

Minutes from the CHAP Meeting
May 12, 2004
Sheraton, Montreal, Quebec

``To do`` for CHAP members:

- 1) Send an e-mail to Marie Courchesne (marie.courchesne@muhc.mcgill.ca) about the number of patients in our practice that are over 60 years of age, and about their antiretroviral regimen, by early June.
- 2) Contact Rolf Van Heeswijk (rvanheeswijk@ohri.ca) in the coming year if we identify a patient who is not responding to antiretroviral therapy despite being adherent, whose genotype shows sensitivity to all antiretrovirals and who would agree to undergo bloodwork for TDM. TDM would help determine whether the problem is malabsorption of antiretrovirals. If a sufficient number of patients are identified, this could constitute a CHAP project or be the subject of a publication.
- 3) Provided the authors (Kathy Lee, Jinell Mah Ming et al.) of a poster on CAM use presented at CAHR all agree, Marie Courchesne will use their patient survey, modify it and circulate it for review by CHAP members for a CHAP project on the use of naturopathic products.

Attendees: Natalie Dayneka, Linda Sulz, Laura Park-Wyllie, Deborah Yoonge, Nancy Sheehan, Tony Antoniou, Alice Tseng, Lizanne Béïque, Rolf Van Heeswijk, Kathy Lee, Linda Akagi, Marie Courchesne, Rachel Therrien.

Chair: Marie Courchesne

Secretary for meeting: Lizanne Béïque

Election of chair: Marie Courchesne offered to continue as the Chair of CHAP until Debbie Kelly returns from maternity leave in 2005. Secretary for CHAP will continue to be Debbie Kelly until then.

Presentation by Laurie Edmiston , Executive Director of CATIE

The purposes of the presentation were to outline the roles of CATIE and to determine if future collaborations may be possible between CHAP and CATIE. CATIE has five main functions:

- 1) Writing and distributing publications (several publications were circulated at the meeting, incl. newsletters for PHAs that deal mostly with coping strategies, treatment updates (e.g., practical guide to complementary therapy), ``Innovations`` for physicians and pharmacists, CATIE News, Fact Sheets for PHAs (about 70 of them). All publications are available in English and French, and selected ones have been translated in a number of other languages (e.g., Chinese, Vietnamese, African dialects).
- 2) Maintaining a website with over 10 000 webpages.
- 3) Responding to calls, mostly from PHAs, made to their 1-800 phone line. CATIE has occasionally received calls regarding dosing or other-drug related issues from pharmacists who rarely or had never dispensed antiretrovirals. There were inclusive discussions about how these calls should be addressed since CATIE may not have the expertise, namely as whether CHAP should play an active role in these cases. If there is no on-site expertise available, CATIE's procedure is to take the caller's coordinates and call them back after having seek experts' opinions, often members of CHAP. Topic to be readdressed in the afternoon.
- 4) Offering workshops
- 5) Maintaining a library. CATIE holds several journals, and can provide certain articles to callers as needed.

L. Edmiston outlined the different types of memberships available (individual membership, which costs \$20, institutional membership (mostly for pharmaceutical companies) and associate membership. She also specified that the benefits to members and non-members were similar since the mandate of CATIE was to distribute information freely.

CHAP was invited to attend CATIE's annual general meeting on June 22 in Ottawa where Steven Lewis would be speaking, as well as the Educational Conference that will take place June 21.

Highlights from the 5th International Workshop on Clinical Pharmacology in HIV by Marie Courchesne and Linda Akagi: (see attached Power Point presentations)

Pilot project by Lizanne Béïque. She presented on a pilot project that allows patients to report on side effects to their antiretrovirals, that will end July 10. Seeking participation of CHAP members to help promote the website by distributing posters and flyers. Nancy Sheehan raised a potential issue that Lizanne Béïque will follow-up on with her ethics committee, which is whether organizations (such as drugstores or AIDS services organizations) not affiliated with an ethics committee can participate in promoting the website under the ethics approval already provided for the project. The PowerPoint presentation consisted of snapshots of the website: <http://www.uottawa.ca/health/se>

Atazanavir – BMS presentation by Pierre Giguère. See attached PowerPoint presentation.

Discussion about funding Marie Courchesne was commended on her ability to obtain more funding for this year's meeting, and also for obtaining verbal confirmation that funding would be secured by BMS for next year. For logistics reasons, it was decided that, for 2004, every attending CHAP member would receive \$1000 regardless of the expenses they had to incur. CHAP members could request less funding, but without the option of accessing the balance at a later date. CHAP members for whom \$1000 exceeded their expenses were encouraged to use it, as much as possible, for future CHAP meetings. Laura Park-Wyllie raised a question regarding whether she was still considered a member given her replacement during her maternity leave, and it was agreed that everyone currently on the list was a CHAP member.

Pharmacokinetic case by Rolf Van Heeswijk. (See attached PowerPoint Presentation). Case re: patient who was not responding to antiretrovirals despite being adherent, had a genotype showing wild type virus, and who underwent bloodwork for TDM. The results showed malabsorption of medications. Rolf suggested that such topic could be the subject of a CHAP publication or CHAP project should there be other similar cases during the year. See "To do" at the beginning of the minutes.

Partial roundtable on TDM: TDM is frequently performed at the BC Centre for Excellence (approx. 100 patients/week), Rolf has occasional requests, mostly from outside Ottawa, Alice mentioned TDM is requested for a few pre-specified patients, and Lizanne, Rachel and Tony do not have any TDM that is requested or performed at their centre. Rolf offered to perform TDM should we identify patients as per the "to do" list at the beginning of the minutes.

Discussion re CATIE: A question was raised regarding whether the chairman of CHAP being a member of the CATIE Advisory Committee implied CHAP's endorsement of CATIE's publications, but remained unanswered.

There were discussions as to whether the chairman of CHAP should be listed as a member of CATIE's advisory committee as the chairman of CHAP, as an independent, or not at all. Marie will remain listed as an HIV pharmacist only.

Conclusions were not reached with regards to the manner in which CATIE should handle calls from pharmacists, but it was put forth that provincial drug information centres have the mandate to provide drug information and that CATIE could consider linking up with them. This is because CHAP does not have the proper infrastructure to address drug info calls CATIE receives.

Project for next year Several projects were proposed (e.g., stats on rates of completion of antiretroviral treatment for needle stick injuries, writing patient information – Linda Akagi mentioned the Oaktree Clinic website already had patient information sheets-, incidence of non-wildtype transmission of HIV in newly infected patients in Canada – Quebec already has a database-, drug interactions, reevaluation of the drug interaction websites that were published in Pharmacotherapy two years ago, differences in efficacy

or tolerance or other factors in women vs. men or in an African population, assess the quality of courses on HIV offered in Canadian Faculties of Pharmacy).

The projects that were retained:

- 1) Determine the characteristics (yet to be established) of HIV patients aged 60 years and over compared to younger patients. It was agreed that every CHAP member would e-mail Marie Courchesne with the number of patients aged 60 and over, along with the antiretroviral regimen they take. Should a sufficient number of patients be identified, we would decide on the type of information to be collected and analyzed.
- 2) TDM for patients with a wild type genotype, and not responding to antiretrovirals despite being adherent. Please refer to "To do" at the beginning of the minutes, and to the Pharmacokinetic Case section of the minutes.
- 3) Patient's views on naturopathic treatment for the purpose of determining if more education from pharmacists is needed. Please refer to "To do" section at the beginning of the minutes.

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