheehan, Alison Wong, Deborah Yoong, Jinell Mah Ming, Christine Hughes, Debbie Kelly, Michelle Foisy, Natalie Dayneka, Shannon Stone, Shanna Chan, Alice Tseng, Pierre Giguere, Mike Stuber, Dominic Martel, Denise Kreuzwiser, Patricia Tsiopanas, Alissa Koop, Karen Tulloch, Jason Kielly, Marlene Shehata  
Guest: Hugh Ngo (HIV resident)
2. Update CHAP member list – The list was circulated for members to update contact information
3. Additions to agenda: Clinical Sharing:  
Nancy Sheehan – CANDY study update

**Executive Report**

4. Welcome. Shanna called the meeting to order at 9:45.
  - a. Acknowledgement of publications by the membership in the last year
  - b. Ongoing support of each other through list serve
    - i. Other professionals have expressed the important clinical support that the list serve offers when there are complicated clinical problems or questions about clinical support
  - c. New members
    - i. 10 new general members:
      1. As listed in last CHAP Fall Newsletter – Jaris Swidrovich, Ishita Patel. Nicki Hanhoff, Yenny Tju, Marie-Elaine Metras

2. Will be listed in CHAP Spring Newsletter – Anisa Shiviji, Rahul Sahajpal, Sheilagh Stroud, Jason Kielly, Anna Folk
- ii. 1 new Working Group Member:  
Michael Stuber

5. Treasurer's Report

- a. 2014 Meeting: \$47,500 budget
  - i. \$22,500 travel grants (14 travel grants)
  - ii. \$11,014.41 meeting expenses  
*Total meeting expenses \$33,514.41*
  - iii. Amount carry forward: \$64,865  
Goal is to keep 1 year in operational costs in reserve in case of changes to funding
- b. 2015 Meeting: \$32,500 budget  
- \$21,000 travel grants distributed
- c. CHAP Project Account  
Rationale: a general bank account where funding for projects (handbooks, education/patient tools, etc) could be housed  
- grant money can be paid to this account and directed exclusively to this project  
- advantages include avoiding potential hospital overhead charges for keeping research money in a hospital account and minimizing any hospital required paperwork

**Old Business**

1. CHAP mandate – Expansion of HCV, HIV/HCV role
  - a. 2014 Annual Meeting – Terms of Reference changed to indicate focus now HIV and viral hepatitis infections
  - b. Clinical Sharing/ Case Discussions :
    - i. HIV
    - ii. Viral hepatitis infections
  - c. Letter to request sponsorship will indicate that our group has expanded and dedicated time during a CHAP meeting will be allocated for clinical discussion of HIV and viral hepatitis infections
  - d. Membership
    - i. General Membership  
Focus can be HIV and/or viral hepatitis infection
    - ii. Working Group  
Focus will remain HIV and co-infections but this may be expanded in the future

- e. List Serve – free from Yahoo Alice is still working on potential for webmaster to integrate list serve into the CHAP website
    - i. Existing list serve: HIV  
Discussions on viral hepatitis co-infections with HIV will be discussed here
    - ii. New list serve to be created: Viral Hepatitis Infections
  - f. Announcement of CHAP's Expanded Mandate to be made to:
    - i. Canadian Pharmacists Association - Chair
    - ii. CSHP - Chair
    - iii. Major Canadian Viral Hepatitis Infection Treatment Centres
      - 1. CHAP working group members have been asked to volunteer to contact the key viral hepatitis pharmacists in their area
      - 2. Chair will send each member sample letter
2. CATIE – collaboration on Hepatitis C viral infections activities
- a. CATIE has shifted their mandate to cover both HIV and hepatitis C infections
  - b. CHAP members are willing to continue to participate when asked to volunteer to assist with their projects
  - c. CHAP members are asked to mention that they are CHAP members when their credentials are cited
3. ARV drug coverage table (Deborah Yoong)
- a. Very helpful table, although still some difficulty in understanding if there is a cost to the patient; Deborah will post an additional summary chart that may help clarify
  - b. Suggestion : CHAP to write position paper to lobby for universal health coverage for HIV medications
    - i. Linda & Deborah Y. to lead subcommittee with representation from each province

### **New Business**

- a. Travel Grants
  - 1. With respect to the difficulty in obtaining CHAP sponsorship, members are encouraged to use the grants in the most economical manner.
  - 2. National Grant Allocation  
Add second allocation to Saskatchewan (one for Saskatoon and one Regina)  
*Motion Passed to add second allocation for Saskatchewan*  
- Working Group Re-Affirmation does occur after each annual general meeting

- One year probation to meet criteria is being offered

b. Election of CHAP Secretary 2015

Nancy Sheehan, Montreal, Quebec volunteered for the position. She was acclaimed.

During the lunch break, Sandy Becker, Conference Manager for the 24<sup>th</sup> Annual Canadian Conference on HIV/AIDS Research (CAHR 2015) came to our meeting to confirm that our room allocation was appropriate. The new chair, Natalie, introduced herself and stated that CHAP will be seeking a meeting room next year in Winnipeg.

**Lunch Symposium** – “A pill a day keeps the virus away: the state of the science of PreEP and PEP” – Dr. Darrell Tan, Infectious Diseases physician, clinical-scientist and CIHR New Investigator, Head – University of Toronto Clinical Research Unit on HIV Prevention, Co –Leader – CIHR Canadian HIV Trials Network Biomedical Prevention Working Group

c. Dr. Tan requested that CHAP endorse the project of a “Canadian Consensus Guidelines on PEP & PrEP”. He is also seeking CTN Administration support, submitting an application for CIHR and for industry support. Before an endorsement can be proposed, CHAP’s endorsement policy will need to be reviewed. In principle, CHAP is supportive of this endeavor. Deborah Y will contact Dr. Tan to further investigate CHAP’s potential role.

d. The slide show was shown and annual photo was taken.

e. **Projects – updates, new, discussion**

1. Alison Wong –The results were presented from a national survey of what health care professionals wanted on a screening tool for identifying patients requiring a pharmacist consultation. The resultant draft Screening Tool for identifying these patients was presented. A pilot study with the Screening Tool will now be organized with MUHC pharmacy residents.
2. Jason Kielly and Deb Kelly – An ongoing CHAP initiative update was given for the project “Point of Care Testing for HIV and expanding the pharmacist’s scope”. The CHAP project is ongoing and will focus on the role of the community pharmacy as a testing venue.
3. Alice Tseng, Pierre Giguere, Michelle Foisy - HIV/HCV drug interaction App. The beta version will be available for testing on the Android and Apple phones in the

next month. CHAP working members will be solicited to test the application.

4. Linda Robinson - As the HIV Medication Reconciliation revised form was presented to majority of the group at a meeting yesterday, this item was titled.
5. Dominic Martel – A chart of Hepatitis C Drug Coverage is being drafted as a national comparison. A debate followed to consider whether genotype criteria and the website link to explain the details of coverage and the required forms should be included. Dominic Martel – A chart of Hepatitis C Drug Coverage is being drafted as a national comparison. Dominic will attempt to readjust the chart to include possible HCV regimens according to genotype and include coverage criteria. Footnotes and/or annexes will further detail coverage criteria and links to the government websites regarding coverage information and forms required to request coverage.

#### **Clinical Sharing/Case Discussions**

- a. Nancy Sheehan - Darunavir + Stribild presented a TDM (therapeutic drug monitoring) case study showing that elvitegravir plus cobicistat decreases the serum trough levels of darunavir significantly to subtherapeutic levels. Increasing the darunavir dose offered little improvement as the levels remain subtherapeutic. Linda mentioned that her pharmacy resident was writing up her series of patients on this regimen. Deborah Y also mentioned they have a group of 21 patients, treatment-naïve and treatment-experienced on this regimen and the to-date outcomes have been positive.
- b. Nancy Sheehan – The results of a pilot pharmacokinetic study was presented. The CANDY Study (Evaluating Concentrations of antiretrovirals: atazanavir, darunavir, tenofovir in subjects with HIV and type 2 diabetes mellitus: a pilot study) was postulated based on animal data which has shown that there is increased CYP activity and that cell transporters are affected. Although the study had a small sample size, the results showed an increased tenofovir serum levels (4 hours post dose) and the serum levels of atazanavir and darunavir were decreased. Potential for a retrospective clinical study was discussed; use of CANOC database was suggested to re-evaluate potential clinical impact (virologic control, AE) on a larger scale.

- c. Dominic Martel – A case study highlighting ribavirin potential adverse reactions in patients co-infected with HIV. For example, when ribavirin is prescribed with atazanavir, the percent of patients with Grade 3 to 4 hyperbilirubinemia increases up to approximately 45%. Ribavirin also shown to interact with azathioprine (inhibition of IMPDH) and must be monitored closely.
- d. Pierre Giguere and Alice Tseng - HIV/HCV Case Studies were presented. A case of potential drug interactions with Harvoni® and beta blockers and/or amiodarone. Clinical cases were presented of patients who experienced bradycardia requiring intervention. Patients also had impaired renal function. Monitoring parameters and frequency at different centres was discussed. Linda will collect this information from different centres and share this summary document on the list serve.
- e. Natalie Dayneka –Some centres are no longer adjusting the doses of zidovudine and lamivudine for newborns with HIV positive mothers for the six weeks of prophylaxis unless the patient is found to be HIV positive.

Future CHAP Annual General Meetings will continue to be held at the annual Canadian Association of HIV Research (CAHR).

The CAHR website lists the following meeting locations:

CAHR 2016 May 12-15th, Winnipeg (proposed CHAP Annual General Meeting Wednesday May 11<sup>th</sup>)

CAHR 2017 April 24-27th, Montreal

CAHR 2018 April 26-29th, Vancouver

The meeting was adjourned at 1815h.

Minutes taken by Natalie Dayneka, B.Sc.PhM, ACPR, PharmD, FCSHP

7:30 pm CHAP Dinner - Nota Bene Restaurant, 180 Queen Street West

*Note: CAHR would like to post a brief summary (maximum of 500 words) of this ancillary event on the CAHR website following the conference. Please email: Sandy Becker, Conference Manager, [sandy@seatoskymeetings.com](mailto:sandy@seatoskymeetings.com)*