



The Canadian HIV/AIDS Pharmacists Network (CHAP)

Association canadienne des pharmaciens en VIH/SIDA (ACPV)

CHAP Annual General Meeting (2018) Minutes

Wednesday, April 25th, 2018

Westin Bayshore Vancouver, 1601 Bayshore Drive, Vancouver, BC

Room: Mackenzie

Welcome:

Dominic Martel welcomed all attendees to the CHAP AGM and introduced Vancouver as the host city. Dominic thanked the sponsors for their support (Gold sponsors: Gilead, Merck; Silver sponsor: Viiv; Bronze sponsors: Abbvie, Other sponsors: Theratechnologies).

Breakfast Symposium Conference: What's new in reproductive health and HIV

Dr Mona Loutfy, MD, FRCPC, MPH, Women's College Hospital, Associate Professor, Division of Infectious Disease, Department of Medicine, University of Toronto

Dr. Loutfy presented information on four main areas relating to reproductive health and HIV in women including reviewing: 1) the updated Canadian HIV pregnancy planning guidelines (JOGC 2018;40(1):94-114); 2) the revised DHHS Prevention of Perinatal HIV guidelines; 3) recent data evaluating the use of dolutegravir in pregnancy; 4) use of PrEP in pregnancy; and 5) controversial data and recommendations in regards to breastfeeding in women living with HIV. Dr. Loutfy will forward her slides to the CHAP Chair for posting to the CHAP website.

BUSINESS MEETING

Present:

Dominic Martel (chair, Montréal), Karen Tulloch (secretary, Vancouver), Alice Tseng (co-treasurer, Toronto), Deborah Yoong (co-treasurer, Toronto), Natalie Dayneka (Ottawa), Shanna Chan (Winnipeg), Michelle Foisy (Edmonton), Pierre Giguère (Ottawa), Christine Hughes (Edmonton), Pam Nickel (Edmonton), Geneviève Olsen (Calgary), Shayna Campbell

(Calgary), Debbie Kelly (St. John's), Linda Robinson (Windsor), Mike Stuber (Regina), Alison Wong (Montréal), Jennifer Hawkes (Prince George), Carley Pozniak (Saskatoon), Linda Akagi (Vancouver), Caitlin Olatunbosun (Vancouver), Salin Nhean (Toronto), Colleen Benson (Edmonton)

The quorum of working group members was met (15/17) was met.

Guests (industry, for symposium only):

Breakfast:

Jean-François Bélanger (Theratechnologies), Loretta Layton (Abbvie), Francine Allard (Viiv Healthcare), Isabel Deslongchamps (Merck), Al Pecayo (Merck), Connie Kim (Gilead), Jennifer Kiser (guest presenter)

Lunch:

Jean-François Bélanger (Theratechnologies), Loretta Layton (Abbvie), Isabel Deslongchamps (Merck), Connie Kim (Gilead), Ted Watson (Merck), Jennifer Kiser (guest presenter)

Introduction

Dominic Martel (CHAP chair) started the business meeting with round table introductions and asked all CHAP members to fill and submit their AGM evaluation forms.

Approval of Agenda

There were no additions made to the agenda. Christine Hughes moved to approve the agenda.

This was seconded by Pierre Giguère. All participants were in favour.

Approval of AGM 2017 minutes

Linda Akagi moved to approve the AGM 2017 minutes. This was seconded by Mike Stuber. All participants were in favour.

Executive Report

Acknowledgements, year in review

Dominic Martel congratulated Nancy Sheehan for receiving the Roger-Leblanc Award of Excellence from the Association des pharmaciens des établissements de santé du Québec. This award recognizes a pharmacist's excellence in their practice throughout their career in a health care center.

Dominic Martel congratulated Mike Stuber for being awarded the Pharmacist of the Year Award from the Pharmacists Association of Saskatchewan. This award recognizes a pharmacist who

provides outstanding service and patient care.

The CHAP executive members had three teleconference calls this year. This year the executive provided letters of support to two initiatives:

- CHAP executive wrote a letter of support for Dr. Sharon Walmsley in support of her CIHR Healthy Aging with HIV research grant application. *Research proposal summary:* The CHANGE HIV (Correlates of Healthy Aging in Geriatric HIV) study focuses on advancing knowledge in HIV and aging by characterizing the multidimensional health status of a cohort of people living with HIV >65 years and identifying factors that influence health aging, to inform future interventions, strategies, and policies to maintain, promote and enhance healthy aging in PLW HIV.
- CHAP executive wrote a letter of support for Terry Santoni and colleagues from CTAC (Canadian Treatment Action Council) in support of CTAC's launch of a nationwide evidence based campaign to establish a national action plan around viral hepatitis. *Summary of CTAC's calls to action:* new methods of testing, change restrictive eligibility requirements to access medications, consistent formularies across provinces, pan-Canadian Pharmaceutical Alliance to standardize timelines and enhance transparency in decision making processes, provincial drug plans to address time delays, lower drug prices, standalone hepatitis action plan.

Additional information regarding Letters of Support will be discussed in the New Business section of the AGM to follow.

Membership

General members:

CHAP general membership now includes a total of 126 Canadian members and 30 International members. This year 14 new general members joined CHAP.

The new members who have joined since the publication of the Fall 2017 newsletter are: Alberta: Jay Mutch, Sonal Raythatha, Saskatchewan: Robyn Despins, Ontario: Ruby Liang, Taiwan: Wen-Laing Lin

Members who have left CHAP include: Eden d'Entremont-MacVicar, John Vu, Carlo Quaia (retired), Andrew Cornacchia

Working group members/changes:

The CHAP working group now includes a total of 17 members. Carlo Quaia (Vancouver) has retired, Jinell Mah Ming (Calgary) has joined General Membership, Jennifer Hawkes (Prince George) is now a working group member.

All participants at the meeting were asked to update their contact information on the contact list. This contact list is posted on the CHAP website.

<https://hivclinic.ca/chap/network.php>

Treasurers' report (Alice Tseng/ Deborah Yoong)

Deborah presented the treasurers' report.

For the 2018 annual general meeting we received \$33,600 in grants from industry. Meeting expenses were \$32,277.11 (19 attendees, 15 working group and 4 general members).

New Business

1. Travel Grant Allocation Policy

There were changes made to the Terms of Reference by the CHAP executive (vs. Travel Grant Allocation Policy). Dominic presented proposed changes to the Travel Grant Allocation policy and after discussion the following changes were made/agreed upon:

- 5.2.11 – deleted this statement (duplicate statement on host city)
- 5.2.3 – Application for travel grants are to be made to the Chair by January 31 of each year.
- 5.2.5 - When there are more working group members that wish to attend the annual meeting than allocated spots, grants will be awarded to regions based on the Travel Grant Allocation Policy. Working group members that plan to attend the annual meeting will vote as to how their individual region will assign their allocated travel grants. For example, if 4 pharmacists wish to attend from a region with 2 designated travel grants, the 4 pharmacists could vote to send 2 pharmacists each year for two years or split the grant 4 ways. The four pharmacists are required to individually notify the Chair in writing that they agree with the allocation of the travel grant. All members of that region will be informed of the results of the vote. If necessary, the Chair may be asked to assist with the vote.
- 5.2.6 – A working group member from out of town will receive a travel grant. Amount will be determined each year by the executive based on available funding.
- 5.2.8 – Priority will be given to current executive.
- 5.2.10 – Non-working group members are only considered eligible for a travel grant in the event that they are representing a working group member from the same practice site at the annual meeting. This is the only circumstance in which a non-working group member may receive a travel grant.
- 5.2.11 – Travel grants will not be awarded to members from the host city of annual meeting.
- 5.2.12 – As a condition for receiving the grant, members will make an active contribution

to the AGM agenda (e.g., provide a presentation, act as a facilitator, carry out executive duties, taking the lead on a group project, etc)

There was discussion on how to get working group member representation from another Maritime province. Debbie Kelly continues to encourage pharmacists to apply. It was decided that the CHAP chair could reach out to general members to request that they consider applying for working group membership.

2. Letters of support

Dominic Martel highlighted a paragraph specifically related to the provision of letters of support, which was added to the CHAP Endorsement Policy.

- “If an initiative from an external organization does not require thorough review or does not meet the criteria to request an official CHAP endorsement, the CHAP executive can agree to write a letter of support in favor of an initiative on a case by case basis. The letter of support will be written by the chair in coordination with other members of the executive if the initiative is aligned with the mission, goals, and values of CHAP”

3. Slack as a platform for CHAP communications

Alice Tseng introduced the idea of use Slack (CHAPHIV.SLACK.com) as a platform, vs. the current yahoo list serve, as a platform for CHAP communications. Advantages to use Slack include: free to use, archives all messages and attachments, allows for different channels of communication (e.g., general, working group, executive), desktop and mobile apps available, may set up on different workspaces. It was decided that CHAP working group would trial the Slack platform. Alice will send out invitations to working group members to join the CHAP Slack workspace. Each member will be responsible for accepting the invitation and create a Slack account. Once members have joined Alice will add each member to a private working group channel. Executive members will have additional access to the Executive channel.

4. Changes to the Terms of Reference

See information above under New Business 1) Travel Grants and 2) Letters of support

Presentation: HIV PrEP/ARV access

Update on the Canadian guidelines on HIV pre-exposure prophylaxis and nonoccupational postexposure prophylaxis and ARV access for treatment and prevention - Deborah Yoong, PharmD, St. Michaels Hospital, Toronto

Deborah Yoong provided a summary of the process involved in the publication of the updated Canadian HIV PrEP guidelines. This initiative was lead by Dr. Mark Hull and Dr. Darrell Tan and was endorsed by CHAP. The endeavor started in Feb 2015 with grant submission and progressed over a 2.5 year period and culminated in final publication in CMAJ in November 2017 (11 page synopsis with link to full guideline available). Next steps in this initiative will involve knowledge translation exchange, a CATIE webinar, corrections and clarifications and guideline evaluation.

Pharmacist Lead PrEP Clinic – Mike Stuber, BSP, Regina Qu'Appelle Health Region ID Clinic, Regina

Mike Stuber reviewed an interesting initiative he has been involved in, in setting up a PrEP clinic within the Regina Sexual Health Clinic, targeting the MSM population. This clinic is largely organized and run by the pharmacist and sexual health clinic nurse. At this time, review of initial and follow up lab results is done by the pharmacist. To date, 24 of 27 patients have started PrEP at the clinic. Mike has found that patient follow-up does require a lot of work. Possible outcomes that might be achieved through this clinic include increased HIV and STI testing and increased sexual health awareness.

Lunch Symposium:

Conference: Clinical pharmacology and drug-drug interactions with HCV DAA

(Dr. Jennifer Kiser, PharmD, Associate Director, Center for translational pharmacokinetics and pharmacogenetics, Associate Professor, Department of pharmaceutical sciences, University of Colorado)

Dr. Kiser presented up to date information on the most common and problematic drug interactions to be aware of with the currently available HCV direct acting antivirals. Dr. Kiser presented data and provided recommendations for managing patients who are taking HCV DAAs and concurrent: gastric acid modifiers, statins, antiepileptics and hormonal contraceptives. Dr. Kiser also discussed her current INCLUD study which is evaluating pharmacokinetics and adherence-efficacy relationships for HCV DAAs.

Presentation: HIV PrEP/ARV access (continued)

APPROACH study (pharmacy POCT) – Deborah Kelly (PharmD, Eastern Health-Provincial HIV Program, St. John's) and Christine Hughes (PharmD, Northern Alberta Program Kaye Edmonton Clinic, Edmonton)

Christine Hughes and Debbie Kelly presented findings from the APPROACH study, which developed and evaluated a community pharmacy-based HIV point-of-care testing program in

two Canadian provinces (Alberta and Newfoundland). A total of 123 individuals were testing among the 4 pharmacies; 75% were male, 80% were Caucasian, and based on the Denver HIV risk score, 70% were at high or very high risk of HIV. 122 tests were non-reactive and 1 test was reactive and confirmed as HIV infection. Clients and pharmacists reported very high levels of satisfaction with the program overall. Challenges identified were primarily structural and study specific, such as pharmacy atmosphere, technical challenges with blood collection, and lengthy study consent process.

New Business (Continued)

4. Election of CHAP Secretary 2017 -2018

Mike Stuber was elected as secretary for 2018/2019.

5. Working Group Affirmation and potential new Working Group Members

Dominic Martel reminded everyone that in the new few weeks they will receive a survey to reaffirm the working group status of all CHAP working group members. This will be sent out via the Slack platform. Members are reminded to use the working group channel and not the general channel when submitting their reaffirmation.

Dominic encouraged pharmacists attending the CHAP meeting to consider applying to the CHAP working group. Dominic also encouraged CHAP members to encourage their colleagues to apply. It was suggested that the CHAP chair could also individually contact those identified colleagues to encourage application to the working group.

Presentation: Diabetes and Dolutegravir

Dolutegravir-metformin DDI survey - Pierre Giguère, B.Pharm, MSc, Ottawa Hospital

Pierre Giguère presented findings from the health care provider survey intended to evaluate what is known amongst health care providers in regards to the drug-drug interaction between dolutegravir and metformin. The online survey targeted pharmacists, physicians whom specialized in HIV care, and physicians/nurse practitioners whom provided HIV primary care. Three cases (newly diagnosed HIV on metformin, newly diagnosed diabetes on dolutegravir, declining renal function while on both metformin and dolutegravir) were used to measure decision regarding whether clinicians would co-administer, would make dose adjustments and/or would alter follow up recommendations. The majority of clinicians would continue to coadminister both medications in all situations with downward metformin dose adjustment. The most common factors associated with decision making (in descending order) included metformin dose 2550 mg/day, renal dysfunction, dolutegravir 50mg PO BID, other anti-diabetic agents, low-normal blood glucose.

Dolutegravir and glycemic control in HIV patients – Shayna Campbell (CDE, APA, BScPharm, Southern Alberta Health Clinic) and Geneviève Olsen (APA, BScPharm, Southern Alberta Health

Clinic)

Geneviève Olsen presented data from their evaluation of HA1c control in 53 HIV positive diabetic patients who had received at least 2 months of dolutegravir. An increase in HA1c of 0.472% per year was reported after receipt of dolutegravir.

Shayna Campbell then presented published case report data describing dolutegravir induced hyperglycemia in a patient with HIV and weight gain in persons with HIV who were switched from an efavirenz-based to an integrase inhibitor-based regimen (mean weight increase: all INSTI +2.9kg, DTG +5.2kg, RTG and EVG +2.8kg). Shayna reported that their Calgary cohort of patients gained an average of 1kg. Their clinic plans would like to continue to assess the association between INSTI use and development of hyperglycemia, diabetes, weight gain in larger cohorts. Recommendation was made to 1) counsel diabetic patients starting DTG about possible hyperglycemic affect and to increase home blood glucose testing, 2) order a HA1c 3-4 months after starting DTG, 3) consider switching to an alternative agent if glycemic control is not achieved on DTG.

Presentation: CTAC (Canadian Treatment Action Council) - Shelina Karmali, CTAC executive director and **discussion on CHAP CTAC collaboration on treatment map** - Dominic Martel (BPharm, MSc, UHRESS, CHUM, Montréal)

- Not discussed at this meeting

CHAP Working Group Member slide show presentation – Karen Tulloch, BScPharm, ACPR PharmD, Oak Tree Clinic, Vancouver

Projects – updates, new, discussion

CHAP National Clinical Observership Program – Alice Tseng, PharmD, FCSHP, Toronto General Hospital, Toronto

Alice Tseng reviewed the last year of the Clinical Observership Program. Gilead provided a one-time unrestricted educational grant of \$10,000. A total of 5 applications were received and granted and 4 observerships were completed. The median duration of the observerships was 2 days (range 2-3). All observers felt the program met their learning objectives. The actual cost of each observership was approximately \$1500. There is one confirmed observership for 2018 (Sheri Livingstone, Windsor) who will shadow Deborah Yoong and Alice Tseng in Toronto. CHAP members were reminded to encourage both new pharmacists entering the area of HIV practice as well as experienced pharmacists who would like to gain experience in a new clinical area to apply.

HCV Pharmacist guidelines – Alice Tseng (PharmD, FCSHP, Immunodeficiency Clinic, Toronto General Hospital, Toronto)

Alice Tseng introduced the idea of CHAP developing guidelines for pharmacists involved in treating patients with viral hepatitis.

Update HIV pharmacist guidelines – Mike Stuber, BSP, Regina Qu'Appelle Health Region ID Clinic, Regina

Mike introduced the idea of updating the 2012 Role of the Pharmacist in Caring for Patients with HIV/AIDS: Clinical Practice Guidelines <http://www.cjhp-online.ca/index.php/cjhp/article/view/1120/1447>. CHAP members agreed that there is enough new information to be incorporated into revised guidelines, including information on HCV and PrEP. Mike will initiate a discussion thread on the Slack platform to gauge interest among CHAP members for their involvement in this. An outline of the current document will be sent out and members can evaluate/determine which sections need to be revised, added or deleted.

Bone Tool – Michelle Foisy, BScPharm, PharmD, FCSHP, AAHIV, Northern Alberta Program, Royal Alexandra Hospital, Edmonton

Michelle brought pocket copies of the “A Tool for Preventing and Managing Bone Disease in HIV-Infected Adults” for CHAP members.

<https://hivclinic.ca/downloads/Bone%20Disease%20PC%20for%20Web%202017.pdf>

This tool is available online and available for order via CATIE and is intended to assist in the overall assessment, treatment and prevention of bone disease in HIV positive adults. Michelle uses the bone tool routinely in clinic as a quick screen in her patients and encourages CHAP members to use become familiar with the tool and use it as appropriate in their clinical setting.

Case Presentations and Clinical Sharing

Sharing session on challenging pediatric HIV cases – Natalie Dayneka, BSc Pharm, PharmD, FCSHP, Children's Hospital of Easter Ontario, Ottawa

Natalie Dayneka discussed a case of difficulty obtaining an SAP antiretroviral medication.

Sharing session on HIV resistance/treatment simplification – Shanna Chan, BSc Pharm, ACPR, Manitoba HIV Program, Manitoba

Shanna Chan presented updated data available from 2013-2017, on newly diagnosed HIV positive patients with thymidine analogue (TAM1) drug resistance pathways. She emphasized that these resistance patterns continue to have important implications for PrEP, virus transmission, treatment regimens, and cost of antiretroviral therapy. Initial first-line management strategy included NRTI-sparing therapy based on the TRIO study (e.g., DRV/r, ETV, DTG or DRV/r, ETV, RAL). Regimens have been streamlined in eligible patients using simplified regimens such as DRV 800mg + Genvoya (“P-Gen”), DRV 800mg/RTV 100mg/DTG 50mg daily (“double-D”), and Genvoya alone.

Sharing session on immigration and antiviral therapy – Alison Wong, BPharm, MSc, Chronic

Viral Illness Service, McGill University Health Centre, Montreal

Alison Wong discussed the issue of ongoing and increasing intake of refugee patients seen at her clinic (estimated intake of 7-8 new refugee patients per week). Patients are primarily entering through the US and are both legal and illegal refugees. The illegal refugees are often extremely ill with many social barriers). They have also noticed an increase in international students who are getting newly infected.

Sharing session on challenging HCV cases –Jennifer Hawkes, BSP, ACPR, AAHIVP, UHNBC, Prince George

Jennifer presented some interesting cases on patients who had failed DAA therapy. She discussed some limitations regarding treatment and overall practicalities of HCV management.

CHAP Dinner Meeting – La Pentola, 350 Davie Street, Vancouver (1800-2100)