Call for abstracts

33rd Annual Conference of the Academy of Pharmaceutical Sciences of South Africa
12-15 September 2012, 1820 Settlers Monument, Grahamstown
From Innovation to Commercialisation: Advancing Practice

Dear Colleagues and Friends

On behalf of the Academy of Pharmaceutical Sciences of South Africa (APSSA) and the Conference Organising Committee, it is my pleasure to officially announce the Call for Papers for the 33rd APSSA Annual Conference.

The conference will be hosted by the Faculty of Pharmacy at Rhodes University, and will be held at the 1820 Settlers Monument, from Wednesday 12 to Saturday 15 September 2012.

You are invited to join us, and we look forward to your participation.

Sincerely,
Prof Saral Malan
Chairperson

Policies and procedures

Accepted abstracts may be submitted for poster or podium presentations. Please indicate your preference. However, the final assignment to oral or poster sessions will be made at the discretion of the Conference Screening Committee. The deadline for submitting abstracts is Saturday, 30 June 2012. Abstracts in any of the following disciplines: Pharmaceutics, Pharmacology, Pharmaceutical Chemistry, and Pharmacy Administration and Practice, may be submitted. Please refer to the website for submission details: www.APSSAconference2012.co.za

Permissions and clearances

Authors are responsible for obtaining the required permissions and clearances for all the data to be presented prior to submission of the abstract. APSSA assumes no liability or responsibility for the publication of any material that is submitted.

Acceptance criteria

Acceptance of the abstract will be based on the presentation of concise and precise novel data. The Abstract Screening Committee will be responsible for screening all abstracts.

Rejection criteria

Abstracts may be rejected due to lack of adequate data, commerciality, inconsistent or ambiguous data, and reviews of literature, lack of novelty or innovation, or failure to follow format guidelines (Purpose, Methods, Results, and Conclusions). Please don’t submit multiple abstracts covering the same or similar work.

Abstract revisions

It is the responsibility of the author(s) to proof-read, spell-check and make sure that all contributing authors are listed on the abstract before submitting. Please note that all the abstracts will be printed exactly as they are submitted.

Notification of acceptance/rejection

Notifications will be sent via email on 31 July 2012. Notification and other correspondence will be sent to the abstract submitter, main author and presenting author.

Provisional acceptance

A provisional acceptance will be granted to an abstract that is acceptable for presentation, but does not adhere to the formatting guidelines set forth in the Call for Papers. The author is given the opportunity to correct the formatting, spelling, grammar, or symbols. Revisions are required within seven days of receipt of the notification. Deadline for receipt of revised abstracts is 7 August 2012. If the Abstract Screening Committee has not received the revised abstract by this date, the abstract will automatically be rejected. The Appeals Process does not apply to provisionally accepted abstracts.

Abstract appeals process

If your abstract has been rejected, and you would like to challenge the decision, please proceed as follows:
Didanosine (DDI) is a hydrophilic antiretroviral drug indicated for patients with advanced HIV infection. The purpose of this research was to investigate the feasibility of encapsulating DDI into solid lipid microspheres (SLM) and to elucidate DDI release mechanism therefrom.

**Purpose:**

Didanosine (DDI) is a hydrophilic antiretroviral drug indicated for patients with advanced HIV infection. The purpose of this research was to investigate the feasibility of encapsulating DDI into solid lipid microspheres (SLM) and to elucidate DDI release mechanism therefrom.

**Method:**

Precirol® ATO 5-based DDI-loaded SLM (F1) was manufactured using high-pressure homogenisation and characterised in terms of size, polydispersity index, encapsulation efficiency (EE) and loading capacity (LC). The crystallinity and polymorphism of the microspheres were investigated using DSC and wide-angle X-ray scattering. The in vitro release of DDI was assessed using USP apparatus 1, and the release mechanism was evaluated using mathematical models viz. zero-order, Higuchi, Korsmeyer-Peppas, Kopcha and Makoid-Banakar. Furthermore, the influence of Phospholipon® 90H (F2) and Transcutol® HP (F3) on DDI release mechanism was examined.

**Results:**

The 

**Conclusion:**

The incorporation of DDI into Precirol® ATO 5-based microspheres is feasible, and DDI release mechanism from these microspheres follows an anomalous type diffusion process. However, there is a change in the release mechanism when Phospholipon® 90H and/or Transcutol® HP are incorporated into the solid lipid matrix.

**Sample abstract**

**Kinetics and mechanism of didanosine release from solid lipid microspheres**

Kasongo Wa Kasongo,1 Sandile Khamanga,1 Jana Pardeike,2 Rainer Müller,3 Roderick Walker1

1Faculty of Pharmacy, Rhodes University, Grahamstown 6140, South Africa

2Department of Pharmaceutical Technology, Institute of Pharmaceutical Sciences, Karl-Franzens-University, Universitätsplatz 1, 8010 Graz, Austria

3Department of Pharmaceutics, Biopharmaceutics & NutriCosmetics, Freie Universität Berlin, Kelchstr, 31, 12169 Berlin, Germany

**Purpose:**

Didanosine (DDI) is a hydrophilic antiretroviral drug indicated for patients with advanced HIV infection. The purpose of this research was to investigate the feasibility of encapsulating DDI into solid lipid microspheres (SLM) and to elucidate DDI release mechanism therefrom.

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Precirol® ATO 5-based DDI-loaded SLM (F1) was manufactured using high-pressure homogenisation and characterised in terms of size, polydispersity index, encapsulation efficiency (EE) and loading capacity (LC). The crystallinity and polymorphism of the microspheres were investigated using DSC and wide-angle X-ray scattering. The in vitro release of DDI was assessed using USP apparatus 1, and the release mechanism was evaluated using mathematical models viz. zero-order, Higuchi, Korsmeyer-Peppas, Kopcha and Makoid-Banakar. Furthermore, the influence of Phospholipon® 90H (F2) and Transcutol® HP (F3) on DDI release mechanism was examined.

**Results:**

The d99% values were between 350-1255 μm for all formulations, with span values ranging from 1.2-1.6. The EE and LC values were between 94-95%, and 4-5% respectively, and DSC data revealed a melting endotherm for all formulations. The incorporation of Transcutol® HP into Precirol® ATO 5 resulted in a change of the polymorphic form of Precirol® ATO 5 from a β-modification to a form exhibiting co-existence between α, and β-polymorphs. The best linearity (R2) with the lowest sum of squared residuals (SSR) was found using the Makoid-Banakar, Korsmeyer-Peppas, Kopcha, Higuchi and zero-order models. The magnitude of the release exponent “n” based on the Korsmeyer-Peppas equation was in the order, F1 = 0.75, F2 = 0.70 and F3 = 0.40. F1 and F2 had “n” values above 0.45, indicating a release controlled by a non-Fickian/anomalous type diffusion process. However, F3 had a resultant “n” value of 0.4, indicating diffusion as the predominant release mechanism. This was further confirmed by the Kopcha model as the ratio of A/B was > 1 for F3 compared to those observed for F1 and F2.

**Conclusion:**

The incorporation of DDI into Precirol® ATO 5-based microspheres is feasible, and DDI release mechanism from these microspheres follows an anomalous type diffusion process. However, there is a change in the release mechanism when Phospholipon® 90H and/or Transcutol® HP are incorporated into the solid lipid matrix.

**Abstract withdrawal**

To withdraw your abstract, written notification must be sent to the Abstract Screening Committee. You may withdraw your abstract at any time. However, due to publishing deadlines, withdrawal notifications must be received by 22 August 2012 to ensure withdrawal from the final programme.

This notification must be from the submitter of the abstract, and should include the abstract title, authors, the abstract confirmation number, and the name, phone number, and email of the person making the request. The Abstract Screening Committee will acknowledge all withdrawal notifications by email.

**Submission guidelines**

The abstract must not exceed 350 words, excluding the title, authors and affiliations.

The title must be in Calibri font size 12 and centred.

Authors and affiliations must be in Calibri font size 10 and centred.

Body text must be in Calibri font size 12 and must be fully justified.

Abstract titles should not be longer than two lines, and only the first word should be capitalised.

Abstracts that do not comply with the guidelines will not be accepted.

**The abstract should be structured in the following format:**

**Title:** Brief description of issue or position

**Authors:** Full name of each author. The name of the presenting author must be underlined.

**Affiliations:** Name and address of the establishment where the study was conducted, name, full postal address. e.g. Division of Pharmaceutics, Faculty of Pharmacy, Rhodes University, Grahamstown, South Africa.

**Purpose:** (Scope): Provide the scope of the issue, and the reason why the study was conducted.

**Method:** (Approach): Provide an analytical and/or statistical method of analysis or approach, to include the study design or observational methods used.

**Results:** (Arguments): Provide the basis and briefly substantiate the arguments.

**Conclusion:** (Recommendations): Please summarise key recommendations or arguments that might address the issue.

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1. All appeals must be communicated to the Conference Organising Committee Chair within three business days of notification. Deadline for receipt of all appeals is 10 August 2012. Appeals received after that time will not be forwarded to the Screening Committee.

2. The Conference Organising Chair will review the abstract and make the decision to uphold or reverse the rejection. All appeals will be adjudicated by 15 August 2012.

3. No revisions or modifications to abstracts will be allowed. The work will be reviewed as it was originally submitted. Authors may not supply additional data.
Entering the pharmacy profession

Jane McCartney and Sue Burton

Each year, Nelson Mandela Metropolitan University’s (NMMU) academic staff, graduates, family, peers and friends witness the BPharm graduates take their Pharmacist Oath, as they start their professional careers.

The oath ceremony was introduced at NMMU 10 years ago. Traditionally, it is held the night before graduation. This ceremony has now become a highlight of the graduation celebrations. This year, NMMU’s Pharmacy Department and the profession experienced another “first”, as graduates entering the profession can now take the Pharmacist’s Oath in isiXhosa. NMMU student and BPharm graduate, Sibabini Khatsha, initiated the introduction of the isiXhosa version of the Pharmacist’s Oath, and has liaised with the PSSA Head Office, resulting in the first translation of the Pharmacist Oath into an African language. Siba joined his classmates on the stage on Sunday, 22 April, as they proudly took their Pharmacist’s Oath in their home language. The oath, developed by the Pharmaceutical Society of South Africa (PSSA) in 1999, is taken by new graduates entering the pharmacy profession. However, prior to 2012, the Pharmacist Oath was only available in English and Afrikaans.

In 2010, NMMU pharmacy graduates became the first pharmacy school in South Africa to incorporate an Induction into the Profession ceremony, as graduates take the oath. The pharmacy graduates stand as a group to put on their white dispensing jackets, and then take the stage to pledge their Pharmacist Oath in front of academic staff, peers, family and friends. The white jackets, sponsored by AlphaPharm, bear the title, “Pharmacist”, on the pocket. Clive Stanton, former National President of PSSA, experienced a similar white jacket ceremony in America, and initiated the concept of formally recognising the induction of our newly qualified pharmacists into the profession.

The symbolism of the white jacket in pharmacy reinforces the ethical responsibilities that are inherent in the title of “Pharmacist”, and in entry into the profession. The term “profession” is used to describe a collection of individuals who pursue a shared occupation or vocation, and is based on the notion that these individuals profess a common purpose. Based on the mission statements of both the PSSA and the SAPC, in South Africa, this common purpose for pharmacy is accepted to be the advancement of patient care through the provision of quality pharmaceutical services and medicines. The pledging of the oath and the donning of the white jacket are a public declaration of the graduates’ commitment to serve this common purpose, and to strive for the “wellbeing of humanity and the relief of suffering”, through the use of medicine. Furthermore, they signify a commitment to serve the profession through integrity, ethical behaviour and lifelong learning.

Up to this point, the responsibility of socialising these new graduates into the profession has been largely that of pharmacy educators within the academic pharmacy department. It now rests mainly with their internship tutors and the pharmacist colleagues who they encounter in the workplace. It requires a collective effort, and as a profession, we need to commit ourselves to support these colleagues in their responsibility, and serve these new entrants by providing an environment that fosters their enthusiasm for the profession, and empowers development and growth in their practice of it. It should be an environment that sustains and encourages them to live out the fulfillment of the oath which they have pledged.

Perhaps we too need to “don our white coats” by revisiting our commitment to the ethical responsibilities of our profession, and by pledging ourselves again to serve the common purpose which we “profess”: the advancement of patient care through the quality provision of medicines and pharmaceutical services.