

# CHAP Fall Newsletter 2013

## News from the Chair

Hello Everyone,

I hope the start to Fall has been good for everyone so far! It has been quite a beautiful fall in Edmonton and I am certainly enjoying it while it lasts. It is an absolute pleasure to be the Chairperson of CHAP this year and I am really looking forward to the months ahead. CHAP has evolved so much since I joined in 1998 and it is really exciting to see the number of new faces and exciting initiatives led by our CHAP members. I would like to take the opportunity to welcome our three newest CHAP working group members. Karen Tulloch is a Clinical Pharmacy Specialist with the Oak Tree Clinic in Vancouver BC, Dominic Martel is a pharmacist with the Centre hospitalier de l'Universite de Montreal and Jinell Ma Ming is a pharmacist with the Southern Alberta Clinic. Welcome Karen, Dominic and Jinell! We are also sad to see Cara Hills leave the CHAP working group but wish her all the best. I would also like to welcome all of the pharmacists who have joined CHAP including Carmen Garcia Munoz (4<sup>th</sup> year pharmacy resident in Madrid Spain), Patricia Tsiopanas (Pharmacy Coordinator, Clinic Pharmacy, TGH), Pascal Bedard (Hopital St. Justine in Montreal), Domina Huang (Edmonton Remand Centre), Rosanne Thalakada (BC Centre for Excellence), Melani Sung (Hamilton Health Sciences), Joseph Aloï (Fletcher Allen Health Care in Burlington Vermont), Tasha Ramsey (ID Clinical Pharmacy Specialist, Kelowna BC), Sharan Lail (pharmacist St. Michael's covering Deb's mat leave), Heather Jarman (London Health Science Centre HIV program), Mathieu Laroche (Centre hospitalier de l'Universite de Montreal) and Christell Vercheva (pharmacist from Liege, Belgium). Welcome – it is great to see that the international CHAP membership continues to increase as well as representation all over the country! For those of you who have not had a chance already, please take a look at the updates to the CHAP website including the file storage section. Thanks again to Alice for continuing her dedicated work on the website which not only serves the members but also increases the profile of CHAP. As a reminder, the Canadian Association for HIV Research Conference will be held in St. John's, Newfoundland this year from May 1-4, 2014. We will be holding our CHAP annual general meeting all day on April 30, 2014. Hotel space is limited in St. John's so make sure to reserve early! Our very own Debbie Kelly is one of the co-chairs of the CAHR meeting and we look forward to enjoying Newfoundland hospitality during our time in St. John's! I would like to end by thanking the Executive members, Shanna Chan, Linda Robinson, Alice Tseng, and Deborah Yoong, for their support and guidance this year so far. Happy Reading!

*-Christine Hughes, Chair*



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# CAHR 2014 in St. John's, NL

## May 1-4, 2014



### 2013-2014 EXECUTIVE

#### **CHAIR**

Christine Hughes, Pharm.D.  
(Edmonton, AB)

#### **SECRETARY**

Shanna Chan, B.Sc. Pharm (Winnipeg, MB)

#### **PAST-CHAIR**

Linda Robinson, B.Sc.Pharm (Windsor, ON)

#### **TREASURER(S)**

Alice Tseng, Pharm.D. (Toronto, ON)  
Deborah Yoong, Pharm.D. (Toronto, ON)

### MEMBERS OF THE WORKING GROUP

#### **ALBERTA**

Michelle Foisy, Pharm.D.  
Chantal Ho, B.Sc. Pharm  
Jeff Kapler, B.Sc.Pharm  
Jinell Mah Ming, B.Sc.Pharm,

#### **BRITISH COLUMBIA**

Linda Akagi, B.Sc.Pharm.  
Cara Hills-Nieminen, BSc Pharm.  
Carlo Quaia, B.Sc.Pharm.  
Karen Tulloch, Pharm.D

#### **NEWFOUNDLAND**

Debbie Kelly, Pharm.D

#### **ONTARIO**

Natalie Dayneka, Pharm.D.  
Pierre Giguère, B. Pharm, M.Sc.

#### **QUEBEC**

Nancy Sheehan, B.Pharm., M.Sc.  
Alison Wong, B.Pharm, M.Sc.  
Dominic Martel, B.Pharm, M.Sc.

#### **SASKATCHEWAN**

Shannon Stone, BSP  
Linda Sulz, Pharm.D

## Have you booked your room yet? Space is limited!

The Delta St. John's is located in the heart of downtown, just steps from the business and entertainment districts. The hotel is connected by an overhead walkway to the St. John's Convention Centre, where the exhibit area will be located.

The Delta is offering a special discounted rate for CAHR attendees of \$169 plus taxes based on single and double occupancy, per room, per night. Make your hotel reservation online, or call the hotel's reservation department at 1-888-793-3582 or Delta's Global Reservations Office at 1-800-268-1133 and reference "GBCCAHR514" to obtain the special rate.

## *Clinic spotlight*

### **Dominic Martel, CHUM**

As a new CHAP member, I will take the opportunity to tell you more about our clinical activities at the CHUM (Centre Hospitalier de l'Université de Montréal). The CHUM consists of three major teaching hospitals (Notre-Dame, Hôtel-Dieu and Saint-Luc). The HIV clinic is known as « UHRESS » which stands for Unité hospitalière de recherche, d'enseignement et de soins sur le sida. UHRESS is present at 2 distinct sites as an outpatient clinic (Hôtel-Dieu and Notre-Dame) and offers interdisciplinary health care services to persons living with HIV (nurses, pharmacists, social workers, nutritionists, psychologists, etc.). Importantly, patients living with HIV have a complete tertiary medical follow-up provided by high quality physicians with different medical specialties (general practitioners, infectious disease, internal medicine, psychiatrist, hepatologist). Our clinic is also actively involved in treating hepatitis C in HIV/HCV co-infected patients. In addition, our clinic has been a leader in providing care to difficult to reach populations and provides methadone-maintenance/HIV/HCV care (toxico-ID clinic) as well as a devoted outreach team of nurses/social workers (« équipe mobile ») which are important in providing care to patients with various comorbidities and precarious social situations. Finally, a PEP clinic is also associated with the clinic although pharmacists are not directly present at the PEP clinic.

HIV-specialized pharmacists working at the CHUM are responsible for providing pharmaceutical care to HIV-clinic patients, which include both outpatients (Notre-Dame and Hôtel-Dieu sites) as well as inpatients (Notre-Dame, Hôtel-Dieu and St-Luc sites) that are HIV-positive. Pharmacists are also a key resource for HCV related consults if needed (as other medical clinic at the CHUM involved in treating HCV mono-infection do not have access to a clinical pharmacist). As of September 2013, a total of 7 HIV-specialized pharmacists were working at the CHUM:

- Anne-Geneviève Genest (Notre-Dame)
- Mathieu Laroche (Notre-Dame)
- Suzanne Marcotte (Notre-Dame; Hôtel-Dieu)
- Marie-Pierre Marquis (Notre-Dame)
- Dominic Martel (Notre-Dame; Hôtel-Dieu)
- Rachel Therrien (Hôtel-Dieu)
- Isabelle Turcotte (Notre-Dame)

Pharmacists at the CHUM are also highly implicated in the "Programme de mentorat sur le VIH-SIDA" which is a HIV-specialized continuous education program dedicated to physicians, pharmacists, nurses (<http://www.pnmvs.org/>) in the province of Quebec and have made many contributions to patients and health care professionals, especially Rachel Therrien which keeps active a very interesting website on drug interactions and clinical information pertinent to HIV pharmaceutical care (<http://www.guidetherapeutiquevih.com/>).



## 4<sup>th</sup> Street in Calgary, 10 blocks south of Southern Alberta Clinic

### Calgary – Jeff Kapler

Calgary had something other than the Stampede going on that put the city in headlines this summer. Fortunately our building was spared damage from the flood in June, but our clinic was displaced due to electrical and water supplies being cut off. It was only for a week, but we were scrambling to ensure patients did not run out of their antiretrovirals (which are all dispensed out of our clinic pharmacy). One of our pharmacy techs had water damage in her basement, but it could have been much worse; 10% of the population of Calgary was displaced by the flood, and at the time I write this there are still some homes and businesses that people have not been able to return to. Valuable lesson learned from this disaster: Don't store all the antiretrovirals for ½ the province in one location without having a backup!!

### Edmonton – Christine Hughes & Michelle Foisy

The HIV pharmacists in Alberta are working on "process mapping" to improve clinic work flow. This involves working with a process improvement specialist hired by Alberta Health Services.

#### Research update:

Christine Hughes, Michelle Foisy (along with the rest of our research team) are conducting a retrospective evaluation of the effectiveness of our mother to child transmission of HIV program since 2006.

#### CHAP project update

Christine Hughes, Michelle Foisy, Alice Tseng, Debbie Kelly - Health professionals views and attitudes towards bone disease. The survey has been sent out and we will be evaluating the data over the next few months.

This fall Michelle will start working with Alice on the CHAP description paper. If there are any members interested in co-authoring this paper, please forward your name to Michelle.

♥ Congratulations on the arrival  
of your baby girl! ♥



May her life be filled  
with love ♥

### Congratulations Deborah Yoong and family

Deborah's third girl, Kate, arrived on July 7, 2013 at 7lb 5oz, the day before the Toronto flooding, trapping them at the hospital for an extra day. All went smoothly and everyone is adjusting well.





## Vancouver (St. Paul's Hospital) – Linda Akagi

We continue to have no shortage of patients accessing therapy through the provincial drug treatment program. We are currently providing therapy to approximately 6400 people in the province.

We are also involved in a pilot project looking at provision of nPEP to 6 sites in the downtown Vancouver area. The exposures of interest are high risk sexual or needle sharing events. The pilot is anticipated to be completed by the end of next year. It is hoped that the pilot data will support expansion into a provincial program with financial support from the BC Ministry of Health.

On a sad note, we were very disappointed when Cara Hills recently decided to move from wet Vancouver to sunny Kelowna. Cara's presence in Vancouver is missed very much and we wish her all the best in her new position!

## Vancouver (Oak Tree Clinic) - Carlo Quaia

Here at the Oak Tree Clinic, we have a new pharmacist starting in October/13: Hilary Watson graduated from the Faculty of Pharmacy at UBC (1994) and obtained her Doctor of Pharmacy from the University of Washington (2009).

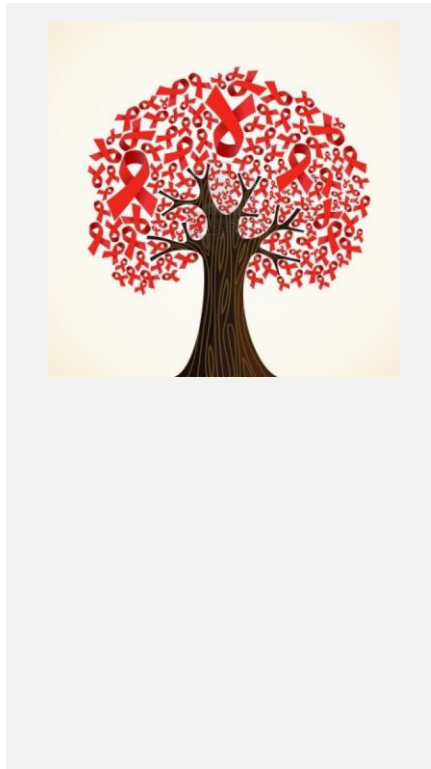
She has worked as a pharmacist at Vancouver Hospital, BC Cancer Agency, and as drug information pharmacist at UBC, Faculty of Pharmaceutical Sciences. Hilary currently works part-time at BC's Children's and Women's Health Centre as pharmacist as well as UBC Faculty of Pharmaceutical Sciences as an instructor/lecturer.

She will be working part-time in the Oak Tree Clinic (usually Tuesdays) and is replacing Nicol who has gone to casual status.

Current projects:

- We have updated our (BC's) Pediatric HIV guidelines (available on Cfe in HIV/AIDS website).
- The website "drugcocktails.ca" was recently relaunched due to the tireless efforts of Dean Elbe (PharmD), our pediatric mental health pharmacist, and others. This is a great resource for both the public and healthcare providers. It was originally intended to help youth get the facts about mixing medications with other substances (cigarettes, alcohol, street drugs, etc) and was only available in handbook format, but it is now technology-friendly (perhaps soon to be available as an app). Further updates to the ARVs on this website will be coming/added shortly.

On a personal note, my September cycling tour in the Dolomites/Northern Italy was wonderful, except for one thing; it was too short!



## Manitoba HIV Program – Shanna Chan

In April we said farewell to our Clinical Resource Nurse, Jocelyn Preston, and in September our HIV program welcomed a new Nurse Practitioner at our hospital clinic site. Kelly Merkeley is a welcomed addition, and will be focusing on women's health and addictions. I am looking forward to working with her!

On October 1<sup>st</sup>, Dr. Julio Montaner from BCCfE came to the Health Sciences Centre to speak at internal medicine grand rounds on Prevention as Treatment. Afterwards, he and our MB HIV Program director had the opportunity to speak with members of our provincial government to (hopefully) lobby for more resources.

Testing for HIV in MB has increased! We are approaching 100,000 tests this year so far (up 40%).

### WHAT DO WE NEED IN MANITOBA?

**Access to Medication for All!**

In Manitoba, coverage for HIV medications is not uniform. Individuals living with HIV in the workforce must pay a deductible, (a portion of their medication costs), before their medications can be covered. The deductible system creates barriers for people living with HIV.

Every year Manitobans stop taking medications because they cannot afford them or they are forced to leave the workforce to access covered medications.

We need Provincially funded HIV medications in Manitoba.

**An Intergrated Provincial Program.**

HIV is a Manitoba reality. Our response needs to be provincial, not Winnipeg-centric.

Designated HIV Care Leads in all Five health regions who will coordinate increased clinician education and service provision.

Increased pharmacy resources to ensure quality HIV care and treatment.

Provincial funding and support for mobile HIV teams to work in geographically isolated regions.

**Provincially Supported Rapid HIV Tests.**

Access to rapid HIV tests in Manitoba is limited. We need greater provincial support to ensure that tests are widely available across the province.

**Increase HIV Testing!**

Early HIV diagnosis saves Lives. We need to send this message to Manitobans. Get tested. Get treatment.

## Saskatchewan (Saskatoon) – Shannon Stone

Saskatchewan is still booming, population wise (we are now over 1.1 million residents!!) and on the HIV front. We continue to see similar numbers of new diagnosis as the last few years. Clinics continue to be provided in 3 major centers: Prince Albert(PA), Regina and Saskatoon. Regina continues to have part-time clinical pharmacist support by Mike Stuber and Linda Sulz. They follow patients in Regina and the southern part of the province. Saskatoon and the northern part of the province including consults for PA, will be supported by Kelly Buxton as a 1.0FTE for this year. Local outreach clinics, where team members work with local care providers, continue to happen in Northern communities and on some First Nations Reserves.

We are currently eagerly awaiting approval for a few medications in Saskatchewan. Stribild is still not approved to the provincial formulary and Non-Insured Health Benefits(NIHB) formulary. The hepatitis C antivirals are still only approved for use with mono-infected patients. As the HIV-Hepatitis C co-infection rate remains relatively high (~60-80% in some communities), the approval of telaprevir and boceprevir for co-infected patients will be welcome.

On a personal note, I will be taking a temporary position with another program temporarily for 1 year but still plan to be involved with HIV care with various small projects. I hope to still attend CAHR and hope to see many of you then!



## Saskatchewan (Regina) – Linda Sulz

**HIV Post Exposure Prophylaxis (nPEP) audit** – I had a U of S Pharmacy Student intern (SPEP 580 Specialty) for a 5 week Specialty rotation to assist in a retrospective chart review related to community exposures. RESULTS: From Jan-June 2012, there were 52 non-occupational exposures with approx. 56% percutaneous, 29% classified as sexual, 8% mucotaneous. In 61.5% cases, the source was unknown.

HIV PEP was only recommended in 13.5% (7/52) of 52 cases, however, 13/52 (25%) of patients were provided with a 3 day HIV PEP kit in the Emergency Dept (Type of Exposure: 54% sexual, 38.5% percutaneous). All 13 cases received Kaletra® and Combivir® contained in RQHR HIV PEP kits.

In RQHR, an ID specialist appointment is set up for all patients who receive HIV PEP kit. In this audit, only 9/13 (69%) were documented to have been seen, of which 3/13 (23%) completed 28 days prophylaxis; 3 (23%) Kaletra® was stopped and continued with Combivir® alone due to GI side effects of Kaletra®, and 3 (23%) stopped both medications. One patient who was not seen, returned to Winnipeg for follow up; the other 3 remaining did not show up for their ID appointment.

Of the 13 patients, only 2 had a potential for a drug interaction: 2 were on OCP and one was on rosuvastatin – i.e. not absolute contraindications.

**Antiretroviral Sask Drug Plan coverage for HIV PEP** – Developed a table of rationale to use alternative medications to complete 28 days HIV PEP (e.g. ATV/r, or DRV/r with Truvada; and in select cases RAL with Truvada) in an attempt to limit overuse of these more expensive regimens (which seems to be the concern) – see attached. I have communicated with key individuals at the Provincial Drug Plan & Ministry of Health to get coverage of these, including the professional fee as is the case for Kaletra + Combivir for this indication. I've provided the chart audit utilization data which would be covered by the Drug Plan and stressed it is a very low cost to prevent even 1 HIV transmission. Am awaiting their Fall Drug Plan Committee review.

**Community Pharmacist Education Project re: HIV** – FYI – Michael Stuber and I were able to pursue this with permanent part time funding from the Sk Ministry of Health for HIV Pharmacist along with one-time outside funding. Purpose: To provide safe, rational and responsible drug therapy management, with a focus on education for community pharmacists to optimize the care of HIV infected individuals. Objectives: 1) To develop an educational tool kit, primarily directed at community pharmacists, to increase their knowledge on key medication-related issues to ensure successful management of this patient population. (i.e. Identify knowledge gaps and develop educational materials directed at the role the community pharmacist 2) To develop and implement a means to disseminate this educational information to improve community pharmacists' knowledge regarding HIV and its treatments. 3) To measure the impact of this initiative in optimizing care of HIV patients.

We are in the preliminary phase and have held 2 meetings with pharmacists from 6 community pharmacists; the first was an HIV 101 informational session provided by one of our ID specialists; the second was by Mike and more interactive to determine the barriers to the pharmacists following up on key medication-related issues. Even after the first session, the pharmacists were more frequently contacting our clinic staff with actual and potential drug related problems. If this is successful, it is hoped to roll out to more community pharmacies; the difficulty, however, is many see too few patients and each pharmacy has different pharmacists so their exposure to this patient population is limited.

Mike has recently developed a process of inpatient pharmacy computer 'pop-ups' for the clinic patients, so that when they are admitted to hospital, the pharmacist entering orders will know to inform the clinic of the admission. This is primarily to ensure if on meds, they are correct and there are no significant drug interactions. Prior to this, we had implemented a Mon-Friday auto-print report in the clinic from our pharmacy computer system for patients admitted and who were on an antiretroviral agent.

**RQHR ID Clinic Internet page** – We held our 2<sup>nd</sup> ID Clinic staff retreat this September and one of the things to come out of this was the idea for a webpage. It's primarily to help those with chronic infections (HIV, HCV) to know how to contact us if moving to Regina. Will send you the address once it's operational.

FYI - Seems HIV testing and HIV +ve cases are down this year in our province . . . not sure if due to limited testing or true drop.

Mike has recently agreed to complete the pharmacist's role for our Provincial HIV Strategy (ending March 2014), a position Shannon Stone held prior. I'd like to also thank Shannon for all her time and effort in advancing the role of the pharmacist as I know it was a challenging position.



## Ottawa – Pierre Giguère

Fall has started here in Ottawa. It's getting colder, and more wet. It is getting harder and harder to commute on my bicycle, and I sometime leave work after sunset.

### Research activities:

Received a grant from BMS to start an investigator sponsored trial on the PK of ATvr 300/50 vs 300/100mg in HIV-infected patients (micro-boosting study). Study is currently under review by REB but should start soon, likely in the fall.

We are closed to full accrual for the DRVr PEP quality assurance study. Plans: presentation at CAHR and/or IAS.

Co-investigator of a OHTN (Ontario HIV Treatment network) study on HIV PEP in the community. PIs: Dr MacPherson, Patrick O'Byrne

Co-investigator of a OHTN project on e-consult for primary physicians following up HIV patients. PIs: Dr MacPherson, Nicolas Valela

### CHAP initiative:

Co-investigator of the Screening tool project initiated and led by Alison Wong.

Professionally, it looks like our clinic may win the Stribild derby! We have started/switched so many patients so far... unbelievable. We shall lose our reputation to be an ATV center!

Now, let's get ready for Christmas! Cheers everyone!



## Ottawa (CHEO) – Natalie Dayneka

I am currently revising the CHEO Employee/Physician HIV PEP procedure and documents to follow the new 2013 prophylaxis guidelines that were just published for occupational HIV exposure. The Pediatric/Adolescent HIV PEP guidelines are also being updated as well as the antimicrobial management of sexual assault victims. This has raised issues about the drug of choice (cefixime PO vs ceftriaxone IM) and the dose of azithromycin. Our Ontario provincial guidelines do not concur with the national guidelines. I have asked that this become a topic of discussion at our next CHAP annual meeting.

## Ontario (Toronto General Hospital) – Alice Tseng

We have just switched our PEP protocol to Truvada/Raltegravir  
Stribild has been added to the provincial formulary.

We are seeing more co-infected pts on triple therapy with boceprevir since the province started allowing reimbursement for co-infects.



## Ontario (Windsor) – Linda Robinson & Bronwyn

Our clinic in Windsor is growing with approximately 300 patients now. Our hospitals in Windsor have also undergone a big amalgamation which has left us with a few questions about the future of the location and content of our program. We have been insured that there will be no changes in the near future, so all stays the same for us right now. We are almost finished updating the PEP and MTCT protocols for our LHN(local health network). More recently, I subjected our Ontario Medsrec data set to further analysis by age strata and the abstract of the results was accepted as an oral presentation at the 4th International Workshop on HIV and Aging, so I am excited about that. On a sadder note, I am losing my mini-me, Bronwyn Tolmie. She is a very bright young lady and by far the best young pharmacist I have ever worked with. She jumped right into the role here in the HIV clinic in Windsor, created our newest Medication Information Pamphlets for the website in Toronto, was the co-author on all of the research I have conducted in the last couple of years, and so much more!! She, however has taken a position at Princess Margaret Hospital in Toronto as she and her pharmacist husband are re-locating to the big city. It is a wonderful move for them as the career ladders to climb are certainly found in the teaching centers and both of them are very keen and brilliant. So I am extremely excited for them but I will dearly miss Bronwyn. So, for now, I am the sole HIV Pharmacist at the HIV Care Program, once again, at least until the spring.

*Linda R*

p.s. I would like to thank all the CHAP pharmacists for being an amazing community of dedicated pharmacists to the field of HIV. It is wonderful and very motivating to see all the hard work each and every one of you put into the care of patients across Canada. And of course, I will dearly miss the fantastic mentor I have had over the past two years with Linda. She is an amazing pharmacist and I greatly value the opportunities she has given me, and hope to continue to incorporate all of the pharmaceutical care skills she has taught me here in Windsor!

*Bronwyn*



## Quebec(Montreal Chest Institute) – Alison Wong

A few small changes in the pharmacy team this year: Katherine Mousseau, whom some of you might remember, returned from maternity leave. We also have a new addition, Derek Lee, who previously worked at St. Michael's Hospital in Toronto!

Another major upcoming event is the merging of our clinic (1200 patients) with the one at the Montreal General Hospital (700 patients). Apparently they expect most of the physicians and nurses to make the move but have not yet figured out where to put all these people. The director of the clinic suggested that we remove the tiles from the wall of our pharmacy cubicle to make more space. ;-)

This brings me to the next subject regarding the screening tool to identify patients that need to be referred to pharmacy. At this point, we have confirmed one pre-existing screening tool in pharmacy in the context of palliative care. We are now working on developing a screening tool specifically for HIV patients.

Regarding publications, the SCULPT (retrospective arv-chemo interaction study) is under publication in Antiviral Therapy. Alice and I are working on getting the ARV-chemo interaction guide to print and on the hivclinic website. Nancy and colleagues have published Quebec guidelines for use of Therapeutic Drug Monitoring of antiretrovirals:

<http://msssa4.msss.gouv.qc.ca/fr/document/publication.nsf/961885cb24e4e9fd85256b1e00641a29/ec98da14279ab36a85257ba50075725c?OpenDocument> .

The Therapeutic Drug Monitoring program website is close to being completed and will be available soon. Finally, the new costs for TDM by the Québec antiretroviral therapeutic drug monitoring program are as follows:

- 1 antiretroviral to be analyzed per sample: new cost 47.50 \$ (previous cost: 60\$)
  - 2 antiretrovirals to be analyzed per sample: new cost 75.00 \$ (previous cost: 100\$)
  - 3 antiretrovirals to be analyzed per sample: new cost 102.50 \$ (previous cost: 140\$)
- (ritonavir concentrations are not reported nor billed)

This cost includes individualized interpretation reports based on the clinical and resistance data available.

Apart from that, I returned safe and sound from my humanitarian mission on Ukerewe Island, Tanzania with CACHA. I'll be more than happy to share my experience with everyone at the next CHAP meeting if you are interested!

*Alison Wong on behalf of the Pharmacy team of the Chronic Viral Illness Service*





## Newfoundland – Deb Kelly

Not too much new happening with clinic in NL. Dr. Missaghi left our clinic in March 2013, and we have a new physician with us now, Dr. Jatin Morkar. We are continuing to do our non-physician clinics with myself and the NP, on an as-needed basis. We have been given dedicated clinic space for the non-physician clinics (which is pretty special considering how strapped we are for space in this place) so we'll be doing these clinics on a regularly scheduled basis starting in January 2014. Still waiting for Stribild coverage on the provincial formulary....

Co-investigator on a multi-provincial study with colleagues here in NL, as well as in Ontario (including Tony Antonio) and Manitoba on a project entitled "Advancing Primary Healthcare for Persons Living with HIV in Canada". There are 5 projects under this study, which is funded by CIHR for the next 5 years. The first project we are involved in is very exciting because it will support the establishment and linkage of databases within provinces, and possibly at some point between provinces, which will support research capacity in our clinics. For those who've known me for a long time, this is HUGE!!! I've been trying to get a database for our clinic since 2001... yay, finally some progress! Many exciting initiatives to come under this project, and I'm fortunate to be involved with some strong research mentors and colleagues.

Most of CHAP will know by now that the 2014 annual CAHR conference will be held in St. John's, NL (for the first time ever!) on May 1-4, 2014. I've been asked to co-chair the conference with Dr. Michael Grant, and we are looking forward to hosting a fun and informative conference. Mark your calendars and make your hotel reservations now... you won't want to miss this one! PS. There may even be the opportunity for a private "screech-in" for CHAP members... stay tuned!!





## Publications

Hall JJ, **Hughes CA**, **Foisy MM**, Houston S, Shafran S. Iatrogenic Cushing syndrome after intra-articular triamcinolone in a patient receiving ritonavir boosted darunavir. *Int J STD & AIDS* 2013;24(9):748-56.

**Foisy MM**, **Hughes C**, **Hills-Nieminen C**, Singh AE, Joffe AM. Tenofovir-Related Nephrotoxicity: An Ongoing Clinical Challenge (letter). *Am J Health Syst Pharm* 2013;70(15):1272-4.

**Giguere P**. Co-author of A Meta-Analysis of HIV-infected Adults with Established Virological Suppression after Induction Receiving Maintenance Therapy of Ritonavir Boosted Protease-Inhibitor compared to Unboosted Atazanavir. Accepted for publication in HIV medicine.

**Sheehan NL**. Chapter 33. Sexually transmitted infections. In: Thirion DJG, ed. *Thirion's Snippets for Snappy Antimicrobial Therapy*. 2013 [In print]

Fournier C, **Higgins N**, Thomas R, Baril JG, Thibeault D, Lalonde R, **Sheehan NL**. Negligible effect of tenofovir on atazanavir trough concentrations and genotypic inhibitory quotients in the presence and absence of ritonavir. *Ther Drug Monit* 2013;35(2):264-9.

de Denus S, Letarte N, Hurlimann T, Lambert JP, Lavoie A, Robb L, **Sheehan NL**, Turgeon J, Vadnais B. An evaluation of pharmacists' expectations towards pharmacogenomics. *Pharmacogenomics* 2013;14(2):165-75.

**Kelly DV**, Bishop L, Young SW, Hawboldt J, Phillips L, Keough TM. Pharmacist and physician views on collaborative practice: Findings from the Community Pharmaceutical Care project. *CPJ* 2013;146(4):218-26.



## Awards

Jeff Kapler – Practitioner Award at the AGM of Alberta Branch CSHP (Oct 5, 2013).

Pierre Giguere and Alice Tseng

CO-recipient of the CSHP E. Amy Eck Award – Hospital Project with Alice Tseng for the Handbook of Hepatitis C drug therapy.

