



GULF COAST SOCIETY OF HEALTH-SYSTEM PHARMACISTS

JANUARY/FEBRUARY 2010

INSIDE THIS ISSUE:

PRESIDENT'S REPORT	1
CALENDAR OF EVENTS	2
STUDENT SECTION	4
RESIDENT SECTION	8
TSHP R&E FOUNDATION OPPORTUNITY	9
TSHP ANNUAL SEMINAR APRIL 2010	10
ABHP MINORITY HEALTH CONFERENCE MAY 2010	11

CONGRATULATIONS

GCSHP Outstanding Pharmacist Award
Kimberly Birtcher

GCSHP Outstanding Student Award
Ashley Randall Scott

GCSHP Outstanding
Pharmacy Technician Award
Kathy Hamilton

GCSHP Outstanding
Industry Service Award
Randall Dausin

PRESIDENT'S REPORT

Richard Cadle, RPh, PharmD, BCPS, FASHP

GCSHP members,

This has been a whirlwind of a year for me and, I expect, many of you as well. I have discovered that it takes a lot of work behind the scenes with many people involved to keep an organization such as GCSHP running. I would like to take this opportunity to thank all those who help to make GCSHP a successful and viable organization. I would like to thank this year's Board of Directors for their hard work and vital contributions. Todd Canada our Past President, Jennifer Nguyen our President-elect, William Donovan Strader our Recording Secretary, Katy Hanzelka our Membership Secretary, Monica Green Robinson and Andy Laegeler our Directors, Candy Eggleston our Treasurer, Jennifer Christensen our Education Chairperson, our members at large, Caren Hughes and Douglas Rasmussen and our TSU/UH student representatives. All

of these people have my heartfelt thanks and gratitude for their service during the 2009-2010 year. This will be my last newsletter as President of GCSHP. Over the year we have increased our membership, expanded our pharmacist-student mentoring program, established a TSHP/GCSHP website, initiated a new community service program for members, established a pharmacy student community service scholarship, sponsored some innovative and dynamic pharmacist and technician continuing education programs in pharmacy law, pharmacy leadership and pharmacy residency preceptor development program, sponsored numerous pharmacy student initiatives such as the University of Houston pharmacy residency program showcase and maintained a healthy and financially sound organization. All of these accomplishments are because of the hard work of the Gulf

Coast Society of Health-System Pharmacists Board of Directors and countless members of the organization. We still have much more work that needs to be done to move forward our profession and organization as we continue to improve patient care. So let us roll up our sleeves and get to work!

Richard Cadle



GCSHP GIVING BACK TO THE COMMUNITY

GCSHP has recently paired up with the Houston READ Commission (HRC) to strengthen our relationship with the community as well as to promote literacy amongst our fellow Houstonians. Many of the people served through HRC are not able to follow directions on prescription bottles. Unfortunately, this may also translate to the inability to read patient information sheets, hospital discharge information, clinic appointment information, flyers sent concerning pandemics (H1N1) and information concerning care of their dependents (example: child vaccination schedules, precautions for sick school children).

We are excited about this new partnership and GCSHP is kicking off its efforts by supporting (both monetarily and through volunteer work) an HRC annual fundraising event 'The Great Grown-up Spelling Bee' on January 30th.

For more information on the Houston Read Commission, please visit their website at www.houread.org. For information on becoming a volunteer and working with GCSHP to strengthen our ties to the Gulf Coast area, please email Dr. Jennifer Christensen at Jennifer_Christensen@hchd.tmc.edu.

January 2010

Sun	Mon	Tue	Wed	Thu	Fri	Sat
					1	2
3	4	5	7	7	8	9
10	11	12	13	14	15	16
17	18	19	20	21	22	23
24 31	25	26	27	28	29	30

Congratulations

2010-2011

Officers

President-Elect
Monica Robinson Green

Director
Annie Hong


Recording Secretary
Allison Wilson

Treasurer
Donovan Strader

SCHEDULE

- ⇒ January 18, 2010
MLK Holiday
- ⇒ January 28, 2010
UH/TSU Residency
Mentoring Social
- ⇒ February 4, 2010
Pharmacy Leadership CE
- ⇒ April 8-11, 2010
TSHP Annual Seminar &
Alcalde XXIV Leadership
Conference
- ⇒ May 21-23, 2010
ABHP Minority Health
Conference

February 2010

SUN	MON	TUE	WED	THU	FRI	SAT
	1	2	3	4	5 <i>Go Red</i> for Women Day!	6
7	8	9	10	11	12	13
	15 <i>President's</i> Day	16	17	18	19	20
21	22	23	24	25	26	27
28						

**Gulf Coast Society of Health-System Pharmacists
would like to thank our Guest Speaker and Panelists for the
Continuing Education Program held on February 4, 2010**

***Pharmacy Leadership:
What if They Turned Out the Lights and Nobody Noticed?***

Guest Speaker:

Bill Jones, RPh, M.S., Educational Development and Performance Improvement Pharmacy Program Manager, Veterans Health Administration Central Office (retired)

Panel:

Lourdes M. Cuellar, MS, RPh, FASHP, Director of Pharmacy & Clinical Support Services, TIRR Memorial Hermann

Craig Frost, RPh, MBA, Administrative Director of Pharmacy, St. Luke's Episcopal Hospital

Donna Kyle, RPh, M.S., Director of Pharmacy, Michael E. DeBakey Veterans Affairs Medical Center

Dan Metzen, Pharm.D., Director of Pharmacy, The Methodist Hospital

Ryan K. Roux, Pharm.D., M.S., Chief Pharmacy Officer, Harris County Hospital District



Pictured from Left to Right: Dan Metzen, Ryan Roux, Lourdes Cuellar, Craig Frost, Donna Kyle, and Bill Jones

STUDENT SECTION

TEXAS SOUTHERN UNIVERSITY SSHP

CELIA FENCEROY, PRESIDENT

TSU-NOW!
TSU-SSHP, would like to wish everyone a Happy New Year. 2009 was great, but the Class of 2010 is in it to WIN. As we close the year with four successful meetings and great speakers from all pharmacy backgrounds, we look forward to Spring 2010. Our Fall calendar consisted of monthly meetings with Lexi-Comp book give-aways at each meeting and we conducted two fundraising events. The close of the year was stronger than ever. First, a total of 35 TSU CDPHS P3 and P4 students traveled to Las Vegas, NV to attend the 44th ASHP Midyear Clinical Meeting. Students participated in the student poster session by presenting research projects that were completed during their various clinical rotations as pharmacy interns. Regina Ramirez (P4) and Sania Sultan (P4) represented TSU CDPHS in the

clinical skills competition where they competed against various pharmacy students across the nation. Not only did our students represent through presentation of posters and the clinical skills competition, but also through national recognition for achievement. Ashley Scott (P4) was presented with the Association of Black Health-System Pharmacists (ABHP) Student Achievement Award by the president of ABHP and Natalie Osagie was recognized as a finalist. Photos from Mid-Year can be seen on our website at www.tsusshp.org. To close the year out with a bang TSU and UH hosted the annual Residency Mentoring Social. The collaboration between TSU and UH SSHP, along with the sponsorship of GCSHP made the evening a success. The TSU and UH SSHP hosted 150 students and various residency programs in the Houston and

surrounding area with guest speaker Ms. Diane B. Ginsburg, President-Elect of ASHP from Austin, TX. This Spring we look forward to presenting the Antibiotic Awareness Project to children in the community. The TSU-SSHP officers would like to wish all pharmacy students a successful Spring 2010.

Celia M. Fenceroy (President)
Kingsley Nwogu (President-Elect)
Gift Nweke (Vice President)
Pauline Nwachukwu (Secretary)
Rakiya Wada (Treasurer)
Prinya Charoenmuang (Historian)
Benjamin Philips (Web Master)
Kinyatta Weatherspoon (PI Liaison)
Herve Mbanja (Fundraiser Chair)

UNIVERSITY OF HOUSTON SSHP

AMY MOSS, PRESIDENT

We hope everyone had happy holidays and that your New Year is off to a smooth start. It's hard to believe that we are in a new decade. I would like to recap a few of the UH-SSHP events from this past fall.

First, we would like to thank the following speakers who educated the student members through their experiences as practitioners. We enjoyed their presence and anecdotes.

Richard Cadle (Michael E. DeBakey VA Hospital), Jigna Patel (Memorial Hermann Hospital), Kristine Kuper (Cardinal Health), Nancy Ordonez (UH College of Pharmacy Faculty), Karen Williams (Memorial Hermann Hospital), Ola Adejwon (North Cypress Medical Center), Jeff Sherer (UH College of Pharmacy Faculty), Rina Patel (UT MD Anderson Cancer Center) - PGYZ, Christine Parker, Pharm.D. Candidate - Journal Club Presenter. We would also like to thank the following MS Pharmacy Management Program Residents:

Becky Natali (The Methodist Hospital), Linda Ho (St. Luke's Episcopal Hospital), Rodney Cox (Memorial Hermann Hospital), Brian Fase (Michael E. DeBakey VA Hospital), Shahana Quadri (Harris County Hospital District)

Next, UH held a residency showcase in the TMC on Friday, November 6, 2009. It was

quite successful with 25 facilities representing 39 programs and about 200 students in attendance! This incredible and much appreciated opportunity would not have been possible without our advisor Dr. Kimberly Birtcher. We want to thank her for all her time and effort she put into this showcase. We would also like to thank GCSHP for their unyielding financial and professional support. They are true advocates for pharmacy students and without them our events would not be possible.

This student section update would not be complete without big congratulations to Allison Palmer (P4) and Christine Parker (P4) for their win at the UH clinical skills competition held on September 25, 2009! They went on to represent UH at the ASHP Midyear Clinical Meeting in December and they represented us well! These ladies advanced to the final round and placed in the top ten of 102 participating teams. We are very proud of them. Finally, this past semester UH-SSHP has made service projects a major focus. I would like to highlight Avani Desai (President-Elect), Khushbu Patel and Edward Um (Community Service Co-chairs) for their diligent work and compassion. It was an

incredibly rewarding semester. We participated in the following:

- Brown Bag Medications for Seniors
- Polycystic Kidney Disease 5K Walk
- Antibiotics Awareness Project
- H.O.M.E.S Clinic (Houston Outreach Medicine Education and Social Services)
- H.O.M.E.S Clinic Shoe & Sock Drive

I am so proud of our officers, members, and advisors for their hard work. Thank you all, and I would especially like to thank GCSHP again for all their support. Best of luck to all the fourth year students applying for residencies!

Warmest Regards,

Amy Moss

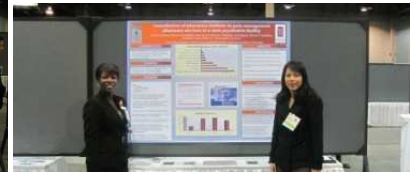
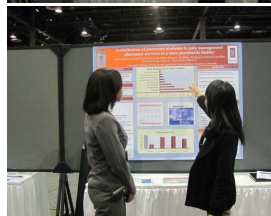
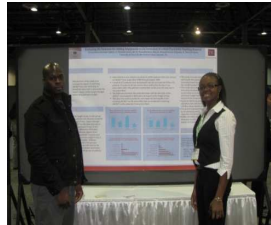
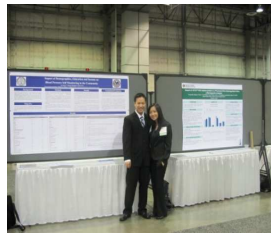
STUDENT SECTION



2009
ABHP
Student
Achievement
Winner
Ashley Scott



Ashley Scott and
Natalie Osagie
Represent TSU
during the ABHP
Awards Ceremony



TSU-SSHP PICTURE GALLERY

TSU Students participate in the
2009 ASHP Midyear Clinical Meeting Poster Session

UH-SSHP PICTURE GALLERY



Allison Palmer and Christi Parker
ASHP Clinical Skills Competition Top 10



ASHP Midyear Texas Reception with
UH College of Pharmacy Dean Lamar Pritchard



UH-SSHP
Officers
And Dr.
Kimberly
Birtcher



Poster Showcase
UH-SSHP -An ASHP recognized society



GCSHP student members participate in the
2009 Midyear Clinical Conference



Antibiotic
Awareness
Day

**A Flaw in Mainstay Monitoring for Enoxaparin Therapy
in Patients with Renal Insufficiency**

Christine Parker, Pharm.D. Candidate 2010
University of Houston College of Pharmacy

Enoxaparin is a low-molecular weight heparin that has been FDA approved for the treatment and prophylaxis of venous thromboembolism (VTE). The standard recommended dose for treatment of VTE in healthy individuals is 1 mg/kg every 12 hours or 1.5 mg/kg every 24 hours. Although the effect of enoxaparin does not require strenuous monitoring in healthy patients, there are certain situations where laboratory monitoring must be carried out to prevent hemorrhagic events. Since enoxaparin is cleared by the kidneys, patients with renal insufficiency must be closely monitored. A dosage adjustment has been recommended for these patients by the manufacturer, Sanofi-Aventis (1 mg/kg every 24 hours). With renal dysfunction, an accumulation of the drug can occur which can lead to increased bleeding complications. According to the Lovenox® package insert and the CHEST guidelines 2004, the gold standard monitoring parameter for therapy in renal insufficiency is antifactor Xa levels targeting a range of 0.5 – 1.2 IU/mL taken four hours after administration.¹²

Since hemorrhage continues to occur in patients with renal insufficiency, despite proper antifactor Xa monitoring, other monitoring parameters have been investigated. Brophy et al prospectively studied antifactor Xa activity as it correlates to thrombin generation time (TGT), platelet contractile force (PCF) and clot elastic modulus (CEM) following ex vivo enoxaparin exposure in patients with and without renal dysfunction.⁹ A total of thirty patients were followed, 10 controls, 10 with chronic kidney disease, and 10 with end-stage renal disease receiving hemodialysis. Blood samples were drawn from subjects and spiked with increasing enoxaparin concentrations of 0.25, 0.5, 1, and 3 IU/mL then analyzed for TGT, PCF, and CEM at each antifactor Xa level. The results showed that patients with renal dysfunction had a prolonged TGT and lower CEM implying that these patients will have a higher anticoagulant effect compared to healthy individuals.

Brophy et al also investigated thrombin generation time as a novel parameter for monitoring enoxaparin therapy in patients with end-stage renal disease (ESRD).¹⁰ The participants were administered single-dose 1 mg/kg subcutaneous enoxaparin in the abdomen. Thereafter, blood samples were drawn at 4, 8, and 12 hours to determine antifactor Xa, TGT, PCF, and CEM levels. The results demonstrated similar antifactor Xa levels between the two study groups over the 12 hour study period, but at the same time, the ESRD group had a prolonged thrombin generation time. Although the prolonged generation time trended toward statistical significance, it was only statistically significant at 8 and 12 hours post-dose. This study implies that patients with renal impairment have an increased risk for hemorrhagic events, even when antifactor Xa levels are within the targeted range, 0.5-1.2 IU/mL, due to a prolonged TGT.

Hemorrhagic events continue to occur in patients with kidney dysfunction even when the antifactor Xa level is within the recommended target range of 0.5 – 1.2 IU/mL. Thrombin generation time is a promising alternative to monitoring enoxaparin therapy in patients with renal impairment. Brophy et al has developed a whole-blood coagulation monitoring assay that analyzes the blood for thrombin generation time. More research should be performed before this laboratory monitoring parameter should be placed into practice, but it provides a novel alternative to enoxaparin

therapy monitoring in patients with renal insufficiency.

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Has your contact information changed?

Please send all changes to

Katy Hanzelka at

khanzelka@mdanderson.org

**Topiramate As An Adjunct For Atypical Antipsychotic
Induced Weight-Gain**

Elisabeth Napierkowski, Pharm.D. Candidate 2010
University of Houston College of Pharmacy

Atypical antipsychotic induced weight-gain is a challenge affecting long-term treatment. The mechanism of weight-gain is not fully understood but evidence shows long-term treatment resulting in decreased efficacy of glucose, alteration of satiety signals, hormonal resistance to satiety control, and possible direct effects on the appetite centers in the hypothalamus. Proposed mechanisms of weight-gain include interaction of atypical antipsychotics at multiple receptor sites including dopamine D₂, serotonin 5-HT_{2a} and 5-HT_{2c} and histamine H₁ receptors.

Recently, topiramate has come to the forefront as an agent to reverse weight gain associated with atypical antipsychotics. Topiramate's exact mechanism of weight loss is unknown but may be due to one or more of its multiple action sites including effects on sodium pump activity, weak inhibition of carbonic anhydrase, and modulation of GABA. In animal models, topiramate reduced fat deposition by decreasing nutritional intake or mildly increasing energy expenditure which occurs gradually and constantly over long periods of time.

The efficacy and safety of topiramate as an adjunctive agent to reduce weight has been studied in a number of trials. In a 12-week randomized, placebo-controlled prospective study, schizophrenic patients with increased weights were given topiramate at varying dosages or placebo. The study revealed that a higher dosage of adjunctive topiramate decreased body weight, body mass index (BMI), waist measurement, and hip measurement. Nickel et al. a 10-week, randomized, double-blind, placebo-controlled study including women with olanzapine-induced weight gain, showed statistically significant weight loss in the adjunctive topiramate treated group versus placebo. In a 12-week, randomized, double-blind, placebo-controlled study, a population of patients receiving mood stabilizers were placed on topiramate or placebo with the objective of assessing the efficacy and safety of topiramate as an adjunct for outpatient management of bipolar I disorder. The study revealed statistically significant weight loss and a reduction in BMI in the topiramate group ($p < 0.001$) of which 19.1% of patients were on concomitant atypical antipsychotics. Long-term investigation of topiramate induced weight loss has shown statistically significant weight loss. Although these results are promising, data from head-to-head comparisons between topiramate and other pharmacological weight loss agents are lacking. One trial comparing topiramate and sibutramine showed comparable weight loss associated with each adjunctive agent in overweight or obese bipolar patients.

In conclusion, topiramate's efficacy as a weight-loss agent, as shown in randomized placebo-controlled trials and long-term investigations, shows it has a promising place in therapy in certain patient populations. These patients would be those afflicted with atypical antipsychotic induced weight-gain, those motivated and compliant with an adjunctive pharmacological therapy and those patients willing to tolerate topiramate's relatively minimal side-effect profile.

References:

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TSHP MENTOR PROGRAM

The Texas Society of Health-System Pharmacists is introducing a new service available to interested pharmacy students and pharmacists, The TSHP Mentor Program! The program will provide student members the opportunity for networking, professional development, and career guidance to ensure the advancement of the pharmacy profession.

TSHP hopes this fostered relationship between the pharmacist and student will allow students to grow personally and professionally within the organization and profession.

Interested individuals can complete an online application to become a mentor and/or a mentee beginning Oct 1st, 2009. Please encourage your TSHP colleagues to take advantage of this opportunity to contribute to the professional growth of future pharmacists!

Amiodarone Use in Patients with a Shellfish Allergy

Maggie Dinh, PharmD
 Pharmacy Practice Resident
 Michael E. DeBakey VA Medical Center

Amiodarone is a popular class III antiarrhythmic used to control arrhythmias. It is metabolized in the liver to an active metabolite with a half-life of 50 days. Amiodarone is highly lipophilic and is widely distributed throughout the body which is important when looking at the extensive adverse reactions caused by amiodarone. Amiodarone also contains a significant amount of iodine. Each 200 mg tablet contains 75 mg of iodine, 10% of which is absorbed systemically. This may initiate a hypersensitivity reaction in patients who are allergic to iodine. Because of this, hypersensitivity to iodine is an absolute contraindication to the use of amiodarone.

It is a common belief that patients who are allergic to shellfish are synonymously allergic to iodine; however, this is not the case. There have been several case reports in the literature of patients with documented "iodine allergy" from shellfish who have tolerated amiodarone exposure without any adverse reactions. The component in shellfish that produces the hypersensitivity in allergic patients is actually a protein called tropomyosin. Tropomyosin is important for muscle contraction in invertebrates such as shellfish as well as in vertebrates, such as fish. Tropomyosin is also found in other meats like beef, pork, and chicken, but rarely causes hypersensitivity reactions in these meats.

As of current, there have been no case reports or evidence in the literature that support iodine component of shellfish as the trigger for hypersensitivity reactions. Because of this, it is probably safe to assume that patients with a shellfish allergy can safely receive amiodarone therapy. Before administering amiodarone to a patient with shellfish allergy, however, it is important to determine what kind of allergic reaction occurred, the severity of the reaction, and what specific iodine-containing substance the patient had the reaction to. It would also be wise to have an emergency stock of anaphylaxis treatment available.

For references or more information, please contact Maggie Dinh at Maggie.dinh@va.gov.

Therapeutic Options for Steroid Refractory Graft-versus-host Disease

Aimee Hammerstrom, PharmD
 Pharmacy Practice Resident
 Michael E. DeBakey VA Medical Center

Hematopoietic stem cell transplant (HSCT) is used to treat many malignant diseases as well as some non-malignant diseases. The rationale for HSCT includes increasing tumor cell kill, rescuing a patient from prolonged myelosuppression and relying on immune-mediated effects known as graft-versus-leukemia or graft-versus-tumor. Although the graft-versus-leukemia effect is desirable in transplant patients, the graft or donor's cells must be harnessed through the use of immunosuppressants such as tacrolimus, cyclosporine or methotrexate. If the donor's cells, specifically the donor's T-cells, are not immunosuppressed enough, graft-versus-leukemia can evolve into graft-versus-host disease. Graft-versus-host disease occurs when the donor's cells begin to attack the host's tissues. When the graft-versus-host disease (GVHD) occurs within the first 100 days or so of the transplant, it is called acute GVHD. Three organs can be affected by acute GVHD: the skin, liver and/or the GI tract.¹ The only first-line treatment for acute GVHD of any organ is steroids.

Unfortunately, however, only 25%-40% of patients with acute GVHD will achieve a complete response with steroids alone.² The efficacy data of second-line therapies is variable.

There have been many single-center randomized controlled trials using different types of immunosuppressants in steroid-refractory acute GVHD, although none have been studied in large randomized trials. In a recent Phase II trial, however, Alousi and colleagues assessed the efficacy of four different immunosuppressants in combination with steroids for acute GVHD: mycophenolate mofetil (MMF), denileukin, etanercept and pentostatin.³ The purpose of this study was to determine the most promising combination to investigate further in a larger Phase III trial. By the end of the study, MMF had greatest incidence of complete response at day 56 (60% (95% CI, 46-74%)) with equal incidence among all organs, chronic GVHD-free survival (71% (95% CI, 58-84%)) and overall survival at 9 months (64% (95% CI, 48-76%)). Therefore, MMF emerged as the most promising agent in combination with steroids for acute GVHD. With these results, Bolanos-Meade and colleagues are currently undertaking a Phase III trial comparing MMF plus steroids to placebo plus steroids.⁴

Acute GVHD is a significant cause of morbidity and mortality in HSCT. Steroids continue to be the first-line agent; although the Phase II study showed MMF as a promising agent in combination with steroids. Whether MMF will replace steroids as first-line though will remain unknown until the results of the Phase III study are available.

References:

1. Ferrera JL et al. *Lancet* 2009;373:1550-61.
2. Kim SS. *Ann Pharmacother* 2007;41:1436-44.
3. Alousi et al. *Blood* 2009;114:511-7.
4. Bolanos-Meade J et al. *BMT Clinical Trials Network*; Protocol 0802; Version 1.0.

The GCSHP website
 is linked to TSHP website.

Log on to the TSHP website at www.tsHP.org
 and under the Links tab, click on GCSHP!!!



**Texas Society of
Health-System Pharmacists
Research and Education Foundation
Contribution**

**Dear Colleagues and Friends of the Founda-
tion:**

It's never too late!!

**Don't miss this opportunity to support phar-
macy education and research via a contri-
bution to R&E. You will also be eligible to
receive a tax deduction for the 2010 calen-
dar year for your charitable contribution.
Please see the donation form online via the
secure website at www.tshp.org.**

**Participating in the Golf Tournament during
the TSHP Annual Seminar on April 9, 2010,
also gives you the opportunity to support
student scholarships and research grants.**

**On behalf of the TSHP Research and Educa-
tion Foundation, thank you for your support.**

Sincerely,

Lourdes M. Cuellar, President

The contribution should go to the following TSHP R&E Foundation fund:

- General Fund (Supports internship program, poster competition and general operations)
- Austin Area Society of Health-System Pharmacists Scholarship
- Dr. Chester A. (CAB) Bond Grant Program (supporting research grants for pharmacists)
- Central Texas Society of Health-System Pharmacists Scholarship
- Grace Dyan Coggin/Metroplex Society of Health-System Pharmacists Memorial Scholarship
- Celso & Matiana Cuéllar Memorial Scholarship
- Lourdes M. Cuéllar/EPASHP/University of the Incarnate Word Scholarship
- James T. Dolusio Scholarship
- El Paso Area Society of Health-System Pharmacists Scholarships
- Eustacio Galvan Memorial Scholarship
- Phyllis B. Ginsburg Memorial Scholarship
- Leo F. Godley-TSHP Resident/Fellow Award
- Gulf Coast Society of Health-System Pharmacists Leadership Scholarship
- Jon Peyton Hudlow Memorial Scholarship
- Gene Lake Scholarship
- Robert G. Leonard Memorial Scholarship
- Glenda Lawson McRee Memorial Scholarship
- Metroplex Society of Health-System Pharmacists Scholarship
- Michael Patry/Texas Tech University Health Sciences Center School of Pharmacy EPASHP Memorial Scholarship
- Dr. Michael Piñón/Texas Southern University College of Pharmacy and Health Sciences EPASHP Scholarship
- Mark Tamble Memorial Scholarship
- Sandra Evans Webb Scholarship
- In __Memory__ Honor __Appreciation of _____

Your gift will be acknowledged on the Foundation Website and the Foundation's Annual Report.

TSHP R&E Foundation

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TSHP R & E Foundation is a 501(c)(3) charitable foundation (EIN 75-1578067)

The Foundation needs YOUR continuing support to maintain and expand its programs.

YOU can have an impact and help shape the future of pharmacy in Texas.

The **2010 TSHP Annual Seminar & Alcalde XXIV Leadership Conference**

Your opportunity to learn, network and be with professional colleagues and health-system leaders from throughout the State is just around the corner.



The TSHP 62nd Annual Seminar, **April 8-11, 2010** at the fabulous **Moody Gardens Hotel** in **Galveston, TX**, will provide you with programming and opportunities especially designed for hospital and other health-system pharmacists, residents, student pharmacists and pharmacy technicians.

See our website- www.tshp.org to find out what may be coming your way on the "*winds of change*." The entire pre-seminar is online.

You can download a registration form, or use our convenient online system to **register today** for the TSHP **Annual Seminar** and/or the **Alcalde XXIV Leadership Conference**, for residents and preceptors held in conjunction with the meeting.

Don't wait to reserve your hotel room at Moody Gardens, either. You can see information on the reservations process on our website as well.

And - don't forget to **check out** the TSHP R&E Foundation's annual Fun(d) raising **Golf Tournament** on Friday, April 9 at Moody Gardens Golf Course.

Everything you want. . . and more. The 2010 TSHP Annual Seminar & Exhibit. **Be there!!!**



APRIL 2010

Join us in Houston May 21-23, 2010 for

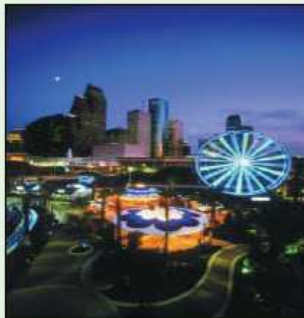
The ABHP Minority Health Conference and Annual Meeting

Renaissance Houston Hotel Greenway Plaza | Houston | Texas |

An educational conference for healthcare professionals interested in multicultural health issues

The Conference Aims:

- To educate healthcare providers and students on the critical issues behind minority health.
- To provide a forum to discuss barriers facing healthcare providers and patients in minority communities.
- To increase recognition and awareness of the critical minority health issues that affect diverse populations of various communities.
- To serve as an important educational experience for healthcare providers, highlighting, multicultural health concerns that affect both minority and non-minority populations.



Association of Black Health-
System Pharmacists Annual
Meeting, May 21-23, 2010
(888) 834-0603

For more information about registration or
sponsorship, please visit:

www.myabhp.org/ABHP2010.htm



This Conference will include timely educational programming on improving outcomes in special patient populations, contributed poster presentations, business meetings, and social and networking events. The conference will be ACPE-accredited for continuing education for pharmacists. **Registration fees are discounted before April 23, 2010.**

Pre-registration is strongly advised, however you can register on-site. Full registration includes attendance at all continuing education sessions, course materials, and professional exhibits. Complete the online registration form at www.myabhp.org/ABHP2010.htm now and save. All programs and exhibits will be conveniently scheduled at the Renaissance Houston Hotel Greenway Plaza. Complete the online hotel reservation today. We hope you will join us and look forward to seeing you in *Houston!*

May 2010



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