



Canadian HIV/AIDS Pharmacists Network
Association canadienne des
pharmaciens en VIH/SIDA

CHAP/ACPV Annual General Meeting 2016

Minutes

Wednesday, May 11th 2016

Charles wood A room – Delta Winnipeg

Winnipeg, MB

Welcome: Natalie Dayneka welcomed all participants to the meeting and thanked the sponsors for support (Gold sponsors: Merck, Gilead; Silver sponsor: Viiv Healthcare; Bronze sponsor: Abbvie).

Prayer/Blessing ceremony (First Nations): The First Nations blessing ceremony was performed by the Elder Velma Orvis.

Breakfast Symposium

HIV Epidemic on the Canadian Prairies: a Tale of Two Provinces with a Focus on Manitoba's Response

Dr. Ken Kasper, Infectious Disease Specialist, Director Manitoba HIV Program, Winnipeg Health Sciences Centre and Nine Circles Community Health Centre, Assistant Professor, Department of Medical Microbiology, University of Manitoba

Dr. Kasper presented the HIV epidemiology and challenges of caring for people living with HIV in the prairies, primarily Manitoba and Saskatchewan. The similarities but also the differences between these two provinces were presented. The patient characteristics show an over-representation of aboriginals, a large proportion of women and late presenters (CD4 < 200 cell/mm³) and a high rate of opportunistic infections. Strategies to screen people for HIV and implement programs in rural communities were highlighted.

BUSINESS MEETING (9h40-12h00; 12h30-17h00; 18h00-20h00)

- 1. Presence:** Natalie Dayneka (chair, Ottawa), Shanna Chan (past chair, Winnipeg), Nancy Sheehan (secretary, Montréal), Deborah Yoong (co-treasurer, Toronto), Alice Tseng (co-treasurer, Toronto), Shannon Stone (Saskatoon), Mike Stuber (Regina), Linda Robinson (Windsor), Alison Wong (Montréal), Pierre Giguère (Ottawa), Sara Cassidy (Prince

George), Colleen Benson (Edmonton), Pam Nickel (Edmonton), Dominic Martel (Montréal), Denise Kreutzwiser (HIV pharmacy specialty resident, Toronto General Hospital / McGill University Health Centre / University of Toronto), Linda Akagi (Vancouver), Jeff Kapler (Calgary), Genevieve Olsen (Calgary), Debbie Kelly (St. John's), Christine Hughes (Edmonton)

The quorum of working group members (15/20) was met.

Guests (industry, for symposium only):

Breakfast: Pat Forsythe (Gilead), Sunita Bond (Gilead), Isabel Deslongchamps (Merck), Chantelle Morrison (Viiv Healthcare), Christian Baron (Viiv HealthCare), Cathy Bizruchak (Abbvie)

Lunch: Neil Boutin (Gilead), Sunita Bond (Gilead), Isabel Deslongchamps (Merck), Suresh Ramadasan (Merck), Chantelle Morrison (Viiv Healthcare)

2. Approval of agenda

Natalie called the meeting to order at 9:40 am.

The following addition was made to the agenda:

- Projects – updates, new, discussion
 - o dolutegravir and metformin (Pierre Giguère)

The following was removed from the agenda:

- HIV and Hepatitis C Case Presentations
 - o Anti-seizure medication and drug interactions with HIV meds
 - o Chemotherapy and drug interactions with HIV meds
 - o Other cases

The time for the am business meeting was modified from 9:15am to 11:00am (instead of 9:15am to 12:00 pm).

Natalie informed participants that evaluation forms for the day would be sent by e-mail. Participants will be asked to suggest speakers for future meetings.

3. Executive Report (Natalie Dayneka)

a. Welcome, acknowledgements, year in review

Natalie welcomes the participants and thanks working group members who assisted her with the organization of the annual general meeting.

b. Membership

i. New general members

Sixteen (16) new general members joined CHAP in the last year.

BC: Melice Bell, Graham Foster, Ayesha Hassan, Andrew Cornacchia, Erin Ready

Alberta: Shayna Campbell, Megan Hanks, Paul Agbulu

Saskatchewan: Jeff Herbert, Brent Vanin

Ontario: Veeral Ghandi, Zahid Somani, Denise Kreutzwiser

Nova Scotia: Tasha Ramsey

International: Sylvia Briddle (Australia), Florian Ricard (France)

ii. New CHAP working group members / changes

One working group member (Chantal Ho, Edmonton) asked to be removed from the working group list as she is now less involved in HIV. A few members did not perfectly meet the criteria for renewal of working group status but the executive decided to renew their status given that the criteria are very demanding (see section 6a for changes to the criteria).

c. Contact list

Natalie reminded all participants to update their contact information on the contact list.

4. Treasurer's report (Deborah Yoong / Alice Tseng)

Deborah presented the treasurers' report.

For the 2015 annual general meeting we received 32 500\$ in grants from industry. The expenses for the meeting were as follows:

Description of expenses	Cost (\$ CAN)
Travel grants	21 000
Meeting expenses	Total: 11 430.04
Chair educational grant	2 000
Room, food, AV equipment	3 647.92
CHAP dinner	2782.12
Speaker honoraria	3 000
Total	32 430.04

The amount carrying forward for 2016 was 64 935.78.

For the 2016 annual general meeting, the overall budget for the meeting was 32 500\$. Seventeen (17) travel grants were distributed (20 000\$ total; 14 working group and 1 non-working group member received 1 250\$ and 2 non-working group members from Edmonton shared a 1 250\$ grant).

For the present year we received 32 500\$ in grants:

- Merck 10 000\$
- Gilead 10 000\$

- Viiv Healthcare 7 500\$
- Abbvie (HCV division) 5 000\$

Obtaining funding is more and more challenging. Certain pharmaceutical companies cannot fund travel grants. Some suggestions to consider for future years are:

- to ask everyone participating to present (ex: group presentation from a clinic) so that travel grants rather become honorarium and reimbursement of expenses;
- to submit applications for meeting and dissemination grants (CIHR) (ex: for preparation of research proposals);
- to ask funding to universities for meetings;
- to apply for grants from pharmaceutical companies working in the field of comorbidities commonly present in the HIV population (ex: if a symposium is on a related topic);
- to apply for grants from generic pharmaceutical companies making antiretrovirals;
- have the meeting at a less expensive venue than the CAHR conference hotel or site (ex: university; bring own AV equipment, etc).

5. Old Business

a. Approval of minutes AGM 2015

Pierre Giguère made a motion to approve the AGM 2015 minutes. This was seconded by Shannon Stone and all participants were in favor.

b. ARV drug coverage table (Deborah Yoong)

The table on Reimbursement status of antiretrovirals in Canada is available on the Toronto General Hospital Immunodeficiency Clinic website (www.hivclinic.ca). There is also a table for reimbursement of PEP (non occupational consensual, non occupational non consensual (sexual assault), occupational) and PrEP.

These are updated as necessary by Deborah.

c. CHAP accounts (Alice Tseng / Deborah Yoong)

There are presently two accounts for CHAP – a general account and one for CHAP research projects (presently 3 projects benefit from this account). The cheques are received and deposited by Alice.

It is suggested to continue the same as this works well for everyone concerned (Alice, principal investigators of the projects).

d. CHAP endorsement of PEP / PrEP Canadian Guidelines (Deborah Yoong)

Darrel Tan and Mark Hull have asked CHAP to endorse the new Canadian guidelines on PEP/PreP. The 1st draft of the guidelines was presented at CAHR.

The plan is to send to all CHAP working group members by e-mail the guidelines for review and ask for endorsement.

e. Universal access to ARVs : Position paper (Deborah Yoong / Linda Robinson)

Deborah Yoong and Linda Robinson (and colleagues) have been working on a project to lobby for universal access to antiretrovirals.

Their planned approach is step-wise:

Step 1: A publication that describes the current Canadian landscape (CMAJ)

Authors: D.Yoong, L. Robinson, Adam Cook (CTAC), Beth Rachlis (OHTN researcher), Tony Antoniou

Reviewers: relevant CHAP members, Ahmed Bayoumi

Purpose: describe the federal and provincial drug programs for ARV access in Canada

Timeline: draft end of summer

Step 2: A published position paper from CHAP

Step 3: A CHAP position statement

The participants made various suggestions:

- Describe the relationship between financial barriers, non-adherence, virologic failure and resistance;
- Add a public health perspective (prevention of transmission; community viral load vs transmission);
- Present outcomes on Canadian cascades of care that are available (ex: BC and universal access)
- Integrate information on compassionate access / patient assistance programs (PAP) for individuals without status or for individuals temporarily without provincial/federal medication coverage (patient assistance program are considered coercive; not a long-term solution; add volume of use if data from Viiv HealthCare and Gilead PAPs are available)
- Discuss that many generic antiretrovirals are not 1st line treatment options;
- Do step 3 (CHAP position statement) either before or at the same time as step 2 (CHAP position paper).

It is important that these be completed in a timely fashion given the nature of the problem. Deborah et al. will propose a position statement to the CHAP group before the end of 2016. Comments and approval can be obtained by e-mail (ie: Survey Monkey).

If needed, time can be dedicated at the 2017 CHAP AGM to reach a consensus on the position statement and to discuss how the position statement should be disseminated.

A small group can work on the position paper by e-mail/teleconference. This will likely be a short paper and endorsement of the publication is not thought to be necessary.

Lunch Symposium

Modulating inflammation to decrease end organ dysfunction among HIV infected individuals

- Yoav Keynan, MD, PhD
Assistant professor, Department of internal medicine, Medical Microbiology and Community Health Sciences, University of Manitoba, Manitoba HIV Program

Dr. Keynan reviewed the pathophysiology of HIV-associated immune activation causing organ dysfunction (gut, cardiovascular, lungs, brain) including biomarkers associated with disease. Future treatment modalities include specific small molecules that block key inflammatory cascades and cytokines.

6. New Business

a. Working group affirmation

The criteria to be met by working group members were reviewed during the meeting. Modifications were done as it is sometimes difficult for people to attend the AGM and as there are not many CHAP projects. There was also some redundancy with some criteria.

The appendix 1 of the terms of reference has been modified with the new criteria (see attached). Working group members must meet 4 of the 7 criteria. The criteria will be modified accordingly in the terms of reference by the executive (section working group members).

Christine Hughes made a motion to approve the new criteria. These were seconded by Jeff Kapler. All participants at the meeting were in favor.

b. Travel grants

The amount provided for the travel grants was discussed. A decision was taken to leave the amount allocated to the discretion of the executive. It is the executive's responsibility to find a fair amount based on the funding received. The expected amount for the travel grants is 1250\$ but this amount could be more or less depending on the funding received and the number of participants. If needed in the future, the executive could try to cut various expenses.

The suggestion to send receipts and ask for reimbursement was rejected as deemed too time-consuming.

c. Election of CHAP secretary 2016-2017

Dominic Martel was elected as secretary for 2016/2017. The roles and responsibilities were presented.

d. Industry sponsored CHAP fellowship (Alice Tseng)

Alice presents the idea of having CHAP working group members offer preceptorships (few weeks-months of mentoring/shadowing) to less experienced pharmacists. This could potentially be funded by industry. The funding received

could be deposited in the CHAP project account. Funding would be used to help pay some expenses of the preceptor pharmacists.

If interested on working on this project, please contact Alice.

7. Slide show and group photo

The slide show was presented and a group photo was taken. Nancy thanks everyone who contributed photos for the slide show.

The attendees suggested that the group photo be taken in the morning from now on.

8. Projects – updates, new, discussion

a. Screening tool update (Alison Wong)

Alison gives an update on the projects related to the screening tool.

- CHAP survey on the role of the HIV pharmacist was refused for publication. Alison will resubmit the manuscript elsewhere.
- An unrestricted educational grant was received from Viiv Healthcare and Janssen for this project.
- A group of Masters students are working on the Phirst trial: Pharmaceutical Consultation: Prioritization of HIV-patients with a referral screening tool. The primary objective is to establish an urgency score to determine the priority of pharmacist consults according to the characteristics of HIV patients at the Chronic Viral Illness Service (McGill University Health Centre, Montréal). The methodology of the study was presented.
 - 24 pharmacists participated in the Delphi survey (15, 14 and 13 pharmacists participated in the 1st, 2nd and 3rd round, respectively)

b. APPROACH study (pharmacy POCT) (Debbie Kelly)

Debbie presents the APPROACH study which is a multicenter study (Newfoundland, Edmonton) on HIV point-of-care testing (POCT) by community pharmacists.

Title of the project: A new APPROACH to HIV Testing: Adaptation of POCT for pharmacies to reduce risk and optimize access to care in HIV

Co-investigators: Kelly D, Kielly J, Hughes C

Funding: CIHR 150 000\$ (implementation science)

Design: Type II hybrid implementation – effectiveness study design

Primary objective (*summarized*): Determine if a multi-faceted HIV POCT program adapted for and provided by community pharmacists is acceptable, feasible, and effective.

Implementation aims:

- Help community pharmacists develop and implement POCT in urban and rural settings in NL, AB.
- Evaluate processes and determinants of POCT program implementation in pharmacies and clinical effectiveness to strengthen the intervention and its implementation.

Effectiveness aims:

- Evaluate the effect of POCT implementation on client outcomes, preferences and satisfaction with the testing experience.
- Understand the demographic, social and behavioural characteristics of the clients who seek HIV testing at pharmacies.

c. TDM update (rilpivirine, elvitegravir, dolutegravir) (Nancy Sheehan)

Rilpivirine, elvitegravir and dolutegravir therapeutic drug monitoring (TDM) is now available at the Québec Antiretroviral Therapeutic Drug Monitoring Program. Nancy presents the chosen PK/PD parameters and targets as well as the indications to measure concentrations for these antiretrovirals.

Nancy asks the group if there is interest for a TDM interpretation workshop at next year's CAHR/CHAP. An important number of participants seemed interested. Nancy will try to organize this for the Thursday morning. The exact date and time will be confirmed later on.

d. HIV exposed newborns: 4 vs 6 week zidovudine therapy (Karen Tulloch)

Karen could unfortunately not be at the AGM meeting. Natalie presents the information provided by Karen.

The duration of zidovudine therapy (4 vs 6 weeks) in neonates for prevention of mother to child transmission remains controversial. The BC Women's Hospital and Health Centre have more and more experience with giving just 4 weeks of zidovudine. According to the Canadian Perinatal HIV Surveillance Program (CPHSP) database, from 1411 cases there has been only 1 case of transmission *in utero*. The main reason for early zidovudine discontinuation has been anemia.

Natalie mentions that CHEO gives 6 weeks of zidovudine but discontinues it at 4 weeks if the child is anemic. After 4 weeks, the dose is no longer adjusted with increasing weight unless therapy switches to treatment instead of prophylaxis.

European observational data have shown no increased risk of transmission if the child receives only 4 weeks of zidovudine.

e. HIV/HCV drug interaction app & website (Alice Tseng, Pierre Giguère)

Alice and Pierre present the new HIV/HCV Drug Therapy Guide application, available at app.hivclinic.ca. This application / website provides general information on the medications as well as specific information on drug-drug interactions in an interactive fashion.

Congratulations to Alice, Pierre and Michelle who have worked very hard on this project.

If you have suggestions, please report them to Alice or Pierre.

Michelle Foisy presented a poster at CAHR on the application/website.

A mobile application will follow shortly and the group is already working on version 2.0.

f. HCV medication update (Pierre Giguère)

Pierre presents a rapid update on daclatasvir and Zepatier (grazoprevir / elbasvir) as well as on the drug-drug interaction between ledipasvir and proton pump inhibitors.

g. HCV drug coverage table (Dominic Martel)

Dominic presents his progress with the development of an HCV drug coverage table. He would like to prepare tables that present treatment options by HCV genotype. Hyperlinks to provincial formularies that describe criteria for coverage would be inserted.

The possibility of creating an application is discussed.

h. New DDI handbook (Linda Robinson, Alice Tseng, Mike Stuber, Rachel Therrien)

Linda R. presented the Drug-Drug Interaction Handbook that she worked on with Alice, Mike and Rachel. They are considering adding a pdf version on the Toronto General Hospital Immunodeficiency Clinic website.

Congratulations to everyone who worked on this project.

i. Ontario HIV Pharmacists' Professional Specialty Group – upcoming educational events (Linda Robinson)

For the 20th anniversary of OHTN, the next annual meeting of the Ontario HIV Pharmacist's Professional Specialty Group will be during the OHTN conference (Oct 24-26th). Government funding had been obtained for pharmacists to participate and attend the 3 day conference. The OHTN conference will focus on closing gaps in the care cascade.

j. Dolutegravir + metformin (Pierre Giguère)

Pierre would like to study the clinical significance of the drug-drug interaction between dolutegravir and metformin. This would likely be a retrospective study. Those with the capacity and willingness to participate can contact Pierre by e-mail. This could become a CHAP initiative research project if working group members from different sites participate.

The discussion shows that people have very different practices to manage this

interaction (upfront empiric metformin dose decrease vs just following patients closely and adjusting the metformin dose if needed).

9. HIV and Hepatitis C Case Presentations

a. Elvitegravir and dolutegravir: rationale for many early discontinuations (Jeff Kapler)

Jeff presented his clinic data on early discontinuations (within 5 months) of elvitegravir (Stribild) and dolutegravir-based regimens. 15.1% and 5.8% of patients discontinued Stribild and dolutegravir-based regimens, respectively. Approximately 50% of discontinuations were due to adverse events for both groups. The most common adverse effects leading to discontinuations were rash, GI effects, dyspepsia, vomiting and tenofovir nephrotoxicity for Stribild, and insomnia, fatigue, nausea and anxiety for the dolutegravir-based regimens.

b. ARV medication and immigration challenges (Jeff Kapler)

Jeff presents the challenges in Calgary where more and more patients have temporary work permits with no medication coverage. They often have to request compassionate access medications and many patients must apply for humanitarian aid.

c. Positive babies born in the prairies (Mike Stuber, Shannon Stone)

Until recently, no HIV + babies had been born over a 5 year period in the prairies. Last year, however, 3 HIV+ babies were born in the prairies. This is thought to be related to the increase in prevalence in aboriginal women and the lack of HIV control. The 3 cases were presented.

10. CHAP dinner meeting (Deer + Almond restaurant)

a. Future CHAP projects and initiatives

This item was discussed during the afternoon session.

b. Future AGM topics for clinical discussions and presentations

An agenda item is suggested for next year : group name (should it stay the same vs change to include viral hepatitis)

c. Suggestions for external presenters at next AGM

For the next annual general meeting, the following presentations and potential speakers are suggested:

- Transplant and HIV (D. Rouleau, CHUM; M. Klein, MUHC)
- Resistance (M. Wainberg, Thibault Mesplède, Bluma Brenner – Montréal Jewish Hospital)
- HIV/HCV co-infection (M. Klein, MUHC)
- TDM workshop (N. Sheehan to organize)



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As per the Terms of Reference, the Chair is to re-affirm the working group status for all working group members following the annual meeting.

As a working group member, please indicate which of the following working group membership responsibilities you have met in the last 12 months:

1. Participated in regular e-mail discussions. YES NO
2. Contributed in CHAP annual newsletter. YES NO
3. Served on the CHAP executive within the last 5 years. YES NO
4. Actively participated in at least 1 project or publication in the last 2 years which aligns with CHAP's mandate. List the initiatives in which you have participated.

5. Attended at least one CHAP annual general meeting (AGM) in the last two years. List the year and location of the last 2 CHAP AGMs that you attended.

1. _____

2. _____

6. Disseminated HIV/viral hepatitis information and/or coordinated efforts with healthcare providers or stakeholders in your geographical region. List or attach examples.

7. Participated in a CHAP group initiative (involving at least 2 different geographical regions). Please provide a short description.

To meet the responsibilities of working group membership, 4 of 7 listed responsibilities are required (Please refer to the CHAP Terms of Reference).