PHARMACY PHILE

University of Waterloo Society of Pharmacy Students
ISSUE 38 | September 2012

IN THIS ISSUE

WATERLOO PHARMACY GOLF INVITATIONAL

September 18th marked the first ever Waterloo Pharmacy Golf Invitational held at Grey Silo Golf Club. 64 golfers participated with high spirits on a chilly fall day, and student golfers and volunteers (pictured above) mingled with pharmacists, alumni, members of OCP and the pharmaceutical industry. In what will be an annual event for the School, the inaugural event raised a fantastic $28,000 to support student success initiatives including scholarships, awards, and professional development funding; a portion of the money raised ($1200) was directed to CAPSI for their Run for the Cure fundraising effort (read all about Run for the Cure 2012 on Page 3!).

The planning committee would like to thank all of the 2012 sponsors: **Platinum** - Pfizer Consumer Healthcare; **Gold** - Apotex, Teva; **Silver** - Shoppers Drug Mart, PPC, Remedy's Rx; **Bronze** - Drug Trading, Manulife Financial, Loblaw, McKesson, Ontario Pharmacists' Association, Scotiabank.

On behalf of SOPhS and the student body, we'd like to give a special thank you to the planning committee lead by Dr. Edwards (pictured right), who put together a fantastic event that we will continue to look forward to every year!

1st Place team
Apotex - Andrew Mathews, Will Schill, Jeff Nagge, Gord Davies

2nd Place team
Pfizer - Ted Lochead, Paul Stephan, Murray Brown, Dayle Acorn

High Team
Loblaws - Ian Lording, Dave Hughes, Amandip Khela

Closest to Pin
Hardus De Beer, Shoppers (Male)
Bonnie Hauser, OCP (Female)

Longest Drive
Scott Hannay (Male)
Della Croteau, OCP (Female)

For more pictures, please see Pages 7 & 8.

WELCOME WEEK

PRESIDENT & VP's MESSAGE

Happy Fall Everyone!

Welcome back to school Rx 2014! It seems we dove right back into life as a student - aka life in a fishbowl! We started off the semester with a fun-filled 'Welcome Week' to give our returning class a chance to socialize and catch up on their co-op experiences.

The week kicked off with a 'meet and greet' pizza night, and followed with a trip to Chainsaw for 2 Buck Tuesday. It was here that your beloved second years spent a lot of toonies and sang their hearts away on stage during karaoke. On Wednesday, SOPhS held it's very first ever Outdoor Cinema; we all curled up in our sweaters and blankets and enjoyed popcorn and drinks while watching the classic movie "Remember the Titans". We were pleased to have Dr. Edwards join us for part of the production. FEDS then spoiled us with an afternoon BBQ on Thursday; there was a great presence of students and graduate students from the pharmacy building at this event. Lastly, to end off a great week, students enjoyed a delicious continental breakfast of bagels, croissants, muffins and more -what a perfect way to lead into the diabetes carb counting lecture we had that morning! Thank you to everyone involved - especially Jackie and Moe, for putting together such an eventful welcome-back-week for our class.

September was a very busy month for the School of Pharmacy. On Saturday, September 15th, our building participated in "Doors Open Waterloo Region", a free heritage and architecture tour of special, occasionally "secret" places in the region. The event at UW Pharmacy was a tremendous success; we had approximately 530 people from the city come explore our building! Thank you to all the student volunteers who welcomed our guests and showed them around. A few days later on September 18th, the School of Pharmacy hosted its first annual Golf Invitational dedicated to student success initiatives. Although the weather did not cooperate, we had an excellent turnout from many companies that came to support our students, including members of the Vanguard class. Some of our students were also lucky enough to play a round with some of our sponsors. The Golf Invitational raised over $28,000 with all proceeds going directly towards enhancing our student experience through scholarships and monetary support for conferences. We would like to thank the School of Pharmacy and the organizing committee for planning such a successful event; we are very grateful for the money raised for our students!

We hope students out on their co-op terms are settling in well. We have much to look forward to this October - including the convocation of our 2012 graduating class and Halloween!

Enjoy the autumn breeze everyone,
Saleema and Danielle

RUN FOR THE CURE 2012

Wow, we finally made it! Run for the Cure took place on Sunday September 30th at Bingemans Park and it was a great success.

UW CAPSI is proud to announce that we have raised $4970.18 as a local total, and $30,401.11 as a national team. There is still a month to get in last minute donations, so this number may still grow! The winners of the pharmacy school challenge will be announced in the next couple of weeks.

We want to give a huge thank you to everyone who participated, donated and organized Run for the Cure events at UW Pharmacy. We had a lot of successful events this year as a result of the hard work from many individuals. Here are a few honourable mentions:

The UW Pharmacy Golf Tournament generously donated $1200 to the team, which made a huge difference in the last few days of fundraising!

At the rx2014 Bake Sale, many people donated pink baked goods or helped to eat the delicious creations. We raised $234 dollars, great job rx2014!

The Run for the Cure subcommittee and UW CAPSI council did a great job organizing events such as the Bobby's Summer Beach Party, bottle drives, and potlucks. Thanks to everyone involved!

Kandis Farr from Rx2014 was our team's top fundraiser with $565.00 dollars. As a thank you, Kandis won tickets to the Argonauts Run for the Cure game. Awesome job!

We also want to thank the faculty and staff who participated in the run. Cynthia Richard (our faculty leader), Lisa Allen and Tracy Jacobs made our school proud! Also, thank you to all of the staff who generously donated to the cause.

Last, but not least, Jamie Ikola from Rx2013 and our UW CAPSI Sr. Representative, did a lot of work to promote this fundraiser on a national scale. It was the first year UW CAPSI took on the fundraiser and the first year all 10 pharmacy schools participated. Thanks for your dedication Jamie!

Thanks to everyone that made the Run for the Cure 2012 such a successful event. We look forward to participating again next year!

Sarah Johnson, Rx2014
UW CAPSI Jr. Representative

WHEN THINGS DON'T GO AS PLANNED IN ZIMBABWE

Written by Chelsea Barr, Rx2013

Imagine this...you wake up tomorrow and find out that the CEO of the largest hospital in Toronto, ON, who also happens to be a prominent surgeon, has been asked to leave. Without his guidance, the hospital he is responsible for will no longer receive millions of dollars worth of funding, necessary surgeries will not be provided, and many of the talented medical staff will relocate to other hospitals. Medical training programs will fall apart, and the entire community will suffer. As a result of the CEO's departure, many patients will die as they will be unable to get necessary medical treatment.

This is what happened this summer while I was volunteering at the Howard Hospital in rural Zimbabwe with STIMMA. Located over an hour's drive from the capital city of Harare, the Howard Hospital services more than 200,000 rural patients who are greatly in need of medical care. The hospital provides services such as prenatal and maternity care, general medical and surgery procedures, pediatrics including a therapeutic feeding program, dental care, and an HIV/AIDS clinic. The hospital is funded by the Zimbabwe Salvation Army, fees from patients undergoing elective surgeries, and donations collected by Dr. Paul Thistle, an OB/GYN physician from Toronto; the Chief of Staff and only surgeon at Howard Hospital.

The STIMMA group I was volunteering with included pharmacists, physicians, a pediatrician, nurse, paramedic, and a dentist. I was working with the dentist to provide free dental work and dental surgery for patients living in the surrounding villages. The STIMMA team had visited Howard last year, where they spent their days discarding hundreds of thousands of dollars worth of expired drugs, going on rounds with doctors treating hundreds of patients, and triaging an unending stream of people in the emergency room. That was not the case this year; we found the pharmacy with empty shelves where antibiotics had once been, and wards that were operating at half their usual occupancy. Dr. Thistle had sent us an email a few days before we departed Canada, letting us know that he had been told by the Salvation Army that he would be relocated back to Canada in September. This came as shocking and sad news to himself and the rest of the hospital staff who greatly appreciated and relied on Dr. Thistle's medical and managerial guidance. Understandably, the mood of the entire hospital was noticeably dampened by this news.

After our first morning of working (and following my first 2 surgical extractions of impacted and infected teeth of the trip), we came outside to notice that there was a large gathering of people and an overturned Salvation Army vehicle in the centre of the hospital grounds. We were unsure of what was going on, so went back to our residence for lunch. As we were walking back to the hospital, we saw a large crowd of people running towards us, and some of the villagers yelled at us "Don't go there! Don't go back there!". Again, we were confused with the situation and what could be going on. A second villager ran by and yelled, "Tear gas!". I was shocked and confused, but looked towards the hospital and saw clouds of tear gas in the air, and many more people running towards us. We also saw Zimbabwe police with shields and crowd control gear breaking up what appeared to be a protest. Clearly, we were not going back to the hospital that afternoon. We quickly

Continued on Page 5

"Zimbabwe" Continued from Page 4

headed back to our residence and spent the rest of the day discussing the events and deciding what to do if we needed to leave the hospital.

Some of our team spoke with Dr. Thistle the next day and decided that it was unsafe for us to remain at the hospital. Dr. Thistle was being forced to leave the Howard Hospital grounds the next day, and we would be unable to practice at the hospital without his guidance. This was obviously unwelcomed news to our group, as many of us had been planning and fundraising for months. We also had brought with us tons of medical equipment that was no longer going to be used by our team. It was with heavy hearts that as a group, we decided that we would leave all our donated equipment at the hospital and leave the premises the following morning. It was hard to leave knowing that we could have made such a difference for so many patients who were sick and in pain.

Because we could not find flights out of Zimbabwe quickly and it was unsafe to stay in the capital city of Harare, we spent the remainder of our trip visiting tourist areas and doing exciting things such as Safaris and sightseeing at Victoria Falls. Though this made for an amazing summer vacation, we were always reminded of the situation at Howard as we got updates from Dr. Thistle and other medical staff about the deteriorating situation at the hospital. On our final day in Zimbabwe as we were heading back to the Harare International Airport, we were able to meet with Dr. Thistle one last time. In an amazing show of grace and compassion, Dr. Thistle wanted to apologize to us and explain why the situation was what it was at Howard. He explained to us that a new administration had taken over in the Salvation Army, and that much of the money that Howard Hospital had received through donations secured by Dr. Thistle were no longer being seen at the hospital. As a result of voicing his concerns about the whereabouts of the donations, the Zimbabwe Salvation Army had chosen to relocate Dr. Thistle. This left the hospital with little infrastructure, as a hospital without a Chief of Staff or surgeon won't last very long. On the day of the protest, multiple nurses had also been arrested and been put into jail, much to Dr. Thistle's dismay. It was obvious that Dr. Thistle was struggling with his relocation and the thought of leaving his patients without a physician.

After being in Zimbabwe, I truly appreciate having medical care that is accessible and stable. I'm more understanding when I hear stories from patients who have immigrated to Canada and tell me how lucky I am to grow up with clean water, schools, and a safe community. Perhaps most of all though, I'm motivated to continue to volunteer in areas where health care is often inaccessible and unaffordable. I hope this story has inspired you to help those in need of our care too!

DRUG SHORTAGES

Written by Niki Bajic, Rx2014
CSHP Communications Committee
UW Representative

To say that drug shortages are a hot topic in pharmacy right now is a tremendous understatement. Pharmacists, students, and technicians in any setting, be it community, hospital or otherwise, have all felt the effects of this worldwide issue, many of which occur on a daily basis. In particular, hospital pharmacists are busy working to identify drugs that are high-risk of becoming in short-supply, and are actively developing coping strategies to deal with these medications. Examples of strategies include finding alternative medications for administration, as well as alternative methods of delivery for formulations which are not available. Despite these efforts, patient outcomes are being compromised when medications which are more complex, less effective, and potentially more toxic are given as first-line therapy.

This inevitability of poor outcomes has resulted in understandable interest on drug shortages on behalf of the media and the public, and as a result, many of the organizations, including CSHP, are working together to find a help provide a solution to the lasting drug-shortage issue. With mounting pressure on behalf of the Federal government to provide a solution to the shortage situation, in the Fall of 2011 CSHP collaborated with many of the national organizations, including BIOTECanada, the Canadian Association of Chain Drug Stores (CACDS), the Canadian Medical Association (CMA), the Canadian Pharmacists Association (CPhA), Canada's Research-Based Pharmaceutical Companies (Rx&D), the Canadian Generic Pharmaceutical Association (CGPA), and others to develop a national drug supply management system (which can be accessed here). The system is updated weekly to include information directly from the manufacturer on the name and dosage form of the drug in short supply, the reason for shortage, the expected duration of the shortage, and notification that the shortage is resolved.

Canadian Society of Hospital Pharmacists
Société canadienne des pharmaciens d'hôpitaux

While the development of such a system has been a huge development to cope with the drug shortage issue, the uncertainty with regards to the sustainability of such a system prompted CSHP to present before the Standing Committee on Health in March of 2012 to appeal to Health Canada for continued funding and development regarding the database, and that Health Canada take lead on a global level to avoid and mitigate the drug shortage problem.

In addition to development of the national drug supply management system and providing responses to media enquiries, CSHP has created a drug shortage eForum on their website so members can provide updates on shortages with one another, as well as brainstorm alternatives to existing shortages. Such a forum is particularly of benefit for students because that means they can stay informed on current issues in hospital pharmacy while they are in school, and act as an extra resource while they are on their co-op placements!

Drug shortages are an issue which may re main present possibly well into our pharmacy careers. In the meantime, however, CSHP is devoted to continued collaboration with other organizations and to provide resources for the development of solutions to the drug shortage crisis.

Fresh from the Pharm

A Culinary Blog by Chelsea Barr, Rx2013

If there is one thing about Calgary that I cannot get over right now, it is how absolutely gorgeous the fall colours are! Andrew and I hiked a mountain in Lake Louise, AB last weekend and the view was incredible. All the shades of orange and yellows and greens nestled in between mountain peaks, and the reflections on the perfectly still mountain lake....absolutely amazing! The wonderful view was the inspiration for my recipe this week. A dish that uses in-season spaghetti squash and zucchini, and a menagerie of other bright and colourful vegetables. To top it off, this dish is packed with vitamins and low in calories....my favourite combination!

Spaghetti Squash

1 small spaghetti squash
1 zucchini, sliced
1 red bell pepper
1 medium red onion, sliced and diced
1 1/2 cups mushrooms, sliced and diced
2 Tbsp extra-virgin olive oil, divided
1 Tbsp unsalted butter
Dash of salt and pepper
2-4 Tbsp sun-dried tomato pesto
Optional: Freshly grated parmesan cheese

1. Heat oven to 375F. Slice the spaghetti squash in half length-wise, and use a spoon to scrape out the seeds and fibrous strings. Place the two halves cut-side down into a 9x13 baking dish. Fill the bottom of the dish with 1cm of water. Bake for 40 minutes.

2. When the spaghetti squash has finished cooking, let it cool for 10 minutes. Use a fork to scrape out the flesh and transfer to a bowl. The cooked squash will resemble the texture of spaghetti. Toss the squash with butter and season with salt and pepper.

Hint: You can also serve spaghetti squash like this as a side dish!

3. Heat 1 Tbsp oil in a large saucepan on medium-high. Add the onions and peppers and sauté until onions are clear and begin to caramelize. Transfer to the bowl with the squash. Heat the remaining oil and sauté zucchini and mushrooms until tender. Combine with squash and other vegetables.

4. Toss the vegetables with pesto and optional parmesan cheese and enjoy!

JOURNAL CLUB SUMMARY

ACCORD Trial – Glycemic Arm: Action to Control Cardiovascular Risk In Diabetes Trial.

Gerstein HC, et al. "Effects of Intensive Glucose Lowering in Type 2 Diabetes". *The New England Journal of Medicine*. 2008. 358:2545-59.

Clinical Question:

In patients with T2DM, does intensive glycemic control targeting an A1C <6% versus standard glycemic control targeting an A1C 7-7.9% reduce the risk of CV events?

Background for the Study:

Analyses of previous studies provided some thought as to the benefit of intense glucose lowering in reducing macrovascular complications, but were inconclusive (nonsignificant, insufficient power, study eligibility not covering the correct demographic, etc.) and actually contradicted each other. The ACCORD trial was specifically designed and powered to answer this question.

Design:

The ACCORD trial's design was a double factorial two-by-two design.

Three arms: Glycemic control; BP control; Lipids control.

Everyone was enrolled in glycemic control: standard A1C target vs. intense.

Half of all patients were enrolled in the blood pressure control arm: standard (<140 mmHg) vs. intense (<120 mmHg).

The other half were enrolled in the lipids control arm: fibrate + statin vs. placebo + statin.

Hence, every patient was glycemically controlled, and also **either** BP controlled **or** lipids controlled. The study is set up to allow comparisons of just glycemic control since the BP/lipids data can be stratified.

The ACCORD trial was a study on the effectiveness of the specific A1C target, and not the methods used to reach that target; investigators were given carte blanche with regards to medication regimen.

Eligibility Criteria:

The inclusion/exclusion criteria were established to identify a population with T2DM and at high risk for CVD events. We thought the ACCORD trial did an excellent job of filtering for their target demographic.

Results:

Annual rate of nonfatal MI or nonfatal stroke or CV death:

2.11% vs. 2.29% (HR 0.90; 95% CI 0.78-1.04; **P=0.16**)

Annual rate of death from any cause:

1.41% vs. 1.14% (HR 1.22; 95% CI 1.01-1.46; **P=0.04**)

Annual rate of CV death:

0.79% vs. 0.56% (HR 1.35; 95% CI 1.04-1.76; **P=0.02**)

Annual rate of nonfatal MI:

1.11% vs. 1.45% (HR 0.76; 95% CI 0.62-0.92; **P=0.004**)

Annual rate of nonfatal stroke:

0.39% vs. 0.37% (HR 1.06; 95% CI 0.75-1.50; **P=0.74**)

Significantly more hypoglycemia (16.2% vs. 5.1%; P<0.001) and weight gain (27.8% vs. 14.1%; P<0.001) in the intense A1C target group.

Bottom Line:

Targeting an A1C <6% for intense glycemic control may increase mortality compared to standard glycemic targeting (7-7.9%) therapy among patients with T2DM.

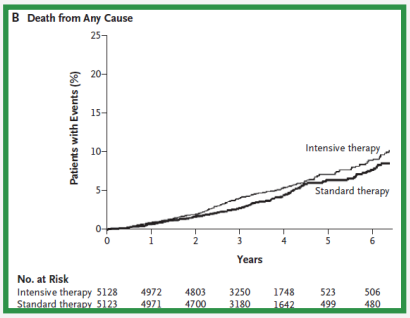

Figure 2 Graph B, the Kaplan-Meier Curves for the Primary Outcome and Death from Any Cause.

There may be a rationale for intense glycemic control in patients who are at risk of macrovascular complications, but have not yet experienced any cardiovascular events – this requires further study before adoption into practice.

Presented by Victor Tsang & Michael Kani

UW PHARMACY INVITATIONAL

SOPhS Communications

Have an opinion about our expanded scope of practice? Experience something on co-op that you'd like to share?

SOPhS encourages you to submit an article for the Pharm Phile newsletter! Submissions can be sent to pharmsoc@uwaterloo.ca by the end of every month for inclusion in the next edition!

Pharmacy Phile
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Please check out the calendar on the next page, or the weekly SOPhS Updates, for information about all of our events. If you have an event coming up that you would like to inform students about, please submit an article for a SOPhS Update to pharmsoc@uwaterloo.ca using the guidelines available on the SOPhS website (Communications, under Student Resources).

Society of Pharmacy Students (SOPhS)

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SOPhS 6 WEEK CALENDAR

	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Week 6	Oct 14	15	16	17	18	19 Rx2012 Convocation & Reception	20 CAPSI SLC Competition Essay due
Week 7	21	22	23 STIMMA Gallery Fundraiser, Hacienda Sarria , 7-9pm	24 Co-op Midterm Evaluation & Report Deadline Kitchener OCP Expanded Scope Seminar	25 Kitchener OCP Expanded Scope Seminar	26 Social/Athletics Event: Kitchener Rangers Game	27 CAPSI Compounding Competitions UofT Class of '82 Reunion at UW Pharmacy
Week 8	28	29 Valu Drug Mart Info Session, 12:30-1:30, Room 1012	30	31 SOPhS Halloween Special Event	Nov 1	2	3
Week 9	4	5	6	7	8	9 UW-UofT Social, Molly Blooms (Toronto), 8pm	10 SOPhS Athletics: UW Women's Volleyball Game Rx2016 Pre-January SOPhS Welcome Event
Week 10	11 Remembrance Day	12	13	14 Interprofessional Case Showcase	15	16	17
Week 11	18	19	20	21	22	23 SPEC2012 Deadline	24

SOPhS Calendar Notes

Please note that event dates may be subject to change. Contact SOPhS if you are unsure of an event date.

We are currently in the process of adding class calendars to the website and it is our hope that these calendars will provide you with all of the event and deadline information you need during each term.

If you would like to add an event to the SOPhS calendar please email Rusana at rusana.m@gmail.com