



Canadian HIV/AIDS Pharmacists Network

Association Canadienne des Pharmaciens en

VIH/SIDA

2010-2011 CHAIR

Niamh Higgins, Pharm. D. (Montreal, PQ)

SECRETARY

Jeff Kapler, B.Sc.Pharm (Calgary, AB)

PAST-CHAIR

Cara Hills-Nieminen, B.Sc.Pharm. (Edmonton, AB)

TREASURER(S)

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

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

Members of the Working Group:

ALBERTA

Michelle Foisy, Pharm.D.

Christine Hughes, Pharm.D.

Kathy Lee, Pharm.D.

Jinell Mah-Ming, B.Sc. Pharm.

BRITISH COLUMBIA

Linda Akagi, B.Sc.Pharm.

Carlo Quaia, B.Sc.Pharm.

MANITOBA

Shanna Chan, B. Sc. Pharm

NEWFOUNDLAND

Debbie Kelly, Pharm.D

ONTARIO

Natalie Dayneka, Pharm.D.

Norman Dewhurst, B.Sc.Pharm.

Alissa Koop, B.Sc.Pharm

Charles laPorte, Pharm.D., Ph.D.

Pierre Giguère, B. Pharm, M.Sc.

Linda Robinson, B.Sc.Pharm.

QUEBEC

Marie Courchesne, B.Pharm.,M.Sc.

Line Labbé, Ph.D.

Nancy Sheehan, B.Pharm., M.Sc.

Rachel Therrien, B.Pharm., M.Sc.

SASKATCHEWAN

Shannon Stone, BSP

Linda Sulz, Pharm.D.

CHAP Annual General Meeting - Minutes

Queens Quay 1 (street level)

Westin Harbour Castle, Toronto, Ontario

Wednesday, April 13, 2011

Pre-meeting Breakfast Symposium

An Update on ARV Drug-Drug Interactions

Rachel Therrien, B.Pharm., D.P.H., MSC

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

1. Welcome and slideshow

Niamh Called to order at 9:30. In attendance: Karim Ibrahim (Aus), Alison Wong, Deborah Yoong, Niamh, Jeff, Stephen Loh, Linda Robinson, Christine Hughes, Alissa Koop, Kathy Slayter, Linda Sulz, Debbie Kelly, Michelle Foisy, Jinell Mah Ming, Linda Akagi, Natalie Dayneka

2. Update CHAP member list

To be done by email.

3. Working Group Member Applications

- Niamh to organize post AGM. Do annually to keep the list fresh. Replies required within one month.
- Norman Dewhurst – removed. One application has been received for consideration by the Executive Committee.
- Travel grants capped at 20, no cap on working group membership.
- Interested applicants to send CV to the Executive.
- Participation was valued in all areas (project, listserve, report)
- Discussion about terms of membership – restriction of working group numbers vs regional representation.
- Terms of Reference stand as guide to membership and activities.

4. Treasurer Report

- Sponsorship funding total: \$40,000 (Gilead, ViiV, Abbott, Merck, BMS, Janssen). The budget was sufficient to cover meeting expenses as well as general operating expenses.

5. Election: Linda R was elected as Secretary – congratulations!



Canadian HIV/AIDS Pharmacists Network

Association Canadienne des Pharmaciens en VIH/SIDA

10:45-12:00 pm CHAP initiatives

1. Generic ARV Medications Imported into Canada-Position Statement/Discussion
Much discussion, Jeff to make revisions, circulate to group for additional feedback.
2. "Role of the HIV Pharmacist" Position Paper
 - Ready for submission to AJHP, will likely receive more revisions (currently 8500 words). Needing author information from a few of the contributors. Outcome may be to look at portions of the paper and find opportunities to create learning sessions.
 - Community section was very large and may benefit from re-crafting into a separate article. Interested pharmacists: Natalie, Linda S, (Pam, Cara?).
3. Community Pharmacist CE program
 - Needs assessment? CATIE wants a PHA-driven program developed with HIV pharmacists to better educate healthcare providers and PHA increase value and quality of care in the community. HIV-101 type of program, with an aspect of what resources are available and what responsibilities belong to whom. Linda R will be continuing to work with CATIE on this project development. Next step – finding out where PHA's get their pharmacy care in the community.
 - Linda S – suggestion to collate our member's individual "101" presentations to make one single resource. Requires regular "maintenance". Divide responsibilities among members for areas of expertise. "Trademark" slides with the CHAP logo to get our identity out there. Janssen was working on Foundations website to provide this application, but project got cancelled. Google docs, DropBox may be options? Linda R and Niamh will take on responsibility to explore the technological side of such a feature (sharing slides). Make available to general CHAP members as well as workgroup. Industry-created slides will be permitted, and the user may select to use them or not. "Slide courtesy of...." footnote to give credit to creator of slides.
4. DEFEAT update
 - Medication errors pilot project started in 2008. Pharmacist interview of 151 patients: collected medication list, reconciliation with clinic database and community pharmacy profiles. Identify errors and problems. Discrepancies graded in terms of severity of risk. Niamh working with statistician on analysis, writing up thesis later this year.
 - Linda R reported that a colleague is doing a similar process using "MedsChecks" to demonstrated the value of doing reconciliation in our patient group.
 - Reconciliation of meds may in the future be a part of institutional accreditation, in ambulatory as well as inpatient care. May be helpful in allowing staffing increase (pharmacist or technician) to ensure that reconciliation can be done consistently.
5. New Pharmacist Information Package
Deborah, Jinell and Linda A. to refresh list of the resources, with input from the group.
6. International Pharmacists Network
General listserv has a number of international members. Concept of having an international group discussed. Karim offered to discuss with Alice, as there is a person she had discussed this with. Some advantages identified in growing, access to knowledge, potential to meet at some international conference. Learning as patients immigrate, travel, global care. Continue as CHAP for now with international members, seek interest from others.



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

7. New Projects?

- Alison reported that when she was on rotation at Princess Margaret Hospital, she prepared an algorithm for addressing potential drug interactions between ARV and chemotherapy agents. The format is organized so that the information is easier to assess than using multiple references. The project has been reviewed by Alice and one of the oncologists at the Princess Margaret. The tool may be made available on the CHAP website. Alison is working on a retrospective study of HIV patients treated with CHOP or rCHOP, and her objectives include evaluating response rates and AE.
- The group discussed other projects, but given current workloads no new projects were proposed to be undertaken at this time.

Lunch Symposium
HIV and Aging
Gord Arbess, MD, CCFP

2:15-3:15 pm **Regional Updates – deferred, in the interest of time.**

3:15-5:00 pm **Clinical Forum**

1. Lopinavir use in neonates (Natalie) – as a result of the new black box warning for Kaletra, Natalie reports that Nelfinavir is again being used in her infant patients. She is planning to consult with pediatric pharmacologists, as issues affecting the safety of Kaletra are propylene glycol and alcohol content, gestational age of the baby, and there are so few well-studied therapeutic alternatives. She will share her findings.
2. Role of newer antiretroviral drugs in practice - deferred
3. Bone disease in HIV (Michelle) – wanting to find out what other clinics are doing in terms of monitoring. Deb mentions that bone studies are done as a baseline at her site, but other clinics vary widely in terms of how they approach this.
4. Clinical questions
 - Christine discussed a case of a poorly adherent mother who was challenging to keep connected to care due to housing and psychosocial issues, had a late C-section scheduled but went into spontaneous labour, resulting in newborn with infection.
 - Michelle discussed a case of a Calgary mother who stated she had been taking her ARV before and after delivery (in spite of spotty medication refill history), had suppressed viral load, but the child became seropositive at 8 months of age. Alternative testing of the mother's blood revealed non-B clade virus, not detected on the VL platform that was in use at the time. The mother had likely breastfed, due to cultural pressures.
 - Linda R presented a case of a 3.5 year old from Uganda, the Vircotype showed one Nuke mutation (335D) but was otherwise not remarkable. Good viral and immune response to ABA + 3TC + LPV/r for a couple months, then the child started refusing doses. For palatability the LPV/r was changed to NEV, which led to viral failure and Vircotype showing 103N/wt, 181C, 184V, 190A. Some question whether perinatal NEV had been administered, as birth was in Africa, and that the NNRTI-resistant mutations reverted over time, and then re-emerged when NEV was started. Natalie and the group



Canadian HIV/AIDS Pharmacists Network

Association Canadienne des Pharmaciens en

VIH/SIDA

proposed that when the child needs treatment again, consider AZT + ABA + LPR/r pedi
tab, try administering in pudding or yogurt.

5:00 pm **Meeting Adjournment; next meeting at CAHR in Montreal!**