Canadian HIV and Viral Hepatitis Pharmacists Network (CHAP)

Réseau Canadien des Pharmaciens en VIH et hépatites virales

CHAP ANNUAL GENERAL MEETING

Wednesday, April 30, 2025; 8:00 am to 21:00 pm
Halifax Convention Centre - Room 501 & 502
1650 Argyle Street, Halifax

8:00 – 8:45	**Breakfast**
8:45 – 9:00	**Welcome:** Sharan Lail • The CHAP Chair gives a welcome speech and a Land Acknowledgement • **In attendance:** 27 delegates + 4 industry representatives **Total attendees:** Delegates (CHAP members & guest speakers): • BC – Erin Ready, Stacey Tkachuk, Caitlin Chew, Jenn Hawkes • Alberta – Caitlin Olatunbosun, Christine Hughes, Jinell White • Saskatchewan – Carley Pozniak • Manitoba – Shanna Chan, Brenda Rosenthal • Ontario – Sharan Lail, Alice Tseng, Deb Yoong, Pierre Giguère, Mikaela Klie, Linda Robinson, Pamela Ip • Quebec – Benoît Lemire, Dominic Martel • Nova Scotia – Tasha Ramsey, Lucas Thorne-Humphrey, Jenny Curran, Sarah Burgess, Kyle Wilby (guest speaker), Greg Richard (guest speaker) • Newfoundland – Debbie Kelly • International (USA) – Patricia Fulco (CHAP member & guest speaker) Industry representatives: • Jon Smith (Viiv), Hugh Ngo (Gilead), Neil Boutin (Gilead), Scott Laing (Merck)
9:00 – 10:00	**Opening Plenary –** Greg Richard, Kyle Wilby and Tasha Ramsey How did we do it? Nova Scotia's STBBI Pharmacy Practice Change Initiatives • Kyle Wilby opens the plenary with a description of his experience with NS system in accessing PrEP. • Tasha continues with describing the research structure behind the APPROACH, PrEP-Rx, and APPROACH 2.0 projects. These project experiences paved the way to the expansion of the NS Standards of practice. Then, the STI Care Now and Swab-Rx initiatives were launched. She details the lessons learned. • Greg Richard discussed moving this type of work into practice and demonstrated how this exists in community pharmacy currently.

10:00-10:30	**Group Photo + Break**
10:30-12:00	**AGM BUSINESS**

- Executive Report: Sharan Lail
  - The Chair invites everybody to introduce themselves.
  - The minutes from the 2024 AGM were shared via the group email, a few minor corrections were made and the majority of members have approved them (19 responses; 14 accepted, 3 accepted with revisions, 2 abstentions)
  - The CHAP Chair reports that the executive have met monthly although the year.
  - There has been one CHAP Chat in the Fall presented by Tasha Ramsey on respiratory vaccines. The next CHAP Chat will be held on May 23rd, 2025 by Nancy Sheehan. She will report on the Quebec Antiretroviral TDM guidelines.
  - CHAP Endorsements : PEP/PrEP guidelines, Antiviral PK Workshop, HIV & Respi-DART 2024 conference and Nurses and Pharmacist HIV Clinical Forum.
    - *Note: as per Michael Hagan (Director of Informed Horizons Education, the company that puts on the conference and also the person who reached out to CHAP to request endorsement), DART is not an acronym, but rather is "meant to be a dart board. The logo is small, but we update the logos each year to match the current disease targets….As far as why DART is all caps like an acronym. I'm not actually sure. The DART series has been going on since 1995 and was capitalized about 20 years ago. I'm not even sure the organizer know at this point."*
  - The listserv has been active and useful although the year.
  - New CHAP Emeritus : Karen Tulloch and Jeff Kapler
  - Nominations : Benoît Lemire was proposed as next secretary. Nobody opposed. He will start after this AGM.
  - Projects & initiatives :
    - Stacey Tkachuk and Erin Ready led the update of the article, "Role of the pharmacist caring for people at risk of or living with HIV in Canada". This article was awarded the Best Paper of the Year by the Canadian Pharmacist Journal.
  - Promoting awareness
    - Linda Robinson has helped getting a freestanding banner and a few other articles (mints, chapstick, pens, leaflets, business cards) to complete a CHAP Booth.
    - Exhibitor booth: CAHR conferences 2024 & 2025
    - Alice Tseng and Tasha Ramsey gave a talk at the Canada Pavilion at AIDS 2024 in Munich, Germany.
    - Position statement: Access to Care, Evidence-Based Uncensored Science, and Equity and Inclusion of all Communities Impacted by HIV and/or Viral Hepatitis available on the CHAP website, along with summary slides people can include in their presentations.
- Treasurer's report: Deb Yoong and Alice Tseng

        - The report covers from May 2023 to April 2024, including the 2024 AGM (London): 24 attendees, 18 working group, 6 general members.
        - We received $42,000 in sponsorship grants (15 000$ from ViiV and Merck and 12 000$ from Gilead). Meeting expenses: $43,605.05.
    - CHAP Chats: Dr Feld was paid directly by Abbvie and we received separate funding for Dr. Khan
- CHAP projects and initiatives
    - Observership program update: Alice Tseng
        - Launched in 2017.
        - 16 observerships completed to date.
        - Two observerships completed in 2024.
        - CHAP received 9 applications for this upcoming year. They all received approval of their requests.
    - CHAP promotional activities (CAHR 2024 booth, AIDS 2024 Canada Pavilion)
        - (already done above)
    - Position Statement: Access to Care, Evidence-Based Uncensored Science, and Equity and Inclusion of all Communities Impacted by HIV and/or Viral Hepatitis
        - (already done above)
    - HIV 101 Series: Linda Robinson
        - CHAP has a new YouTube channel
        - A 3 part webinar on resistance interpretation now appears on the channel. Linda Robinson reports on her experience recording it.
        - Funding for the future has to be revisited and diversified to mitigate perceptions of biases. Preference to have all three major companies fund the series, not just one.
        - There are 50% more views of Part 1 (as compared to Parts 2 and 3).
        - We could implement a peer review to help support speakers.
        - Benefits/limitations of various platforms discussed
            - YouTube – Benefit is that short clips can be strung together like a “playlist”, and this format mimics how many folks consume media/content in today’s era; limitations: not accessible at all hospital sites, some speakers may not want their content put on YouTube (must get consent from speakers before posting)
            - Zoom – Must pay a monthly subscription fee to maintain files (otherwise they will be deleted eventually), can automatically add a transcription below the presentation (highly recommended)
            - Powerpoint recordings – there is a video option, but it becomes a very large file; can automatically add a transcription below the presentation (highly recommended)
            - Podcast – more of a conversational format
        - Benefits/limitations of various formatting styles discussed:
            - Various opinions expressed - some prefer longer (i.e. 30min videos); others suggest a series of small, shorter presentations (2-10 minutes)

- Could also do a hybrid of longer and shorter formats (could have some fundamental 30min 101 series presentations: i.e. fundamentals of DDI management, then small specific ones: i.e. antacids + INSTIs)
- Target audience:
  - Important to determine this, because there are so many existing education resources
  - Pharmacists? Educators of HIV medicine?
- Topic ideas:
  - Pharmacy-specific cases (i.e. managing scenarios when patients run out of ARVs, crushing ARVs, renal dosing of ARVs, etc.): Benoît is working on a French language expert opinion document on some of these topics
  - DDIs
  - PrEP
  - HIV testing
- How to evaluate:
  - Pre- and post-test "test your knowledge" quiz (similar to what is done with the AAHIVM series)
  - Implement a survey at the end (could be a QR code)
- How to advertise:
  - QR code cards at the CHAP booth at CAHR
  - Hashtags to link related content and increase views
- CHAP executive to send out a survey to the working group to determine 1) if CHAP should continue with the 101 series, 2) if yes, in what format, 3) topics and content suggestions
- Linda Robinson is happy to help future CHAP executives with the 101 series initiative

- 2025 Canadian Pharmacist of the Year
  - Congratulations to Debbie Kelly, who has been awarded this honour by the Canadian Pharmacists Association (CPhA)

12:00-12:30	**Lunch**
12:30-13:30	**Lunch Plenary** Another Perspective: Unique HIV Cases From South of the Border Patricia Pecora Fulco, PharmD., BCPS, FASHP, AAHIVP Clinical Pharmacy Specialist Internal Medicine/HIV VCU Health System, Department of Pharmacy ▪ Patricia began the talk by highlighting Pierre Giguère's hot-off-the-press paper on managing cabotegravir/rilpivirine failures with B/F/TAF [AIDS 39(6): 777-779] ▪ Patricia presented a series of complex cases ▪ Case #1: a patient with a long history of HIV, previously well controlled on B/F/TAF + BID darunavir/ritonavir who began developing persistent and unexplainable low level viremia (up to~8000 copies/mL); ultimately, the patient ended up re-suppressing on CAB/RPV + lenacapavir ▪ Patricia shared her experience with minimizing lenacapavir injection site reactions/nodules (she has created a protocol for her site involving application of

	ice to injection site x5-10min pre-dose, then again post-dose; she finds this helps some but not all patients) ▪ Case #2: DDI involving B/F/TAF & oxcarbazepine (the latter of which is a dose-dependent inducer); the patient remained suppressed after ~17mo of concomitant Tx (this may be due to oxcarbazepine dose being < 600mg /day)
13:30-13:45	**Refreshment Break**
13:45-15:00	**PRACTICE-RELATED HOT TOPICS AND ROUNDTABLE DISCUSSION** • CHAP Pharmacist Staffing Survey (Carley Pozniak and Benoît Lemire; 20min) - Most sites across Canada have just 1 pharmacist FTE - In general, it seems very little PrEP and very little hepatitis care is occurring at our practice sites - This is a first edition of the survey; first edition can be used to establish definitions so we can compare and track over time - # of visits is not necessarily a good metric (i.e. sites caring for pregnant people or doing a lot of primary care activities such as OAT will have a lot more visits) - Knowledge of which sites have social work support could help explain the results • Lenacapavir + Cabenuva in a patient with detectable viral load (Dominic Martel) - Lenacapavir was used in this case due to an M230I mutation - In this case, the patient's first viral load (~1mo after initiation of Tx) went up to ~6000c/mL (higher than baseline), but the next month, the viral load showed an appropriate and expected declines • INSTI Resistance in a treatment experienced client (Jennifer Hawkes) - Jenn presented a case of an emergent INSTI 263K/R mutation that developed after a patient "stretched out" supply of dolutegravir/lamivudine-tenofovir-DF • Measuring the Impact of Rifampin Drug Interactions on Tuberculosis Preventive Treatment (TPT) Completion, Safety, and Health Care utilization: A Secondary Analysis from the 2r2 Trial (Jinell White) - Unlike in HIV, there isn't a lot of R&D happening for TB, so efforts are being made to re-purpose older medications - In the 2r2 trial (done through McGill), researchers looked at 10mg/kg/day rifampin (open label) versus 2 blinded arms (20mg/kg/day and 30mg/kg/day) - Findings support the concept of rifampin maximal inductive capacity and suggest that the same rifampin DDI management strategies can be utilized with rifampin dosing between 10-30mg/kg/day • Assessing ChatGPT's Capability in Understanding and Reporting Antiretroviral Therapy Drug Interaction Effects: the ACCURATE-DDI Study (Erin Ready) - Erin presented on results from the ACCURATE-DDI study, which involved Alice Tseng, Deb Yoong, and colleagues from the University of Liverpool as co-researchers - ChatGPT-4o mini had tendencies to underreport serious or contraindicated DDIs and often produced responses that included a mix of correct and incorrect information (therefore, ChatGPT is not yet a reliable tool for ARV DDI info) - In post-presentation discussion, Pierre hypothesized that Drug-GPT may outperform ChatGPT
15:00-15:30	**Refreshment Break**

15:30-17:00 **PRACTICE-RELATED HOT TOPICS AND ROUNDTABLE DISCUSSION CONTINUED**

- Clofazimine in MAC treatment (Caitlin Chew)
  - Caitlin presented on a case of a female in her 20s with HIV (since birth) and possible treatment resistant MAC
  - Rifabutin +/- clofazimine reviewed as treatment options in this setting
  - Following patient-centered decision making, the decision was made to continue on azithromycin + ethambutol

- A Patient Centered Approach to Breastfeeding with HIV (Stacey Tkachuk)
  - Inspired by the AGM presentation Jackie gave 2 years ago re: 2 cases of people with HIV breastfeeding their babies, Stacey presented a similar case and the learnings acquired from it
  - General approach included discussing goals of breastfeeding with pediatrician/team (i.e. planned duration of breastfeeding)
  - Team found that explaining the process involved in applying for nevirapine liquid SAP to the patient strengthened the patient-provider relationship, because this helped the patient realize how much was going on to support the patient
  - A big takeaway is that healthcare providers should provide their recommendation but ultimately keep care patient-centred by supporting whichever plan the family opts for

- HCV in Provincial Corrections (Caitlin Olatunbosun)
  - Alberta does opt-out STBBI testing (Alberta is the only province that has this policy in provincial correctional facilities)
  - In Alberta, Hep C Tx is covered if anticipated stay in corrections is >6mo, but it's hard to predict how long people will stay in corrections (average stay is ~30d)
  - Pharmacists in Alberta provincial corrections have been identifying patients at intake, testing and doing bloodwork to calculate FIB-4 scores, determining appropriateness of treatment, organizing supply, monitoring treatment, providing immunizations
  - Pharmacists will also often meet with patients who opted out of STBBI testing; they find that once the patient has settled into corrections, they are typically open to STBBI testing

- Long Time No see: The Comeback of Two Challenging Cases (Pierre Giguere)
  - Pierre presented outcomes of 2 challenging cases he has previously presented on at CHAP AGMs
  - Case 1: the worst resistance he has ever seen (high level resistance to all PIs including darunavir, INSTIs, NNRTIs, resistance to most NRTIs) → this patient is suppressed on lenacapavir + daily fostemsavir + B/F/TAF
  - Case 2: virologic failure on B/F/TAF in pregnancy → this patient re-suppressed on an intensified regimen, had no emergent INSTI RAMs, so switched back to B/F/TAF post-partum and later switched to LA CAB/RPV

- HIV outbreak challenge in MB (Shanna Chan)
  - Manitoba has recently surpassed Saskatchewan as having the highest incidence of HIV in Canada (20.2 vs. 19.4 cases per 100,000 population)
  - In addition to incident cases, Manitoba also has a lot of immigrants
  - Brenda Rosenthal is now the 3rd HIV pharmacist in Manitoba

	- There's a big HIV outbreak in Wuskwi Siphik & Sapotaweyak (~6h from Winnipeg, so it's challenging for folks to get to care, get to the lab, etc.) - Case of transmitted 263K/R INSTI mutation presented from this area - E138K mutations are also circulating in this region - Symtuza was used as initial Tx in this case and is being used to treat other new diagnoses in this region • Case Presentation (Mikaela Klie) - Case of persistent nausea on B/F/TAF in a patient with a long history of HIV infection (on ART since the 1990s) - Nausea likely multifactorial; team explored ARV switch & non-ARV-switch interventions • The APPROACH Study (Tasha Ramsey, Debbie Kelly, Christine Hughes; 20 min) - APPROACH 2.0 aimed to evaluate the implementation of HIV, HCV, and syphilis testing by pharmacists in NL, NS, and AB - N=34 community pharmacies offered POC & DBS testing for these STBBIs - During the Dec 2022 to April 2024 study time period, nearly 1500 tests for 399 participants were conducted - 25 participants had a reactive test for one or more infection; clients with reactive test results were linked to care via an ID specialist or public health - STBBI screening by pharmacists was accessible, acceptable, and successful at reaching first-time testers and identifying new infections
19:00-21:00	**Annual CHAP Dinner (practice sharing and slideshow continued)** **Gahan House Nova Centre** **5239 Sackville Street, Halifax**