

RHO_{Rx}CHI post

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AN AWARD-WINNING, STUDENT-OPERATED NEWSLETTER BY THE
ST. JOHN'S UNIVERSITY COLLEGE OF PHARMACY AND HEALTH SCIENCES' RHO CHI BETA DELTA CHAPTER

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The 2015 Rho Chi Annual Meeting

By: Tasnima Nabi, Editor-in-Chief

On Sunday, March 29th, the 2014 Executive Board of the Beta Delta Chapter at St. John's University attended the National Rho Chi Annual Meeting at the Hilton Bayfront in San Diego, CA. The National Meeting is held during the APhA Annual Meeting and Exposition, where thousands of pharmacists, student pharmacists, and various health care professionals gather to engage in the largest pharmacy convention. The Rho Chi Society meeting celebrates individual and chapter achievements for the year and is the only business meeting of the Society. Chapter Delegates, Advisors, National Officers, members and guests are encouraged to attend.

The Rho Chi Lecture Award was presented to Dr. James Cloyd, Director of the Center for Orphan Drug Research, University of Minnesota. Dr. Cloyd's research has made major contributions to the treatment of neurological disorders. His opening statements included the foundation for his success – "Passion is to be an educator, but I'm going to work on research to support my passion." He shared his extraordinary experiences with the audience, taking us through his journey towards exploring different pharmaceutical dosage forms to improve ease in administration and outcomes. He kept the audience interested with light-hearted jokes infused with words of inspiration, and he encouraged the growth of academic pharmacy.

The 2014 Chapter Achievement Award was presented to the Beta Delta Chapter. This award recognizes the full scope of activities and events hosted by the chapter that instills the mission and values of Rho Chi, detailed in the 2014 Annual Chapter Report. The Beta Delta Chapter hosts various events throughout the year, including but not limited to CV Workshops, Coffeehouse Chats, Becoming a Strong PGY1 Residency Candidate and Writing Workshops. In addition, the chapter has often collaborated with other pharmacy organizations on campus to host events that students can both benefit from and enjoy.

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The Role of Pharmacists in the EVD Outbreak

By: Azia Tariq, Section Editor

Reported in March 2014, the current Ebola virus disease (EVD) outbreak has become the deadliest outbreak of its kind since the disease's initial discovery in 1976. As of April 24, 2015, the epidemic has spread to numerous countries across West Africa including Guinea, Liberia, and Sierra Leone resulting in 10,839 total deaths and 14,913 laboratory-confirmed cases.¹

With at least four laboratory-confirmed cases in the United States, the Center for Disease Control (CDC) has collaborated with the World Health Organization (WHO) and other domestic and international organizations to create the Emergency Operations Center (EOC). Establishment of the EOC will help the CDC and WHO to facilitate assistance and control activities with partners in order to contain the outbreak. In addition, the CDC has deployed teams of public health experts to West Africa and will continue to send them to the affected countries.¹ As one of the first points of contact for patients and the community at large, pharmacists can play a pivotal role in educating patients, promoting disease prevention, and referring any suspected cases in a timely and safe manner to appropriate healthcare facilities.² This is a critical role as prevention and preparation are the keys to halting contagious diseases. Patients may be overwhelmed by all of the information on the current Ebola outbreak in the media. Pharmacists, who come into contact with a large number of patients daily, can dispel any fears and misconceptions and provide accurate information on the Ebola outbreak, prevention, transmission routes, and management of the Ebola virus.

With the Ebola virus outbreak reaching as far as the United States, pharmacists are being given new responsibilities to address the issue of this pervasive disease. Vivian Johnson, Vice President of Pharmacy Services at Parkland Health & Hospital System in

Dallas, stated that the department is presently evaluating the medication-use process, from procurement to administration, and making changes needed to safely care for patients with EVD. Parkland's critical care pharmacists, in addition to the staff of the Methodist Richardson Medical Center and the University of Texas Southwestern Medical Center, are currently on call to provide clinical care and distributive services for the emergency biocontainment unit established in light of the EVD epidemic. In addition, a formulary has been developed for the biocontainment unit and the processes of prescribing and reviewing medication orders are being assessed.³

Prevention and preparation for the epidemic are essential not only for the general public, but also for healthcare personnel in the clinical setting. Hospital formularies and guidelines play a key role in this endeavor. U.S. hospital-based formulary managers and pharmacists are tasked with the responsibility of educating healthcare staff about EVD, its symptoms, and the risk of transmission in the hospital care setting. There are several important aspects to consider when treating an EVD patient. Healthcare providers can be exposed to the virus via direct contact with blood or bodily fluids of an infected person through objects such as needles and syringes contaminated with the virus. This necessitates staff to wear personal protective equipment including gowns, goggles, face shields, facemasks, and gloves.

Other appropriate infection control measures include disinfecting surfaces, frequent hand washing, and the proper cleansing, sterilization, and disposal of medical instruments. Formulary managers, physicians, and other healthcare professionals must ally together to devise work practices that can detect individuals possibly infected with EVD or other infectious agents. Such work practices can aid in reducing the impact of an infection with an Ebola virus strain

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on the hospital, its staff, and its patients, as well as subduing EVD outbreak throughout the community.⁴

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Injectable Naltrexone for Smoking Cessation

By: Jacqueline Meaney, PharmD Candidate c/o 2015

University at Buffalo: School of Pharmacy and Pharmaceutical Sciences

Extended release naltrexone (XR-NTX), marketed as once-monthly IM Vivitrol®, is currently FDA approved for use in treating both alcohol and opiate dependence. Naltrexone is a mu-opioid receptor antagonist that blocks the euphoric effect of heroin and prescription opioids. Naltrexone may be useful as a tool for smoking cessation because previous studies have demonstrated a link between opioids and nicotine. Cigarette smoking continues to be the leading cause of preventable death in the United States, and as such, naltrexone may provide an additional option for patients who want to quit smoking or for patients who need an adjunct to their current smoking cessation regimen.²

Oral naltrexone has been studied for smoking cessation and has yielded mixed results.²⁻¹⁴ Oral naltrexone was not shown to be effective for nicotine dependence in patients receiving naltrexone for alcohol addiction,¹⁴ and was shown to be no more effective than placebo when used in combination with the nicotine patch.⁵ In contrast, other studies have demonstrated the efficacy of oral naltrexone when used with and without the nicotine patch,¹¹ and an additional study found that oral naltrexone was only effective for nicotine dependence in women.⁸

Compared to treatment with oral naltrexone, treatment with XR-NTX has shown increased rates of

adherence, which may result in XR-NTX being effective as a smoking cessation aid.^{15,16} In addition, XR-NTX achieves greater cumulative plasma concentrations than oral naltrexone - the AUC of XR-NTX after multiple dose administration is 160 ng_{xh}/mL, while that of oral naltrexone is only 35 ng_{xh}/mL.¹⁷

As a result, oral naltrexone may not provide high enough plasma levels or enough exposure to naltrexone for the drug to be effective as a smoking cessation aid. It is therefore possible that the increase in the AUC of naltrexone when administered as XR-NTX may result in XR-NTX being more effective for smoking cessation.¹⁸

Case studies have shown that patients who were chronic cigarette smokers had decreased cravings for nicotine following initiation of XR-NTX therapy. In addition, some patients stopped smoking entirely when treated with XR-NTX combined with nicotine replacement therapy and smoking cessation classes.¹⁹ Increased exposure to naltrexone and increased compliance to the naltrexone regimen may support the use of XR-NTX for smoking cessation.^{18, 21} XR-NTX has not yet been studied for the treatment of nicotine dependence, which may be a possible use for this medication.

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Working Towards an Artificial Pancreas

By: Maryam Ahmed and Tyler Valente, PharmD Candidates c/o 2016

Diabetes Mellitus is a condition in which the body cannot properly maintain its blood glucose. There are two types of Diabetes Mellitus (DM), Type 1 and Type 2, which vary greatly but each have at the crux an inability to transport glucose into the cells. Although commonly misconceived as a benign disease, complications of DM are extremely serious, including ketoacidosis, electrolyte imbalances, blindness, amputations, cardiovascular disease, and even death. DM currently affects more than 371 million people worldwide and is expected to affect 552 million by 2030.¹ DM is currently treated with medications that demonstrate various complex mechanisms, but researchers are presently working towards creating a revolutionary 'artificial pancreas.'

The MiniMed® 640G with Smartguard™ technology is the most advanced insulin-pump delivery system of its kind. Manufactured by Medtronic Diabetes, the device has recently earned widespread attention in the media after it was first used on a four-year-old boy in Perth, Western Australia. It was mistakenly and prematurely dubbed 'an artificial pancreas' in headlines throughout the world. Although its technology is advanced, the MiniMed® 640G is merely a "...critical step toward an artificial pancreas," according to a Medtronic Diabetes press release.²

Current insulin delivery systems contain a "threshold-suspend" technology, in which the "...device suspends insulin delivery [only] when glucose levels reach a preprogrammed low threshold and resumes delivery after 2 hours [regardless of levels]..."³ The MiniMed® 640G with Smartguard™ is innovative in that it utilizes "predictive low-glucose management," which is advantageous because it can reliably predict, up to 30 minutes in advance, when one's blood glucose will drop to a pre-programmed 'low-limit.' At this point, the device temporarily halts insulin delivery, preventing complications of hypoglycemia. Additionally, to ensure blood glucose levels do not rise too high, the MiniMed® 640G resumes basal insulin delivery based on a sensor glucose value unique to each patient.⁴

Medtronic Diabetes has already released the MiniMed® 640G in Australia and anticipates marketing in other countries in the next few months. In the United States, a clinical trial is currently in progress and scheduled to wrap up in April 2015.⁵ Over the past few months, two noteworthy surveys hoping to ascertain Type 1 Diabetics' desire for an 'artificial pancreas' (AP) were launched in the US. The first, a pilot survey examining the attitudes of participants in an AP clinical trial, demonstrated a 'high' probability (86.1%) of future acceptance of an AP.⁶ The second survey was conducted online, advertised via social media, and received two hundred and sixty six responses over the course of one month. Over 90% of responders "indicated they were 'highly likely' to use a fully automated 24 [hour] AP."⁷ Overall, both surveys suggested that there is a demand for a device that could potentially alleviate the burden of complicated self-care associated with DM.

Diabetes management with insulin therapy presently consists of frequent blood glucose tests and multiple injections. Insulin delivery systems currently on the market put one at risk for both hypo- and hyperglycemic crises. The MiniMed® 640G with Smartguard™ technology helps alleviate the burden of insulin therapy, while significantly lowering the risk of adverse events. Due to its ability to predict glucose levels, the MiniMed® 640G with Smartguard™ provides a breakthrough in technology towards the development of the highly sought-after AP.

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The Dilemma of Using Beta-Blockers in Patients with COPD and Heart Failure: Time to Shift?

By: Syed Arafath, PharmD Candidate c/o 2015, AMSCOP at LIU

Chronic obstructive pulmonary disease (COPD) is the third leading cause of death in the United States, behind heart disease and cancer.¹ Many patients with COPD often present with multiple-organ dysfunction, especially cardiovascular disease.^{2,3} COPD and heart failure frequently coexist in approximately 30% of cases in clinical practice, and COPD by itself can be an independent risk factor for developing cardiovascular disease.^{4, 7} Beta-blockers are found to be beneficial in reducing morbidity and mortality in patients with cardiovascular disease, especially heart failure (HF).⁵ However, patients with COPD are often given a sub-therapeutic dose of a beta-blocker because of the possible effect on airway obstruction, and reduced efficacy of beta₂-agonist and forced expiratory volume in one second (FEV₁).⁶ Therefore, the management of coexistent COPD and HF poses a unique therapeutic challenge.

Historically, beta-blockers have been avoided and considered contraindicated in patients with COPD.⁷ Furthermore, many beta-blockers have pre-

scribing information that warn against use in COPD patients however, if needed, allows clinicians to consider low doses (Table 1). Recent studies have demonstrated that it is considerably safer to use cardio-selective beta-blockers in COPD patients.⁸⁻⁹ However, the selectivity of cardio-selective beta-blockers can be compromised when given in high doses or due to drug-drug interactions.¹⁰⁻¹² Notably, metoprolol succinate and bisoprolol lose their cardio-selectivity in doses over 100 mg and 20 mg, respectively.^{10,11} Furthermore, patients with COPD and HF often have other co-morbidities and may require multiple medications to control their symptoms. As a result, these specific patient populations are prone to multiple drug-drug interactions, which may cause a loss of cardio selectivity (**Table 1**). Therefore, clinicians stay away from using optimal doses of beta-blockers in patients with both COPD and HF.

A randomized, double-blind, placebo-controlled, crossover study showed that propranolol 80 mg (a non-selective beta-blocker) reduces FEV₁ and bron-

chodilator responses to beta-agonist while the metoprolol 100 mg (beta₁-selective beta-blocker) does not¹⁹. Furthermore, a double-blind, randomized, three-way crossover study conducted by Chang and colleagues showed that metoprolol 195 mg and propranolol 80 mg daily are associated with significantly lower bronchodilator response compared to metoprolol 95 mg daily.²⁰ Besides, participants in the metoprolol 195 mg group showed less exercise tolerance and significantly reduced oxygen saturation compared to participants in the metoprolol 95 mg group. However, these studies had very few patients (n=15 and 14, respectively) and a one-week follow up period. Therefore, it is uncertain whether the diminished bronchodilator response and reduced oxygen saturation are clinically significant and outweigh the benefits of beta-blockers in HF patients.

Despite these concerns, COPD patients may often present with a compelling indication for using beta-blockers, especially when patients have ischemic heart disease or heart failure. In a ten-year (2001-2010) retrospective cohort study of 5977 COPD patients over the age of 50, Short and colleagues demonstrated that beta-blockers have no deleterious effects on lung function.⁷ In addition to cardiovascular benefit from beta-blockers, this study also showed that beta-blockers reduce mortality (22% reduction compared to non beta-blocker group; 95% CI: 0.67 to 0.92), COPD exacerbation and hospitalization when added to established therapy for COPD. Although majority of the patients (88%) in this study used cardio selective beta-blockers, no significant difference in outcomes was observed.⁷ A Cochrane meta-analysis of 20 studies conducted by Hawkins and colleagues showed that FEV₁ is unaffected by single dose or longer duration of cardio-selective beta-blockers (-1.8% and -1.26% respectively).²¹ Although cardio-selective beta-blockers are safe in stable COPD patients as seen in this study, very little is known about their effects on patients with deteriorating lung function or acute respiratory failure (ARF). Kargin and colleagues in a retrospective (2011-2012) case-control study of 188 patients in a ICU setting showed that beta-blocker use for heart rate control in COPD patients with ARF have similar ICU stay length (median: 6 days in case group vs. 7 days in control group) and mortality (17.6% vs. 15.8%; p = 0.75) compared with COPD

patients treated with other heart rate limiting drugs.²² Although all of these studies have suggested that cardio-selective beta-blockers are relatively safe and do not cause clinically significant airway obstruction, COPD exacerbation, or reduction in quality of life, we need to bear in mind that they are conducted retrospectively for a short period of time. Therefore, we still need well-designed, prospective studies to further evaluate the benefit of using beta-blockers in HF patients.

The American College of Cardiology Foundation/American Heart Association (ACCF/AHA) guideline for HF does not make specific recommendations regarding patients with COPD and HF, except cautionary^{21, 23}. In contrast to the ACCF/AHA guideline, European Society of Cardiology Heart Failure guideline provides a more specific recommendation by stating that beta-blockers are not contraindicated in patients with COPD and that cardio-selective beta-blockers could be used in this patient population.²⁴ The Global Initiative for Chronic Obstructive Lung Disease (GOLD) guideline states that the benefit of using a cardio-selective beta-blocker even in patients with severe COPD outweighs the risk of bronchospasm.²⁵ It also recommends using a beta₁-selective beta-blocker, especially bisoprolol, in COPD patients since bisoprolol was found to have favorable respiratory parameters such as beneficial effect on lung function, minimal deleterious effect on COPD symptoms and improved quality of life.²⁵ The ACCF/AHA also recommends bisoprolol, suggesting a starting dose of 1.25 mg daily and titration up to a maximum of 10 mg daily for patients with HF.²³ Therefore, based on these guidelines, bisoprolol could be recommended in patients with concomitant COPD and HF.

The combination of COPD and HF poses a unique challenge to clinicians. Clinicians need to be aware that bisoprolol loses its selectivity at 20 mg daily and metoprolol loses selectivity over 100 mg daily. Clinicians also need to monitor these patients carefully, since drug-drug interactions may cause beta-blockers to lose their cardio-selectivity. Recent evidence suggests that using cardio-selective beta-blockers in COPD patients is not contraindicated, and that they may decrease mortality in patients with concomitant COPD and HF. It is our duty as pharma-

BACK TO COVER

cists to make sure that patients with concomitant COPD and HF receive the appropriate beta-blockers at optimal doses.

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Table 1. Beta-Blockers Prescribing Information Summary¹¹⁻¹⁸

Beta-Blockers	Beta ₁ -selectivity	Drug interaction	Warning/Contraindication in COPD
Carvedilol*	No	P-glycoprotein substrate and inhibitor	Use with caution. Contraindicated in previous history of bronchospasm
Labetalol	No	Cimetidine	COPD: No study. Should not be used. C/I in asthma and acute bronchospasm
Nadolol	No	Reserpine	Should not in general receive beta-blocker. Use with caution.
Propranolol	No	CYP 2D6, 1A2 and 2C19 substrate	Should not in general receive beta-blocker. Use with caution.
Metoprolol Succinate*	Yes	Reserpine, MAO inhibitors. CYP2D6 inhibitor→ 2-5 fold increase	Should not in general receive beta-blocker. Beta ₁ selectivity is not absolute. Use lowest possible dose. Bronchodilator should be readily available. Loses cardio-selectivity >100 mg daily ¹⁰
Bisoprolol*	Yes	Reserpine	Should not in general receive beta-blocker. Beta ₁ selectivity is not absolute. Use lowest possible dose (2.5 mg QD). Bronchodilator should be readily available. Loses cardio-selectivity at 20 mg ¹¹
Nebivolol	Yes	CYP2D6 Inhibitor	Should not in general receive beta-blocker.
Atenolol	Yes	Reserpine	Should not receive beta-blocker. Beta ₁ selectivity is not absolute. Start with the minimum dose 50 mg QD

*Approved for HF

The 2015 Rho Chi Annual Meeting

By: Tasnima Nabi, Editor-in-Chief

The Beta Delta Chapter was also a recipient for the "Project Proposal Award," which recognizes the Rho Chi Post. This monetary award is granted to a chapter based on a special project that intends to implement the vision of Rho Chi, which was detailed in a proposal that included a timeline of the newsletter's growth, an explanation of the responsibilities of each editorial team member, and a run through of the editing and publishing process. The Rho Chi Post is a monthly, electronic, student-operated, faculty-edited newsletter that remains unique to the St. John's University College of Pharmacy and Health Sciences. National recognition has encouraged students from across the nation to submit articles to the Rho Chi Post, and has also encouraged us to develop

new goals that promote our growth and ensure continued success.

The Annual Meeting is a unique opportunity for Rho Chi members to exchange ideas on promoting and advancing the pharmacy profession on campus. It allows students to share their successes and receive advice from those who have developed active chapters on campus, while celebrating accomplishments that encourage students to become stronger leaders.

The Beta Delta Chapter executive board, members, and Rho Chi Post editorial team would like to thank our Faculty Advisor, Dr. S. William Zito, for his continued support and encouragement. We would also like to thank the National Office for the awards and opportunity to expand on our national outreach.



From left to right:

Katharine Cimmino, RCP Co-Copy Editor [Content-focused]

Sara James, 2014 Beta Delta Chapter Historian

Tasnima Nabi, RCP Editor-in-Chief & 2014 Beta Delta Chapter Secretary

Dr. S. William Zito, Rho Chi Faculty Advisor

Tyler Valente, 2014 Beta Delta Chapter President

Fawad Piracha, RCP Finance and Outreach Manager & 2014 Beta Delta Chapter Vice President

Joshua Bliss, RCP Social Media Manager & 2014 Beta Delta Chapter Media Relations Coordinator

Have something interesting to say? Wish to publish your poster presentation?

Want to review a new drug on the market?

Write to us at RhoChiPost@gmail.com or visit our website: <http://rhochistj.org/RhoChiPost/>

Remember, Rho Chi Honor Society membership is not a requirement for submitting articles to the Rho Chi Post!

Matching Column:

LOOK ALIKE SOUND ALIKE



By: Sang Hyo Kim
Section Editor

Can **YOU** match the
fact with the correct
medication?

Answers

On page 11

- | | |
|---|---------------|
| 1. Used for the treatment of meta-
static breast cancer | A. Effexor |
| 2. Can be administered subcuta-
neously, intramuscularly, or intra-
venously | B. Enbrel |
| 3. Contains estrogenic substances | C. Enbrel |
| 4. Oral agent effective against M.
tuberculosis | D. Enjuvia |
| 5. For the treatment of various
autoimmune diseases | E. Ephedrine |
| 6. Antiarrhythmic | F. Eribulin |
| 7. Used for the management of
symptoms of bladder overactivity | G. Ethambutol |
| 8. Indicated for the prevention
and treatment of osteoporosis | H. Ethmozine |
| 9. Used in combination with other
antiretroviral agents for the treat-
ment HIV-1 infection | I. Evista |
| 10. Brand name of venlafaxine
hydrochloride | J. Etravirine |

Lexi-Comp Online®, Lexi-Drugs Online®, Hudson, Ohio: Lexi-Comp, Inc.; March 30, 2015.

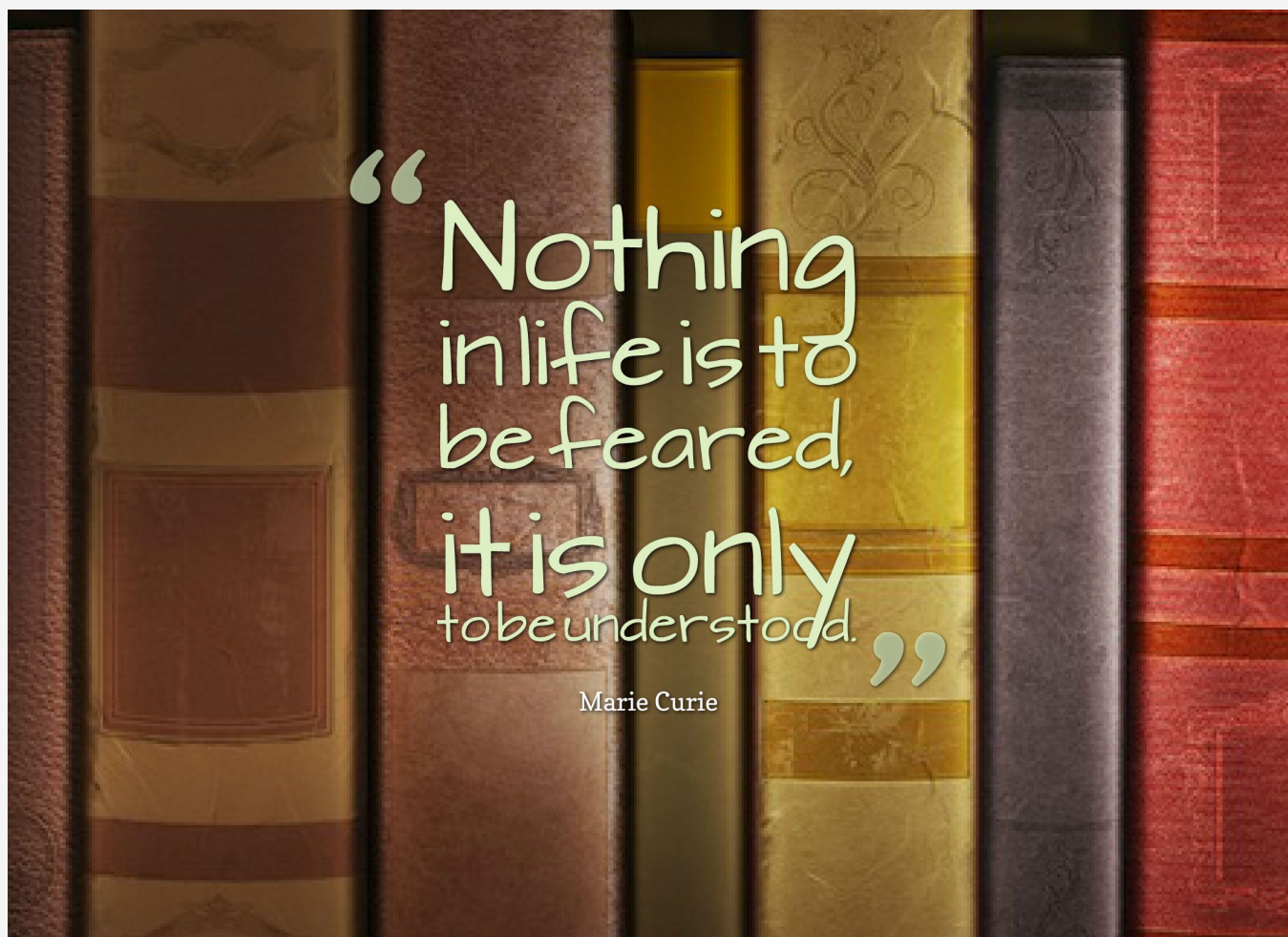
How Did You Do???

Answers to Look Alike and Sound Alike

1) F 2) E 3) D 4) G 5) C 6) H 7) B 8) I 9) J 10) A

Quote of Month

By: Nicollette Pacheco, Staff Editor [Graphics-focused]



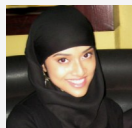
Do you enjoy our puzzle?

Send us a suggestion for a brainteaser at

RhoChiPost@gmail.com

We will feature your work in our next issue!

RHO CHI POST: TEAM MEMBERS



@ Tasnima Nabi (5th Year, STJ; Editor-in-Chief)

Writing has always been my greatest outlet for experience and knowledge, through which I hope to keep you engaged and informed. It is imperative to keep up with our changing profession and community, and I look forward to bringing pertinent information to the newsletter.



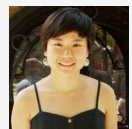
@ Katharine Cimmino (6th Year, STJ; Copy Editor [Content-Focused])

I have always been an avid reader and writer. As a member of the Rho Chi Post I am able to merge my passions with the professionalism that comes with aspiring to be a healthcare provider. I am eager to be a part of a publication that promotes my interests and vocation.



@ Bharat Kirthivasan (PhD, Copy Editor [Content-Focused])

I am a doctoral candidate in Industrial Pharmacy researching nanoparticles for delivery to the brain. The only thing I enjoy more than reading a well-written piece of work is writing it. I am glad to work for the Rho Chi Post, and I encourage others to do the same.



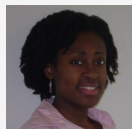
@ Hayeon Na (6th Year, STJ; Copy Editor [Content-Focused])

Hello! My name is Hayeon Na. I am a 2015 PharmD Candidate and one of the Copy Editors for the Rho Chi Post. I hope the information I present will be helpful, or at least interesting. If you have any comments regarding my contribution, feel free to contact me at any time!



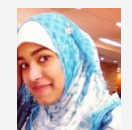
@ Erica Dimitropoulos (6th Year, STJ; Copy Editor [Content-Focused])

As busy student pharmacists, we often fail to keep current with healthcare developments. My aim is to sort through the news and provide quick updates that are important to our profession. Feel free to contact me if there are any topics you would like to see covered in the next issue!



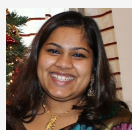
@ Davidta Brown (4th Year, STJ; Copy Editor [Content-Focused])

My two great loves are innovative science and quality writing, and the Rho Chi Post is an insightful combination of both. As an editor, I look forward to bringing relevant information and fresh perspectives to the student and faculty of St. John's University, as well as to making the Rho Chi Post a newsletter that offers something new to every reader.



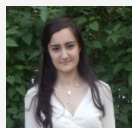
@ Fatema Elias (5th Year, STJ; Copy Editor [Content-Focused])

I am honored to be a part of the Rho Chi Post team. In this age of technology and the continuously changing healthcare profession, I hope to engage like-minded students and professionals. Writing is something that I hold dear to my heart and I hope with this newsletter we can all stay well informed, interested, and educated.



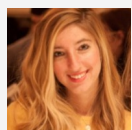
@ Melissa Roy (6th Year, STJ; Copy Editor [Graphics-Focused])

We as future healthcare professionals owe it to our patients and ourselves to be aware and current on the events affecting our profession. The Rho Chi Post is our way to learn new things and stay in touch with the pharmacy world, on- and off-campus. Feel free to reach out to me with suggestions and comments.



@ Tamara Yunusova (4th Year, STJ; Section Editor: Clinical)

My name is Tamara Yunusova, and I am a 4th year Pharm D candidate at St. John's University. I enjoy articulating information in a captivating and insightful way. I hope to make this publication more informative, student-friendly, and innovative.



@ Beatrisa Popovitz (6th Year, STJ; Section Editor: Clinical)

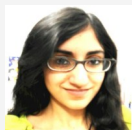
I am eager to relay current information on interesting topics making waves in the world of healthcare pertinent to the advancement of our profession. As student pharmacists, we are molding the future of our profession, and the Rho Chi Post facilitates the cultivation of a relationship (between students, faculty, and other members of the healthcare community) to share ideas and spread awareness of various issues.

RHO CHI POST: TEAM MEMBERS



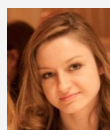
@ Sang Hyo Kim (3rd Year, STJ; Section Editor: Puzzles)

Advancements of technology and developments of new medicines, prolonging the lifespan and improving the quality of life, have increased the geriatric population. In years to come, pharmaceutical industries and healthcare systems will persistently work to find solutions to changing demands and new problems of the society. Through the Rho Chi Post, I wish to learn, educate, and prepare myself and others for the future.



@ Azia Tariq (4th Year, STJ; Section Editor: News)

The Rho Chi Post is a prominent and highly esteemed resource for pharmacy students and professionals. I am privileged to be a part of the team and hope to contribute informative and engaging pieces to the newsletter.



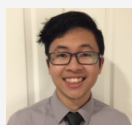
@ Ada Seldin (6th Year, STJ; Staff Editor [Content-Focused])

I am thrilled to have become a new member of the Rho Chi Post team. I hope to further strengthen the goals of this newsletter and make a lasting contribution. It is important, as future pharmacists, to collaborate with our peers, as well as accomplished professionals in the field. Rho Chi Post provides a vehicle to voice our opinions and share relevant news.



@ Nicolette Pacheco (4th Year, STJ; Staff Editor [Graphics-Focused])

As a new member of the Rho Chi Post team, I have a vast appreciation of what it means to be a future pharmacist in the rapidly evolving world of healthcare. I am looking forward to being on the team as a graphics-focused staff editor, and I hope to bring my passion for science and creativity to the Rho Chi Post.



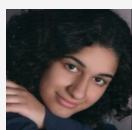
@ Andrew Leong (5th Year, STJ; Staff Writer)

Students have to do more than what is required of us in classes to truly learn about our profession. That's why I joined the Rho Chi Post. This publication represents a channel by which our team members, faculty, and readership can share information - something I believe is important in this ever-changing pharmacy world.



@ Svetlana Akbasheva (5th Year, STJ; Staff Writer)

I am very excited and honored to be part of the Rho Chi Post! In a profession that is constantly evolving with new developments, it is so important to remain informed and current. The Rho Chi Post helps do just that, and I look forward to contributing to this unique publication.



@ Sylva Ohanian (4th Year, STJ; Staff Writer)

The Rho Chi Post is a refreshing outlook on our profession. I am thrilled and grateful to be able to work with the other members in continuing its success, and hopefully to bring greater attention to it, which it deserves.



@ Fawad Piracha (5th Year, STJ; Finance and Outreach Manager)

I am delighted to join the editorial team. I have the firm intention of broadening readership and facilitating growth of the Rho Chi Post.



@ Joshua Bliss (5th Year, STJ; Social Media Manager)

By providing student-organized, reliable information in the healthcare field, the Rho Chi Post helps us all in fulfilling our education both in and out of the classroom. Education is the tool we use to set paths for our futures, and every chance to expand our education is a chance at building a better future. I am honored to be a part of the Rho Chi Post and look forward to the future!



@ You!

We are always looking for creative and motivated students to join our team!
If you are interested in becoming a Rho Chi Post editorial team member, please visit:
<http://rhochistj.org/RhoChiPost/Application>

RHO CHI

The Rho Chi Society encourages and recognizes excellence in intellectual achievement and advocates critical inquiry in all aspects of Pharmacy.

The Society further encourages high standards of conduct and character and fosters fellowship among its members.

The Society seeks universal recognition of its members as lifelong intellectual leaders in Pharmacy, and as a community of scholars, to instill the desire to pursue intellectual excellence and critical inquiry to advance the profession.

THE RHO CHI POST

MISSION

The Rho Chi Post is an award-winning, monthly, electronic, student-operated, faculty-approved publication that aims to promote the pharmacy profession through creativity and effective communication. Our publication is a profound platform for integrating ideas, opinions, and innovations from students, faculty, and administrators.

VISION

The Rho Chi Post aims to become the most exciting and creative student-operated newsletter within St. John's University College of Pharmacy and Health Sciences. Our newsletter continues to be known for its relatable and useful content. Our editorial team continues to be known for its excellence and professionalism. The Rho Chi Post essentially sets the stage for the future of student-operated publications in pharmacy.

VALUES

Opportunity, Teamwork, Respect, Excellence

GOALS

1. To provide the highest quality student-operated newsletter with accurate information
2. To maintain a healthy, respectful, challenging, and rewarding environment for student editors
3. To cultivate sound relationships with other organizations and individuals who are like-minded and involved in like pursuits
4. To have a strong, positive impact on fellow students, faculty, and administrators
5. To contribute ideas and innovations to the Pharmacy profession

CURRENT EXECUTIVE BOARD



Anthony, Tyler, Sara, Tasnima, Joshua, Fawad at the 2014 Induction Ceremony

President: **Tyler Valente**

Vice President: **Fawad Piracha**

Secretary: **Tasnima Nabi**

Treasurer: **Anthony Nania**

Historian: **Sara James**

Media Relations Coordinator **Joshua Bliss**

Faculty Advisor: **S. William Zito, PhD**

UPCOMING EVENTS

June 14-18: DIA 51st Annual Meeting
Washington, DC

June 23-24: Annual NSCLC Summit
Boston, MA

June 29-July 2: APHA Childhood Diabetes
Conference
San Diego, CA