The Canadian HIV/AIDS Pharmacists Network
Association Canadienne des Pharmaciens en VIH/SIDA

CHAP Annual General Meeting Minutes
Radisson Hotel Saskatoon
Wednesday, May 12, 2010

Attendees:
Linda Akagi (Vancouver-BC)
Pierre Giguere (Ottawa-ON)
Natalie Dayneka (Ottawa-ON)
Jeff Kapler (Calgary-AB)
Cara Hills-Nieminen (Edmonton-AB)
Christine Hughes (Edmonton-AB)
Shanna Chan (Winnipeg-MB)
Shannon Stone (Saskatoon-SK)
Niamh Higgins (Montreal-PQ)
Pam Nickel (Edmonton-AB)
Megan Walsh (Toronto-ON)
Linda Robinson (Windsor-ON)
Nancy Sheehan (Montreal-PC)
Linda Sulz (Regina-SK)
Alice Tseng (Toronto-ON)

Regrets:
Lizanne Beique
Marie Courchesne
Norman Dewhurst
Deborah Kelly
Kathy Lee
Line Labbe
Charles la Porte
Kathy Slayter
Rachel Therrien
Gloria Tsang
Jinell Mah
Deb Yoong
Michelle Foisy

7:30 - 9:00 am **Managing CV Risk: A Toolkit for HIV Providers**
(BMS sponsored breakfast)

During the breakfast symposium, Linda R presented *Managing CV Risk: A Toolkit for HIV Providers*. A collaboration of ID and GP specialists across Canada collaborated on this project. The Association of Medical Microbiology and Infectious Disease Canada (AMMI) and the Canadian College of Family Physicians (CCFP) accredited the toolkit for 9 hours of continuing education credits. It is a pocket-sized reference and comprises 6 sections including algorithms for managing lipids, smoking cessation, diabetes, hypertension and renal disease. This is intended to be a practical toolkit for clinicians. There are speakers who can present on each of these topics for continuing education credit. If anyone is interested in obtaining copies of the toolkit, it is necessary to organize a speaker to present at your centre on at least one of the topics. BMS sponsored this initiative and anyone may organize a speaking event by contacting their BMS representative.

Linda R provided the group with an overview on each of the 6 sections and with instructions on how to use the toolkit.

9:00 -10:30 am **Business Meeting**

The business meeting opened with **introductions**
Cara acknowledged the **sponsors** of this year's annual general meeting (AGM):

- We received "gold" level sponsorship from Merck and Gilead
- Bristol-Myers Squibb sponsored the breakfast symposium and Abbott sponsored the lunch symposium

Cara welcomed all attendees.

The group then enjoyed a **slideshow** created by Chantal Ho. The slideshow was excellent and very well received.

Subsequently, Alice circulated the CHAP member **contact list** for attendees to update.

Terms of Reference Vote (Natalie)
The **Terms of Reference** (TOR) has finally passed! Natalie received 12 votes to pass the TOR, which is considered to be a quorum (50% of 21, plus one). The working group member reaffirmation survey is included in the TOR document (Appendix I).

Working Group Member Applications (Cara)

Currently, there are **22 working group members** although the website says that there are 20 spots. As a group, we decided not to keep a limit on the number of working group members. However, keeping a limit of **20 travel grants** seemed to be the consensus. We proposed that the number of working group members could be at the discretion of the executive board. We discussed the role of a working group member and that having working group status was not simply about securing a travel grant, but

also about having **voting privileges**. One downside to having too many working group members would be that it might become increasingly difficult to achieve a quorum when voting at the AGM as the number of working group members increases.

One criterion of being a working group member is to demonstrate **regional representation**. Thus, working group member applications from provinces or regions with no representation would probably take priority over applications from areas with existing representation. It therefore seemed reasonable to admit members to the working group who would be taking over the position of another former working group member (e.g. Gloria Tsang is stepping down and Carlo Quaia is taking over her position in pediatrics). An ideal candidate may also include someone who represents a **specific discipline** such as pediatrics, pharmacokinetics, research, HCV coinfection. The group discussed the option of adding a section describing special expertise to the application. In the end we agreed to leave this to the discretion of the executive.

Attendees expressed their interest in having more information on the working group applicants, such as being notified when we receive new applications and when new members are admitted to the working group. The executive will review the new applications after the AGM and will notify the CHAP network of new working group members.

Linda R suggested organizing meetings with pharmacists in other Pharmaceutical Partners of Canada (PPC) such as cardiology pharmacists. There is an annual conference in February. Although funding may be an issue, it may be worth exploring as a way to link with other forums. CHAP could have a **regional symposium**—we decided that this idea could become a **CHAP** initiative that we would discuss later.

Treasurer Report (Alice)
Alice announced that we are on target with our funding. Cara did a fantastic job on coordinating funding for this year's AGM. The 2010 travel grant was $1350. Typically, the executive budgets $25000 for the meeting, including $20000 for the travel grants and $5000 for the meeting. This year some companies decided to fund speaker/food events rather than contribute to the general fund, which could pose problems when we seek funding for future meetings. CHAP still has a one-year cushion of $25000 (i.e. a float budget) in the bank if we are unsuccessful in reaching our funding goal for next year.

We discussed the fact that companies are now more and more sensitive in terms of the way that funds are spent. The funding for this year's AGM came from four companies, versus one company in previous years. Canada's Research-Based Pharmaceutical Companies (Rx&D) has guidelines that strictly prohibit travel grants, which could make future funding initiatives increasingly difficult.

As far as sponsorship through **industry** this year:

- Abbott could support us, but by sponsoring the lunch symposium versus directly giving us a cheque

- BMS supported us by sponsoring the breakfast symposium
- Gilead is a company outside of (Rx&D) and was able to give a cheque
- Merck was able to give a cheque but there was an application process

We discussed looking at funding from the **federal level**, in case the resources from industry dwindle. For instance, the Canadian Association of Nursing in AIDS Care (CANAC) has an annual conference and perhaps we could ask this group if they receive funding from federal sources.

As a follow-up to this question, I asked my colleague, Gino Curadeau, who is on the CANAC executive. It turns out that this group does not receive federal funding for their conference, but members may ask industry for sponsorship on an individual basis.

One idea mentioned was the possibility of the host city applying for local funding. It would be idea if we could seek funding from **non-profit resources**. Jeff has access to a database called "BIG online" that lists external funding opportunities for non-profit organizations. Jeff will keep us posted on funding opportunities in upcoming weeks. At this time, CHAP is not registered as a non-profit organization and so options listed in this database may be limited.

Another idea was the possibility of obtaining funding for CHAP endorsed slide sets? Perhaps we could get funding by **endorsement**? On the other had, we would try to obtain an unrestricted educational grant to, for instance, build a toolkit.

Moreover, pharmaceutical companies could pay CHAP a fee to set-up **promotional booths** during lunch. We also discussed the option of receiving honorariums versus travel grants. Linda R will send out the letter that they use for pharmacy day in Ontario to give more information about the restrictions to funding. For instance, we could allow the pharmaceutical representatives to pay only for the booth and restrict when the reps can participate and sit in on a session. Regarding the pharmacy day in Ontario the Ontario HIV Trials Network (OHTN) pays for the travel of the pharmacists as well as the over-night stay.

Some members expressed concerns about the short length of our AGM and that it is difficult to make it a true **working meeting** with the time constraints. We discussed the option of having a two-day meeting. One day would be for the business meeting and one day for working on CHAP initiatives. Or another option would be all day Wednesday and a half-day on Thursday. An issue with increasing the length of the meeting is a need for additional funding.

The **next steps for fundraising** are to designate certain members to seek funding beyond industry. We will probably have to approach more than one company for sponsorship—we could look at defining Platinum, Gold, Silver and Bronze sponsorship. Last year, Cara sent letters to thank companies from 2009 sponsorship immediately and then sought out sponsorship in the fall. We plan to take the same steps for funding for

the 2011 AGM. We will first approach the companies who supported us this year. Tibotec may be another company that is worth approaching for sponsorship.

Regarding ideas for new CHAP initiatives and other activities, we discussed the following points/ideas:

- Ontario pharmacy day could be linked to the CAHR conference and we could have a larger CHAP meeting with a half-day for the working group to work on initiatives.
- The need to update the position paper on the role of pharmacist in HIV
- We could have a CHAP booth at CAHR to promote our network; the costs should be covered by CAHR; Tibotec is donating half-booths to non-profit groups
- CHAP should also have a free conference room at CAHR
- CHAP is not in the program of CAHR, but it is considered to be an ancillary event
- CHAP could set-up a workshop at CAHR on topics such as how to best utilize your clinical pharmacist, adherence, TDM, post-PK workshop information. The workshop could be open to non-CHAP members and CHAP could endorse the workshop

The group agreed to focus our efforts on linking with community pharmacists and developing Knowledge-Translation-Exchange (KTE) activities. We could organize guest speaking events or even website-based learning programs and teleconferences. We could develop a toolkit for HIV pharmacists, update the paper on the role of the pharmacist in HIV, make a slide kit for pharmacists and then another for non-pharmacists on the HIV pharmacist's role. All of the companies could serve as unrestricted sponsors. Apparently Tibotec would be an excellent option for funding of the toolkit, not for publication, we agreed that the paper would be solely academic without industry support.

We will discuss these ideas in more detail this afternoon.

Elections Executive Board
The working group unanimously elected Jeff Kapler to become 2010-2011 Secretary!

10:30-10:45 am **Snack break**

10:45-12:00 pm **CHAP initiatives**

HIV Clinical Pharmacy Services Survey (Niamh)
This was a survey that Niamh carried out in the fall of 2009 in order to gather information on the HIV clinical pharmacy services in Canada. Niamh shared the results of the survey with the group. Alice suggested that the results be included in the updated position paper.

DEFEAT Update (Niamh)
The DEFEAT study is a pilot project on medication errors taking place at the Montreal Chest Institute. Recruitment is now complete for DEFEAT (n=150) and only 13 study

visits remain. Subsequently, Niamh plans to conduct a multivariate analysis on the risk factors associated with the medication errors discovered during patient interviews as part of her thesis project for the MSc in epidemiology program that she is starting in the fall. The intent is to use the findings of DEFEAT to conduct a larger, inter-institutional study involving CHAP pharmacists at sites across Canada.

New Pharmacist Information Package (Jeff)
Jeff has been working on this package, which contains several HIV references for pharmacists who are new to the field of HIV. The package will have links to pubmed for each of the articles and should be ready in July.

Kaletra MEMS Caps (Linda R)
No news to report to the group; Linda R never heard back from Abbott. If anyone is still interested, probably contacting Abbott is best. We discussed other tools for adherence such as beepers, medication charts, lists, and dosettes. We lost funding for beepers, but could possibly ask Tibotec for support.

Nelfinavir PK Aging Study (Nancy)
This is a multicentre study started back in 2006, looking at effects of aging on nelfinavir. Nelfinavir is a substrate for CYP2C19, an isoenzyme that decreases with age. CHAP members who are involved include Nancy (Montreal) Linda (BC), Katherine (Halifax) and Charles (Ottawa). Overall 10 patients completed study visits. The intent was to recruit 24 patients but it became very difficult to recruit because nowadays very few patients are taking nelfinavir because of concerns about the EMS component. Nancy presented preliminary data on the 10 patients at the 2009 PK workshop. Nancy has been trying to contact Pfizer to pool PK data from the company in order to have a sufficient number of observations for the analysis. If Nancy cannot obtain additional data from Pfizer, could we use the money from Pfizer to carry out another study? Pfizer did not have rigid restrictions on how to spend these funds. In terms of publishing, would it be useful to publish data as a research short communication? There was only one patient above 60 years, but this patient did have decreased nelfinavir clearance. The group suggested contacting the editors of journals in advance to get a feel for their interest in the letter and also to email them a copy of the poster to feel for interest. Line Labbe is minding the funds in her research account, but they are CHAP funds that could be used for a CHAP initiative. One idea that we discussed was PK and aging in HIV.

Nevirapine/Truvada and Virological Failure Study (Christine)
Christine conducted this study at her centre and last year queried CHAP to see if others else were interested in collecting data at their sites in order to increase the number of observations and strengthen the results. Niamh submitted the research question as a concept sheet to the Canadian Observational Cohort Collaboration (CANOC). Initially CANOC members expressed interest in the study, but at a subsequent meeting decided that if randomized data shows no difference, then it may not be worth exploring. We consequently decided that we should focus our energies elsewhere.

H1N1 and CD4 Decline (Debbie)
Debbie spoke about a potential new initiative involving the effects of H1N1 on CD4 cell counts. She sent out an email a few months ago to see if anyone had observed a drop in CD4 in patients after receiving the H1N1 with adjuvant. Anecdotally, she saw this in her practice, called the lab and repeated labs to confirm. The hypothesis: is there something about the adjuvant or the H1N1 vaccine that causes a CD4 cell count decline? She trained patients not to get labs done for 3-4 weeks after vaccination. Preliminary analysis on their patient population, appear to demonstrate a statistically significant decrease in CD4 cell counts followed by a CD4 increase. She believes that percentages stayed the same throughout this change.

With respect to data collection, variables would include absolute CD4 and CD8, CD4 and CD8 percentages, CD4 nadir as well as viral loads. These labs would be taken prior to vaccination, then two more measures (one at 3 months, one at 6 months). We would classify patients who may be more susceptible to this drop (e.g. those with lower CD4 nadirs). Do the viral loads remain undetectable if they were undetectable? Debbie's centre is going to do a formal analysis. She would like to know if anyone else is interested? Debbie spoke to GSK informally and if this would interest CHAP as a multisite study, we may be able to get funding. At TGH and McGill, many of the patients who received H1N1 were already participating in another CTN study so it may be tough to access these data. Edmonton may have difficulties accessing data without ethics approval. Linda R has 250 patients and would be able to access these data for the purpose of the study. **Next steps:** Debbie will write the protocol, she will solicit the group for interest in a few weeks' time

Regional Updates

Ontario
April 30th was the 2nd annual Pharmaceutical Sciences Group (PSG) conference. There were several talks including nephrology, aging (also working group on management of aging population). There were cases in the afternoons including HIV and pregnancy, HIV and metabolic disease, issues with initiating antiretroviral therapy, including immune reconstitution inflammatory syndrome. Key players in all of the major cities, if you go on to TGH website, pharmacy groups, Ontario PSG all talks are videotaped (not officially posted yet, last year's is).

Saskatchewan
There is a speaking panel on Saturday at 9am at CAHR. HIV cases in Saskatchewan are on the rise and the panel will discuss the dissemination of HIV information, HIV awareness, HIV testing and the lack of resources. There is a serious need for more physicians and caseworkers. There are thousands of pharmacists in Saskatchewan who need to know about HIV. Linda S's question to the CHAP group is how to disseminate information in Saskatchewan? Public officials in Saskatchewan acknowledge that HIV is important, but claim that there is no money. Shannon does HIV and HCV in Saskatoon; Linda S practises in Regina. Linda S states that since the start of 2010 there are already 24 new cases. In Saskatoon, Shannon tells us that there have

been 34 new cases in 2010 and that the cases among pregnant women are so high. There are tremendous challenges in this province.

12:00-1:00 pm **Lunch**

1:00-2:15 pm **Dr. Donna Holton-HAND**
Southern Alberta Clinic
(Abbott sponsored speaker)

Dr. Holton gave an excellent presentation on HIV and the CNS. She presented clinical cases and there was much discussion about the significance of CSF penetration of antiretroviral drugs. There was also discussion about viral loads in CSF and genotyping. For this kind of genotype it is the same sequencing process.

2:30-3:30 pm **Breakout Session**
We decided to remain as a larger group rather than do a breakout session for the discussion of the CHAP initiatives. Members expressed concerns about the current CHAP initiatives and the need for new projects.

Role of the HIV Pharmacist Position Paper
It has been a number of years since there has been a CHAP publication. CHAP published a paper on the role of the HIV pharmacist in CJHP in 2000. Thus it seems that CHAP is due to update this paper.

For the introduction, we could discuss how the face of HIV has changed, the modern HAART era. For the sections of the paper, Alice will circulate the last paper and also a list of the previous subheadings. We also discussed the following subheadings:

- Presence of a clinical pharmacist
- Adherence
- Management of Comorbidities
- Medication acquisition/Payment
- Pediatrics
- Resistance
- Complimentary therapies

The **next step** in making the above ideas come to fruition would be to circulate the original publication and to develop an outline for the new paper. Once we decide upon an outline, members who are interested in authorship can choose one or more writing topics. We could keep a listserve for each section. There could be one primary writer and reviewers for each section. Subsequently, this draft would go back to the working group for the to final approval prior to submission to CJHP. Regarding a timeline, possibly the first draft could be ready by September?

Continuing Education Programs
Another project idea that could dovetail from the position paper could include a pharmacy practice CME lesson with the focus being on community pharmacists. We

could simply include a section in the paper called a “primer for community pharmacists”. We would like to write a paper that is succinct, rather than a comprehensive review. Perhaps we could update the position paper and then plan to develop slide kits for specific sections. Regarding CHAP endorsement, we should be able to charge companies for this approval and also for pharmacy CE credits. There is a huge cost associated with getting credits approved. The **next step** will be to update the position paper as described above. The continuing education programs can be developed subsequently.

International HIV Pharmacist Network
Alice has been corresponding with some pharmacists on an international level. Some of these pharmacists contacted Alice through the TGH website, other pharmacists from Australia have expressed interest in collaborating with the CHAP network. Their numbers are few and so they would like to keep in contact. Some had joined the British HIV pharmacist group, but there seemed to be a lot of local discussion that didn’t always apply to their practice sites. Therefore, when clinical queries arise, it would be nice to bounce ideas off an international group of pharmacists. We could organize a televised meeting to make plans to formally meet at an international conference such as the HIV pharmacology workshop. The workshop could be called **HIV International Pharmacists (HIP)**. As far as recruitment for this network, we could try to contact other HIV pharmacists certified by the American Academy of HIV Medicine (AAHIVE certified). We could also look for contacts through other listserves. Alice will speak to David Burger to see about contacts through virology education. We could also contact members of the HIV pharmacology network based in Buffalo.

3:30-5:00 pm **Clinical Forum**

HIV Pharmacology Workshop Update (Pierre/Alice)
CROI Update (Linda R)
Great overviews of key take home points from the conferences and excellent discussion! Please refer directly to the slides of each speaker for more information.

Bring Your Clinical Questions
1. How many people routinely place patients on vitamin D and calcium?
In St. John’s, Debbie mentions that everyone gets a baseline bone marrow density exam and then typically patients receive vitamin D 1000 IU daily and calcium 500 BID. It is important to assess risk factors. For example, if patient is male and not on tenofovir and has only HIV infection, the pharmacist discusses the importance of calcium in diet. Otherwise recommends calcium/vitamin D. Linda R has a makeshift protocol Vitamin D 50,000 for 8 weeks. There was an interested poster at CROI on efavirenz and vitamin D interaction.

2. Cara was interested to know if others are doing waist to hip ratios?
It did not sound like pharmacists were routinely doing these measurements.

3. Shauna presented a case on glomerulonephritis in a patient treated with cyclophosphamide and prednisone whose CD4 count never fully recovered 8 months post-treatment for glomerulonephritis (believed to be on Kaletra and Kivexa). This was a difficult case and the group did not have any big suggestions to help solve the mystery of the lack of CD4 recovery.

4. Shauna had an update for 2 patients on Bosenta and PI—both doing very well!

5. Natalie was interested to know about what people are using for prophylaxis in babies—do they dose adjust AZT as they see the child? (yes, and Natalie and Linda R do the same). Natalie also wondered why we follow through with 28 days of PEP? What is the rationale? We had a discussion about HIV seroconversion, antibody production and the fact that the antiretrovirals aren't blocking the entry of the virus into the host cell, but that the body will clear the virus.

6. Another question: Who is using maraviroc? Safety data are reassuring
We had a discussion about novel regimens that people are using across Canada.

5:00 pm **Meeting Adjournment**