

OSHP Newsletter

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Letter from the President

Nancy Toedter Williams, Pharm.D., BCPS, BCNSP, FASHP

I would like to begin by thanking the members for this chance to represent OSHP as your president. This is an incredible organization with great members and many opportunities to get involved. I couldn't do this job without the support of our Board of Directors, a hard-working and dedicated group who put in a lot of time and effort to ensure the success of our organization. The Board has set a schedule for our regular board meetings to occur on the first Thursday of every month, and all members are welcome to attend these meetings. Committees were formed to assist in carrying out the work of the Society, and I was thrilled by the membership response to serve on these committees. We would not have a successful organization without all these great volunteers! I would also like to personally thank Shirley Dunn, our staff secretary, for all of her hard work because without her, we could not effectively function!

My goals for the year include increasing membership numbers, expanding student involvement, improving advocacy effectiveness, revising our bylaws and policies, participating in a community service project, and building relationships with other pharmacy organizations. I'm pleased to report that progress is being made. Several students have volunteered to serve on committees, and the two student chapters are participating in a friendly competition to design a new OSHP t-shirt, which will be available later for purchase. The Membership Committee hosted very successful membership mixers on September 8th in both Oklahoma City and Tulsa and recruited several new pharmacists and students to join OSHP. On Saturday, November 19th, OSHP members will be volunteering at the St. Jude Give Thanks Walk in both Oklahoma City and Tulsa. Additionally, OSHP will be forming a team for the 5K walk and raising money for this wonderful charity. More information on this event will follow later. In an effort to increase membership and partner with other pharmacy organizations, I have reached out to the Oklahoma Chapter of the American Society of Consultant Pharmacists to see if we can do a joint meeting together. And finally, plans are underway to start reviewing our OSHP Bylaws and Policies in November. We hope to complete this process and submit the proposed changes to the membership at the Annual Meeting in the spring.



President's Letter, continued

On July 28th, OSHP held our Strategic Planning Retreat at Norman Regional Hospital. I want to thank the Board of Directors, committee chairs, and students for their participation, insight, and great ideas that were generated during our afternoon brainstorming sessions. The retreat was a success, and major focus areas for OSHP during the upcoming year were determined. These include: expanding the OSHP website capabilities to include webcasts (if possible), enhancing social media use, partnering with other pharmacy state organizations to improve visibility and growth, strengthening involvement of directors of pharmacy, increasing student activities and advocacy education, and improving new practitioner services.

Please mark your calendars for Friday, October 28th for this year's OSHP Fall Meeting, which will be held at Norman Regional Hospital. The Program Committee has been working hard and has put together a great agenda with a variety of topics. The Residency and Vendor Showcases will return and promise great learning opportunities for all!

I am excited to be serving as President this year and will aspire to do the best job I can. Thank you to all of our members for your involvement in OSHP because the Society would not exist without you! Please feel free to contact me with any issues, concerns, ideas, or questions relating to OSHP (nancy.williams@swosu.edu). Thanks again for the opportunity to serve as your president! I look forward to working with you in the coming year.

Board of Pharmacy - Free C.E.

The Oklahoma State Board of Pharmacy (OSBP) will be offering free board-approved continuing education (CE) this fall as part of the outreach program which the OSBP is initiating for increased patient safety. All pharmacists and technicians are encouraged to attend. This includes those practicing in community pharmacies as well as hospital pharmacies.

Each seminar will offer three (3) one-hour topics including Low-Tech Error Reduction Strategies, Diversion Detection and Prevention, and Law Updates. Each topic has been approved for one (1) hour of OSBP Continuing Education credit.

The seminars will be held at eleven different locations throughout the state. These will be the same venues as the OPhA district meetings but will be presented between 3-6 pm prior to the OPhA meetings. In Oklahoma City, the seminar will be held on Tuesday, November 8, 2011 at the Jim Thorpe Event Center. In Tulsa, the seminar will be held on Thursday, November 10, 2011 at the Hard Rock Casino & Resort. Additional information regarding dates, locations, and registration may be found at the following links:

http://www.ok.gov/OSBP/Continuing_Education/index.html

<http://www.ok.gov/OSBP/documents/OSBP%20Seminars.pdf>

Topics Covered

Low-Tech Error Reduction Strategies,

Diversion Detection and Prevention

Law Updates.

Meet Your Board Members

President-Elect; Ann Lloyd, Pharm.D, BCPS

Current Title & Institution

Assistant Professor, Department of Pharmacy: Clinical and Administrative Sciences (Tulsa), University of Oklahoma College of Pharmacy
Practice Site: Saint Francis Hospital, Infectious Diseases Clinical Pharmacy Specialist

Pharmacy School & Post-Graduate Training

Pharmacy School: University of Kansas, Pharm.D. (2003)
Postgraduate Training: Pharmacy Practice Residency, Barnes-Jewish Hospital, Saint Louis, MO (2004)

Family, Pets, Hobbies, etc.

Family: My husband, Buddy, and I have been married for 7 years and we currently reside in Tulsa. He is an attorney in his family's law firm. We have two beautiful daughters, Claire (age 4 ½) and Adrielle (age 2). I grew up in a small farming community in northeast Kansas. I am the youngest of 8 children, and I have 19 nieces and nephews.

Pets: We also have two crazy Labrador retrievers. Reece is our 7-year-old chocolate Labrador retriever and Maya is our 4-year-old black Labrador retriever. They absolutely love to swim and chase anything that comes nearby.

Hobbies: I love to shop, and I love college football and basketball. During the fall, we are often traveling to Lawrence, KS, to watch our Jayhawks play football. For the past 1½ years, I have taken up running. I am currently training to run the Route 66 half-marathon in November of this year in Tulsa.

Rewarding Aspects of OSHP Involvement

When I moved to Oklahoma in 2006, I knew that joining a professional organization would be one way to meet and interact with pharmacists across the state. I started going to Eastern District Meetings and eventually joined the Programming Committee. After serving as the co-chair and then the chair of the Programming Committee, I realized how amazing this organization truly is. I have learned so much about myself and my profession through my service to OSHP, and I have met some truly outstanding individuals. I am looking forward to the next three years of service to OSHP. I am excited about networking and engaging with pharmacists, technicians, and students from our organization.



"I have learned so much about myself and my profession through my service to OSHP. . ."

Western District Chair, Teresa Truong, Pharm.D, BCPS, CDE

Current Title & Institution

Assistant Professor, Department of Pharmacy: Clinical and Administrative Sciences (Oklahoma City), University of Oklahoma College of Pharmacy
Practice Site: Family Medicine Center, Silver Clinic

Pharmacy School & Post-Graduate Training

Pharmacy School: University of Oklahoma College of Pharmacy, Pharm.D. (2007)

Post-Graduate Training: Pharmacy Practice Residency, Veterans Affairs Medical Center, Oklahoma City (2008) and PGY-2 Ambulatory Care Residency, University of Oklahoma College of Pharmacy (2009)

Family, Pets, Hobbies, etc.

Family: My husband, Steve, and I have been married for 1 year and we currently live in downtown Oklahoma City, which we love. We are currently enjoying our time together as husband and wife before we begin a family, but would love to have kids some day. *Pets:* We don't have any pets because we love to travel, but if we did have pets, we would have fish...so that we can still travel.

Hobbies: In addition to traveling, we love to spend time with our family and friends. We also enjoy teaching our teenagers every week at our church. In our spare time, we like to play golf, tennis, and call of duty (I know...I can't believe I play it either). Lastly, we are huge Thunder fans and we look forward to the upcoming season!

Rewarding Aspects of OSHP Involvement

I was introduced to this organization as a PGY-1 resident and was immediately interested. I love that involvement provides the opportunity to grow professionally as well as network with other pharmacists, technicians, and students across the state. I enjoy learning from the experienced members of our profession and am blessed to have the opportunity to join an organization that is advancing the profession of pharmacy.



"I love that involvement provides the opportunity to grow professionally as well as network with other pharmacists, technicians, and students across the state. ."

OSHP Fall Meeting

The Oklahoma Society of Health-System Pharmacists will host our statewide Fall Meeting on October 28, 2011. This year's event will be held at the Norman Regional Health System Education Center in Norman, Oklahoma. Attendees will enjoy continuing education presentations on such topics as emerging antibiotics, pain management, cultural competency, and medication-use measures. A total of six CE hours will be available. Attendees will also enjoy a vendor showcase during morning breaks and lunch. The meeting will conclude with the OSHP residency showcase where representatives from numerous institutions from Oklahoma and surrounding states will be available to discuss their postgraduate pharmacy residency programs and provide information to students. Please visit www.oshp.net for more details.

Belatacept (Nulojix)

The newest option for immunosuppression in renal transplantation

Yvonne L. Phan, Pharm. D., PGY-1 Resident 2011-2012; INTEGRIS Baptist Medical Center

The main goals of immunosuppressive therapy in solid organ transplantation are to prevent organ rejection and maintain function. In order to achieve this, avoidance of allograft rejection and maintenance of allograft functionality are key. Calcineurin inhibitors (CNIs) such as cyclosporine (CsA) and tacrolimus have been the backbone of immunosuppressive therapy in solid organ transplantation since the 1980s. This class has the advantages of reliable therapeutic drug monitoring as well as vast dosing experience, with well-established efficacy in reducing acute rejection rates after transplantation.¹ As with all interventions, risks are also present and include nephrotoxicity, neurotoxicity, and metabolic/cardiovascular toxicity. Due to these adverse drug effects, many institutions have altered their protocols in an attempt to withdraw, avoid, or minimize exposure to CNIs. Concerns about the serious risks of CNIs contribute to clinicians' interest in the recently approved biologic agent, belatacept (Nulojix).

Belatacept is marketed by Bristol-Myers Squibb and was approved by the FDA on June 15, 2011 for prevention of acute organ rejection in adult patients who have had a kidney transplant.² The drug is indicated for use with other immunosuppressants – specifically basiliximab induction combined with adjunctive immunosuppression with mycophenolate mofetil and corticosteroids.² It is a potent antagonist of B7-1 (CD80) and B7-2 (CD86) ligands on antigen-presenting cells that are responsible for activation of CD28, a T-cell surface marker. This reduces the activity of CD28 which is an essential component of costimulation of T-cell activation and subsequent allograft rejection.¹⁻² Belatacept was derived from abatacept, a human fusion protein effective for treatment of T-cell mediated autoimmune disorders such as rheumatoid arthritis and psoriasis, but found to be ineffective for prophylaxis against organ rejection in nonhuman primate models of transplantation.¹ Belatacept differs from abatacept by two specific amino acid substitutions, which results in greater binding to CD80 and CD86. These changes led to more potent inhibition of T-cell activation and effective rejection prophylaxis, making it the first-in-class with this approved indication.

In renal transplantation, belatacept has been shown to have similar short-term outcomes in patient and graft survival compared with CsA according to both core studies: BENEFIT and BENEFIT-EXTENDED Criteria Donor Phase III trials. Extended criteria donors are defined as donors at least 60 years old, *or* donors at least 50 years old with two or more other risk factors (cerebrovascular accident, hypertension, or serum creatinine greater than 1.5 mg/dL), *or* an anticipated cold ischemia time of 24 hours or more, *or* donation after cardiac death.⁴ These two open-label, randomized, multicenter, controlled studies that together enrolled more than 1,200 patients, compared two belatacept dosing regimens (more intensive versus less intensive) versus CsA.³⁻⁴ The more intensive treatment group received twice the amount of belatacept as the less intensive treatment group during months 2 to 7 after transplantation, and both treatment groups received the same regimen thereafter.

In the studies, belatacept was shown to have similar short-term outcomes in patient and graft survival compared with CsA, as well as similar adverse events and infections.³⁻⁵ The major benefit of using belatacept is avoiding the nephrotoxicity associated with CNI use. Belatacept has also been shown to improve cardiovascular and metabolic outcomes, thus having the potential to reduce cardiovascular-related death in patients receiving organ transplants - reported as the number one cause of death in these patients.

The primary safety concern with belatacept is posttransplant lymphoproliferative disorder (PTLD), a type of cancer involving the uncontrolled proliferation of white blood cells after an organ transplant. The risk of PTLD appears to be higher for transplant patients who have never been exposed to Epstein-Barr virus (EBV).² This association is not fully understood, but to err on the safe side, the FDA mandated a boxed warning and approved the use of belatacept only in patients who are EBV seropositive. Since the more intensive dosing regimen was associated with higher rates of death, serious infections, CNS infections, and CNS PTLD than the lower dose, the recommended belatacept dose is the less intensive regimen described in the prescribing information.

Belatacept requires intermittent intravenous infusions to maintain adequate immunosuppression, unlike other maintenance immunosuppressants for kidney transplantation such as CsA, tacrolimus, mycophenolate mofetil, sirolimus, azathioprine, and corticosteroids which are typically administered orally.¹ Although the intravenous route of administration may require more cost and labor, the advantage of immediate feedback to the prescriber of missed infusions may increase adherence to the belatacept component of immunosuppressive therapy. In addition, the therapeutic concentration monitoring required for CsA and tacrolimus is not necessary for belatacept.

Dosing should be based on the actual body weight of the patient at the time of transplantation and should only be modified during the course of therapy when the change in body weight is > 10%.²

Dosing for Initial Phase	Dose
Day 0 (day of transplantation, PRIOR to transplantation) Day 4 (~ 96 hours after Day 1 dose) End of week 2, week 4, week 8, and week 12 after transplantation	10 mg/kg/dose IV infusion over 30 minutes
Dosing for Maintenance Phase	Dose
Every 4 weeks (\pm 3 day) beginning at Week 16 after transplantation	5 mg/kg/dose IV infusion over 30 minutes
<ul style="list-style-type: none"> • No need for dosage adjustments with renal/hepatic dysfunction • Half life: ~ 11 days 	

Belatacept is a new option for de novo kidney transplant patients. Its therapy may also play an important role in the treatment of patients who are unable to tolerate traditional maintenance regimens or achieve optimal outcomes with them, but it is not yet approved for those indications.⁶ More data on long-term risks of belatacept are needed to better define its role as immunosuppressive maintenance therapy. For now, clinicians should be vigilant in analyzing benefit versus risk for each individual patient.

References:

1. Martin ST, Tichy EM, Gabardi S. Belatacept: A novel biologic for maintenance immunosuppression after renal transplantation. *Pharmacotherapy* 2011;31:394-407.
2. Nulojix package insert. Bristol-Myers Squibb, August 2011.
3. Vincenti F, Charpentier B, Vanrenterghem Y, et al. A phase III study of belatacept-based immunosuppression regimens versus cyclosporine in renal transplant recipients (BENEFIT study). *Am J Transplant* 2010;10:535-46.
4. Durrbach A, Pestana JM, Pearson T, et al. A phase III study of belatacept versus cyclosporine in kidney transplants from extended criteria donors (BENEFIT-EXT study). *Am J Transplant* 2010;10:547-57.
5. Grinyó J, Charpentier B, Pestana JM, et al. An integrated safety profile analysis of belatacept in kidney transplant recipients. *Transplantation* 2010; 90:1521-7.
6. Rostaing L, Massari P, Garcia VD, et al. Switching from calcineurin inhibitor-based regimens to a belatacept-based regimen in renal transplant recipients: a randomized phase II study. *Clin J Am Soc Nephrol* 2011; 6:430-9.

OSHP Delegate Report 2011

OSHP was represented by elected delegates Edna Patatanian, Darin Smith, and Nancy Williams at the recent ASHP Annual Meeting in Denver, Colorado. The 63rd Annual Session of the House of Delegates (HOD) was held on June 12th and 14th. Additionally, caucus meetings facilitated by the Chair were held prior to each HOD meeting to better acquaint all delegates with the issues up for discussion, debate, and approval.

The policies listed below were submitted by their respective Councils for review, discussion, amendment, and approval. The first session lasted well beyond the scheduled time due to extensive debate of these policy recommendations on the floor of the house.

Council on Therapeutics

- A. Research on Medical Use of Marijuana (*approved*)
- B. Agricultural Use of Hormone Therapies (*approved*)
- C. Marketing and Clinical Application of Genetic Testing (*approved*)
- D. Pharmacogenomics (*approved*)
- E. Safe and Effective Use of IV Promethazine (*approved*)
- F. Pain Management (*approved*)
- G. Patient-Reported Outcomes Tools (*approved*)

Council on Education and Workforce Development

- A. Quality of Pharmacy Education and Expansion of Colleges of Pharmacy (*approved*)
- B. Residency Equivalency (*approved*)
- C. Pharmacy Internships (*approved*)
- D. State-Specific Requirements for Continuing Pharmacy Education (*approved*)
- E. Innovative Residency Models (*approved*)
- F. Professional Socialization (*approved*)

Council on Pharmacy Management

- A. ASHP Statement on Leadership as a Professional Obligation (*approved*)

Council on Pharmacy Practice

- A. Pharmacist Accountability for Patient Outcomes (*approved*)
- B. Just Culture (*approved*)
- C. Ethical Use of Placebos in Clinical Practice (*approved*)
- D. Pharmacists' Role in Medication Management (*approved*)

Council on Public Policy

- A. Drug Product Shortage (*approved*)
- B. Direct-to-Consumer Advertising of Prescription and Nonprescription Medications (*approved*)
- C. Regulation of Off-Label Promotion and Marketing (*approved*)
- D. Poison Control Center Funding (*approved*)
- E. State Prescription Drug Monitoring Programs (*approved*)

Further information on the policies can be found at:
<http://www.ashp.org/DocLibrary/Policy/HOD/OfficialLanguage2011Policies.aspx>.

In addition, delegates were presented with the Annual Reports from the ASHP Treasurer and the ASHP Committee on Nominations. ASHP was noted to continue to be a financially strong organization despite the recent economic downturn. Candidates for ASHP President included Janet L. Mighty (Maryland) and Kathryn R. Schultz (Minnesota); candidates for ASHP Board of Directors include Ernest R. Anderson (Massachusetts), Paul W. Bush (North Carolina), Steve Rough (Wisconsin), and Deb Saine (Virginia). Candidates for Chair, House of Delegates included: Gerald E. Meyer (Pennsylvania) and James A. Trovato (Maryland). The HOD elected incumbent Gerald E. Meyer to continue as Chair.

It was our honor to represent OSHP as elected delegates, and we encourage everyone to become involved in the ASHP professional policy making process.

Respectfully submitted:
Darin L. Smith, Edna Patatanian, Nancy Toedter Williams

Note: ASHP 2011-12 Election Results: President: Kathryn R. Schultz; Board of Directors: Paul W. Bush and Steve Rough. Gloria Sachdev, an OU graduate, was elected Director-at-Large for the Section of Ambulatory Care Practitioners.

Please watch for the call in November for this year's delegate nominations. The elected delegates will serve at the 64th Annual HOD in June 2012.

It was our honor to represent OSHP as elected delegates, and we encourage everyone to become involved in the ASHP professional policy making process.



Our OSHP Delegates, smiling as usual!



2011 Practitioner Recognition Awards Fellows of ASHP; Nancy Williams

Photos from the Annual Meeting in April



Chelsea Church & Emily Borders



Chelsea Church & Shirley Dunn



Attendees enjoying lunch

Tom Davis presenting Beth-Resman Targoff the "OSHP Pharmacist of the Year" plaque



Daniel Cobaugh installing the new officers; Nancy Williams-President; Peter Johnson-Treasurer; Teresa Truong-WD Chair

More Photos from the Annual Meeting in April



Conversing with the vendors during the Vendors Showcase.

Wal-Mart Scholars;
Megan Andrews and Kshama Kumari,
OSHP members at the ACCP Meeting



Chelsea Church, Tracy Hagerman and Yvette Morrison promoting
"The Alliance of Oklahoma Pharmacists for Appropriate and Responsible Medication" (www.aokpharm.info)

Oklahoma Pharmacy Residents 2011-2012

OSHP would like to extend a warm welcome to pharmacy residents in the state of Oklahoma. We look forward to meeting and working with you.

Residency Program	Resident	Affiliation	City
PGY1 Community Pharmacy	Matthew Davidson	OU College of Pharmacy/ USA Drug	Tulsa
	Stefanie Lystlund	OU College of Pharmacy	Oklahoma City
PGY1 Pharmacy (formerly Pharmacy Practice)	Megan Andrews	OU College of Pharmacy/ OU Medical Center	Oklahoma City
	Austin Bertram	Norman Regional Health System	Norman
	Nicholas Chung	Chickasaw Nation Division of Health	Ada
	Mackenzie Cottrell	OU College of Pharmacy/ OU Medical Center	Oklahoma City
	James Haley	Choctaw Nation Health Services Authority	Talihina
	Lindsey Keeley	Oklahoma State University Medical Center	Tulsa
	Minhye Kim	Oklahoma State University Medical Center	Tulsa
	Ann Nguyen	Oklahoma City VA Medical Center	Oklahoma City
	Yvonne Phan	Integris Baptist Medical Center	Oklahoma City
	Karsten Smith	W. W. Hastings Indian Hospital	Tahlequah
	Jenny Stemm	Norman Regional Health System	Norman
	Emily Stilwell	Saint Francis Hospital	Tulsa
	Karen Thompson	Norman Regional Health System	Norman
	Jennifer Wakefield	Saint Francis Hospital	Tulsa
	Tori Welker	Claremore Comprehensive Health Care Facility	Claremore
	Avery Wight	Oklahoma City VA Medical Center	Oklahoma City
Kristie Woodring	The Children's Hospital at Saint Francis	Tulsa	
PGY2 Ambulatory Care	Marquita Bradshaw	OU College of Pharmacy	Tulsa
	Christina Bulkley	OU College of Pharmacy	Oklahoma City
	Lyndsey Hogg	OU College of Pharmacy	Tulsa
PGY2 HIV Pharmacotherapy	Tommy Kleyn	OU College of Pharmacy	Oklahoma City
PGY2 Internal Medicine	Candace Hooper	OU College of Pharmacy	Oklahoma City
PGY2 Oncology	Allison Baxley	OU College of Pharmacy	Oklahoma City
PGY2 Pediatrics	Erin Lammers	OU College of Pharmacy	Oklahoma City

Board of Directors – 2011-2012

Board Title/Name	Mailing Address	Home/Cell/Work Phone	Fax	E-Mail/Pager
President Nancy Williams	2612 SW 136 th St. OKC, 73170	H: 405-703-3133 C: 405-919-5353 W:405-307-1938	405-307-1948	nancy.williams@swosu.edu pager-405-559-1400
Past President Chelsea Church	826 Country Street 2921 Tuttle, 73089	H: 405-381-4494 C: 405-401-4422 W:405-272-7232	405-601-1201	chelsea.church@swosu.edu pager-405-690-9737
President-Elect Ann Lloyd	2262 S. Saint Louis Ave Tulsa 74114	H: 918-551-6710 C: O: 918-660-3027		ann-lloyd@ouhsc.edu
Treasurer Peter Johnson	14900 N. Penn. Ave Apt. #1025 OKC 73134	H: 405-708-1570 C: 405-708-1570 W: 405-271-2730	405-271-5424	peter-johnson@ouhsc.edu
Secretary Edna Patatanian	2717 NW 166 Edmond 73012	H: 405-348-5236 C: 405-202-2379 W: 405-936-5674	405-936-5016	edna.patatanian@swosu.edu
ED Chair Mark Mills	2928 E 103 rd St Tulsa 74137	H: 918 232 2371 C: 918-232-2371 W:918-744-3131 Ext. 14235	918-744-3063	mark.mills@sjmc.org
WD Chair Teresa Turong	241 NE 4 th St. #3 OKC 73104	H: 405-326-5735 C: W: 405-271-6484	405-271-5424	T eresa-turong@ouhsc.edu
Staff Secretary Shirley Dunn	10001 Aberdeen Ln Yukon 73099	H: 405-324-7264 C: 405-410-1950 W:		dunnland@gmail.com

Not yet a member of OSHP? Join Today!

Benefits

- **Meetings and conferences** provide current Information pertaining to all areas of the health-system pharmacy profession and related areas
- **Monthly district meetings** are an excellent opportunity for continuing education
- **Networking with pharmacy professionals**, sharing past work experiences, and generating new ideas
- **Opportunity to participate** in the future planning of health-system pharmacy

Membership Categories (yearly dues)

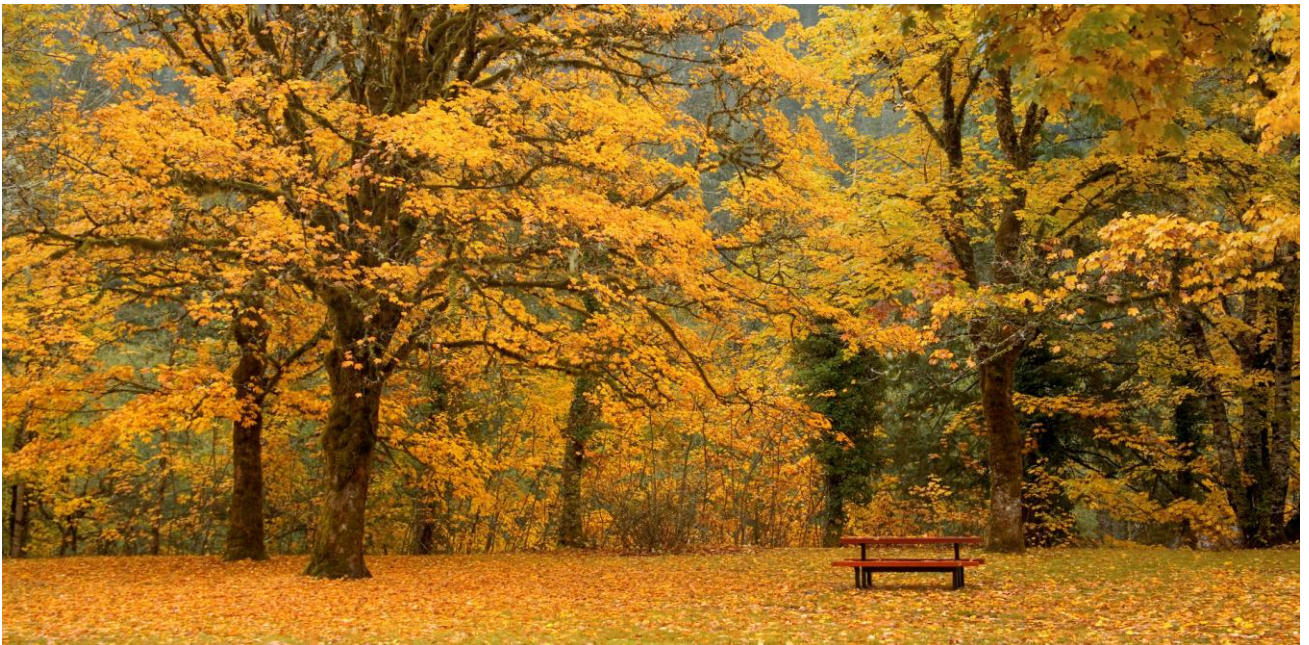
- Active pharmacist - \$75.00
- Active – 1st year pharmacist licensee - \$50.00

Associate Members

- Supporting - \$50.00
- Technician - \$20.00
- Pharmacy Student - \$10.00

OSHP Welcomes These New Members

Michael	Morton	Renee	John
James	Fotenopulos	David	Michaels
Jason	Rivera	Kristin	Montarella
Jason	Gibson	Shelby	Bever
David	McCrackin	Whitney	Lewis
Jacqueline	Gregory	Yolanda	Perry
Duy (Dewey)	Nguyen	Erin	Lammers
Brooks	Nyce	Van	Lam
Brittany	English	Kimberly	Curley
Brittany	Klepac	Kathleen	Spadone
LeAnn	Graham	Emily	Stilwell
Alison	Hill	Jennifer	Wakefield
Timothy	Anderson	G	Stanton 2
Diane	Copeland	Kenneth	Fields III



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