

NEWSLETTER

GULF COAST SOCIETY OF HEALTH-SYSTEM PHARMACISTS



PRESIDENT'S FAREWELL

Hello GCSHP Membership!

With the close of the academic year and the beginning of summer near, I find myself fortunate to reminisce and reflect on the 2024 – 2025 year. I am tremendously thankful and filled with deep gratitude as well as pride for what we have accomplished together over the past year. It has been an extraordinary honor to serve this community, over 500 strong, of dedicated professionals, students, residents, and leaders in pharmacy practice.

This year, GCSHP has thrived in its mission to support, connect, and educate health-system pharmacy practitioners and partners through a wide array of engaging events, networking opportunities, and professional development programs. We hosted nearly 40 events this board year. One of which was our PAC fundraiser and social bringing members together virtually and in-person for a cause that supports advocacy and the future of our profession. Our educational calendar blossomed with a myriad of Resident Grand Rounds and Industry Dinner events on clinical topics like CKD, antifungals, UTI and biosimilars.

As a cornerstone of our mission, mentorship and growth for future leaders, was on full display through our student and new practitioner events. From our start of the year 'New Practitioner/Resident/Student Social' to our multiple enriching 'Dinner with a Pharmacist' series featuring respected practitioners like: Dr. Crouch (Internal Medicine), Dr. Philip (Pharmacy Informatics), Dr. Salinas (Medication Safety), and Dr. Ramirez (Solid Organ Transplant). We found each dinner offered invaluable insight and camaraderie for students. We capped off this series with our lively Match Day/Pre-Graduation Social celebrating our future pharmacists as they prepare to launch their careers.

Vibrant events like 'Kolor my Canvas' and being able to reunite and rekindle fellowship with those across the state at our 'TSHP Annual Seminar Social', remind us that community and connection are just as vital as clinical expertise. Furthermore, at the state-level, we were thrilled to recognize nearly a dozen GCSHP members who received awards and honors for their clinical excellence, leadership, and service to the profession. Their achievements continue to elevate our chapter and inspire us all. Looking ahead, I encourage you to stay engaged with upcoming summer events such as our Texas Law Continuing Education, Residency Graduation celebration, and the much-anticipated Game Night Social.

As I pass the torch, I want to extend my heartfelt appreciation to every member, volunteer, preceptor, and board colleague who made this year so meaningful. Thank you for your trust, your dedication, and your passion for advancing pharmacy practice. Being your President and serving this organization has been a great pleasure and privilege. I am looking forward to the amazing opportunities that lie ahead for this organization and health-system pharmacy. Cheers to another successful year and for all of the potential the profession has ahead!



Chibuokem Amuneke-Nze, PharmD, MBA

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GCSHP ELECTED OFFICERS 2025-2026



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PHARMD, MBA, MS,
BCPS, CPHQ

TSHP AWARD WINNERS

CONGRATS TO GCSHP MEMBERS WHO RECEIVED TSHP AWARDS!



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BCIDP, FTSHP**
TSHP PHARMACIST PRACTITIONER
RECOGNITION FELLOWS PROGRAM



**MICHAEL TORAÑO, PHARM.D, MBA,
MS, BCPS, CPHQ**
LEO F. AND ANN GODLEY RESIDENCY
FELLOWSHIP & FREDERICK W. MULLIN
ENDOWED PHARMACY AWARD



**JORDAN BURDINE, PHARM.D,
MBA, BCPPS, FTSHP**
TSHP PHARMACIST PRACTITIONER
RECOGNITION FELLOWS PROGRAM



LESLIE JOSEPH, BS, RPHT, ILM
MIKE KNAPP PHARMACY
TECHNICIAN AWARD



CLAIRE LATIOLAIS, PHARM.D, MS
PHARMACY MENTOR AWARD



**VALERIE BUCKLEY, PHARM.D,
BCIDP**
NEW PHARMACIST AWARD



**PHUOC ANNE NGUYEN, PHARM.D,
MS, BCPS, FTSHP**
PHARMACY LEADERSHIP AWARD



MCKENZIE ERWIN
GLENDA LAWSON MCCREE PHARMACY
STUDENT AWARD



TYLER ENGLAND, PHARM.D, MBA
RICHARD CADLE MENTORING
SCHOLARSHIP FOR PHARMACY
LEADERSHIP



MEGAN HUANG FRAZIER
GULF COAST SOCIETY OF HEALTH-
SYSTEM PHARMACISTS LEADERSHIP
SCHOLARSHIP

RECENT HIGHLIGHTS

NEW PRACTITIONER, RESIDENT & STUDENT SOCIAL

Our student, resident and new practitioner members gathered at Axelrad in February for an evening of relaxing in the middle of a busy residency interview season



MATCH DAY & PRE-GRADUATION SOCIAL

Members showed off their bowling skills as they “rolled” into post-graduate in April at Palace Social



RECENT HIGHLIGHTS



ASTRA ZENECA INDUSTRY DINNER

Members gathered in February at Pappadeaux to learn more about the management of hyperkalemia in patients on RAASi therapy with speaker Portia Davis, PharmD

TSHP ANNUAL SEMINAR GCSHP SOCIAL

Members attending TSHP Annual Seminar in April gathered after a long day of continuing education to relax and unwind



KOLOR MY KANVAS

Members showed off their creativity in March at a social with a rodeo themed painting. Who created the most unique pair?

RECENT HIGHLIGHTS

TSHP PAC VALENTINES FUNDRAISER

In February our members attended a cocktail and candy pairing fundraiser for the TSHP Political Action Committee. Curtis Petty showed off his mixology skills by creating three Texas themed drinks for the evening!



Dr. Ramirez - Solid Organ Transplant

DINNER WITH A PHARMACIST

Thank you to our pharmacist members who volunteered to get dinner with pharmacy students from our local pharmacy schools to share their personal experiences in the profession and their respective specialties. Great food and conversation was had by all!



Dr. Philip - Pharmacy Informatics

UPCOMING EVENTS

LOCAL CHAPTER EVENTS

INDUSTRY DINNERS

Join our final industry dinner this Spring!

**Understanding Rabies Post Exposure
Prophylaxis; Why HRIg Volume Matters**
by Kendrion Inc at Escalante's Fine Tex-Mex

MAY 29TH AT 6:30 PM

[RSVP HERE](#)

TEXAS PHARMACY LAW CONTINUING EDUCATION

Join us for an ACPE-accredited pharmacy law program
by Collette Scott, JD, RPh a Compliance Officer for the
Texas State Board of Pharmacy.

JUNE 10TH AT 6:30 PM

[REGISTER HERE](#)

SAVE THE DATE! GCSHP ANNUAL SEMINAR
SATURDAY, NOVEMBER 8TH AT WESTIN TMC

STATEWIDE EVENTS

TSHP FALL SPECIALTY SEMINAR

This year, the TSHP specialty pharmacy
committees are collaborating to host an in-person
seminar focused on advancing knowledge and
practice across key specialty areas.

SEPTEMBER 27TH IN
SAN ANTONIO, TX

[APPLY TO BE A SPEAKER HERE](#)

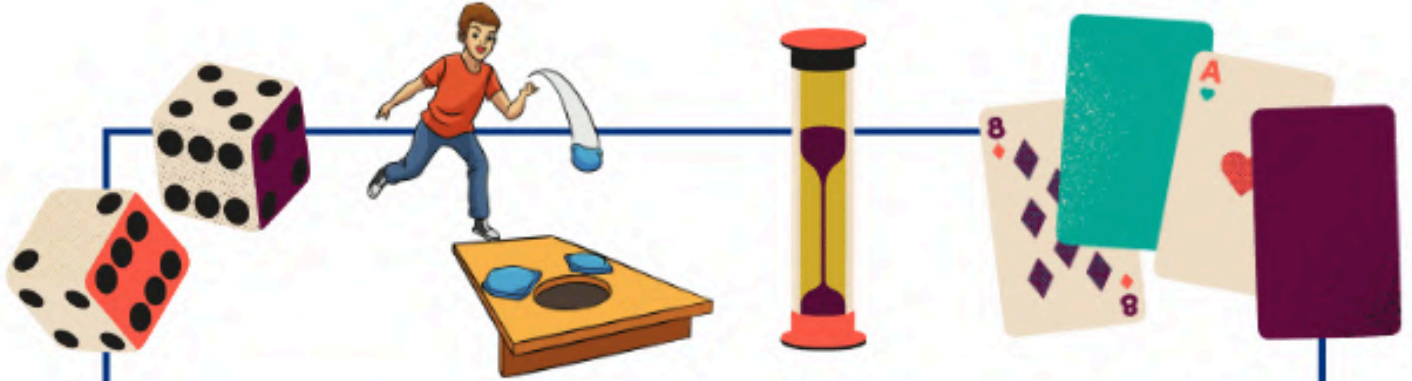
TSHP ANNUAL SEMINAR

Save the date for another great Annual
Seminar coming in 2026!

APRIL 24-26TH IN GALVESTON



ANNUAL GCSHP GAME NIGHT



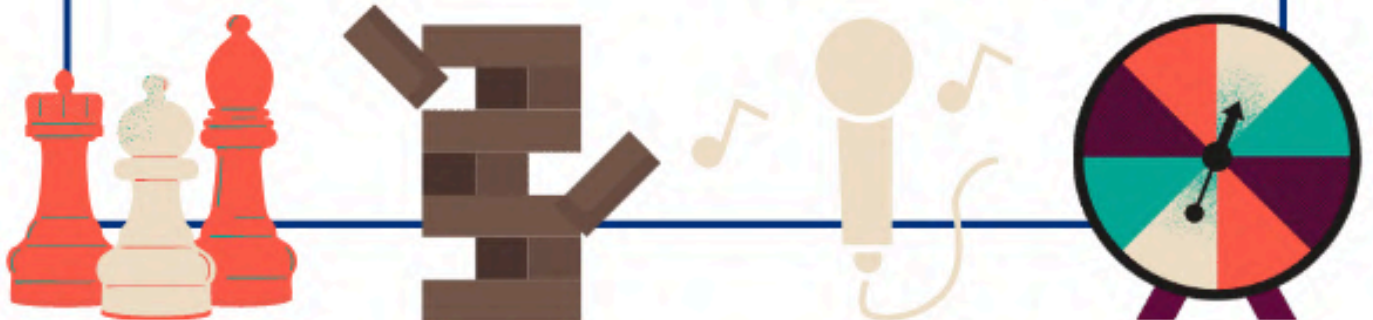
GULF COAST SOCIETY OF HEALTH-SYSTEM PHARMACISTS PRESENTS

ANNUAL GAME NIGHT

Thursday, July 24, 2025

6:30-9:30 PM CST

Saint Arnold Brewing Company



GET MORE INFORMATION AND RSVP NOW HERE!

GET INVOLVED

SERVE ON A GCSHP COMMITTEE

Share your expertise and get more involved with GCSHP by serving on a committee! Opportunities are available on:

- Industry Committee
- Membership Committee
- Pharmacy Technician Committee
- GCSHP Annual Seminar Committee
- GCSHP Social Event & Nomination Committee
- New Practitioner & Student Committee
- Legislative & Advocacy Committee

[SIGN-UP HERE BY JUNE 8TH](#)

TSHP MENTORSHIP PROGRAM

Mentoring is a great way to give back to your profession and share your professional expertise and experiences with pharmacy students or new practitioners. For current faculty professionals, the program is a great opportunity to reach students outside of your school, expand your impact to future leaders, and transform patient care.

Deadline to apply is June 15, 2025

[APPLY HERE TO BE A MENTOR](#)

SHOUTOUT A GCSHP MEMBER FOR A TSHP MEMBERSHIP SPOTLIGHT

Do you know a GCSHP member that deserves a shoutout?

Have they gone above and beyond either in their practice or through volunteerism? Help us recognize the amazing accomplishments of our members by sharing their success with TSHP for recognition in an upcoming TSHP communication!

[FILL OUT THE FORM HERE](#)

GCSHP SCHOLARSHIP SUPPORT

The Gulf Coast Society of Health-System Pharmacists Leadership Scholarship was established in 2000 to recognize a pharmacist or pharmacy student in an undergraduate or graduate degree program based on leadership, service and academic standing.

Funds to support this scholarship are proudly provided by the fundraising activities and members of GCSHP.

[DONATE TO THE GCSHP SCHOLARSHIP HERE](#)

Select Gulf-Coast Society of Health-System Pharmacists Leadership Scholarship under “Designate your gift”

THE ROLE OF MIRVETUXIMAB SORAVTANSINE IN PLATINUM-RESISTANT OVARIAN CANCER

WRITTEN BY:



MADELYN HALL
UNIVERSITY OF TEXAS AT AUSTIN
PHARMD CANDIDATE 2026



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SPECIAL THANKS TO
LAURA CANNON, PHARMD, MPH,
BCOP
FOR PRECEPTING THIS REVIEW

Background Ovarian cancer is currently the 8th leading cause of cancer in women and the most fatal of all gynecologic cancers worldwide. The majority of women are diagnosed with advanced disease (stage III or IV), facing a 5-year survival rate of 50.9%. Platinum-based chemotherapy, such as carboplatin, in combination with a taxane are the current standard of care chemotherapy across all stages of ovarian cancer. Recurrence rates for ovarian cancer are significantly high, seen in almost 25% of early stage and nearly 80% of late-stage disease. Platinum-resistant cancer is defined as cancer that responds at first to chemotherapy that contains the metal platinum and returns within 6 months after treatment. The mechanism of platinum-resistant ovarian cancer has not been fully confirmed, and a novel treatment is essential to improve outcomes of recurrent disease.

Mirvetuximab soravtansine is a first in class antibody-drug conjugate with a novel mechanism targeting folate receptor alpha (FR α). FR α is commonly overexpressed in ovarian carcinoma cells with limited expression in other tissues, allowing for a more targeted cytotoxic effect and decreased off-target effects. Once bound to the receptor, mirvetuximab soravtansine is internalized into the cell through receptor-mediated endocytosis. The potent cytotoxic component, soravtansine (DM4), is released to kill the cancer cell through the disruption of microtubule formation resulting in cell cycle arrest and apoptosis. DM4 also has a secondary mechanism of diffusion through the cell membrane to kill neighboring tumor cells, also called bystander killing.

Methods Mirvetuximab soravtansine received FDA approval based on the results of the MIRASOL trial, a phase 3, global, confirmatory, open-label, randomized, controlled trial to explore the efficacy and safety of mirvetuximab soravtansine (MIRV) compared to investigator's choice chemotherapy (ICC) in treatment of high-grade serous, platinum-resistant ovarian cancer. Patients were required to have a $\geq 75\%$ tumor expression of FR α as well as one to three previous lines of chemotherapy. Patients were randomized in a 1:1 ratio to receive MIRV or ICC (paclitaxel, pegylated liposomal doxorubicin, or topotecan). MIRV was administered intravenously at 6 mg/kg of adjusted ideal body weight every 3 weeks. Patients receiving MIRV also received a premedication regimen consisting of acetaminophen, dexamethasone, diphenhydramine for prevention of infusion-related reaction and prophylactic glucocorticoid eye drops beginning the day prior to MIRV infusion and continuing through day 8 of each cycle.

Results The study's primary endpoint was investigator-assessed progression free survival (PFS) from randomization to first event of disease progression or death. Secondary end points included objective response rate (ORR), overall survival (OS), patient-reported outcomes, duration of response (DOR), and cancer antigen 125 (CA-125). The trial included 227 and 226 participants in the MIRV and ICC group respectively with a majority of the participants being white (66.4%), having stage IIIC ovarian cancer (50.1%), and receiving three prior lines of systemic therapy (46.8%).

Patients receiving MIRV had a statistically significant longer median PFS of 5.62 months compared to 3.98 months in the ICC group. Secondary endpoint analysis showed a significantly higher ORR in the MIRV group (42.3%) compared to chemotherapy (15.9%). Analysis of OS also indicated significant differences favoring MIRV with an estimated median OS of 16.46 months versus 12.75 months in the chemotherapy group. Additional results for primary and secondary endpoints can be found in Table 1.

Adverse events (AEs) occurred in 96.3% of patients treated with MIRV and 93.7% in the chemotherapy group. AEs grade 3 or higher were observed in 41.7% of the MIRV group and 54.1% of the chemotherapy group. Common AEs of any grade ($\geq 25\%$) associated with MIRV included ocular adverse events such as blurred vision, keratopathy, and dry eye. Other common adverse events are abdominal pain, fatigue, diarrhea, constipation, and nausea, while chemotherapy was primarily associated with anemia, nausea, neutropenia, and fatigue. Discontinuation due to AEs was higher in the chemotherapy group (15.9%) compared to the MIRV group (9.2%).

Table 1. MIRASOL trial primary and secondary end points

Clinical Endpoints	MIRV (N=227)	Chemotherapy (N=226)	HR or OR (95% CI)	P-value
PFS, months (95% CI)	5.62 (4.34 - 5.95)	3.98 (2.86 - 4.47)	—	<0.001
ORR, % (95% CI)	42.3% (35.8 - 49.0)	15.9% (11.4 - 21.4)	3.81 (2.44 - 5.94)	<0.001
OS, months (95% CI)	16.46 (14.46 - 24.57)	12.75 (10.91 - 14.36)	0.67 (0.50 - 0.89)	0.005

Abbreviations: CI = confidence interval; HR = hazard ratio; MIRV=mirvetuximab soravtansine-gynx; OR= odds ratio; ORR = objective response rate; OS = overall survival; PFS = progression free survival

Conclusion Overall, MIRV demonstrated notable improvements in PFS, ORR, and OS compared to chemotherapy. However, limitations exist regarding the generalizability of the study findings due to a lack of population diversity and exclusion of patients with primary refractory disease. Additionally, MIRV was associated with a higher incidence of ocular toxicities, necessitating ophthalmologic monitoring and prophylactic interventions which is communicated through a boxed warning. Cost should be a factor in consideration of MIRV, as it is substantially higher than single agent chemotherapy. Despite these limitations, this novel treatment approach of being a first-in-class antibody-drug conjugate targeting FR α serves as an option for patients with platinum-resistant FR α -positive ovarian cancer who have received prior systemic treatments. MIRV demonstrated improved response rates and survival in a population with otherwise limited therapeutic options. When discussing MIRV as a treatment option, pharmacists play a key role in educating patients about the importance of prophylactic treatment to reduce ocular side effects and helping them understand the risks and benefits associated with the therapy.

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