



Canadian HIV and Viral Hepatitis Pharmacists Network (CHAP)

*Réseau Canadien des Pharmaciens en VIH
et hépatites virales*

CHAP ANNUAL GENERAL MEETING (Live)

Room: Salon B1, RBC Place London, London, Ontario

Wednesday, April 24, 2024; 9:30 am to 17:00 pm EDT (all times EDT)

9:30- Breakfast

9:45

9:45- Welcome: Tasha Ramsey

10:00

Land acknowledgment

- We are grateful to live, work, learn and play on the ancestral lands which are home to many diverse First Nations, Inuit, and Métis Peoples
- Gathering today on the traditional lands of the Anishinaabek, Haudenosaunee, Lūnaapéewak, and Attawandaron
- We honour and respect their history, culture, Indigenous knowledges, and the wisdom of their Elders past and present

Thank you to Viiv, Merck and Gilead

In Attendance: 29 people in total (24 members + 5 industry)

AB: Kathy Lee, Christine Hughes

NS: Tasha Ramsey, Lucas Thorne-Humphrey

BC: Erin Ready, Stacey Tkachuk, Jenn Hawkes

MB: Tracey Cheney

ON: Alice Tseng, Deborah Yoong, Sharan Lail, Jon Smith, Sue Gill, Sherri Livingstone, Linda Robinson, Jaris Swidrovich, William Yuan, Denise Kreutzwiser, Julian Hopwood-Raja, Timothy Lim

NL: Debbie Kelly

QC: Benoit Lemire, Nancy Sheehan,

SK: Carley Pozniak

Industry: Neil Boutin & Caroline (Gilead), Mark McGovern (Merck), Elaine Stewart & Peyman (ViiV)

10:00- Opening Plenary

11:00 "Modern ART: Resisting Resistance?"

Speaker: Linda Robinson

- Questions to ponder – are the new medicines disregarding resistance?
- What makes ART Modern?
- Does modern ART "resist resistance?"
- Are modern attitudes towards ART resistance changing?
- Can treaters afford to "resist understanding and monitoring of resistance?"

11:00- AGM BUSINESS

11:30

- Executive Report – Tasha Ramsey
 - Introduction to executive team and thank you
 - Past Chair: Carley
 - Co-treasures: Deb and Alice
 - Secretary: Sharan
- Approval of 2023 CHAP AGM minutes
 - 18/24 working group members responded
 - 18/18 approved AGM minutes
 - Caitlin spelling fixed in working group section
 - PEP/PEP guidelines: Updated to state Jaris Swidrovich and Deborah Yoong are also part of the panel
- 13 executive meetings
- CHAP chat: Nov 17, 2023 - Dr. Jordan Feld: Hepatitis C resistance and re-treatment
- Endorsements: PEP/PEP guidelines: Endorsement request is to come Consensus recommendations for use of LA-ART in treatment and prevention of HIV: International consensus panel. Endorsed on March 15th.
- Updated endorsement policy
 - 18/24 working group members responded
 - 18 voted to approve changes
- Suggestions:
 - Add a list of CHAP endorsements to website
 - Request proof of documents we have endorsed to see how the endorsement appears (e.g.: lactation guidance, appeared in authorship list)
 - Include a statement on inclusion of those with lived experience or that we highly recommended this for CHAP endorsement OR consider making this to our projects and then ask other organizations to consider this. It may be hypocritical to ask other organizations when we are not holding ourselves to the same standard. Wording to be determined.
- CHAP Emeritus Members: NEW: Linda Akagi – award accepted by Erin Ready
 - 2002-2023: Working Group Member
 - 2008-2009: Chair

	Working Group	Executive	Year Emeritus Status Granted
Linda Akagi	2002-2023	Chair 2008-2009	2024

Michelle Foisy	1997-2021	Chair 1997-1998 Chair 2006-2007	2021
Natalie Dayneka	1998-2021	Chair 2007-2008 Chair 2014-2015	2021

- Secretary nomination – Erin Ready x 2 – she might be able to do it if she is not accepted in a search and rescue program.
- CHAP Presence At Conferences
 - o 2023 AGM recommended a pilot
 - o Table @ CAHR 2024
 - o Executive: CAHR registration fee AND/OR up to \$250/night (depending on hotel nights needed)
 - o Other CHAP working group members (up to 3) to volunteer if already attending CAHR, eligible for \$250
 - o Nancy, Stacey, Linda, Alice, Tasha, Carley
 - o Will report back to membership when the pilot is complete

Group Photo

11:45- AGM BUSINESS CONTINUED

- 12:15**
- Treasurer's report – Deb Yoong and Alice Tseng
 - CHAP 2023 AGM: Quebec City
 - 16 attendees - 13 (WG), 3 (nWG)
 - Grant received: **\$46,500**; Expenses: **\$40,915.76**
 - CHAP projects and initiatives
 - o Observership program update-Alice Tseng
 - o Running for a few years, very successful; Gilead renewed funding for the observership program.
 - o Working group membership – Deborah Yoong, Pierre, Linda, Alice, Carley
 - Being a member does not require a rotation spot
 - Role requires reviewing applications and where a good clinical site might be good
 - CHAP projects
 - o Alice has secured funding for the Hepatitis HIV app!
 - o Karen Tulloch has left the Oak Tree clinic – she will still continue the pregnancy/breastfeeding work
 - o NIH and Liverpool q2monthly meetings with Pierre, Deborah and Tessa
 - o Role of the pharmacist paper – has been accepted to the Canadian Pharmacists Journal
 - o Nancy Sheenan – Carley and Nancy to work on a PK study on nevirapine (especially in babies and women at risk of HIV). Is this a CHAP projects – requires 3 CHAP members from 3 different geographic locations. Stacey Tkachuk would like to join.

- Alice – ASHP pharmacotherapy text book is to be updated and published next summer (Alice is the editor)
- PK workshop in Liverpool – 25th anniversary – there are 5 CAHR Travel awards!
- Benoit – pharmacists shortage in clinics require evidence of poor staffing. It would be helpful to have a report on pharmacist staffing 1-2x/year across Canada with the type of activities. Nancy - 2019 AGM – discussion on how to improve data collection (e.g. inpatient versus out patient, care for children, obstetrics, PEP, PrEP, dedicated funding, drug coverage. Denise – define KPIs, use ASHP ambulatory care checklist

12:15- Lunch

12:30

12:30- Lunch Plenary

13:30 HIV, Pharmacy, and Indigenous Health: What's the tea?

Speakers: Jaris Swidrovich and Timothy Lim

- Terminology check-in
- Words matter
- Terminology and concepts: tips and traps
- **Tensions between Western and Indigenous worldviews in pharmacy education and practice** 3-part series in Canadian Pharmacists Journal (*Open Access*)
- <https://linktr.ee/jaris.s>
- Tim Lim - Understanding Facilitators and Barriers to HIV Pre-exposure Prophylaxis in Urban Indigenous Peoples in the GTA
- Summarize community-identified themes and share them back with community participants and with other knowledge users
- Develop, pilot and evaluate pharmacist-led interventions that can improve PrEP access, use and adherence to Indigenous Peoples

13:30- PRACTICE-RELATED HOT TOPICS AND ROUNDTABLE DISCUSSION

14:45

- **Approach Update: Deborah Kelly, Christine Hughes, Tasha Ramsey**
- Aadaptation of point of care testing (POCT) for pharmacies to reduce risk and optimize access to care in HIV, HCV and syphilis
- Newfoundland – Debbie Kelly, Alberta - Christine Hughes, Tasha Ramsey – Nova Scotia
- **Goal:** To implement a sustainable model for pharmacist-delivered STBBI screening to increase screening, reduce risk, and optimize access to care in Newfoundland & Labrador, Alberta, and Nova Scotia
- 16-month (Dec 1, 2022- Mar 31, 2024) screening test program in select community pharmacies; POC testing for HIV and HCV, DBS testing for HIV, HCV, and syphilis
- **34 participating pharmacies:** 10 AB, 11 NS, 13 NFLD
- **77 pharmacists:** 24 AB, 22 NS, 31 NFLD
- Testing Encounters: Dec 1, 2022 – Mar 31, 2024: total 399 visits

HIV POCT Reactive

1

HCV POCT Reactive

10

HIV DBS Reactive

2

HCV DBS Reactive

2

Syphilis DBS Reactive

15

- **DoxyPEP in British Columbia: Erin Ready**
 - Anyone in the program since 2018 were enrolled and followed until Sep 2023
 - Younger PLWH have a higher rate of syphilis – this group may benefit from doxycycline prep
 - 9 -BCCfE announced in mid-November that they would be launching a new doxycycline initiative.
 - <https://bccfe.ca/news/releases/bccfe-launches-new-initiative-targeting-sexually-transmitted-infections-in-bc>
 - Erin hasn't had much of a role in rolling out the program itself, but rather clinical education sessions for our pharmacists, journal clubs, developing patient info sheets, clinical troubleshooting.
 - **DoxyPEP Program To Date**
 - ~1100 enrollees
 - *88% of uptake from participants in the PrEP program*
 - *12% of uptake from participants in the HIV Tx program*
 - Disproportionately low uptake among HIV Tx cohort?
 - Too early to tell, but it seems to be the case
 - There's some overlap, but it's often a different pool of prescribers for PrEP vs HIV Tx. Many PrEP clients get PrEP through a couple high volume sexual health clinics in Vancouver, including one run through the BCCDC. Possibly the prescribers there are more well versed in doxy-PEP, "believe in it" a bit more, and/or see their peers prescribing it routinely.
 - Highly likely that this is not a complete capture of doxyPEP use in BC, b/c certainly some people will find it easier to just take a prescription for doxycycline to their community pharmacy.
- **Casey House: Jon Smith**
 - Sub-acute specialty hospital, Serves those living with HIV. Initially opened as a hospice in 1988, Became a hospital in 2017
 - In 2021 expanded our reach to serve people who are part of populations at higher risk of HIV
 - Services include inpatient program (14 beds, interdisciplinary team), outpatient programs, and host site for **Blue Door** Health Care to people living in the GTA who are uninsured

14:45- Refreshment Break
15:00

15:00- PRACTICE-RELATED HOT TOPICS AND ROUNDTABLE DISCUSSION CONTINUED

- 17:00**
- **Chasing Against Time: Delivery and Beyond: Kathy Lee**
 - 4 case presentations
 - Challenges: homelessness, substance use, difficult to contact, stigma
 - **Lenacapavir + Cabotegravir for Multi-Drug Resistant HIV: Stacey Tkachuk**
 - Case (perinatally acquired HIV) with ++ RAMs, adherence challenges, requiring OK prophylaxis
 - at risk of developing resistance to lenacapavir secondary to being on an incomplete antiretroviral regimen
 - Started on IM CAB plus SC LEN
 - Plan to repeat VL in 1 month and 6 months!
 - **A TDM case... where I threw in the towel: Benoît Lemire**
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- 2022 – TAF/FTC/RPV -> B/F/TAF, also on valproic acid
 - DI report in Liverpool states no interaction with Biktarvy and VPA, however DTG level drop with VPA coadministration
 - This result is difficult to interpret because of the effect of valproic acid.
 - Based on published data for dolutegravir, another highly protein-bound integrase inhibitor, we can anticipate that valproic acid intake would decrease the total concentration of bictegravir, without affecting the free concentration too significantly. For this reason, the interaction is not considered clinically significant. However, the pharmacokinetic threshold for predicting virological response is based on total concentration. This threshold is of no use in this context. It should be noted that if valproic acid is maintained, the use of pharmacometry for dolutegravir (or bictegravir) is not recommended, since the program is unable to quantify free concentrations.
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- **Dolutegravir dosing post Roux-en-Y gastric bypass surgery: Jennifer Hawkes**
 - Incarcerated pt – 53 M; had abdo pain -> stomach mass -> under went Roux-en-Y gastric bypass
 - History of ARV non-adherence to dolutegravir/abacavir/lamivudine FDC (missed doses since Dec 3/24) in the month prior to surgery and HIV VL 560 copies/mL at the time of surgery (Dec 28/23) - was suppressed 6 months prior in July/23), CD4 160 (13%) Dec 28/23, but when on ARVs usually CD4 is 250, so he was also started on Septra DS daily for PJP prophylaxis
 - PLAN:
 - Changed regimen to dolutegravir 50 mg BID, separate administration from polyvalent cations, administer with food (scheduled at breakfast and supper)
 - Do TDM at “steady state”
 - Check HIV VL in 2-4 weeks
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- **Cabotegravir/rilpivirine IM (Cabenuva) TDM Cases: Nancy Sheehan**
 - Pros for doing TDM: risk of resistance; Against TDM: low risk of failure, more visits
 - More than 50% of patients will have rilpivirine minimum concentrations < 0.07 mg/L during the first year but only 1.2% will have virologic failure → **CONSEQUENCE – close to 50% would need unnecessary dose increase**
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Cabotegravir / rilpivirine IM

Indications for Therapeutic Drug Monitoring in Québec

A	Significant interactions (A-II) Non approved dosing (A-III)	Pregnancy (A-III)
B	Virologic failure / persistent low viremia (B-II) Non adherence to dosing requirements (B-III) Moderate HI (RPV) (B-II) or severe (B-III)	Pediatrics (RPV/CAB) (B-II / B-III) QTC prolongation (RPV) (B-II)
C	Obesity (C-II)* Severe RI (RPV) (C-III) Dialysis (C-III) Insomnia, abnormal dreams (CAB) (C-II)	Low weight (RPV/CAB) (C-III / C-II) ≥ 65 yrs old (C-III) Hepatotoxicity (CAB) (C-II)
D	Routine follow-up (no resistance) (D-III) Mild to moderate RI (D-III)	Moderate HI (CAB) (D-II) Severe RI (CAB) (D-III)

* Obesity - If patient has an additional risk factor for virologic failure = B-II

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- Are you allergic to penicillin?: Sue Gill
- Use PEN-FAST Penicillin Allergy Clinical Decision Rule

PEN	Penicillin allergy reported by patient	<input type="checkbox"/> If yes, proceed with assessment
F	Five years or less since reaction ^a	<input type="checkbox"/> 2 points
A	Anaphylaxis or angioedema	<input type="checkbox"/> 2 points
S	Severe cutaneous adverse reaction ^b	<input type="checkbox"/> 2 points
T	Treatment required for reaction ^a	<input type="checkbox"/> 1 point
		<input type="checkbox"/> Total points

Interpretation	
Points	
0	Very low risk of positive penicillin allergy test <1% (<1 in 100 patients reporting penicillin allergy)
1-2	Low risk of positive penicillin allergy test 5% (1 in 20 patients)
3	Moderate risk of positive penicillin allergy test 20% (1 in 5 patients)
4-5	High risk of positive penicillin allergy test 50% (1 in 2 patients)

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- Pt was doing well on ceftriaxone
- Amoxicillin provocation challenge protocol
 - Give 10% of the total dose (amoxicillin 50 mg)
 - Patient observed for 15 minutes post 10% test dose
 - If patient remains well with no reaction at 30 minutes post 10% test dose, then full dose (amoxicillin 500 mg or 450 mg)
 - Patient observed for 30 minutes post full dose

General discussion

- Day was mostly 'on-time' likely due to Pierre's absence

19:00- Annual CHAP Dinner (practice sharing and slideshow continued)

21:00 The Springs Restaurant 310 Springbank Drive

Case presentation by Tracy Janzen: Poor tolerability and drug resistance

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- 16 different ARV regimens tried over 16 years in the setting of TB and KS
 - Multi-factors affecting adherence including pain management, financial burdens, and mental health/coping
 - Suggestions to explore and address potential psycho-social issues to help improve adherence and achieve viral suppression
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