

President's report

Jennifer Nguyen, PharmD, BCPS

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Greetings GCSHP members! Since the last newsletter, we have had a packed schedule. The preceptor CE in June and the sedation CE in July had decent turnouts, so I want to thank those who came for attending and for supporting GCSHP. Recently, a survey was sent out to our pharmacist members in regards to the Annual Seminar. With dismal attendance of this event in the past, we thought a survey would give us a better idea on what our members want. We will be taking the results of this survey into consideration as we plan upcoming events.

On August 25th, 2010, I attended the UH-SSHP social event at the Aquarium – Downtown, where I had the opportunity to talk to pharmacy students about clinical pharmacy. I also had the opportunity to speak to them on campus last week, and I will be speaking to the TSU-SSHP on October 6th, 2010. As always, we want to

continue to support our local student chapters in their endeavors since they will be the future leaders of pharmacy.

As I have mentioned before, a goal of GCSHP has been to increase our pharmacy technician membership and to continue to support our current technician members. Kathleen Hamilton, the GCSHP technician section representative, and I have recently developed preliminary criteria for a \$500 technician scholarship. At our next local chapter meeting, we will finalize the criteria. We are hoping that the scholarship will be available to pharmacy technicians for the upcoming year.

Finally, I would like to request nominations for GCSHP Board positions for the 2011 to 2012 term, namely president-elect, director, and membership secretary. If you have a colleague in mind that you would like

to nominate, or if you would like to nominate yourself, please let me know.

Thank you for again continuing to support our society and our profession. We welcome any ideas / suggestions, so please send them to jennifer.nguyen@va.gov.

Jennifer



Has your contact
information changed?

Please send all
changes to

Katy Hanzelka at
khanzelka@mdanderson.org

Upcoming CE for Pharmacists & Technicians

Pharmacy & the Future:

A Compliant, Safe and Sustainable Approach to Managing Pharmaceutical Waste

Thursday, October 21, 2010.

Registration and dinner begin at 530pm

CE program to start at 600pm

Program Details on Page 3

September 2010

Sun	Mon	Tue	Wed	Thu	Fri	Sat
			1	2	3	4
5	6	7	8	9	10	11
12	13	14	15	16	17	18
19	20	21	22	23	24	25
26	27	28	29	30		



Schedule of

- ⇒ *September 6
Labor Day*
- ⇒ *September 22, 24
UH SSHP Clinical Skills
Competition*
- ⇒ *October 2
Komen Race for the Cure*
- ⇒ *October 17-23
Pharmacy Week*
- ⇒ *October 20
Early Bird Registration Ends
for ASHP Midyear Meeting*
- ⇒ *October 21
GCSHP CE Program*
- ⇒ *November 5
UH Annual Residency
Showcase*

October 2010

SUN	MON	TUE	WED	THU	FRI	SAT
					1	2
3	4	5	6	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



CONTINUING EDUCATION PROGRAM

Thursday October 21, 2010

Pharmacy & the Future: A compliant, safe & sustainable approach to managing pharmaceutical waste

1730 Dinner served

1800 Invited Speaker : **Craig Robinson, Strategic Account Executive, Stericycle**

Location: M.D. Anderson Cancer Center, AT&T Auditorium (room B2.4750)

Directions to room: Park in Garage 2. (Garage 10 is also an option but is a little farther away).

Follow signs to elevator D, go to the second floor and follow the signs to AT&T auditorium.

Educational Goal:

Changing pharmaceutical waste regulations and emerging state and federal legislation are driving hospitals to assess and restructure existing pharmaceutical waste practices. Discuss the latest regulatory standards and current regulations and identify ways to keep your hospital ahead of the compliance curve. Learn industry best practices for developing and implementing a compliant, safe and sustainable pharmaceutical waste program at your facility.

Educational Objectives:

1. Outline environmental and human health concerns regarding pharmaceutical waste in water supply
2. Explain regulatory requirements for pharmaceutical waste disposal
3. List/define various classes of pharmaceutical waste streams and illustrate examples of each
4. Review service requirements for a compliant pharmaceutical waste management program and its hospital-wide impact
5. Explain how to implement and manage a sustainable program for pharmaceutical waste disposal, including multiple hospital departments



The Texas Society of Health-System Pharmacists is accredited by the Accreditation Council for Pharmacy Education as a provider of continuing pharmacy education. This Knowledge-based continuing professional education program (0156-0000-10-087-L04-P) provides 1 contact hours (0.1 CEUs) of continuing pharmacy education. To receive a Statement of Participation, participation in the Panel Discussion and a program evaluation form must be completed and turned in at the end of the program.

This program is funded by the Gulf Coast Society of Health-Systems Pharmacists

RSVP no later than **Friday October 15, 2010** to

<http://www.tshp.org/displayemailforms.cfm?emailformnbr=148468>

The maximum attendance for this program is 150 people.

Continuing education credits will be provided to GCSHP members at no charge. A \$15 fee will be assessed for non-GCSHP members.

To receive a certificate of attendance, a program evaluation form must be completed, signed, and returned to the registration desk at the end of the program. A certificate will be mailed within 30 days of the program.

STUDENT SECTION

*Texas Southern University SSHP
Kingsley Nwogu, President*

TSU-NOW!
TSU-SSHP would like to welcome everyone to the new 2010 -2011 school year. Our chapter had a great year last school year and we are definitely looking forward to having a great semester. We recently had our first general meeting, and we have garnered great interest from many current and potential members. We are definitely looking forward to growing as a student organization with our membership drives.

We are currently busy making plans to have guest speakers at our general meetings. Specifically we will have a Rutgers fellow talking to us about the Fellowship program available at Rutgers University. We are also actively planning for our local Clinical Skills

competition, a service project partnered with University of Houston, and the upcoming ASHP Midyear Clinical Meeting in Anaheim.

TSU-SSHP would like to wish all students around Texas a successful semester this year.

2010-2011 officers

President:
Kingsley Nwogu

President-Elect:
Kinyatta Weatherspoon

Vice-President:
Gwendolyn Burgess

Secretary:
Quyen Ho

Treasurer:
Thanh-An Nguyen

Historian:
Hestining Hasan

Fund-raising Chair:
Derek Kimani

Please visit our website for the most current information at www.tsusshp.org!

Kingsley

*University of Houston SSHP
Amani Desai, President*

Welcome back to a fresh start of a new school year! The University of Houston SSHP chapter began the new academic year with our annual Downtown Aquarium Social in the first week of school. The social serves as a membership drive and welcoming event for the first year pharmacy students. The social was a great success with both Dr. Jennifer Nguyen and Dr. Andy Laegeler serving as our special guests of the evening!

Our first couple meetings had a large turnout as well. Our sponsors, Dr. Jessica Cottreau and Dr. Paige Pitman, spoke about their career paths in clinical pharmacy setting a strong preliminary foundation for our student members. We were also gracious to Dr. Jennifer Nguyen who spoke at the second meeting about primary care, the VA, and health systems pharmacy organizational involve-

ment. We commend the 10 enthusiastic P1 students who ran for P1 liaison positions for our SSHP chapter at the second meeting. Congratulations to Amy Lehnert and Melanie Laine for being voted in as our P1 liaisons!

In addition to our main campus meetings for first and second years, our TMC campus third years had their first introductory to journal club meeting. Clinical faculty member, Dr. Jeff Sherer, led the discussion on how to conduct and analyze articles at this first meeting. This year, we have implemented a mentoring system for journal club meetings where interested third years will be coupled with a faculty mentor in their area of clinical interest to be guided through the process of executing journal club. our annual Clinical Skills Competition was held on Sept 22 for main

campus students and Sept 24 for TMC campus students!

The UH SSHP service wheels are also in constant motion with opportunities to serve at two senior health fairs in September and a homes clinic opportunity in October. Furthermore, UH SSHP led the way in our school for gathering dry foods, medical, and household products for the flood relief effort in Pakistan. UH SSHP also planned a new Residency Workshop at the end of September to educate our members early in the semester about the residency application process. We wish everyone a great beginning! The annual residency showcase will be held Friday, November 5, 2010 at the Trevisio Restaurant from 2:30-5pm

Good luck this semester!

Amani

STUDENT SECTION

Belatacept in Renal Transplantation

Britney Ross, Pharm.D. Candidate 2011

University of Houston College of Pharmacy

Patients with end-stage renal disease often undergo renal transplantation. Immunosuppression posttransplant is key to preventing episodes of acute rejection. However, the immunosuppression regimens used today present a unique challenge. The cyclosporine- and tacrolimus-based regimens place the patient at risk for renal toxicity¹⁻⁴. Also, metabolic dysfunction and cardiovascular disease, which are both increased with the use of calcineurin inhibitors, are among the leading causes of death at 1 year posttransplant¹. Belatacept is a new immunosuppressant with a unique mechanism of action that may reduce the risk of kidney toxicity as well as cardiovascular and metabolic risk factors leading to death or graft loss.¹⁻⁴

Belatacept, a selective costimulation blocker that blocks the CD80/CD86 receptor on recipient antigen presenting cells to block T-cell activation⁵, is a first-in-class immunosuppressant that has been developed as maintenance therapy posttransplant in renal transplant recipients. Unlike the calcineurin inhibitors, belatacept may lack renal toxicities and improve long term kidney function. Belatacept may also improve long term patient and graft survival by reducing the nonrenal toxicities associated with calcineurin inhibitors that increase the risk for cardiovascular disease.¹⁻⁴

In the three-year, randomized, active-controlled, parallel-group, multicenter phase III study Belatacept Versus Cyclosporine in Kidney Transplant Recipients (BENEFIT), Vincenti et. al. assessed whether belatacept demonstrated superior renal function, patient and graft survival, and rates of acute rejection versus cyclosporine at 1 year post renal transplant. A total of 686 patients were enrolled in the study. Six-hundred sixty patients were transplanted and 527 patients completed the study. One-hundred thirty-three patients dropped out of the study due to adverse events and lack of efficacy. Patients were randomized to receive a more intensive regimen (MI) of belatacept, less intensive regimen (LI) of belatacept, or cyclosporine (CsA) plus mycophenolate mofetil and tapered corticosteroids as maintenance immunosuppression. Patient and graft survival rates with belatacept proved to be noninferior to cyclosporine-based regimens (MI-95%, LI-97%, and CsA-93%). In the be-

latacept group, patients with decreased renal function, defined as GFR <60 mL/min/1.73 m² or a decrease during months 3-12 by ≥10 mL/min/1.73m², proved to be superior versus cyclosporine-treated patients (MI-115 vs LI-116 vs CsA-166, p<0.0001). The belatacept group did, however, have a higher rate of acute rejections (22% MI, 17% LI, 7% CsA). Cardiovascular and metabolic profiles were improved with belatacept; however, an increase in posttransplant lymphoproliferative disorder (PTLD) was seen in the belatacept group.¹

In another phase three study Belatacept Versus Cyclosporine in Kidney Transplants from Extended Criteria Donors (BENEFIT-EXT), Durrbach et. al. assessed patient and graft survival with belatacept maintenance immunosuppression as well as improved renal function versus cyclosporine at 1 year posttransplant, despite the recipients receiving an extended criteria donor kidney. Extended criteria donor kidney was defined as donor age ≥60; donor age ≥50 with at least two risk factors (cerebrovascular accident, hypertension, serum creatinine >1.5 mg/dL); an anticipated cold ischemia time ≥24 hours; or donation after cardiac death. Five hundred seventy-eight patients were randomized, and five hundred forty-three patients were transplanted. Three hundred eighty-seven patients completed the study. Patients were randomized to receive a more intensive regimen (MI) of belatacept, less intensive regimen (LI) of belatacept, or cyclosporine (CsA) plus mycophenolate mofetil and tapered corticosteroids as maintenance immunosuppression. Patient and graft survival rates in the belatacept group were comparable and noninferior to cyclosporine at 1 year (MI-86%, LI-89%, CsA-85%). Renal impairment, defined as GFR < 60 mL/min/1.73m² or a decrease during months 3-12 by ≥10 mL/min/1.73m², was significantly less in patients in the MI group (MI-124, CsA-151, p<0.0018). The rate of acute rejection in the belatacept groups was similar to the rates of acute rejection in the cyclosporine group (MI-17.9%, LI-17.7%, CsA-14.1%). The secondary endpoints of cardiovascular and metabolic risk were more favorable in the belatacept groups, although patients experienced an increased incidence of PTLD.²

Belatacept appears to be an alternative to calcineurin inhibitor based immunosuppression regimens and was shown to be noninferior to cyclosporine. Due to the lower risk of renal toxicity with belatacept, long term patient and graft survival rates at 5 years may be improved. Longer studies are needed to determine the actual impact of belatacept on long term outcomes.

References

1. Vincenti F, Charpentier B, Vanrenterghem Y, et al. A phase III study of belatacept-based immunosuppression regimens versus cyclosporine in renal transplant recipients (BENEFIT Study). *Am J Transplant* 2010; 10: 547-557.
2. Durrbach A, Pestana JM, Pearson T, et al. A phase III study of belatacept Versus cyclosporine in kidney transplants from extended criteria donors (BENEFIT-EXT Study). *Am J Transplant* 2010; 10: 547-557.
3. Vincenti F, Larsen C, Durrbach A, et al. Costimulation blockade with belatacept in renal transplantation. *N Engl J Med* 2005; 353: 770-781
4. Vincenti F, Blanco G, Durrbach A, Friend P, Grinyo J, Halloran PF, et al. Five-year safety and efficacy of belatacept in renal transplantation. *J Am Soc Nephrol* 2010; 21: 1-10
5. Larsen, CP, Pearson TC, Adams AB, Tso P, Nozomu S, Strobert E, Anderson D, Cowan S, et al. Rational development of LEA29Y (belatacept), a high affinity variant of CTLA4-Ig with potent immunosuppressive properties. *Am J Transplant* 2005; 5: 443-453







The GCSHP website is linked
to the TSHP website!

Log on to the TSHP website at
www.tsHP.org.








Under the Links tab,
click on GCSHP!!!

2011 GCSHP Annual Seminar Survey (Results Overview)






1. For your convenience and to encourage attendance at GCSHP events, please indicate your preference for attending CE meetings sponsored by GCSHP. I prefer:

All day, 1-day, seminar that offers 6-8 hours of CE		28	33%
1.5-2-day seminar that offers 10-12 hours of CE		16	19%
3-4 seminars throughout the year that offer 2-3 hours of CE each in the evening during the week (Mon.-Thur.)		29	34%
3-4 seminars throughout the year that offer 2-3 hours of CE each on the weekends (Fri., Sat., Sun.)		9	10%
I'm not interested in attending a GCSHP seminar		3	3%
Other, please specify:		1	1%
Total		86	100%

2. How much would you be willing to pay to attend an all day, 1-day, seminar put on by GCSHP?

\$0		5	6%
less than \$40		17	20%
\$40		25	29%
\$60		28	33%
\$80		3	3%
\$100		4	5%
I would be willing to pay in excess of \$100		0	0%
If the content was good, I would pay any amount		4	5%
Total		86	100%






















3. What is a reasonable amount to charge for CE programming?

less than \$5 per CE hour available		15	17%
\$5 per CE hour available		36	42%
\$10 per CE hour available		25	29%
\$15 per CE hour available		8	9%
\$20 per CE hour available		2	2%
greater than \$20 per CE hour available		0	0%
Total		86	100%

4. If GCSHP held an all day CE seminar similar to past GCSHP Annual Seminars, where would you most likely attend?

Houston Galleria		36	42%
The Woodlands – Mall area		6	7%
Galveston/Moody Gardens		13	15%
The Medical Center		25	29%
Other, please specify:		6	7%
Total		86	100%

5. Below are topics identified from past GCSHP Annual Seminars that were of interest to our members. Please indicate the topics that might interest you.

Pediatrics		7	8%
Cardiovascular disease		6	7%
Infectious		12	14%
Cancer		0	0%
Automated dispensing systems		0	0%
Outsourcing IV preparation and remote order entry		1	1%
Critical Care		4	5%
Sterile compounding		2	2%
Hazardous waste guidelines		1	1%
Top 10 director of pharmacy headaches and how to deal with them		9	10%
Pain management		0	0%
Alzheimer's Disease		1	1%
Medicare Part D		0	0%
Anticoagulation		2	2%
Metabolic syndrome		2	2%
Overview of new drugs approved		6	7%
Role of pharmacist in ER and Emergency Medicine		1	1%
Pharmacy Law update		8	9%
Medication safety officer		1	1%
Preceptor training		3	3%
Neurology/Seizure Disorders		1	1%
Renal dose adjustments		0	0%
Hepatotoxic drug review		1	1%
Transplant/Immunosuppression treatment		0	0%
Nutrition support including parenteral & enteral nutrition		3	3%
Geriatric medications		4	5%
Other, please specify:		11	13%
Total		86	100%



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Submit contributions to

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