news about our section

International Pharmaceutical Federation

FIP/Hospital Pharmacy Section

newsletter 44

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Your ExCo has undergone some renewal; meet your new President and new Vice Presidents.

In 2014, it was the end of some of the terms for members of our ExCo. The HPS Statutes state that ExCo positions are held for a term of 4 years with opportunity for a second term for all roles excluding the President, who will serve for 4 years and then take the position of immediate past president for the next 4 years. This meant that in 2014, we thanked the following people for their service:

Marianne Ivey – Vice President for Americas second term 2010-2014

Rebecca Nordor – Vice President for Africa second term 2010-2014

Andy Gray – Immediate Past President 2010-2014

Jacqueline Surugue – President 2010-2014

Nominations were called for and received for the vacant positions (VP Africa, VP America and President). A Nominations committee were formed and put forward the recommendations for each of the candidates which were ratified at the AGM held in Bangkok. It is with great pleasure that we introduce the following ExCo members.

President: - Marianne Ivey

Marianne has had extensive involvement in the American Society of Health System Pharmacists. She served as President-Elect of ASHP 1980-1981, as President 1981-1982, and Immediate Past President 1982-1983. She has also held the esteemed positions as Chair of the publications committee and Chair of the ASHP House of Delegates in the mid 80's. In 2001 she held the position of treasurer for ASHP. For the last 6 years she has also been Chair of the Committee on Finance as well as an active member of the Research and Education Foundation, Pharmacy Leadership Academy for the Society. With respect to FIP, Marianne has held the position of Vice President, The Americas from 2006-current. In 1993 Marianne was awarded the Greater Seattle Society of Health System Pharmacist of the Year, alongside the University of Wisconsin, Citation of Merit. Marianne's leadership qualities have also been endorsed with the 2005 OSHP Walter Frazier Leadership Award and the ASHP Webb Leadership award in 2007. In 2011 Marianne received the FIP Distinguished Practice Award. Marianne was the recipient of the Harvey A.K. Whitney Award, the highest award in US hospital pharmacy, in 1993. Marianne Ivey has distinguished herself as a leader in pharmacy practice and as an educator. She has provided exceptional service to the profession within the US and internationally. She will clearly make a wonderful president for the HPS Section.

Vice President for Africa: - Nkechi Christiana Anyanwu

Nkechi is a member of the National Executive Committee of the Pharmaceutical Society of Nigeria (PSN) and is the Immediate Past Chairperson of the Nigerian Association of Hospital and Administrative Pharmacy. Since her election to the exalted position last year, Nkechi is fast becoming a symbol of the new paradigm in Hospital Practice in Nigeria. Her desire to change the image and character of Hospital Pharmacy Practice in Africa is the motivating factor in her quest to serve International Pharmacy through the instrument of FIP-HPS. Nkechi is ever passionate about Hospital Pharmacy Practice and wants to work with International Colleagues in FIP-HPS to bring changes to the practice in Africa. She has been in the forefront in mobilizing Hospital Pharmacist to join FIP-HPS and hence the number of Nigeria Pharmacist who attended the yearly Congress of FIP. Nkechi's membership of the FIP-HPS ExCo will bring a lot of benefits to the Hospital Pharmacy setting. She will utilize her profile and connections with Africa

Pharmacists to continue to mobilize more membership for FIP and encouraging participation at FIP-HPS events as well as taking advantage of the numerous programs and activities of FIP-HPS to encourage the adaption of Best Practices by African Hospital Pharmacists.

Vice President for Americas: - Ryan Forrey

Dr. Ryan Forrey has a long history with FIP. He first was involved as a student and chaired the publication committee of the International Student Pharmacists Federation. After graduation he became involved in the Young Pharmacists Group of FIP and rose to the Chairperson of that group. He began transitioning over to the Hospital Pharmacy Section through submission as a poster co-author for HPS and attendance of most annual Congresses in the last 10 years. For the past 4 years, Dr. Forrey accepted the task of coordinating the poster judging for the section. The HPS receives many posters, in fact more than any other section, and the job of coordinating the recruitment of judges, sending out abstracts etc. is a large task. Dr. Forrey has done a great job on this important activity of the section. Ryan has other leadership experience in his position as Director in a cancer hospital of an academic medical center. He has been president of a regional hospital pharmacy association in the state of Ohio where he practices. He also has been on committees for the national University Health System Consortium for the practice of ambulatory care pharmacy. Each of these activities has provided him with experience in interacting with policy-making groups, giving oral and poster presentations, and publishing. He has a strong network within the FIP and the Americas will be well represented by their new VP Ryan Forrey.

CONGRATULATIONS TO SOME WELL DESEARVING HPS MEMBERS

The 74th FIP World Congress of Pharmacy and Pharmaceutical Sciences 2014 in Bangkok was a wonderful time to congratulate some of our key members. The opening ceremony saw **FIP Fellowships** awarded to **Jacqueline Surugue, Lee Vermeulen** and **Bill Zellmer**. The purpose of the award is to recognise individual members of FIP who have exhibited strong leadership internationally, who have distinguished themselves in the pharmaceutical sciences and/or practice of pharmacy, who have contributed to the advancement of the pharmaceutical sciences and/or practice or pharmacy, and who have served FIP.

Furthermore, our dearly departed friend Colin Hitchings received the Joseph A. Oddis Award for Exceptional Service to FIP, which his beautiful daughters accepted on his behalf.

Andy Gray was voted in as a Vice President of FIP and the hospital section have also awarded him with the status of Honorary Member of HPS.

The section congratulates these member's achievements.

Farewell to a dear friend – Colin Hitchings

Colin Hitchings, a former president of the Royal Pharmaceutical Society of Great Britain, died in July 2014 at the age of 75.

During his illustrious career, Hitchings published 40 papers on the pharmacy profession, management and practice. He was awarded the Francke Medal in 2005 for distinguished services to international pharmacy by the American Society of Health-System Pharmacists and the distinguished practitioner award by the International Pharmaceutical Federation (FIP) in 2009.

Colin registered as a pharmacist in 1963 and became chief pharmacist of Queen Elizabeth II Hospital in Welwyn Garden City in 1965. He went on to become chief pharmacist at Northwick Park Hospital in 1969, holding the post until 1973 before taking on the roles of group pharmacist at the Royal Free Hospital and area pharmaceutical officer in Camden and Islington until 1980. For the next 15 years Hitchings worked as the regional pharmaceutical officer for the South West Thames Regional Health Authority. Colin was president of the RPSGB between 1983 and 1984, became a fellow in 1992 and remained a registered fellow until he died mid this year. Subsequent to his tenure as president he was the pharmaceutical adviser to the World Health Organization from 1986 until 1990. He also held positions at FIP and was a honorary member of the Hospital Section after service in the terms of Secretary, Vice President and President. He was also elected professional secretary of FIP between 1997 and 2001.

HPS Poster Competition at the 2014 Bangkok Congress

At the recent FIP Congress held in Bangkok, a massive number of posters were presented by Hospital Pharmacy Section members – Our section continues to present the most posters at this annual event.

Congratulations to the winner and honorable mentions

Winner (Poster HPS-094)

Developing competency through webinar to establish oncology pharmacy services at the Aga Khan Hospital, Dar-es-salaam, Tanzania.

Authors: Nadia Ayoub, Abdul Latif Sheikh, Salwa Ahsan and Feroza Perveen (Aga Khan University Hospital, Karachi, Pakistan)

Oncology Clinical Pharmacist Nadia Ayoube (C) and colleagues win Outstanding Poster Presentation at FIP World Congress 2014

With chemo drugs playing an important role in the treatment of cancer, AKH was anxious to set up a specialised pharmaceutical service for its cancer patients. They approached the Department of Pharmacy at the Aga Khan University Hospital in Karachi to provide assistance and the result was a unique collaborative effort across two continents.

Every week, for 6 weeks, the oncology pharmacist at AKUH in Karachi, ran a webinar for a multidisciplinary team of pharmacists, pharmacy technicians, biomedical staff, nurses and doctors at the hospital in Dar. At the end of every session, participants were evaluated, with most scoring 90 per cent and above in the quizzes indicating significant understanding of the subject.

“These mutual efforts towards improving knowledge and transferring skills means that AKH now has pharmacists working alongside its cancer care team to achieve the best possible outcomes for

its patients," said Abdul Latif Sheikh, Director, Pharmacy Services, AKUH, Karachi, who is also Vice President of the Hospital Pharmacy Section of FIP in the WHO Eastern Mediterranean region.

Honourable Mention (Poster HPS-044)
The use of renin–angiotensin system blockade in long-term haemodialysis patients in Tiawan.

Authors: Yi-Hsuan Lee (National Taiwan University Hospital Hsinchu Branch, Pharmacy, Hsinchu, China Taiwan), Tong-Rong Tsai (Kaohsiung Medical University, Kaohsiung, China Taiwan) and Chung-Yu Chen (Kaohsiung Medical University, Kaohsiung, China Taiwan)

Honourable Mention (Poster HPS-036)
Efficacy and safety of aprepitant in Japanese patients receiving high-dose chemotherapy followed by allogeneic hematopoietic stem cell transplantation

Authors: Hiroaki Ikesue, Mayako Uchida, Kimitaka Suetsugu, Kenichiro Nagata, Nobuaki Egashira and Satohiro Masuda (Kyushu University Hospital, Fukuoka, Japan)

Over the page you can review the winning poster and one of those that received an honorable mention. Next edition we aim to showcase more posters and maybe your poster too. If you would like your work presented, please send a PDF copy of your poster to Rebekah Moles Rebekah.moles@sydney.edu.au

DEVELOPING COMPETENCY THROUGH WEBINAR TO ESTABLISH ONCOLOGY PHARMACY SERVICES AT THE AGA KHAN HOSPITAL, DAR-ES-SALAAM, TANZANIA.

Author: Nadia Ayoub Co-Authors: Sheikh Abdul Latif*, Salwa Ahsan*,Feroza Perveen,*
*Department of Pharmacy Services – Aga Khan University Hospital, Karachi – Pakistan

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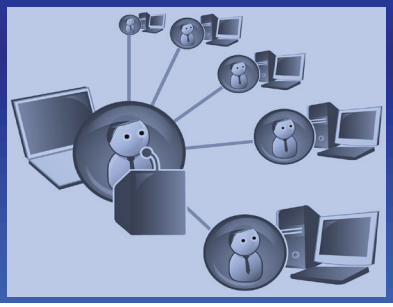
BACKGROUND

- Oncology Pharmacy is recognized as a pharmacy specialization in the USA since 1996 .
- Oncology pharmacists are actively engaged in all aspects of cancer care—from chemotherapy dose preparation and safety checks, to educating patients about side effects, to drug development research. In addition, if a patient or caregiver has any questions about a cancer medication the oncology pharmacist is a helpful resource.
- What Oncology Pharmacy can do for common pharmacists consists of expanding their professional field in order to improve their clinic integration.
- Oncology pharmacists are true experts in the medications used to treat cancer, as well as the medications used to manage complications of cancer and side effects from its treatment. Oncology pharmacists assist in managing these side effects.
- Finally, oncology pharmacists work closely with a patient's oncologist in order to achieve the best possible outcome.

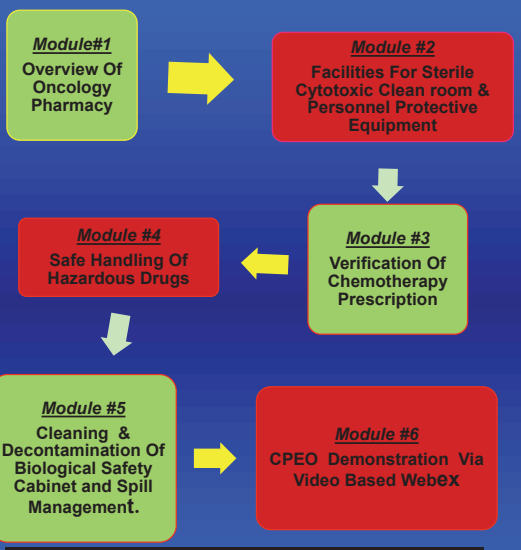
OBJECTIVES

- Implementing new services in a hospital is a big challenge for any organization.
- Our aim was to train the pharmacy staff in a sister organization in Tanzania through distance learning. This will enable them to develop required expertise for an excellent oncology pharmacy setup at Dar-us-Salam Hospital.

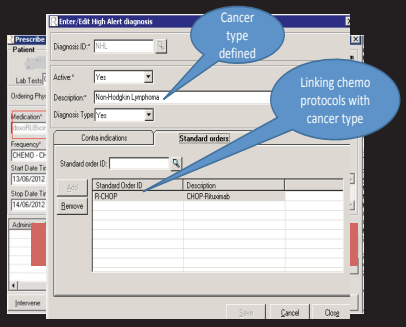


METHODOLOGY

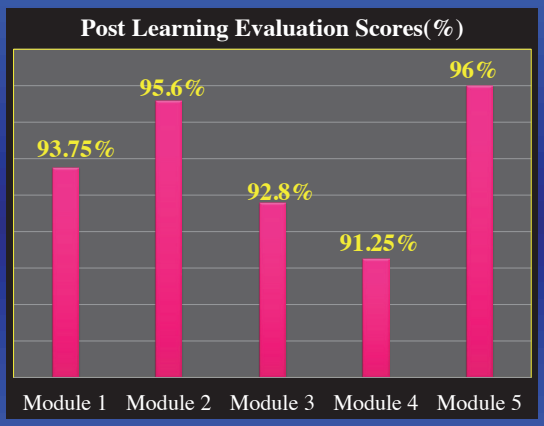
- The expert oncology pharmacy team of Aga Khan University Hospital Pakistan developed a training program for a multidisciplinary team of pharmacists, pharmacy technician, biomedical staff, nursing and doctor.
- The training program was comprised of 6 modules
- The sessions were delivered through webinars by our specialized Oncology pharmacist.
- The training sessions were followed by post evaluation quiz.
- These modules were exclusive reflection of ISOPP, HAZMAT & USP<797> standards.
- Comfort level of staff was assessed through post evaluation form.



Video based CPOE demonstration via webex



RESULT



12-15 Multidisciplinary staff participated in oncology webinar meetings. Participants scored above 90% in the quizzes indicating significant understanding of the subject and improvement of their knowledge.

CONCLUSION

- Distance learning through webinar sessions serveD as a good opportunity and tool for professional development of staff.
- Future effort is to provide hands on training for full fledged establishment of oncology setup.

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Abstract Code : POS-HPS094

Efficacy and safety of aprepitant in Japanese patients receiving high-dose chemotherapy followed by allogeneic hematopoietic stem cell transplantation

○Hiroaki Ikesue[1], Mayako Uchida[1], Kimitaka Suetsugu[1], Kenichiro Nagata[1], Nobuaki Egashira[1, 2] and Satohiro Masuda[1, 2]

1 Department of Pharmacy, Kyushu University Hospital, Fukuoka, Japan;
2 Department of Clinical Pharmacology and Biopharmaceutics, Graduate School of Pharmaceutical Sciences, Kyushu University, Fukuoka, Japan

Introduction

- Aprepitant has been shown to improve the control of chemotherapy-induced nausea and vomiting (CINV).
- However, there is still limited information on the safety and efficacy of aprepitant in patients receiving high-dose chemotherapy followed by allogeneic hematopoietic stem cell transplantation (allo-HSCT).

Aim

The aim of this study was to evaluate the efficacy and safety of aprepitant in patients treated with high-dose chemotherapy followed by allo-HSCT.

Conclusions

- Aprepitant significantly improved the incidence and severity of nausea and vomiting.
- There were no significant differences in the incidence of adverse drug events, acute GVHD, engraftment, or 1-year overall survival between the aprepitant and control groups.
- These results suggested that the addition of aprepitant to granisetron increases the antiemetic effect without influencing transplantation-related toxicities in allo-HSCT.

Results

Table 2. Patient characteristics

Characteristics [a]	Control (n=42) [b]	Aprepitant (n=46) [c]	*P*-value
Gender			
Male	24 (57.1%)	28 (60.9%)	0.723
Female	18 (42.9%)	18 (39.1%)	
Age			
Median, year (range)	47 (22-68)	53 (22-69)	0.224
Diagnosis			
Acute myeloblastic leukemia	17 (40.5%)	18 (39.1%)	
Acute lymphoblastic leukemia	4 (9.5%)	3 (6.5%)	
Adult T-cell leukemia/lymphoma	8 (19.0%)	6 (13.0%)	
Malignant lymphoma	4 (9.5%)	11 (23.9%)	
Myelodysplastic syndrome	5 (11.9%)	3 (6.5%)	
Other	4 (9.5%)	5 (10.9%)	
Conditioning regimen			0.404
Myeloablative regimens	22 (52.4%)	20 (43.5%)	
TBI/CY	13 (31.0%)	12 (26.1%)	
BU/CY	4 (9.5%)	2 (4.3%)	
Flu/BU4	5 (11.9%)	6 (13.0%)	
Non-myeloablative regimens	20 (47.6%)	26 (56.5%)	
Flu/MEL/TBI	11 (26.2%)	13 (28.3%)	
Flu/BU2	6 (14.3%)	12 (26.1%)	
Flu/CY	3 (7.1%)	1 (2.2%)	

[a] TBI = total body irradiation; CY = cyclophosphamaide; BU = busulfan; Flu = fludarabine; MEL = melphalan
[b] Patients in the control group received granisetron alone as an antiemetic.
[c] Patients in the aprepitant group received aprepitant and granisetron as antiemetics.

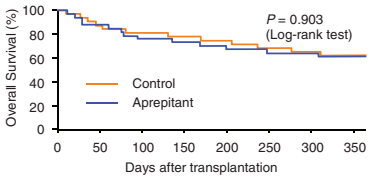

Figure 2. Overall survival in all patients.

Table 5. Events associated with HSCT

	Control (n=42)	Aprepitant (n=46)	*P*-value
Engraftment, median day			
Neutrophil	17	18	0.461
Platelet	32	32	0.818
Acute GVHD			
All grades	23 (54.8%)	29 (63.0%)	0.517
Grades 2-3	15 (35.7%)	16 (34.8%)	0.927
Bloodstream infection	11 (26.1%)	11 (23.8%)	1.000
Viral infection	28 (66.7%)	34 (73.9%)	0.491
Unexpected fever	23 (54.8%)	20 (43.5%)	0.393

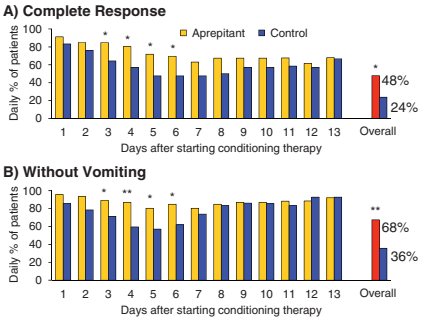

Figure 1. Comparison of the daily and overall percentages of patients with complete response (A) and no vomiting (B) between aprepitant and control groups during the first day of conditioning therapy through 5 days after end of conditioning for each regimen. **P*<0.05; ***P*<0.01.

Table 3. Risk factors for non-CR
(multivariate logistic regression analysis)

Risk factors	Odds ratio	95% CI	*P*-value
Myeloablative conditioning regimens	4.62	1.77 – 13.10	0.003
Non-prophylactic use of aprepitant	2.92	1.13 – 7.99	0.031

Table 4. Adverse drug events

Adverse drug events	Control (n=42)	Aprepitant (n=46)	*P*-value
Malaise	42 (100%)	43 (94.1%)	0.243
Diarrhea	40 (87.5%)	37 (80.0%)	0.052
Headache	22 (46.9%)	26 (55.9%)	0.831
Skin rash and flushing	17 (37.5%)	16 (35.3%)	0.662
Insomnia	20 (43.8%)	14 (29.4%)	0.126
Constipation	1 (3.1%)	7 (14.7%)	0.060

Table 6. Blood concentrations of calcineurin inhibitors

		Control (n=42)	Aprepitant (n=46)	*P*-value
Cyclosporine A (ng/mL)	Day 0	157.7 ± 57.4	164.1 ± 79.7	0.789
	Day 1	170.9 ± 60.7	157.1 ± 33.7	0.432
	Day 2	178.4 ± 46.2	198.2 ± 45.8	0.549
Tacrolimus (ng/mL)	Day 0	12.8 ± 5.3	13.3 ± 5.6	0.786
	Day 1	13.1 ± 3.6	13.8 ± 6.4	0.673
	Day 2	14.0 ± 3.4	14.3 ± 4.7	0.799

Cyclosporine A and tacrolimus blood concentrations were evaluate on the day of HSCT (day 0) and the following 2 days. Expressed as the mean ± SD.

Method

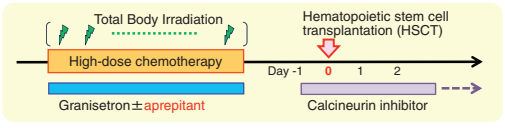

Diagram of HSCT

Patients:

- Fourty-two adult patients received granisetron alone as antiemetic prophylaxis (control group) at Kyushu University Hospital between April 2008 and March 2010, before the introduction of aprepitant.
- Forty-six patients received aprepitant and granisetron (aprepitant group) between April 2010 and December 2011.
- No patients were excluded from the present study due to severe toxicity or other reasons.

Treatments:

- In both groups, granisetron (3 mg, i.v.) was started 30-min before the administration of anticancer drugs on the first day of high-dose chemotherapies prior to allo-HSCT.
- The aprepitant group received aprepitant (125 mg, orally) 60-90 min before the administration of the first moderate to highly emetogenic anticancer regimen. Thereafter, aprepitant (80 mg) was administered in the morning on each chemotherapy day.

Statistics:

- Chi-square test or Fisher exact test was used for categorical data.
- Student *t* test or Mann-Whitney *U* test was used for continuous data.
- Difference of overall survival curve was compared by the log-rank test.
- To identify the risk factors associated with non-CR, multivariate stepwise logistic regression analysis was performed.

Table 1. Schedules of representative conditioning regimens and antiemetics

Conditioning regimens	Dosage and administration [a]	
TBI/CY		
TBI [b]	2 Gy, twice/day,	Days -6, to -4
Cyclophosphamide	60 mg/kg, once/day,	Day -3, -2
Granisetron	3 mg, twice/day,	Days -6 to -2
Aprepitant [c]	Once/day, 125 mg on day -3; 80 mg on days -2, -1	
Flu/MEL/TBI		
Fludarabine	25 mg/m^2, once/day,	Days -8 to -4
Melphalan	40 mg/m^2, once/day,	Day -3, -2
TBI [b]	2 Gy, once or twice/day,	Day -1
Granisetron	3 mg, twice/day,	Days -8 to -1
Aprepitant [c]	Once/day, 125 mg on day -3; 80 mg on days -2, -1	

[a] Hematopoietic stem cell transplantation (HSCT) was performed on day 0.
[b] TBI = total body irradiation.
[c] Patients in the control group did not receive aprepitant.

Data collection and assessment:

- All data were retrospectively collected from electronic medical records.
- The primary endpoint was the overall complete response (CR; no vomiting and none to mild nausea) during the first day of conditioning therapy through 5 days after the end of each conditioning regimen.
- Secondary endpoints included the percentage of patients with no vomiting, transplantation related toxicities, 1-year survival rate, and adverse drug events (ADEs).

Ethics:

- The protocol of this study was approved by the Ethics Committee of Kyushu University Graduate School and Faculty of Medicine.

Refining the Basel Statements

Over this past year, the FIP Hospital Pharmacy Section has been working on a revision of the 2008 Basel Statements on the Future of Hospital Pharmacy. This revision culminated in a wonderful full day session "From Basel to Bangkok" where each statement was discussed and further refined. The section is working hard to incorporate all of the changes recommended and we intend to publish the revised version in the next Newsletter. We thank all the members who participated in our surveys, blogs and on the congress day. The section is so proud of this wonderful work and is eager to get these statements to you.

In addition, the European Association of Hospital Pharmacists has adapted the Basel Statements for the European environment and the approved European consensus statements have been published in their latest edition of their journal: The European Journal of Hospital Pharmacy.

JOINS FIP

The Society of Hospital Pharmacists of Australia became a member organisation of FIP in 2014. FIP offers valuable support to its Member Organisations in many different ways:

- **Work in improving pharmacists' practice**
- **Political and advocacy work**
- **Networking with other member organisations and developing new ideas and trends**
- **Recognition of pharmaceutical organisations and its members at an international level**
- **Increasing impact on health at a global level**

Recognition of Hospital Pharmacy Section Sponsors

The Hospital Pharmacy Section is very grateful to these sponsors for their support of Section activities.

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In addition to corporate sponsors, many national and regional pharmacy organizations have provided financial and in-kind support of the activities of the FIP Hospital Pharmacy Section. We gratefully recognize these contributors:

- The French Ordre des Pharmaciens
- The Japanese Society of Hospital Pharmacists

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