



Pharmacy Phile

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Nearly 1/3 there...

Off to a running start

The term has kicked off again with little time for settling in. Rx2011 is already buried in assignments, midterms, tutorials, and labs. Of course, there is no time to waste when our term totals exactly 3 months and 1 day! Rx2012 also dove right into work with placements all across Canada and in a variety of practice settings.

It was interview time again for Rx2011. The majority of interviews were held on Thursday, October 8th at the Tatham Centre on main campus. As usual, the day was very busy with many well-dressed pharmacy students. Macleans Magazine even made an appearance to snap a few shots of the students. Best interview question of the day: if you were a bike, which part would you be?

The past month also included a visit from the UofT Class of 1954. The two classes shared stories about what drew them to pharmacy during an informal meet and greet session. The Class of '54 shared some great stories and words of wisdom for the vanguard class. These alumni have been holding an annual class reunion every year since graduation, with this fall marking their 55th consecutive year!

With another co-op term coming up, it is time again for another

housing edition of the *Pharmacy Phile*. The deadline for submissions will be next week on Wednesday, October 14th. Please submit your ads with up to one picture to the pharmsoc email by midnight on that day. For those house-hunting, you can expect the issue to be out before next weekend (just in time for Oktoberfest!).

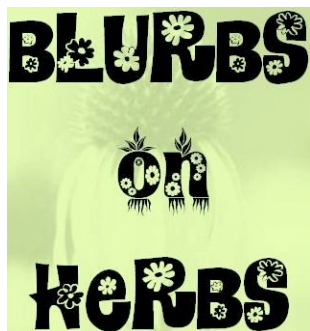
Thanks to everyone who contributed to this issue. If your resume is lacking a written communication portion, why not get some experience right here in the *Pharmacy Phile*? If you are interested in submitting an article please do not hesitate to contact me at pharmsoc@uwaterloo.ca.

I hope all is well for Rx2012 on your co-op placements and good luck to Rx2011 as we finish off the last steps of the match process this week. Happy Thanksgiving everyone!

Jean Cameron
Communications Director

Register for PDW 2012 by
October 12th to be entered in an
Early Bird Draw!

Visit:
<http://pdw2010.uoftpharmacy.com/>
to register now!



“... neither witch nor devil, thunder nor lightning, will hurt a man in the place where a Bay-tree is”

- The Complete Herbal (1653), Nicholas Culpeper

Special Issue 8a – The 12th Annual Midsummer Herbfest, Almonte Ontario, Sunday July 26, 2009

www.herbfest.ca

Herbfest takes place at The Herb Garden, a dedicated herb farm west of Ottawa near the town of Almonte and is organized by volunteer members and vendors. This summer was my 3rd visit to Herbfest during the last 4 years and it is always a great time for anyone who loves herbs, whether for medicinal, culinary, or horticultural reasons. This year was no exception. There was a great mix of vendors selling cooked foods (vegetarian, organic meat - great emu sausage - and other options), preserves, teas, fresh herbs and spices, environmental products, natural cosmetics, books, and a ton more. There was also a fair share of ‘dubious products’ being peddled, those with outrageous claims, cure-alls, or indicated for so many conditions you wonder why everyone isn’t using it already. My favourite was a ‘miracle’ skin cream from a rare African tree, used for ‘curing’ rashes, hives, 10 - 15 other skin conditions, and EXEMA, written on the overhanging sign in glorious, big,

bold, misspelled letters. Remember to use those critical analysis skills we’ve been learning to assess all the information being given to you!

Don’t get me wrong, I love going to these events; you see many neat things, eat great food, and get to select from a wide variety of high quality herbal products for sale. This year I bought some local garlic and scapes, balsamic-fig vinegar, and a book from the NRC Press: Canadian Medicinal Crops. The property also has an ornamental herb garden to explore (it is absolutely amazing to see what herbs really look like in a garden versus their picture, or just dried and ground up into capsules), a labyrinth to get lost in, and this year featured a cook-off among 3 chefs from local Ottawa Valley bistros. All 3 chefs used many fresh, local herbs in their dishes. I told *Pharmacy Phil's* own Pumpkin all about Herbfest and the event's official herb, also the International Herb Association's 2009 Herb of the Year, bay laurel. Pumpkin exclaimed “Oh yeah! It's all about the bay leaf” and bolted to his corner for another fresh, vibrant, and inspired creation (see Page 7).

Special Issue 8b - Bay Laurel (*Laurus nobilis*)

(aka: *Bay Leaf*, *Sweet Bay*)

Bay laurel, a small tree originating in the Mediterranean, grows to a height of 25 feet in temperate zones to 60 feet in warmer climates. It is known for its evergreen leaves, 3 - 4 inches long, thick, smooth, and shiny dark green.

Bay laurel has great

cultural significance, considered useful for protection, wisdom, and clairvoyance, even used by the prophets at Delphi. Greeks and Romans crowned victors, poets, and athletes with it, something still observed today (e.g. Olympians), and it is considered of culinary importance. Bay laurel is actively used in the manufacturing of food, cosmetics, soaps, detergents, and in pharmaceutical compounding.

Medicinally, bay laurel is diaphoretic, anti-flatulent, sedative and narcotic, the latter being attributed to the constituent methyl eugenol. The essential oil, expressed mostly in the leaves, also contains proanthocyanidins, alkaloids, and sesquiterpene lactones (which can cause contact dermatitis in some patients). More popular as a topical herb, it is rarely used internally, although a very recent clinical trial suggests that using bay laurel orally (1 - 2 g of leaves per day for 30 days) can improve the glucose and lipid profile of people with type 2 diabetes. Topically it is used for dandruff, as a counterirritant, to treat rheumatic conditions, and is compounded into ointments and creams, particularly in veterinary medicine. Bay laurel is a very popular herb in scientific research, and the antimicrobial properties of the oil are well known.

However, you are more likely to find it in your local spice aisle than your pharmacy... in the kitchen, embrace the bay.

Jason Budzinski
(Pharm 2011)



TOP TRACKS

Grizzly Bear- Two Weeks

Jupiter One- Countdown

Kings of Leon- Use Somebody

Jay Z & Alicia Keys- Empire State of Mind

Hilltop Hoods- Nosebleed Section

Michael Franti & Spearhead ft. Cherine Anderson- Say Hey (I Love You)



Your source for great music Triturating Tracks

Album: Fantasies

Artist: Metric

Date: 2009

After their 2003 debut, the Toronto-based indie group Metric returned this year to deliver 'Fantasies'. Lead singer Emily Haines's usual croon and signature synthesizer coupled with infectious riffs and driving rhythm has made this album an instant favourite for many. It's only a matter of time before songs like *Help, I'm Alive* and *Gimme Sympathy* wear out the rewind button on your tape deck, and leave you wanting to hear more of this catchy, yet unique sound.



Album: Songs We Sing

Artist: Matt Costa

Date: 2006

This pro-skateboarder-turned-musician toured with notables such as Modest Mouse and Pearl Jam before his debut release



Songs We Sing. This album was embraced by the musical world for its mellow, folkly flavour – a style that has been described as 'new-school folk'. *Cold December* kicks things off with a strong and melodic tune, while the simple and very likable *Sunshine* will leave you with a smile on your face. For all with a taste for strong acoustic undertones and simple yet original melodies, add *Songs We Sing* to your list of albums to check out.

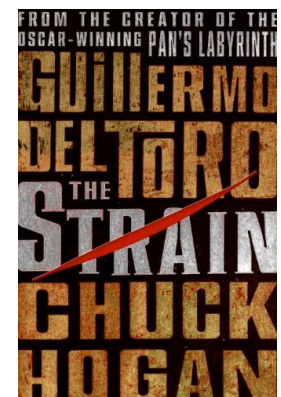
Your source for great books Required Reading

The Strain is the first in book in a trilogy co-written by the Academy Award-winning creator of Pan's Labyrinth. This novel explores the battle between man and vampire that threatens the existence of the human race. And no, this is not your "girl falls for vampire" book; this is the horrifying tale of two men trying to save their city, and the world, before it's too late.

The story starts off on a tarmac in New York City where a just-landed

Boeing 777 suddenly stops dead. There are no lights, no communication, no movements, nothing. Fearing the worst, the CDC is called in, and we meet our main character, Dr. Eph Goodweather, who boards the plane to try to determine the cause of death of the passengers with no obvious signs of trauma. The bodies are taken off the plane, autopsied, and placed in the cold cellar. Things start getting weird when the so-called dead bodies, suddenly disappear from the morgue over night. With the help of an old professor who has witnessed similar attacks, it is up to the two men and their crew to put a stop to the vampiric virus that is infecting their beloved city.

Also stay tuned for the next two novels, due out in 2010 and 2011.





Ontario Pharmacists' Association

Pharmacy Advocacy

We have been bombarded with the names of organizations, associations, colleges, etc., desperately trying to keep straight the countless acronyms that come along with them. Each group has its own important role within the profession and the healthcare system. As a self-regulated health profession, regulatory bodies such as the Ontario College of Pharmacists (OCP) are responsible for licensure, registration, and accreditation. Membership is mandatory and their mandate is to serve and protect the public. In contrast, advocacy bodies, of which there are many on national, provincial and local levels, protect the interest of their members and advocate on their behalf. Membership to these organizations is voluntary. These groups may highlight their value through media relations and advertising.

The largest single voice of pharmacists in Canada is the Canadian Pharmacists' Association (CPhA – <http://www.pharmacists.ca/>). They have produced such empowering national projects as the Blueprint for Pharmacy and Pharmacy Awareness Week (PAW), this year to take place March 1-6, 2010. Other national groups include: Canadian Society of Hospital Pharmacists (CSHP), Canadian College of Clinical Pharmacy (CCCP), Canadian Society of Consultant Pharmacists (CSCP), Canadian Foundation for Pharmacy (CFP), and Canadian Association of Chain Drug Stores (CACDS). We all know and love the Canadian Association of Pharmacy Students and Interns (CAPSI) who sponsor various events for us throughout the year, and have a major role in PAW.

On the provincial level, the Ontario Pharmacists' Association (OPA - <http://www.opatoday.com>) is one of the largest advocacy groups, with over six thousand members. As health care in Canada is regulated by province, these groups have a major impact on influencing details on how the system works. There are individual advocacy bodies for each province. Another important group, responsible for recent radio and billboard advertisements promoting pharmacy, is Ontario Community Pharmacies (<http://ontario.communitypharmacies.ca>). Become a "fan" of their group on Facebook to get updates on relevant news stories. Regional groups also exist, for example the Region of Waterloo Pharmacists' Association (RWPA <http://www.rwpa.ca/>).

Why is advocacy important now?

The healthcare system in Canada and, specifically, in Ontario is on the brink of major change. The Ministry of Health has launched a review of the provincial drug program. Meetings are currently underway between officials and stakeholders from various sectors including pharmacy, brand and generic manufacturers, distributors and wholesalers, employers and private insurers.

By definition, advocacy is the active support of an idea or a cause, especially the act of pleading or arguing for something. Advocacy groups are actively participating on the behalf of pharmacists to ensure the final solution allows an increased scope of practice, as formally introduced by the Health Professions Regulatory Advisory Council (HPRAC). It is essential that along with these changes in practice, a fair compensation model that ensures stable and predictable revenues for pharmacies is devised.

What can you do?

During this dynamic time, I urge you take a personal stance advocating for your career in pharmacy. You may think, with such advocacy groups, there is no need for personal commitment or action. But, the decisions being made today will affect you.

Here are some easy steps you can take today:

1) Join one of the aforementioned organizations. Most have great information on the "members only" section of their websites and offer updates via email or magazine subscriptions. Student memberships are usually offered at a drastically discounted rate, or even free (CPhA)!

2) Engage in professional development opportunities, i.e. OPA conference or the upcoming Pharmacy Development Week in Toronto. There are also various CE sessions offered locally. It's not only educational, but a great opportunity to network and meet leaders in the profession.

3) Read the Health News! Be aware of the hot topics in healthcare and pharmacy – the more you know, the better advocate you can be. Start conversations. Inform those around you about we, as pharmacists, can do. A positive public opinion about pharmacy is the first step.

4) Be the best health care professional you can be. Take pride in the power you have to positively affect health outcomes and the lives of patients. Actions speak louder than words!

IMPORTANT DATES:

Fall 2009:

- University Holiday (Thanksgiving): October 12th
- Rx2012 Midterm Evaluation: October 16th
- Rx2011 Jurisprudence Exam: October 22nd
- Rx2012 Midterm Reflection: October 30th
- Rx 2011 Lectures End: Saturday, December 5th (Monday schedule)
- ELPE (in the PAC): December 8th
- Rx2011 Exams Begin: December 9th
- Rx2011 Exams End: December 15th
- Rx2012 Final Evaluation: December 24th
- Rx2012 Patient Safety Learning Log: December 24th
- Rx2012 Final Reflection: January 5th



Undergraduate Student Affairs

How do I make it onto the Term Dean's Honours List (TDHL)?

The short answer is: prepare for your classes/tutorials/labs, attend all of them, and work hard throughout the academic term. This should put you in a position to qualify for the TDHL. There are a couple of other things you should know about academic standing and the TDHL, however.

At the end of each academic term, final grades for each course are submitted by the course instructors and uploaded to the Office of the Registrar. These grades are unofficial for a period of time, to allow for the generation of Academic Progression (AP) reports that are reviewed by the School. After the review period, and incorporation of any changes, the grades become official and students can view their Academic Standing on the Quest system.

An explanation of the academic standings is found in the Faculty of Science section of the Undergraduate Calendar: <http://ugradcalendar.uwaterloo.ca/?pageID=10425>

Satisfactory, Good, or Excellent Standing

A student who meets, or exceeds, the minimum required standards of any Academic Plan will be placed in "Satisfactory", "Good", or "Excellent" standing. Assuming

all other program requirements are met, for most programs in Science,

- if the cumulative average is $\geq 60\%$ and $< 70\%$, the standing is "Satisfactory"
- if the cumulative average is $\geq 70\%$ and $< 80\%$, the standing is "Good"
- if the cumulative average is $\geq 80\%$, the standing is "Excellent"

Please consult individual program descriptions for exceptions.

Conditional Standing

A student who marginally fails to meet the required standards of any Academic Plan will be placed in conditional standing for one term only. During this period the student must regain at least satisfactory standing in that Plan or will subsequently be withdrawn from it.

Information specific to Pharmacy students is found in the Pharmacy section of the Calendar: <http://ugradcalendar.uwaterloo.ca/?pageID=540>

"Satisfactory Standing" requires that a student achieves a minimum term average of 60% with no failed courses. This entitles a student to proceed to the next term of study.

"May Not Proceed" standing will result if a student achieves a minimum term average of 60% but fails a maximum of two term courses. The failed courses must be

Continued on page 6



Continued from page 5

cleared before the student is permitted to proceed to the next academic term. [editorial note: there is the provision for students to move on to the next term with one failed course, under certain circumstances]

“Failed-Required to Withdraw” will result if a student fails to achieve the minimum term average of 60% or the student fails three or more courses in a term or the student leaves the program without proper notification and fails to write the final examinations.

Information on qualifying for the Term Dean’s Honours List, is also

found in the Faculty of Science section of the Calendar: <http://ugradcalendar.uwaterloo.ca/?pageID=267>

To be eligible students must have completed a term of an Honours program with an overall average for the completed term of at least 80%, have carried a full course load, and not have an INC, DNW, NMR, WF, UR, or failed course. A full-course load is 2.5 units, exclusive of courses with a .25 unit weight. Only one AEG can count towards the Dean's Honours List.

The award will be noted on the student's transcript, and the student will receive a congratulatory letter and certificate from the Dean.

[editorial note: for Pharmacy students, “a full course load” means taking all courses, or alternative courses of equivalent weight, that are part of the academic requirements for that BScPhm term]

If you have any questions on this matter, or if you would like to suggest other topics for this regular Pharmacy Phile column, please send an email to kpovin@uwaterloo.ca.

Broadening Our Horizons OPA Conference 2009

The annual Ontario Pharmacists’ Association (OPA) Conference was held this year September 10-12 at the Sheraton Centre in Toronto. The event was a great success, welcoming a record breaking 500+ delegates for two days of education sessions based around the theme *Broadening Our Horizons*. Several of our students were in attendance (namely: Claude Charbonneau, Dianna Sabbah, Jillian Grocholsky, Merna Hanna, Saurabh Patel, Stacey D’Angelo, Stephanie Di Sano, Taline Shalvardjian). Their knowledge about current pharmacy issues and enthusiasm made a lasting impression on other professionals and industry leaders on behalf of UW Pharmacy.

The weekend was kicked off with a Student Meeting hosted by OPA, which attracted over 80 students. Dennis Darby (CEO), Tina Perlman (current past Chair), and Dean Miller (current Chair) addressed students from both UofT and UW. They spoke about the Association itself and various hot topics in pharmacy, i.e. Bill 179 & the expanding scope of practice, MedsCheck and remote dispensing, followed by an interactive Q&A session.

The conference itself hosted 28 educational presentations, providing delegates with the latest information about advances in professional practice and

changes in the province’s healthcare landscape. Our own Lisa Craig presented a seminar on “Clinic Days: Opportunities for pharmacists in health promotion and medication management initiatives”. Acclaim was given for her message encouraging pharmacists to expand their cognitive services and to claim reimbursement for these services.



The social events were a highlight of the weekend. A wine and cheese reception preceded nightly events in the exhibitor hall, which featured over 50 exhibitors. Delegates tried their luck at casino games at the Las Vegas themed Friday Night Social sponsored by Apotex. Saturday evening’s Gala Awards Banquet, sponsored by TEVA Novopharm Limited, began with an address by Minister David Caplan who spoke of the value that pharmacists bring to the health care system. OPA’s annual awards were presented to the 2009 recipients, with a chance for peers to honour leaders in the profession.

I encourage all students to mark your calendars for OPA Conference 2010, June 17-19 at the Fallsview Casino Resort, Niagara Falls.



Stewing with bay leaves

Pumpkin's Cooking Corner

Greetings my fellow culinary experts! I've got another delicious, nutritious, and somewhat inexpensive recipe to share. Just like spaghetti sauce, this one is made today, but eaten today, tomorrow and for the next several days. Our resident herb expert had the great idea of collaborating on a theme. For this first team effort we are tackling bay leaves. This herb is excellent in stews, soups, and spaghetti sauce. A lady I worked with years ago told me to ignore when recipes suggested 1-2 bay leaves. She told me to add 5 or 6! She was onto something because I don't think I've ever made a bad stew or sauce since then. In fact, they're always delicious, nutritious, and somewhat inexpensive.

Something you probably all know is to discard the bay leaves once your meal is ready. "Careful not to eat the bay leaves!" is something I'm sure your mother told you. You know why? I don't. Well, maybe I know someone who does...according to the most scholarly source I know, Wikipedia, the reason you take the leaves out has got to do with the possibility of choking on them and

because they may scratch your GI tract. So there you have it.

The following recipe



is a combination of two recipes from a cookbook I have. Of course, as with any recipe, you are encouraged to tweak and twist it to make it your own. You've got to own it, man!

Irish / Beef Stew mix up

Ingredients:

- 2 tbsp all-purpose flour
- 12 ounces of beef stew meat cut into $\frac{3}{4}$ inch cubes
- 2 tbsp cooking oil
- 4 cups vegetable juice (I dissolve 2 vegetable broth cubes in 4 cups of hot water)
- 2 medium onions
- 1 tbsp Worcestershire sauce
- 1 tsp oregano
- $\frac{1}{2}$ tsp marjoram
- $\frac{1}{2}$ tsp black pepper
- 6 bay leaves
- 3 cups potatoes (with skin) cut into $\frac{1}{2}$ inch pieces (2 medium)
- 1 cup frozen whole kernel corn
- 1 $\frac{1}{2}$ cups carrots cut into $\frac{1}{2}$ inch pieces (3 medium)

Protocol:

1. Place the flour in a plastic bag. Put the meat cubes in the bag a few at a time and shake the bag so that the meat cubes get coated. In a large pot brown the meat in hot oil.
2. Stir in the vegetable juice, onion, Worcestershire sauce, oregano, marjoram, pepper, and bay leaves.

3. Bring to a boil, reduce heat, and let simmer with the cover on for 1 to 1 $\frac{1}{4}$ hours. You do this with many meats that aren't the greatest cut. The heat eventually breaks down the toughest of meat to give you delicious, tender (yet cheap) meat.
4. Stir in the potatoes, corn, carrots, and anything else lying around. Simmer it all with the cover on for about 30 minutes or until the vegetables (especially the potatoes) are tender. Discard the bay leaves if you can find them all.
5. Enjoy!

For other great bay leaf ideas check your local recipe book and / or check out the following website: herbfest.ca and look under "Bay Laurel Recipes." Until next time, keep fit and have food.





Answers to last month's questions

Pharmacy Stumpers

In the last issue of Pharmacy Phile there were three *Pharmacy Stumpers* to challenge readers. These questions were taken from commonly asked questions received at the Drug Information and Research Centre (DRIC) TeleHealth Call Centre. Here are some basic answers.

A parent would like to buy DM cough syrup for a 12 year old child with asthma, but there is a warning with that disease state. How would you explain it to the parent and what is your recommendation?

Dextromethorphan (DM) leads to cough suppression through its action on the cough centre in the medulla oblongata. This action elevates the threshold for coughing. The key to this scenario is that is very difficult to distinguish asthmatic cough from a "cold cough". An asthmatic cough is necessary to clear any excessive and/or abnormal airway secretions. The use of a product containing DM to treat an asthmatic cough may lead to airway obstruction, pooling of secretions, secondary infection, and hypoxemia.

Treatment of a "cold cough" in an asthmatic patient may include increased fluid intake and increased ambient humidity.

An elderly man has accidentally swallowed his Spiriva capsule

instead of inhaling the contents. Is this a problem?

Spiriva, tiotropium bromide, is a medication commonly used for treatment of respiratory conditions, including COPD. It comes in capsular form, but these capsules are pierced using a handihaler device and the contents are inhaled. This dosage form may pose a challenge because it can be accidentally swallowed like an oral capsule, such is the case for this patient.

However, tiotropium has very low oral bioavailability, with an absolute oral bioavailability of 2-3% for a 64 mcg dose. This limits any potential systemic absorption following oral ingestion of the capsule.

You receive a call from a man that has accidentally injected himself with an Epipen... in the finger. What should he do?

Epipen contains the ingredient epinephrine and is used to treat anaphylaxis emergencies. Injection of this epinephrine into the finger can cause reduced blood flow into the finger, known as digital ischemia. This patient should go immediately to the emergency room for treatment. The commonly used treatment is local infiltration of 0.5% phentolamine mesylate injected at the puncture site. Alternative methods that may help improve blood flow to the finger include warm water immersion, amyl nitrite inhalations, metacarpal nerve block, and application of topical nitroglycerin paste.

PHARMACY IN THE NEWS

This fall, BC pharmacists will be embracing their expanded scope as they begin giving injections. This will be coming at an opportune time as the H1N1 influenza vaccine becomes available. (Kelowna.com)

The Chemist+Druggist magazine has named the Contraceptive Pill the greatest innovation in pharmacy in the last 150 years, beating Coca-Cola, the electric light bulb, and penicillin. The pill was developed in 1951 and approved for use in 1961 for married women only. Its invention was said to have liberated women and started the "free-love" era of the 60s. (pr-canada.net)

Pharmacists and MDs in Sault Ste. Marie are going to be cutting back on prescribing and stocking of OxyContin. This comes in response to increasing numbers of robberies and renewal requests for the drug. Certain pharmacies may stop stocking the product all together to avoid the risk of robbery. (The Sault Star)

The US is set to start administering inhaled vaccines for the H1N1 influenza virus as early as the week of Oct 5th. Canada is set to start in early to mid-November. (cbcnews.com)



Your source for sports **From the Bench**

SOPhS Athletics welcomes back all its pharmacy athletes for another fantastic season of sporting events! The intramural season is already underway with two basketball teams, outdoor soccer, hockey, and flag football squads playing their regular season games this month. This is quite impressive for only one class on campus this term. Good luck to all participants!

The advanced/allstar basketball team, aptly titled "Technical Fouls", hopes to make it through a full season without being kicked out of the league. It would be a first for this squadron. Meanwhile, the intermediate basketball team "We talkin 'bout practice?" hopes to overcome an embarrassing playoff no-show from last year.

The hockey and soccer teams hope to win more intramural titles this term. Make us proud, boys and girls!

A new addition to pharmacy athletics is a flag football team that has been raising some eyebrows on the field this season. Playmakers like Anthony Amadio, Noah Bates, and

Josh Brady look to move the chains by slinging the ball downfield to Jeff Trinh, Pawel Przeracki, and Greg Becotte. Opposing offenses can only stare blankly at the defensive presence of Matt DiGiovanni and Matt Woolsey. This gridiron gang looks to take their first intramural title in 2009.

Updates will be available next month! Keep swinging for the fences,

Your Athletic Reps,
-Greg and Ange.

Congratulations Angela Puim & Gina Hummel

Athletes of the Month

The Hummel Sisters: Angela Puim and Gina Hummel

Think of how busy you are this term. I doubt many of us think we have an abundance of extra time on our hands. Now, picture how your life would be with 6am practices before class, weight workouts after school, and evening scrimmages with other high caliber athletes. Add some homework and Informatics labs to that schedule. Personally, that sounds like the worst day ever.

Ange and Gina have been doing this daily for the past few weeks as they both have made the University of Waterloo Varsity Women's Basketball team. Ange played for the University of Toronto Varsity Blues through four years of her undergrad, while Gina is a rookie to the world of varsity sports.

Former varsity athletes like Anthony Amadio (football), Chris Hartman (Cross Country Track and Field), and Jeff Trinh (football) can tell you that balancing school and varsity sports is not an easy task, especially our hectic Pharmacy program.

The Warriors tip off their preseason this upcoming Wednesday October 7th vs Laurier, and the season opening Naismith Classic runs the weekend of October 16th. Keep an eye on your inboxes for updates on game times, as this set of sisters needs some good old-fashioned Pharmacy support. All Waterloo students get into games for free.

University of Waterloo Pharmacy class of 2011 and 2012 are both very proud of Angela and Gina for their contribution to varsity athletics. Way to go, ladies!

CIBC Run for the Cure **Pharmacy Runners Raise \$\$\$**

Members of the School of Pharmacy participated in the CIBC Run for the Cure on October 4th in Kitchener. The team raised \$2,666, surpassing their goal of \$2,000. Thank you to everyone that supported & donated to the team. As a result, Jeff Nagge has agreed to let his hair grow out until Christmas.

Congrats to all our runners!

