

MONOGRAPH



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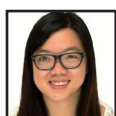
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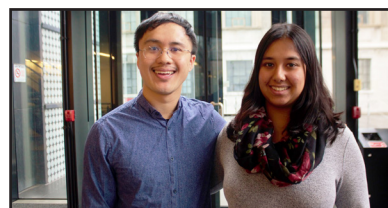
We are officially knee-deep in the new school year! While many things have stayed the same (i.e. the languid pace of the elevators, last-minute care plans), change is also everywhere around us. If you had told us one year ago that Doug Ford would be the Premier of Ontario, or that Kawhi Leonard would be on the Toronto Raptors, or that Shoppers would be a cannabis producer, it would have been hard to believe. Truly, we live in interesting times, full of new opportunities.

We received a lot of great pieces in September that we can't wait to share with you. Yannan and Joe talk cannabis (which will be legalized October 17th!), and Sarah chats with the legend himself, Jauher. We have stories from summer rotations: Rajiv spent his at the EAP, while Sylvia spent her's in Hong Kong. We have reflections on Phrosh Week from Shelby (a leader) and Patrick (her phroshie), and most amazingly, a long-lost macaron recipe from our Masterchef alumni Chris Siu (part of our 20th anniversary retrospective series)!

The last thing we want you to know is that The Monograph is always looking for writers, layout artists, and visual artists to bring our pages to life.

Submit your writing, photography, poetry, or visual art by sending a message to monograph@uoftpharmacy.com

Enjoy reading!



Monograph is impossible without writers like you!

Farhat and Michael
The Monograph Co-Editors
monograph@uoftpharmacy.com

UPS ADDRESS

Hello Pharmacy Phamily!

Cannot believe that it is already October!

This past month has been an incredible opportunity for all of us to rehash memories of summer, reconnect with friends and recharge socially before midterms gets underway. With events such as Boat Cruise, Soccer Cup and 2T2 Orientation Banquet all wrapped up, we look forward to our Fall line-up of events for you to recover from those midterm blues!

Be on the lookout for all the events UPS is hosting this fall! At the end of October, you won't want to miss the Halloween Social, where there will be a pumpkin carving and costume competition! Be creative, and dress to impress!

On November 2nd, join us at George Ignatieff Theater for our annual Phollies Talent Show to support your friends and classmates as they surprise us with hidden talents! In the midst of all of this, do not miss out on the opportunity to take part in various CAPSI competitions, like the PIC/OTC and Compounding Competitions in October. Winners of these competitions, get a reserved seat to PDW 2019 in St. Johns, Newfoundland and Labrador!

We look forward to seeing you at our events! As always, reach out to us regarding anything!

Good luck on your midterms!

Cheers!

Matthew and Pamela
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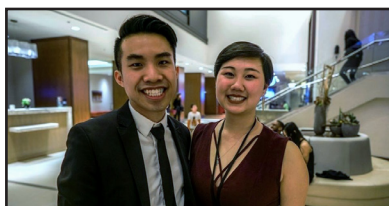


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THC IN BREAST MILK: IS THERE A HIGH RISK?

Yannan Liu, 1T9

October 17th is less than a month away, and while many across the province of Ontario are celebrating the progressive act of legalization of marijuana, a lot of things still need to be considered for its safety in recreational use.

As many of us know (or will soon learn in third year's neuropsychiatry classes), the safety behind marijuana is murky at best. Many studies suggest that THC (tetrahydrocannabinol) exposure in adolescents who have developing brains will likely lead to or uncover incidents of psychoses, and in many circumstances, uncover underlying diseases like schizophrenia. Other studies are investigating its use as a potentially safer alternative for pain management, especially since we are currently trying to deprescribe opioids and move towards optimization of less potent pain medications such as NSAIDs and acetaminophen. In that sense, marijuana may even appear more of a blessing. But amidst the sparse data we currently have (in a soon to be or already exploding field of research), one thing that came to my mind was the effect of THC on infants or pregnant mothers.

As part of my NICU (neonatal intensive care unit) APPE rotation, marijuana came up quite frequently as a topic of discussion. What effects did it have in utero on the children who were exposed? Was it better or worse than cigarette smoke? If there were no immediate effects, would there be any long term neurodevelopmental impacts on the babies who were exposed? One particular case involved a parent asking us whether or not it was okay to breastfeed her child while she smoked a "bowl" nightly to help her sleep. This was not an easy question to answer.

On one hand, theory tells us that THC is a lipophilic molecule with high affinity for adipose tissue and cells, and would most likely pass easily from the mother

to the milk. It also has a half-life of 6 days, leading to it taking at least 30 days for THC to completely clear the mother's system. A recent study done by Bertrand et al. in September 2018 also found that delta-9-THC, the most psychoactive component of THC (and thus potentially the most damaging) was measurable abundantly in breast milk for at least 6 days after maternal marijuana use.



However, on the other hand, there exists very little evidence that marijuana ingestion by babies through breast milk causes harm or long term neurological problems, perhaps largely due to the lack of studies done in the area. At the same time, a mother's breast milk is the single most effective source of nutrition of a growing baby, and a fed baby will always turn out better than an unfed baby.

In the end, we simply told her the risks and benefits of each side, and she made her own decisions. You may feel differently: some of you may be convinced that THC is toxic, whereas others may feel that the benefits far outweigh the risks. But undoubtedly, the question of its safety in adults, in pregnant mothers and every demographic in between is something you need to ponder. As legalization nears, more and more patients and parents will be curious about very same things, and it will be up to us to help them navigate through these murky waters, hopefully giving them enough information to make an informed decision.

HEADLINES IN HEALTHCARE

CURRENT STATUS OF CANNABIS IN ONTARIO

Joseph Correia, 2nd O

Cannabis, both medicinal and recreational, will be officially legal in Canada as of October 17, 2018. Since many Canadians have very strong opinions about this upcoming legalization and have searched some of the most credible resources that the internet has to offer, here is a quick refresher about the basics in order to be able to discuss it with those internet savvy patients.

Many of the restrictions placed on other regulated substances such as alcohol are very similar to those that will be placed on cannabis. For example, you will have to be 19 years of age to purchase it, it will be illegal to drive while under the influence of this drug, and it will be sold in a government regulated store. However upon initial legalization, it can only be purchased online through the Ontario Cannabis Store. Keep in mind that this applies only to recreational strains and medical cannabis will have to be authorized by a healthcare provider.

The Canadian Pharmacists Association (CPhA) has recently commented on the difference in accessibility between the two types of cannabis since patients who are receiving medical cannabis may switch to recreational given its easier accessibility. This is an issue since these two forms are not the same; the medical version has more CBD for therapeutic effects while the recreational version is higher in THC designed for obtaining a high. The CPhA have advocated for pharmacies to be able to dispense the medical cannabis since pharmacists are medication experts and are more equipped to deal with health concerns than those likely to be employed at a retail store. To help address this issue, Shoppers Drug Mart has signed a deal with Manulife to help make medicinal cannabis more accessible to patients. Once Manulife deems a patient available for coverage, the patient will be able to consult with a pharmacist at Shoppers Drug Mart where they will be given advice on the strain, dose, and be given assistance with coordinating

the delivery of the cannabis. There are currently 3 indications where cannabis will be considered for coverage: involuntary muscle spasms for those suffering from multiple sclerosis, nausea and vomiting for those undergoing chemotherapy, and chronic neuropathic pain.

Of course, since pharmacists have to know about effectiveness, side effects, drug interactions, and all that fun stuff we learn in our PCT courses, it is important to be familiar with them when discussing cannabis with patients. This is just some info to get the conversation started. I have also included a list of some of the more obscure nicknames for cannabis that patients may use, but mostly just for fun. Enjoy!

atshitshi (street name in Japan)
ninja (some highs make the person feel invincible like a ninja!)
baby green (cannabis is small and green)
broccoli (the buds look like budding broccoli)
kermi (Kermit the frog is small, green and happy)
Dona Juanita (Spanish slang for cannabis)
reefer (from the propaganda ads of the 1930s)
muggle (used in the early 1900s)
northern lights (due to the enhanced colours users experience)
JuJu (used in some cultures that believe in spiritual powers of marijuana)

(Editor's note: Since the time of writing, Shoppers Drug Mart has been approved as a licensed medical marijuana producer in Canada.)

INTERVIEW

RXFILES: A CHAT WITH JAUHER



Sarah Bento De Sousa, 2T0

Jauher Ahmad teaches MTM-1 and Community Pharmacy Management. He recently moved from 14+ years at Shoppers to open an independent pharmacy under the Whole Health banner. I sat down with him to discuss his business and the future of pharmacy.

S: What's more important for a pharmacist, to be a good clinician or a good business person?

J: It depends on the role. Generally, my advice to new grads is to be a good clinician first. Focus on perfecting your craft, to get that clinical experience to be a good pharmacist. It's hard to jump directly into a management role and deal with various operational issues while you are still learning how to apply your therapeutic knowledge. A lot of people will jump into business without a plan and that's quite risky. It is important to have a mentor, or a network of other professionals, like an accountant and a realtor who can give you good advice.

There's no problem with working for someone or in industry for a while to learn and grow, but if you are presented with an opportunity to manage or own a pharmacy you should weigh the pros and cons before jumping into it. Some of my previous students have gone into management/ownership roles even though they didn't have much experience. They did their homework first and leveraged their support network to maximize their chances of success. It's never a bad idea to ask your Community Pharmacy Management prof for advice either :)

S: You recently moved on from 14 years at Shoppers to open an independent pharmacy. Was it worth it?

J: It wasn't easy leaving SDM. It's where I honed my management skills and it's one of the best places to get that experience. I really miss my old team :(but I'm very happy with my decision to go on my own. Although it's more work owning an independent pharmacy, the sweat equity you put in is very satisfying.

S: What were the hard parts for you?

J: Going independent, one of the hardest parts is there isn't as much support as in the Franchise environment (SDM). At Shoppers, if you have an HR problem you can call the HR department, and they provide full marketing support among other things. Most important for a new pharmacy is proper dispensing, having customer service, and having a social media presence. That side of the business (social media) is challenging. I think you must make time for these things or hire someone.

S: Any regrets so far?

J: Biggest regret: Not trying independent sooner. The landscape has changed so much in the past 10 years but I'm confident that with the right business model independents can still do very well.

S: How long does it take to break even when you start a new pharmacy?

J: That's a tough question because every pharmacy is different. It really depends on your fixed expenses and your revenue streams. It can take anywhere from 1-5

INTERVIEW • *Jauher Ahmad*

years to break-even. At our store we've reached break-even already. In order to be profitable quickly, you have to control your expenses. Fixed expenses are going to be your highest cost; so it's important to negotiate things like rent. After that, build your script count, and work on covering other expenses like employees. Right now, 100-120 scripts per day will get you to your break-even point. We were profitable quickly because we brought doctors over to the clinic to have a base of patients from Day 1. If you want a high script count or more profits, it's good to get into niche services like methadone, specialty health or compounding. For example, we have a relationship with a physiatrist who writes scripts for pain creams that we compound.

S: What will the future of pharmacy look like? More like Whole Health, or Shoppers and Rexall?

Shoppers and Rexall also known as BPR (big pharma retail) will always exist, but Amazon is definitely a threat with mail order and Pill Pack. Shoppers is a huge player in specialty pharmacy, they run SHN: Shoppers Health Network. BPR will continue to do well. Shoppers has large labour expenses, but they are using technology to improve their workflow and reduce their labour needs; Delta and auto-checkouts being two examples. We have to take direction from Shoppers and do the same, using things like mobile apps and delivery services. BPR will look different ten years from now, probably more focused on ABM (the appointment based model) and the registered pharmacy technician.

Whole Health have been growing and are likely to surpass 50 stores very soon. Their philosophy is based around what is best for the owners, the profession and their patients. The support from the leadership team is very good.

S: Is our future as bleak as it sounds?

J: You will have a job, that's definitely true. It won't be right beside your home, or your first choice, but the demand is there. Again, as long as you make yourself competitive and develop your personal brand you will get a job and competitive pay.

As pharmacists, individually, if you are just saying you're good at dispensing, it means nothing anymore; you need to differentiate yourself. What are your service related skills, do you have specialty designations, can you grow relationships with doctors and patients? A lot of talks these days are about Google vs. The Pharmacist. If you can't differentiate yourself from Google, you're obsolete.

S: Ok, quick questions now...Your best friend?

J: #1 My wife. Then my pharmacist & classmate Jag Maghera and Kenny Tan. Kenny is my mentor and also one of my closest friends. He gives free haircuts to his pharmacists (whether you want one or not), so if you're looking for a quick snip, ask Kenny.

S: Favourite movie?

J: Interstellar; I've watched it at least five times.

S: Do you ignore the plot holes?

J: Yes, definitely. I like anything by Christopher Nolan.

S: What else have you been doing lately?

J: I'm always on Reddit, I'm slightly addicted.

S: Worst patient experience?

J: Patients just love me. I have no bad experiences. No but really, catching my own patient stealing OTCs. They were a young person and it was really difficult, because you build a relationship with them, and they break your trust and you have to ban them from the store.

S: What course would you teach, other than the two you do currently?

J: Minor Ailments.

S: Do you know that everyone hates on MTM-1?

J: It doesn't matter if you love it or hate it...

Jauher loves you all.

PERKS OF A CSHP MEMBERSHIP

Peter Zhang, 2ndY1



For pharmacy students currently undecided on what their future practice will look like, planning out career paths can at times become overwhelming. Fortunately, the amount of resources available to students helps make it easier to explore the diverse roles that pharmacists fulfill. The Canadian Society of Hospital Pharmacists (CSHP) serves as one such resource and the benefits that come with membership will provide students with the opportunity to get involved with the hospital pharmacy community in-depth.

To begin, the inherent benefit of student membership is that it shows employers early interest and commitment to the field of hospital pharmacy. For many first-year students applying for summer internships at local hospital institutions, this may be a factor that lets you stand out. CSHP membership is often a category that already exists on the application as some recruiters will say that having CSHP membership is an asset. However, the value of membership will also depend on personal engagement. Getting involved with CSHP committees and ongoing projects will help you form relationships with practicing clinical pharmacists while demonstrating your abilities and interests.

One of the most valuable benefits that members receive is access to a network of hospital pharmacists whom may also be potential recruiters. As a member of the Communications Committee on CSHP, I had the pleasure of interviewing a variety of clinical pharmacists in their respective workplace settings. Throughout the year, I will be publishing these interviews in the Monograph to give students more perspective on the careers of a hospital pharmacist. I also attend monthly meetings with other CSHP student members to discuss ongoing initiatives.

I want to conclude this article with a few important notices. There will be a membership drive this semester and for those interested, keep an eye out for emails from CSHP. Additionally, towards the end of this semester, we will begin the hiring process for pharmacy students to sit on the Communications, Education, Membership, and Awards committees. These are application-based positions and are excellent opportunities. Lastly, CSHP also offers a summer internship with their headquarters in Ottawa which would be a great experience to complement summer EPE rotations.

Membership forms can be submitted in the afternoon from October 9 - 12 in the PB atrium. Please look for Alexandra, who sits on our Membership Committee.



Like our Facebook page to receive updates about CSHP events and for more information about the practice of pharmacy in hospitals
<https://www.facebook.com/cshputoronto/>

CLUB'S CORNER • OPA Committee

MAKING A DIFFERENCE



UofT OPA Committee

Faizan Baig, 1T9

Hello everyone! We are the newly formed UofT OPA Committee. We got to meet many of you (2T2's) at the Club's Fair during Phrosh and it is good to see so many of you who are interested about the profession of pharmacy. Just to give everyone a look at the difference that we can make for our patients, we recently asked students to share a positive EPE/APPE patient experience. Here are the responses that we received, and hopefully these experiences have you looking out for your own life-changing moments in your rotations/practice!

I was doing a BPMH for a patient who we knew was non-compliant from previous encounters. It turns out that a big concern for her is the cost of her meds! We spoke to the social worker and her community pharmacy about this and got her the application form for the low income seniors co-payment. Hopefully that will help her out and she will be more inclined to take her meds!

- Josephine Ho, 1T9

I had a woman come in and as she handed me a new prescription for pregabalin, she asked me, "does this work? I have really really bad pain that's been bothering me for years and it's to the point where I feel depressed". We had a lengthy discussion about pain, past/current medications as well as her lifestyle. At the end of it all she asked to give me a hug and thanked me for being the first person to hear everything she had to say and for helping her understand what all her medications were supposed to do. Since our first encounter, she transferred, became a regular at our pharmacy and she came in at least once a week to talk to me about each of her meds/conditions. During the last few days of EPE, she told me that she was feeling better than she ever felt in the past couple of months and that she was very impressed with the knowledge and care pharmacy students provide, and that the future of healthcare was bright.

- Joo-Young Lee, 2T1

One day, a client handed me a script and asked me what it was for. I looked at it (colchicine) and instantly responded, "Oh! It's for Gout." I went on to counsel the medication and answer their questions. At the end of the interaction, she told me she thought I was an assistant at first, but she was impressed with my knowledge. Off handedly, I stated, "Oh I'm just a student." Her response though, I will remember forever. She said, "Hon, you're not JUST a student. You knew the medication right away and told me everything I needed to know. You ARE a student and students are the future."

- Pamela Ip, 2T0

There was a woman who came in asking what each vaccine (HPV, HepA, HepB, etc) was for. I took the time to pull up each of the corresponding vaccine brands that my pharmacy carried, the price per dose and their respective dosing schedules for her, so that she could bring this information to the doctor. She kept apologizing for asking so many details but I told her that it helps me learn how to utilize my resources as a pharmacy student. It definitely made my day when she told me that she was glad that someone like me will become a pharmacist in the near future.

- Linda Pham, 2T1

There was a woman who came into the pharmacy where I did my EPE, who was confused on how to use and when to dispose her inhaler. I taught her how to use it, and about a month later, she came to dispose of it in the pharmacy. I worked with this lady to help manage her conditions, and it did not take long for her to know my name. She spoke to me whenever she came into the pharmacy, and I really miss having experiences of working with patients one on one.

- Rosa Del Giudice, 2T1

I'd also like to share one of my own positive experiences:

During a MedsCheck that I was doing with a patient, I noticed that they were taking oral naproxen for their arthritic knees, and upon asking its efficacy, the patient noted that it did not help so much. Between their hypertension risk, and lack of efficacy in using naproxen, I suggested that the next time they see their doctor (in the coming week), they should ask for Pennsaid, or topical diclofenac 1.5% w/w. Since I had been working only weekend shifts, I did not see this patient for a good month, and the next time that he saw me, I only vaguely remembered why I recognized his face. He then came up to me, and asked if I was the one who did the MedsCheck with him, and I suddenly remembered and said yes. He then proceeded to thank me because my recommendation let him walk without pain for the first time in years and that he felt 20 years younger. I won't ever forget his reaction and the impact I had on his life! Such a simple thing ended up making a world of difference for him.

I hope you all enjoyed reading through such amazing experiences. Moving forward, we are going to be working with our colleagues at the University of Waterloo's Faculty of Pharmacy and you're going to be seeing more contests and more articles so stay tuned!



AN EXCEPTIONAL EXPERIENCE IN EAP

Rajiv Rampersaud, 2nd Year

As part of the Ontario Public Drug Programs division in the Ministry of Health and Long-Term Care, the Exceptional Access Program (EAP) exists to facilitate the funding of medications which are not listed on the ODB formulary. Last summer, I was hired along with four other (excellent) U of T pharmacy students to assist with the process of reviewing requests for drug coverage. Working in the EAP provided a different perspective of what a pharmacist's job can look like, while offering a glimpse into opportunities available for pharmacists outside the traditional, community practice setting.

On the first day of work as an EAP summer student, you can already sense key differences from the community pharmacy:

- 1) You sit down most of the time
- 2) Things move at a more relaxed pace
- 3) There is no direct patient care

The first week can be slow, especially since new hires have limited access to the system needed to view incoming EAP requests. Once access is granted, things pick up and you quickly find yourself with more responsibilities. Classifying incoming requests is the first task which you are assigned, and most students will agree that this is VERY DULL. To make the job more interesting, EAP pharmacists will train you on assessing specific drugs such as zopiclone, triptans and biologics like Humira, to name a few. This gives you the chance to use your clinical knowledge while applying established EAP criteria to determine if a particular patient will be funded or not.

Aside from classifying and assessing, the bulk of an EAP student's job lies with TRS (no, not treatment-resistant schizophrenia!). The Telephone Request Service provides a channel through which prescribers or their delegates can request coverage for certain drugs and have responses faxed within one business day. Students are trained to take TRS calls and provide real-time assessments which usually end in one of two possible ways: "You've been approved!" or "Unfortunately, for further consideration, you will have to fax in the request". Callers are not often pleased to hear the latter and can give you a difficult time on the phone which is why EAP pharmacists are available to help you out should you need it. TRS calls are arguably the most interesting part of the job - especially when you have to deal with angry doctors calling you "worthless" when their request for vancomycin to treat a patient's *C. difficile* infection was not approved over the phone (based on a true story). Students will generally agree that TRS can be quite overwhelming at times. Despite this, the appreciation expressed by most callers makes handling TRS calls one of the more rewarding aspects of the job.

Overall, EAP gives pharmacy students the opportunity to explore a potential career in government. You even get a preceptor (typically an EAP pharmacist) to help you navigate the work term and obtain a better understanding of how pharmacists can make a positive contribution to the work of the Ministry of Health.

I would encourage any pharmacy student to consider a potential work term in the EAP unit. If given the opportunity, I am sure you would find it to be quite... exceptional.

THERAPEUTICS

CONTRAVE - A NEW DRUG APPROACH TO OBESITY

Ersilia D'Andrea, 2nd O

This summer during placement, I encountered a drug by the brand name Contrave® made by Valeant, which has been approved in Canada this past spring. When you first read the active ingredients of this extended release combination product, naltrexone and bupropion, its indication is not immediately obvious. This drug is actually used for weight loss in adults who are obese, or who are overweight and have at least one co-morbidity such as high blood pressure, high cholesterol, or diabetes. Contrave is not a first-line choice by physicians for weight loss and is prescribed when other methods to lose weight have not been successful.

So, how does a combination of naltrexone and bupropion help people lose weight? After all, naltrexone is an opioid antagonist used to treat opioid and alcohol dependence and acute withdrawal. Bupropion on the other hand is most recognizable as the drug used to help quit smoking, as it is a weak inhibitor of dopamine and norepinephrine re-uptake in the brain and can also partially block nicotine receptors. There is some evidence showing that these two drugs affect areas of the brain involved in our regulation of food intake - the hypothalamus, home of the appetite regulatory center, and the reward system of the mesolimbic dopamine circuit. However, the exact mechanism of Contrave's action in reducing obesity is not completely understood.

How is Contrave dosed?

Contrave is available as oral tablets each containing 8mg of naltrexone and 90mg of bupropion. The typical dosing schedule is:

- 1st week:** 1 tablet in the morning
- 2nd week:** 1 tablet both morning & evening
- 3rd week:** 2 tablets in the morning & 1 tablet in the evening
- 4th week and onward:** 2 tablets both morning & evening



References:

- Sherman et al. (2016) Naltrexone/Bupropion ER (Contrave) Newly Approved Treatment Option for Chronic Weight Management in Obese Adults. *Pharmacy and Therapeutics*. 41(3), 164-172.
- Valeant Canada LP. (2018). Product Monograph - Contrave. Pg 1-57.

Does Contrave work?

A clinical study on Contrave found that 57% of patients using it lost a minimum of 5% of their body weight. This is the typical goal for the use of Contrave, which should be discontinued after 12 weeks of starting treatment if at least 5% of body weight is lost because the patient is not likely to experience any benefit from it after this point. It's important to remind patients that the use of any weight loss pill does not mean they can forego a healthy, balanced diet and exercise! Contrave works by helping patients feel full more quickly and curbing increased caloric intake to help them reach their weight loss goal.

Since Contrave contains naltrexone and bupropion, does it have to be tapered down?

Patients may wonder whether they can stop taking Contrave cold-turkey, or whether their dose should be slowly decreased over time. Interestingly, it has been found that Contrave can be discontinued without tapering, without any withdrawal effects. The results of double-blind, randomized controlled clinical studies looking at the use of Contrave for up to 56 weeks did not find evidence of physical dependence, diversion, abuse, or withdrawal when the drug was abruptly stopped.

What are the side effects of Contrave?

The most common side effect of Contrave is nausea (~33% frequency). Headache, insomnia, and constipation are also common side effects. It is important to know whether a patient has a history of depression, as mood changes have been reported with this medication.

How much does Contrave cost, and is it covered?

Contrave is not covered by ODB, but patients may have coverage through their private or employer insurance plans. For patients paying cash, Contrave can reach up to \$250/month depending on the dose. The makers of Contrave do offer a discount plan for those without coverage, which can significantly reduce its monthly cost.

EVENTS • Phrosh 2018: Pharm Avengers

AN INTROVERTED LEADER OF THE MOST HYPED GROUP

Shelby Yiu 2T1

When I was a phroshie I had a great experience. I met one of my best friends at Phrosh, and I had some of the best, most supportive Phrosh leaders, one of which really helped me throughout my first year. When I decided to become a Phrosh leader, I decided I wanted some new pharmacy students to have the kind of experience I had. Little did I know that, I, a person who gardens, bakes and typically goes to sleep at 10 like a boring grandma would get the most excitable and fun people in the 2T2 class as my phroshies! I should have guessed my phroshies were the most loud and fun group of people on the first day, when we won one of the trivia games and I convinced them to chant really loudly.



Personally, my favourite time with my Phrosh group was when we were playing board games. My group played only betrayal games such as Saboteur and Secret Hitler. We were the loudest group, and at the end of the night I felt like we had formed some rivalries as we kept calling each other “fascists”, but at the same time we got to be closer as a group. I am glad that I got to share this experience and show my phroshies what it means to be a part of the phamily. It was also tough because as a Phrosh leader sometimes you have to get out of your comfort zone and make hard decisions. For example, I went to Orchid, and I never go clubbing! Dealing with drunk people at 2 in the morning was a... refreshing experience.



In all honesty compared to my own Phrosh experience I was way more tired, but I probably had a more memorable time as a Phrosh leader. I would like to thank my awesome phroshies for being excited and into everything we did from board games, to clubbing. I would also like to thank all my fellow Phrosh leaders, especially Jen for being there for me and helping me take care of these wild kids!



#GROUP FIVE

EVENTS • Phrosh 2018: Pharm Avengers

REFLECTIONS ON PHROSH

Patrick Cheung, 2T2

Phrosh was an amazing experience overall for me. It really helped me to warm up to my future classmates and the upper years who will all be my future colleagues. One thing I liked was that there were small groups with a lot of Phrosh leaders in each one. Having small sized groups really helped the bonding between us and allowed a more personal experience throughout the week.

Phrosh week also helped broaden my experiences with events like treetop trekking and an improv comedy show! The itinerary was overall great, although I felt like some days could have been tweaked a little, like the scavenger hunt. The hunt itself was definitely more like a tour of Toronto, and there wasn't much incentive for any Torontonians to tag along. My favourite part was definitely the Second City comedy show, especially the improv part where they took one of my Phrosh leader's phone and used their texts in a scene. It's almost like their phone was the perfect choice for the segment!

It was definitely bittersweet that classes began almost immediately after Phrosh. However, the amazing people I met and the memories made throughout the week is definitely what made it easier to transition into the beginning of my academic journey at the Leslie Dan Faculty of Pharmacy.



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PHARMACY

Welcome back to another year of athletics! The pharmacy softball team played in the annual intramural coed softball tournament on September 15th. The team started off the day with a 3-0 record in the round robin winning by scores of 13-2, 21-7 and 19-4. They earned the 1st seed in their division and played Kin & Phys Ed in the semi-final. Pharmacy defeated a solid KPE team handily by a score of 21-7. The final was a rematch of last year's final as Pharmacy took on the defending champs PT/OT. Pharmacy got down early but battled back to make it 10-9 in the bottom of the last inning. Unfortunately, we left the tying run on 3rd base and it wasn't meant to be. Amazing tournament by all, and thanks to participants from all 4 classes for coming out.

Hopefully, UofT catches a three-peat against UWaterloo at the OPA soccer tournament on September 29, 2018! (Editor's Note: UofT won... 1-1(5-3) on penalty kicks!)

Stay tuned for athletic T-shirt sales which will be happening the first week of October. This will be the only chance to buy one this year so don't miss out!

Andrew Henry, 2nd O
UPS Sr. Athletics Director



ATHLETICS

CLUB'S CORNER • CAPSI

CAPSI CORNER

We're happy to be back again and are excited to plan some amazing events for the 2018-2019 year! This past summer, your CAPSI Senior (Rachel) and CAPSI Junior (Elaine) Reps attended the CPhA conference in Fredericton, New Brunswick. We met with CAPSI National consisting of other student representatives from pharmacy schools across Canada. We discussed topics such as CAPSI membership, PDW and competitions. It was also a great opportunity to find out what's going on at other pharmacy schools so we can bring some new ideas your way!

***** Remember, as U of T Pharmacy students, you are automatically a CAPSI member! *****

We started off the year with the CAPSI textbook sale and Canadian Pharmacists Association (CPhA) benefits registration through the summer package. These benefits are free to all CAPSI members, which include things like discounts on conferences and Continuing Development Programs, discounts on PEBC prep material and more! CAPSI also welcomed the incoming 2T2s to the family at the annual CAPSI Ice Cream Social during Phrosh. Phroshies were excited to receive their CAPSI backpacks (sponsored by Trudell Medical) and CAPSI agendas!

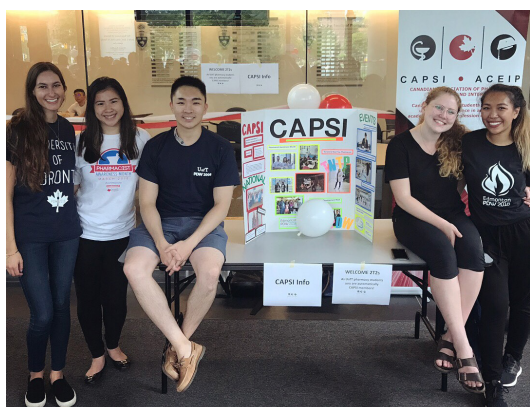
Additionally, registrations for our signature CAPSI Competitions went live! Participating in these

competitions not only provides you with the opportunity to show off your pharmaceutical skills, but it also allows you to win prize money AND to represent U of T on a national level at Professional Development Week (PDW). Did we mention there is a new competition this year? This competition is called the CAPSI-PharmaChoice Advice for Life Competition, and it involves the creation of a presentation on a pharmacy or health topic. Check your emails for more details!

Moreover, students were able to learn more about how they could get involved with CAPSI competitions and about PDW during our second-ever Cookies with CAPSI event, which was a huge success!

PDW is the largest conference for pharmacy students, run by pharmacy students. PDW 2019 is scheduled to take place in the beautiful city of St. John's, Newfoundland. The conference will take place from January 9th to 12th, and registration will start late October. Over the course of 4 days, there are many exciting activities planned such as the opening gala, talks, and motivational speakers. As always, if you have any questions feel free to contact: Rachel (torontosr@capsi.ca) or Elaine (torontojr@capsi.ca).

We look forward to seeing you around PB!



*Rachel Anisman, 2T0
and Elaine Nguyen, 2T1
<3 Your CAPSI Team*



EPE-1: DON'T BE SPOOKED!

Vicky Fung, 2T1

Many pharmacy students fear their first placement, and I was no different. Luckily for me, my preceptor and the staff there made the experience wonderful. Probably one of the most rewarding things I got to do was educate and counsel patients on naloxone kits! The opioid crisis is a very real and noxious problem in Ontario, and it was rewarding to know that I am playing my role to fight it as a pharmacy student. There is never enough to learn at placement!

For the record, please don't be spooked by the new HealthWatch – if you can navigate the Snapchat update, HealthWatch will be a piece of cake.



EPE-2: A TRUE STORY

Anonymous, 2T0

Two friends are yelling back and forth, one of them is a middle-aged, rather unkempt man who comes to the counter with his prescription for an antibiotic. After some digging and conflicting stories, it turns out that the man had been attacked by an opossum earlier in the morning, then lost his shovel out the back of his truck due to the ensuing opossum chaos, and subsequently got into a fist fight with his friend who claimed that the shovel was his instead.

Both ended up in the hospital. The man with the prescription suffered scrapes and bruises from getting beat up by an opossum and his friend. Who knows who did more damage. The friend, suffering minor injuries, though still unsure who the shovel belonged to, was courteous enough to accompany his friend to the pharmacy. More fighting about the shovel while the man waited for his antibiotic. I was there but unaware of the events up until this point, as my face was buried in the other prescriptions to fill.

"Can you please council the man at the counter? He's waiting for his antibiotic." My preceptor said.

"Yeah, sure, no problem." Famous last words.

I didn't get a single word out before I learned the man's entire life from the moment he was born to the time of the fateful opossum strike. He has type 2 diabetes too. Turns out that while he was in the hospital, the nurse noticed that he had severely necrotic tissue on one of his legs, made worse by the day's fighting, and had prescribed the antibiotic as a last-ditch effort to save his leg from amputation. How grateful this man was that this drug could potentially save his leg. And so he started to head home when he quickly turned around, tears utterly waterfalling down his face.

"YOU KNOW, I JUST REALLY DON'T WANNA LOSE MY LEG BROTHER!" Weeping and sniffing. And after some words of comfort and encouragement, we exchanged a bloody, tear-filled fist-bump as the man ran back to ground zero to find his shovel.

ROTATIONS • APPE

A PLACEMENT IN HONG KONG

Sylvia Kong, 1T9

I had the pleasure to participate in an international APPE placement in Hong Kong this summer.

How do you apply?

There will be an online application released around October/November for all third year students. In my year a lucky lottery draw decided all the international APPE placements.

How is this different from IPSF?

IPSF is an exchange that does not count towards your EPE or your APPE credit. An international APPE counts towards 1 or 2 of your non-direct patient care APPE requirements. Please note that placements at pharmaceutical companies also fall under the non-direct patient care category, and may conflict with an international APPE (if you are lucky enough to match for both).

Do you pay out of pocket?

Apply for ESEF (Exceptional Student Experience Fund) at least 60 days before the start of your international APPE block. I went to Hong Kong for Block 1, and therefore had to submit my ESEF application in March. Pay attention to this deadline! ESEF reimbursed my return flight from Hong Kong and for my living accommodation in Hong Kong. This ended up being approximately \$3,000. The funding will change depending on your international destination. Make sure you keep all your receipts, boarding passes, rental receipts and take photos for ESEF! Food and local transportation fees were not reimbursed.

What did I do in Hong Kong in a non-direct patient care rotation?

Hong Kong has a huge industry in Traditional Chinese Medicine (TCM). It is a fully licensed industry, and TCM physicians have to complete a minimum of 6 years of post-secondary education, equivalent to an MD degree in Hong Kong. I spent some time at the Chinese University of Hong Kong (CUHK) located in the New Territories near Science Park (equivalent



to MaRS in Toronto) where I was exposed to drug-herb interaction studies. Most of my time was actually spent at the Prince of Wales Hospital in at TCM clinic. Patients were treated with TCM herbs and it functioned like a “western pharmacy” except all the pills were replaced by herbs, natural minerals, and animal products. The dispensing and packaging processes were similar too.

Networking opportunities in Hong Kong:

The majority of the faculty at CUHK are actually Canadian-trained pharmacists. Some of them are actually U of T grads who have made the big international leap. If this is something that you might consider, it is worth listening to their stories and how they did it.

What are the previous Hong Kong exchange students up to now?

Two of them work for global pharmaceutical companies in Hong Kong (i.e. Novartis, Johnson & Johnson). Another works in clinical hospital oncology in Singapore.

What can this do for your practice in Canada?

Many patients do take TCM, however little is known about their interaction with western medication. We simply tell patients to stop taking their TCM. However, many patients are very persistent about taking their TCM. From my experience, they would even stop taking their western medications if told that their alternative option would be to discontinue their TCM. More research in this field is needed to foster an integrative medicine approach to patient care and increase compliance. Hong Kong is a growing research hub for herb-drug interactions. Our previous Dean, Heather Boon, is the Canadian Guru of Alternative Medicine. She is still currently heavily involved with herb-drug interaction research in Canada. You can always join her team when you return!

Feel free to message me if you have questions!

sylvia.simplicity@gmail.com

KYLE REVIEWS ODD MOVIES: HEREDITARY (SPOILER FREE)

ENTERTAINMENT • *Movies*

Kyle Yuen, 2T1

I'm not particularly one for horror movies, let alone reviewing them (because I have way more fun reviewing superhero movies) but *Hereditary* was one of those movies that sits in the back of my mind despite me sitting in my room writing this article when I really should be working on my care plans. I'm glad I was dragged to this movie, because it was really something else altogether.

The movie follows a family who copes after losing their grandmother. But as stated very early in the movie, and the trailers, their grandma was into some real freaky s***. A lot of stuff dealing with the occult. So, you can see where this is going. If you can see where this is going, I guarantee you that what you're thinking is not actually how things go down.

Hereditary, I can best liken to *The Shining*. It's a movie that doesn't rely on jump scares or some boogeyman creatures slaughtering our innocents one by one. It's a movie that builds a persistent sense of dread throughout the entire runtime. It keeps you on your toes the entire time, because you always feel like something is going to happen. Sometimes it does, but otherwise, it just adds to the uneasy feeling. The soundtrack, the disturbing imagery and the unstable characters all work together to really paint a macabre picture, and it's done without that much actual killing on screen. That being said, it doesn't make it any less scary, so I really have to give credit to the cinematographer (Pawel Pogorzelski) and the director (Ari Aster) for putting together the frames.

In addition, the acting was phenomenal. Toni Colette, who plays the mother, deserves an Oscar for her performance, because I have to say, her emotions hit me like a freight train in every scene she's in. You can really feel her pain, sorrow and quite frankly, straight up horror throughout the whole thing. She makes the movie go from disturbing to absolute despair.

There's one particular scene in the movie that, to put it bluntly, f***ed with me for a few days. I felt like the movie was divided in two parts: before and after THAT scene. I will admit, as genre savvy as I claim to be, I really did not see that coming. The imagery was something else and the way that the clips were edited created a strong urge to just ditch my popcorn and leave the theatre immediately afterwards. But I stayed for the rest, and boy was it a journey.

I ultimately don't want to say too much more, for fear of spoiling it, but it's a movie that's best enjoyed blind. If you're a cinema buff or like thinking about film, I would recommend it, but if you're looking for a Netflix and Chill fright fest, look elsewhere. The power in the fear is in the implications and afterthought, and I realized that it was only after the movie ended that I truly comprehended my fear from the theatre. If you do watch it, watch it on a night you can sleep in.

Final Score: 8/10, would not watch again

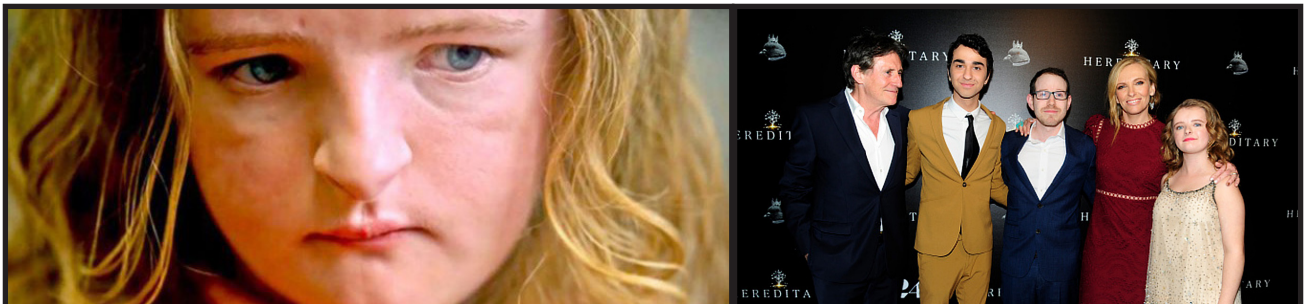


Image Sources:

<https://snacksafely.com/2018/06/advisory-disturbing-food-allergy-scene-in-hereditary/>

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ENTERTAINMENT • *Gaming*

John Hyunh, 2T2

THE ARRIVAL OF SUPER SMASH BROS ULTIMATE

Even if you're not into gaming, you've probably heard of *Super Smash Bros*. The popular game from Nintendo allows players to fight with popular characters from a variety of Nintendo and third party games. The game is set to release on the Switch on Dec. 7, 2018. If you haven't had a chance to look into it, here are a few things about the game.

Super Smash Bros Ultimate will have the largest number of characters out of all Smash games because it will include every character that has ever been featured in a Smash title as well as introduce new characters. Some returning characters include Solid Snake, Ice Climbers and Pokémon Trainer. New characters we can expect to see include Daisy, Inklings from *Splatoon*, Simon Belmont and Richter Belmont from *Castlevania*, and King K. Rool from the *Donkey Kong* series. In addition to new characters, lots of new costumes will be available for characters including Link's outfit from *Breath of the Wild*.

Super Smash Bros Ultimate will feature a total of 103 stages, some of which are making a return and others

are newly introduced. They will all have Battlefield and Omega forms. A new feature coming to *Smash Ultimate* allows stage selection to come before character selection. This way you can select your character that is best suited for the stage. Furthermore, a feature called Stage Morph allows you to play on multiple stages in a single game and can be set up by selecting a variety of stages ahead of time. Also, if you're a fan of items, you'll be happy to hear that *Smash Ultimate* will have many new items added. One interesting item is a fake Smash Ball that kills you if you hit it. Now players will have to be careful!

There will also be new gameplay modes. Squad strike battle mode allows players to form a team of 3-5 characters and battle to decide the winner. Another mode called Tourney mode creates a tournament style bracket of up to 32 players. Basically it gives you the option to host your own smash tournaments!

Whether you're a veteran or new, the variety of characters and game modes *Super Smash Bros Ultimate* offers makes it a great game for everyone.



Image Sources:

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<https://cdn.gamer-network.net/2018/usgamer/Super-Smash-Bros-Ultimate-Daisy-alternate-Costume.png>

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CULTURAL CRAVINGS OF THE MONTH:

AFGHAN KABOBS

Sarah Bento De Sousa, 2To

I am not biased, but the best kabobs are Afghan kabobs. Why? A meal that is so big it feeds you twice, it comes with bread and rice (double the carbs equals double the fun) and it's halal :)

Let me break down the top 4 kabob places in the city.

Kandahar Kabab:

2307 Markham Road, Scarborough
180-45 Overlea Boulevard, Toronto

Here, the mantu is made to order and that freshness really shows through. Their chicken and beef were both delicious and perfectly tender. Their salad was big and super saucy! Honestly, their sauces were the best part - the spicy sauce was nice and hot while the white sauce had a hint of garlic. Also, their water feature in the restaurant is pretty cool!



Watan Kabob:

55 Matheson Boulevard East, Mississauga

They may have skimmed me on my salad dressing when I went, but their naan is to die for! It was crisp on the outside, soft and fluffy inside, and sprinkled with a garlic sesame seed mix - I could eat three of these easily. Their tandoori chicken is the spiciest I've had so far, they definitely bring the heat!

Naan and Kabob:

691 Yonge Street, Toronto
1801 Lawrence Avenue East, Scarborough

Their mantu (beef filled dumplings) are delicious and freshly made. Naan and Kabob always is a solid meal, no matter which location you go to. They also have both vegetarian and vegan options, so no one is ever left without a satisfying dinner. Their downtown location is decorated traditionally, while all their other locations are super modern and aesthetically pleasing (great for that IG story); you can even get your fix at the STC food court and soon at Square One!

Bamiyan Kabob:

Units 9 & 10: 4205 Keele Street, North York

They say your first love is your strongest and Bamiyan Kabob has a special place in my heart. I'm sure all York undergrads have probably risked getting hit by a GO Bus crossing Keele to have my fave boulagnee (pan fried dough stuffed with potatoes and spices). They always give you extra sauce and I always get the kabilee rice (brown rice with raisins and carrots), which is totes worth the little extra they charge. Tandoori chicken is my go-to here; I'm getting hungry just thinking about it!



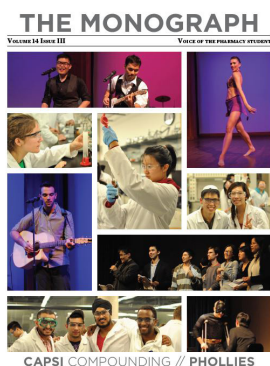
FOOD • Recipes

MASTERCHEF MACARONS



In honour of the 20th year of The Monograph, we are reaching back into the archive to bring you stories from U of T Pharmacy's past. This Issue, we go back to Volume 14 (2012-2013) and unearth a long lost Masterchef recipe from Christopher Siu (1T5)! Before he placed in the Top 5 in Masterchef Canada Season 2, before he opened DaanGo Cake Lab in Scarborough, and before he opened his new location DaanGo Pastry Lab in Kensington Market, Christopher Siu shared this macaron recipe with his classmates in The Monograph. Enjoy!

-The Editors



Reference:
The Monograph.
(December 2012)
Volume 14, Issue 3, Page 11.
"Recipe for Macarons" by
Christopher Siu, 1T5.

RECIPE FOR MACARONS

By CHRISTOPHER SIU, 1T5

MACARONS (YIELDS 60 SHELLS)

INGREDIENTS:

3 extra large egg whites
100 grams almond flour
150 grams icing sugar
120 grams sugar
20 grams cornstarch
pinch of salt

1. Place egg whites in a bowl with salt and let sit until room temperature.
2. Sift together almond flour and icing sugar.
3. Boil sugar with enough water to wet a candy thermometer. When sugar reaches 96 °C, begin beating egg whites at medium high speed with an electric mixer - try to reach the soft peak stage by step 4.
4. When sugar reaches 115 °C, allow to cool for 10 seconds while reducing speed of egg white mixing to medium.
5. Slowly drizzle in sugar while whipping egg whites at medium speed.
6. Increase speed of mixer to high and continue to beat for 2 minutes.
7. Reduce speed of mixer to low and slowly add the almond flour and icing sugar, taking care not to add too much at a time, or else clumping will occur.
8. When all of the flour mixture is added, fold the mixture several times to ensure consistency. The mixture should be like lava. Poke it with a toothpick and quickly draw it out - if it can return to a smooth flat surface it is ready to be piped.

NOTE: If the mixture is too thin, the macarons will be inedible. It is better to achieve a thicker consistency if you are unsure.

9. Pipe the mixture onto parchment paper with a diameter of 3.5 cm and allow it to dry. The outer part of the shell dries so that it rises upwards and not outwards. This step might take up to 2 hours depending on humidity, so use a fan if you have one.
10. Bake for 13-15 min in the middle rack at 148 °C
NOTE: It is better to underbake than to overbake. Overbaking will lead to crispy and hard macarons, while underbaking still gives a soft but slightly chewy consistency.
11. Refrigerate shells until cold before filling.

MAPLE PUMPKIN SPICE FILLING

INGREDIENTS:

Part A

125 mL Synthetic Maple Syrup
81 mL heavy cream
3 Tbsp pumpkin purée

Part B

1 Tbsp dark maple syrup

Part C

30 grams butter (room temperature)
2 tsp ground cinnamon
1/2 tsp ground nutmeg

1. Boil Part A until the mixture reaches 112 °C.
2. Add Part B and mix until well combined.
3. Refrigerate mixture of Part A and B until completely cool.
4. Add Part C and whip at high speed for 20 seconds.
5. Scrape down sides of bowl and whip for another 20 seconds.

STUDYBREAK • *Shout-outs*

📣 To Jordan Lo: you're cool and good at climbing things

📣 A super big thank you to my phrosh team - both leaders and co-members - for making my transition from undergrad to Pharmacy School pleasant and special. It was an amazing experience and I absolutely do not regret a single minute of it! #getlit

📣 To the girls of 2T0, looking like hot fire @ the boat cruise! Mama citas! XOXO the girl in the red dress.

📣 s/o to Shreeya for being the most supportive person ever during one of the most stressful times of my life. you're an incredible friend!

📣 Shoutout to Brendan Sudbury for continuing to fight Celiac Disease with the utmost of bravery and courage.

📣 Shout-out to coconut for helping this fish pass her classes!!

📣 Hedy Romero from 2T0, please don't go breaking my heart

📣 s/o to Matt Lau for being an awesome friend and always making me laugh. Thanks for being there for me when I needed it most

📣 This one's for my Looney Saskatooney friend who falls asleep in almost every lecture - wake up buttercup LOL

📣 Shout-out to Avneet Bahia for being the coolest 2T1 ever!

📣 Shout out to Tom and JP for organizing a SUPER phrosh!!

Submit a Shout-out! (find the Google Form on The Monograph Facebook page)

Contest!

...courtesy of Edward Ho, 2T0

PRIZE: TWO TICKETS TO FRIDAY NIGHT LIVE AT THE ROM!

DUE DATE: OCTOBER 20

SEND RESPONSES TO: MONOGRAPH@UOFTPHARMACY.COM

Welcome back to another pham-tastic year my phamily! Up for grabs will be a pair of tickets to any Friday Night Live event of your choosing at the Royal Ontario Museum! This 19+ event is held on Fridays. There is live music, bar service and food sprawled throughout the museum, as you party, dance, and drink your way through the galleries. All you have to do is complete this "fun" little quiz. The one with the most correct answers will win; in the event there is a tie (cause a lot of you like to share answers), one winner will be chosen at random.

Along with your responses to the questions, please include:

Your Name: _____ Your Year: (1T9, 2T0, 2T1, 2T2 or Staff)

1. This toy store went bankrupt in the US but is still operating in Canada. Their mascot is a giraffe. His name is: _____
2. In the Little Mermaid, Ariel has _____ sisters. Name all in alphabetical order: _____
3. In "Teen Titans Go!", Raven sometimes assumes this identity with "them legs": _____
4. In Disney World within the Epcot Theme Park, there is a little purple dragon whose name is: _____
5. In the movie Inside Out, Bing Bong is an imaginary friend created by Riley. What is he a mashup of (3 things)? _____
6. Disney's Frozen is loosely based off of the folklore: _____
7. Pua is a little piggy in Disney's Moana. What species of pig is this (genus and species)? _____
8. In the TV show Friends, there are 6 friends. What are the names of Mulan's two best friends? _____
9. Kingdom Hearts is a mash-up Disney and Final Fantasy. Who are the 7 Princess of Heart? _____

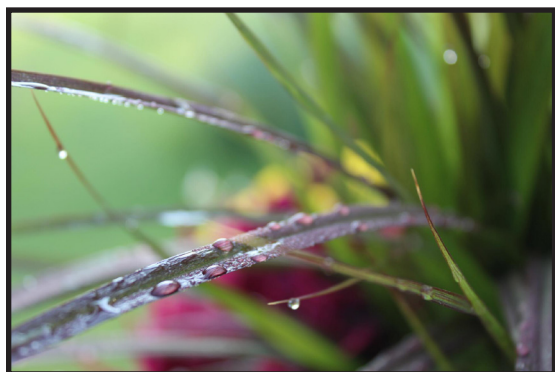


Phrosh 2018





Behind the Lens



- Bailey Hogben, 2T0



- Tammy Nguyen, 2T0



- Kevin Leung, 2T2



- Sarah Bento De Sousa, 2T0