Message from the President

Dear ISOPP Member,

One of my greatest pleasures over the last 19 months or so as President of ISOPP, has been the opportunity to travel, and to meet ISOPP members (or potential ISOPP members) in a variety of different countries. Earlier in my Presidency, I was invited to represent ISOPP at oncology pharmacy congresses in Italy, Spain, Thailand, Malaysia, Canada and the USA. In the last few months, I have been invited to speak at the Regional ISOPP meeting in Adelaide, Australia, the GERPAC meeting in the South of France, and a one-day oncology symposium in Beirut, The Lebanon. In each case, I received a very warm welcome and took the opportunity to promote ISOPP and its activities. I have happy memories of these meetings for different reasons. The ability of my Aussie colleagues to achieve so much from relatively modest resources always commands my admiration. The discussion sessions at GERPAC on topics ranging from safe-handling to dose-banding were so inspiring, and a credit to the mainly French and Belgium pharmacists who attended as delegates. I will always remember Beirut for the warmth and knowledge of the oncology pharmacists present, and also because, just maybe, I was witness to the birth of a new specialist group in oncology pharmacy.

In October I was invited to give a keynote lecture at the UK BOPA Conference in Glasgow. The topic was “Postgraduate Education and specialisation in Oncology Pharmacy: An International Perspective” I sent out a request for information from ISOPP colleagues on the situation in their countries, and I was overwhelmed by the fantastic response. Thank you all. This is just another example of the value of our Society and the network it can offer us.

At the time of writing, several key ISOPP issues are in progress:

i) The ISOPP membership is voting on the introduction of postal voting and the linking of membership fees to salary (salary-banding). The results of this ballot will be announced on the ISOPP website as soon as they are received.

ii) Preparations for ISOPP X in Malaysia are continuing. Helen Leather (ISOPP Education Chair) and her colleagues have put together arguably the most exciting Scientific Programme ever assembled for an ISOPP Symposium.

iii) Nominations for positions on the next ISOPP Secretariat have been received. You will soon be asked to vote on these nominations – please make sure you have your say!

As 2005 draws to a close, I thank you all for your support and efforts over the last year. As the festive season approaches, our thoughts turn to the more basic issues in life such as family, home and health. Some of you may be aware that past and present ISOPP Officers have faced difficult times in relation to their families or their own health. I would like to take this opportunity to wish all of these valued colleagues a happier and healthy New Year. Finally, I offer my very best wishes to all ISOPP Members for a happy and peaceful Christmas and for a wonderful New Year.

Graham Sewell (ISOPP President)
A review of the membership database shows that at the beginning of December 2005 we have 347 members and 11 associates. These members come from 41 different countries, this shows what a truly international society we have. Germany is the country with the largest number of members (91) followed by Australia (57) with the USA a close third (50). One pleasing aspect has been the increase in the number of members from Thailand, who can now boast ten members.

One of the tasks of the Membership and Finance Committee is overseeing the Grants and Awards Program of the society. The Grants and Awards available at present are:

**ISOPP Travel Grants** offer ISOPP members from developing countries or with financial hardship, the opportunity to attend ISOPP X in Malaysia next April. The aim is to expand their current knowledge and share the knowledge they obtain at the symposium with colleagues in their home countries / regions. The award is designed to cover some (not all) of the expenses incurred to attend the meeting in Kuala Lumpur, Malaysia in April 2006.

**The ISOPP Fellowship Program** is intended to recognize excellence in oncology pharmacy practice and grant recognition to and promote global awareness of pharmacists who have distinguished themselves in oncology pharmacy practice. Fellowship is awarded to individuals who have demonstrated a continued high level of excellence in oncology pharmacy practice, research, or management, and who have made a sustained contribution to ISOPP. At ISOPP IX in Turin in 2004 the first three ISOPP Fellowships were awarded to Jill Davis, Peter Gilbar and Jude Lees (all from Australia). Fellowships will be awarded again in 2006. There are many of you worthy of this award so why not apply?

**The Helen McKinnon Award** recognizes an ISOPP member who has made a significant contribution to ISOPP or has made a sustained contribution to oncology pharmacy practice. Nominees must have been an ISOPP member for at least five years. Members are encouraged to write a letter outlining the achievements of their nominee to the ISOPP President.

**ISOPP Achievement Awards** recognize ISOPP members who have made a significant contribution to or have provided leadership to developing or supporting an innovative technical or clinical oncology pharmacy service.

Another year has almost ended – where does the time go? It is not that long since we were together in Turin, Italy at ISOPP IX and now ISOPP X is almost upon us. I do hope that as many members as possible can join us in Kuala Lumpur. I was fortunate to be able to travel to Malaysia in September to speak at their First National Oncology Conference. This was held in Penang. The Malaysian people were so friendly and so eager to learn more about oncology pharmacy – a new speciality area of practice for them. Although my visit was short it has left me with the desire to see more of that beautiful country and ISOPP X gives me that opportunity - to combine two of my favourite things – oncology pharmacy and travel, wonderful!

ISOPP membership continues to expand into new countries. We recently received our first member application from Japan – welcome Shin-ichi!

The COSA report from Jude Lees includes notice of an award winning paper. The authors are to be congratulated in communicating the important message their research found, that is, that administration of vincristine in mini-bags does not lead to an increase in extravasation. This risk is often the reason cited for not using mini-bags but using syringes. The use of mini-bags will prevent intrathecal instillation of vincristine - an almost always fatal event. The most recently reported incident resulted in the death of a 21 year old male in the USA in August 2005. If every pharmacist ensured that their institution only supplied vincristine in mini-bags and not syringes we should be able to prevent these unnecessary deaths from ever occurring again. A very worthwhile aim.

I would like to take this opportunity to thank my Guest Editors for 2005 – Lynne Nakashima, Michele Hehn and Sarah Jennings. Thank-you friends! As always, don’t hesitate to contact me especially if you have any information you would like to share with fellow members. Email: jillian.davis@austin.org.au

**ISOPP elections are almost upon us. Please take the time to consider the candidates when you receive the voting papers and don’t forget to vote.**
The 4th Biennial ISOPP Australasian Regional Symposium was held on the beach front at Glenelg in South Australia from September 2nd to 4th, 2005. Over 120 delegates from Australia, New Zealand, Thailand, Malaysia, Slovakia and United Kingdom attended the symposium. The organising committee put together a thorough and varied program spread over three days. The weather may have been cooler than desired but the program was hot enough to keep everyone well and truly warmed to the core.

The scientific program commenced with a thought provoking keynote lecture from the ISOPP President Professor Graham Sewell on Drug Resistance in Cancer Chemotherapy & Implications for Treatment. Drug Resistance is an area that pharmacists can play a key role in as we strive to juggle regimens and treatment strategies to ensure each and every patient receives the most active, and well tolerated therapy. Following the ISOPP President was Dr Brian Stein, a Medical Oncologist from the Ashford Cancer Centre in Adelaide presenting on Cancer in Older Patients in his own very unique style. Understanding the older patient is imperative for pharmacists, and understanding that there is no rule to suggest that all old people will not tolerate chemotherapy. The key definitions of “young old”, “old” and “old old” helped to baptise us all into the thought processes of geriatricians. After some thorough geriatric case studies from Kerriane Grundie, Dr Suphat Subongkot updated us all on COX-2 inhibitors and the current state of play. Professor Shane Scott then outlined haematology/oncology prescribing and collaborative practice from the US perspective and the opportunities that can be harnessed if the right approach is taken.

Saturday, like Friday provided more excellent presentations and certainly got people thinking about their own practice. Dr Tim Price, from the Queen Elizabeth Hospital in Adelaide, presented a thorough overview of colorectal cancer. The American Society of Clinical Oncology meeting this year provided more new information on older agents and newer agents alike. The apparent failure of irinotecan in the adjuvant setting and the way we should use both oxaliplatin and irinotecan in the advanced setting were highlights, as well as the plethora of information on trials using the new biological agents, bevacizumab and cetuximab. Professor Ian Olver certainly livened up the morning session with his very topical presentation on Bioethics, Death or Dollars. We are rapidly getting to a point, particularly in Australia with our Pharmaceutical Benefits Scheme, where society or Government will no longer be able to afford the advances in cancer treatment. The next session was dedicated to updates from various international meetings. Jude Lees covered the 2005 BMT Pharmacists Meeting from the USA, Jill Davis covered the 2005 Multinational Association of Supportive Care in Cancer Meeting in Switzerland and Christine Carrington covered the 2005 American Society of Clinical Oncology Meeting. As always, a pharmacist’s view is slightly different to a clinician’s, and we were treated to the important highlights of these three meetings. To finish the morning session, Julie Sanders presented a contributed paper on Chemotherapy Competency Assessment and Credentialling from the Peter Mac Cancer Centre in Melbourne, Australia. In Australia, there is no formal post-graduate qualification for oncology specialisation so the basis for the program is to ensure pharmacists working in the complex areas of oncology and haematology are adequately skilled to contribute to the team. The afternoon was dedicated to workshops and topics covered included Managing Toxicities of New Therapies, TDM of Immunosuppressants, Drug Interactions, Nausea & Vomiting and the MASCC Guidelines and Cytotoxic Reconstitution Services – Staff, Training and Procedures. The smaller groups and more open forum
enabled interactive sessions and an environment for people to share their thoughts and experiences.

Sunday morning’s session on Bone Marrow Transplantation provided more highlights and began with Dr Peter Bardy from the Queen Elizabeth Hospital providing an overview of non-myeloablative transplantation, particularly in the context of the MD Anderson data that predominates this exciting area. Jude Lees followed Dr Bardy with a review of the nausea and vomiting situation in BMT and what the future may hold. Debbie Carter gave us the most thorough overview of infections in BMT that could be done in 20 minutes and Julie Wilkes concentrated on a few particular fungal infections and tested the short hand speed of many of us. The meeting’s final session commenced with a talk from Dr Ross McKinnon on the area of Pharmacogenomics. Dr McKinnon is a world leader in the area and we were privileged to hear his views on where pharmacogenomics has been, where it is going and why it isn’t being taken up by laboratories all over the world. It is certainly an extremely exciting area for pharmacists and will be dictate medication usage in the very near future. The final presentation was from Professor Graham Sewell, the ISOPP President on the current ISOPP situation and the direction the society is heading.

As has been the case with past ISOPP Regional Symposia, the social program provided the perfect foil to the detailed sessions and workshops enabling pharmacists from all over Australia (and the world) the opportunity to chat and compare notes (hopefully not about the prior sessions). Saturday’s dinner function involved a more civilised sit down dinner with some fine local South Australian wine, and when the DJ finally found the volume knob and dug into his dusty crates to find the “Best of the 60’s and 70’s” CD, one myth was dispelled, pharmacists can dance!

The ISOPP symposia, both regional and international, provide a wonderful opportunity for pharmacists. There are few symposia that cater to the unique requirements and learning preferences of oncology pharmacists. The 4th ISOPP Australasian Regional Symposium again demonstrated the society’s unrivalled commitment to the promotion and development of oncology pharmacy the world around. Be sure to attend Kuala Lumpur in 2006!

Ben Stevenson, Adelaide, ISOPP Member

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It is 10 years since ECCO was last held in Paris. This year’s meeting was held at the Palais des congrès de Paris between 31 October to 3 November. Truly a leading multidisciplinary oncology platform in Europe, the scientific program places a heavy emphasis on translational research. With more than 20 separate oncology categories, there is something to suit everyone’s interest!

Something new at this year’s meeting was the 3-day FECS-ECCO Patients’ Program. The intention of the Patients’ Program was to bring physicians, patients’ advocates and politicians together in a setting where they could freely and openly discuss issues of mutual concern, especially the disparity in the access to quality treatment between the different countries in Europe. The program concluded with the drafting of a set of recommendations based on the 3 days of open discussion and debate. The recommendations will be available through the FECS website following ECCO 13.

The 3 Presidential Symposia, the Award Lecture of Prof. Rene Bernards (Pezzoller Foundation - FECS recognition for Contribution to Oncology) and the Keynote Lecture of Prof. Harold Varmus along with 16 hours of Educational Sessions, will be recorded and made freely available via the FECS website at www.fecs.be. I particularly enjoyed the early mornings teaching lectures and educational symposia. Sessions not to be missed included - “Optimal management of early breast cancer in 2005”, “Endocrine treatment of breast cancer – how best to integrate new results in clinical practice?” and “Adjuvant treatment in colon cancer”.

The next ECCO conference will be held in Barcelona in 2007.


Lita Chew – Singapore – ISOPP Member
October 1, 1995 saw the amalgamation of the two tertiary pharmacy departments into one Alberta Cancer Board (ACB) Department of Pharmacy under the direction of a Provincial Director of Pharmacy. As we celebrate our 10th anniversary as one provincial department there are five themes that emerge from our journey. We are sharing this to show the silver lining that can occur within health care restructuring that seems to be a worldwide phenomenon. Take courage and find your silver linings in your particular practice site.

The first theme would be consistent high standard development and annual monitoring. The Provincial Training Manual for the Preparation of Parenteral Cytotoxic Admixtures was developed as an early initiative to provide a standard baseline for training and a resource for pharmacy staff in the preparation and handling of chemotherapy agents. Included as part of this is a certification process and we have completed annual certifications of all ACB pharmacy sites since 1997. A provincial chemotherapy medication error prevention policy was also developed and issued to the ACB Policy & Procedure manual in 1997 and we have implemented an annual survey to this policy since that date which allows us to monitor compliance. The provincial Parenteral Drug Manual, patient teaching sheets and preprinted physician orders came into being during this era. It was in 1999 that we deployed a provincial pharmacy computer software program as well as common provincial definitions of pharmaceutical care. A review of medication policies of each tertiary site was undertaken to provincially amalgamate, where appropriate, into ACB Policy. This was completed in 1997 and subsequently the ACB Pharmacy department specific policies were provincially reviewed and amalgamated with final completion in 2003.

Provincial teams and communications is a second theme. The first provincial talk was given by our technicians at the Red Deer College for the Pharmacy Technician program in the first year of amalgamation and has continued annually. A monthly ReachOut newsletter has been faxed to all ACB pharmacy sites since its launch in June 1996 as a communication tool. ACB pharmacy has established a provincial IV team, QA team, computer team, and various other project based teams. Our community cancer network (CCN) developed within a multidisciplinary provincial framework with Camrose as the first site in September 1996 and provincial pharmacy participation continues at multiple levels. Joint projects with other disciplines on diverse areas such as pharmacy generated medication administration records (MARs), Pyxis automated dispensing units, inventory management, computerized physician order entry (CPOE), and next day chemotherapy have been embraced and strengthen the ACB team and our services. Our most recent provincial team activity has been in workplace chemotherapy contamination monitoring.

Within our ACB Pharmacy new roles have developed in our 10 year history as a third theme area. Clinical roles in Bone Marrow Transplant and Pain clinics were firmed up during this 10 year period as well as a pilot in the GenitoUrinary tumor group. We have also piloted and grown Technician II Coordinators, Site Operations Coordinators, a CCN Coordinator, and a Coordinator role in Investigationals. The Drug Program Support role responded to a need for infrastructure support in the drug program and a pharmacist role in dealing with the Special Access Program drugs was also established. The National Cancer Institute of Canada (NCIC) created a pharmacist network in which we have had active ACB pharmacist involvement. We have also developed a teaching and coordinating role in the Faculty of Pharmacy at the University of Alberta (U of A) in sterile products and oncology therapeutics courses. Inventory management was a creative technician role that has been developed to assist Finance in managing the growing dollar value of the ACB drug inventory.

A fourth theme that has been embraced by the ACB Pharmacy is that of publications. During this 10 year period there have been 33 peer reviewed publications generated from the ACB
**Bird Flu**  
**Do we need to worry?**

Here is some recent information about avian flu ‘bird flu’

- Bird flu is an infection caused by avian influenza viruses. These flu viruses occur naturally among wild birds who usually do not get sick from them. However, bird flu is very contagious among birds and can make some domesticated birds, including chickens, ducks, and turkeys, very sick and kill them.
- Bird flu viruses do not usually infect humans, but several cases of human infection have occurred since 1997. Human cases have been reported in China, Vietnam, Thailand, Cambodia and Indonesia and there is a possible risk to people who have contact with infected birds or surfaces that have been contaminated with excretions from infected birds.
- If there is a local outbreak of bird flu, people should avoid contact with infected birds or contaminated surfaces, and should be careful when handling and cooking poultry.
- If you are travelling to an area with an outbreak of bird flu the following precautions should be taken: avoid consuming poultry, poultry products and eggs unless they are fully cooked; maintain good personal hygiene, that is, wash your hands with hot soapy water and scrub / lather your hands for at least 20 seconds if you have touched poultry or eggs, and avoid unnecessary contact with poultry and birds, and this includes avoiding markets in the high risk countries.

No cases of human bird flu infection have occurred in Malaysia, and since Kuala Lumpur is a major city, the risk of catching bird flu there is no greater than the risk in Paris or New York. However, if, while you are planning your trip to ISOPP X, you include travel to other Asian countries where human bird flu has been reported, please note the precautions above.

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Pharmacy department. The variety of topics as well as authors that have taken the publishing plunge is one of the highlights to celebrate. JOPP emerged as a very supportive journal for oncology pharmacy publications which was of great assistance to us on this journey. ACB pharmacy education has been developed with continuing education credits awarded to the programs such as the chemotherapy training, a medication error prevention module, clinical modules, and a lab monitoring module. All of these have been made available, at cost recovery, to others in our province and across Canada.

Throughout our journey the fifth theme we have observed is external confirmation of excellence in various awards and recognition that go beyond the publishing and continuing education credits already noted above. A pharmacist from the Cross Cancer Institute was the Glenn Sundstrom Award winner in 2002/03 which is an ACB award recognizing staff who go that extra mile for patient care. A pharmacist from the Tom Baker Cancer Centre won the U of A Pharmacy Preceptor of the Year award in 2004/05 for which students submit and vote for. The Training Manual for the Preparation of Parenteral Cytotoxic Admixtures won a Canadian Society of Hospital Pharmacists award in 1998/99. The Oncology Therapeutics 4th year option course was the first offered in Canada which ACB pharmacy advocated the University to mount. Our Medication Error Prevention 5 year History Poster won an international award in 2002/03 at the International Society of Oncology Pharmacy Practice (ISOPP) conference held in Vancouver. The approval to create an Oncology Pharmacy Residency in 2005 has been a long term goal finally realized by the ACB Pharmacy Department and this will be one of the first oncology specialty residency programs available in Canada.

It is hard to believe that 10 years have gone by and as we have reflected on the last decade it has reaffirmed that there have been many accomplishments realized. The successes can be attributed to a large degree to the committed and dedicated staff that make up the ACB Pharmacy team. Please join our department in celebrating the memories and the milestones of the past and we look forward to continuing to work with all our colleagues as we move into the future.

*Carole R Chambers, ACB Pharmacy Director, ISOPP member*

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visit the website at [www.isopp.org](http://www.isopp.org)
COSA is a multi-disciplinary society which includes the Pharmacy Group. Current Chair Ms Christine (Krissy) Carington, was the Pharmacy group representative on the Program Committee and helped devise two excellent pharmacy sessions amongst the 3 day program. One was the highly successful annual New Drugs in Oncology & Haematology Session. This attracts an audience of oncology nurses and medical oncologists and trainees, as well as pharmacists. This year featured azacitidine, sorafenib, erlotinib and palifermin, presented respectively by Gail Glogoski, Jim Siderov, Ben Stevenson and Jude Lees, all ISOPP members. Krissy then presented an outline of 3 oral medications, capecitabine, vinorelbine and temozolamide, highlighting the current trend for the development of oral chemotherapeutic agents, and the particular issues associated with them.

The second Pharmacy group session comprised contributed papers, 3 of which were eligible for the Annual Pierre Fabre Navelbine Award. Winning paper presented by Peter Gilbar, co-authored by Christine Carrington, reviewed the Australian experience of mini-bags used for administration of vincristine instead of the more traditional syringe. This was important due to the recent change in many Australian oncology pharmacies to mini-bag, to avoid the fatal accidental administration of IV vincristine by the intrathecal route. The study found there was no increased incidence of extravasation as a result of the change. There were 5 other excellent presentations during the session ranging from a review of the use of single dose of rasburicase, to stability studies on several oncology drugs, and a pharmacokinetic study of gemcitabine over different infusion times.

As always at COSA the plenary sessions were of relevance across all disciplines, and there were many other sessions of interest to oncology pharmacists with the usual problem of deciding which to attend.

Abstracts for ISOPP X close Midnight (central standard time USA) Friday 30th December 2005. Abstract forms available from the website.
Overview of Oncology Pharmacy in Thailand

Dr Suphat Subongkot – ISOPP Member

Thailand, the land of smiles, is a small country situated in South East Asia just above Malaysia and Singapore. Our capital city of Bangkok is one of the most tourist attractions which can bring in people from around the world. The Health Care System in Thailand is now in Revolutionary State. Pharmacists are more involved in Patient Care Process and are integral part of a health care team. Since the beginning of clinical pharmacy era in Thailand over a decade ago, there have been many changes in the profession. For one thing, we are just getting started to set up the oncology pharmacy service and aim to replace most nursing staff that used to be responsible for cytotoxic aseptic dispensary function by more skilled pharmacists with the next few years.

Group of Thai Oncology Pharmacy Practitioners (GTOPP) was formed in 2004 in response to Thai pharmacists’ concerns over the safe handling of cytotoxic drugs in their workplaces. While in some places there may already be protocols, procedures or guidelines for safe handleings, there have not been a common platform for us in Thailand to share experience and ‘best practices’. Our aim is to provide evidence-based guidelines on safe handling procedures for all those working with cytotoxic drugs in Thailand and subsequently to raise the practice standard in our country. Our vision is to help our colleagues to acquire the knowledge and skills in the safe handling of cytotoxics in Thailand. Suphat Subongkot (Pat), Pharm.D, BCPS, BCOP, at Khon Kaen University Medical Center (Srinakarind Hospital), Khon Kaen, Thailand, is one of the founder of GTOPP who think that Thai Oncology Pharmacist should not only be participating in the safe handling of cytotoxics but should also take parts in pharmaceutical care of cancer patients. Pat is also serving on an Executive committee of Asia for Safe Handling Organization(www.asia4safehandling.org) and currently a scientific committee of ISOPP X being held in Malaysia in April 2006. Today, he is an integral part of an oncology care team that takes cancer patients through what may be a supportive care process. He says that since training as a hematology oncology pharmacy fellows at Rush University Medical Center, Chicago, USA, over a few years ago, he has seen many potential pharmaceutical care models that can be very useful for a new comer oncology pharmacist.

A day in the life of an oncology pharmacist can include activities ranging from patient care, research, and protocol development to patient advocacy. Here, Pat describes a typical day:

8:00am
Check on hospital patients, review charts and laboratory results. Prepare for morning rounds.

9:00am - 11:30am
Spend time with attending physicians, medical residents and other health care personnel reviewing the treatment plan for individual patients. This involves reviewing current treatment recommendations, making suggestions or modifications, adjusting dosages, or initiating discharge orders for those patients leaving the hospital. This might also involve helping patients find ways to pay for their medications, either through their insurance carriers or through programs offered by private companies.

12:30pm - 2:30pm
Meet with a patient who is being discharged to discuss and review all of his or her medications and how they are to be taken at home. Not taking medications correctly after completing treatments can have serious consequences.

2:30 - 4:00pm
Update the latest patient outcomes. The database allows physicians and other health care staff to follow trends and develop more appropriate therapies for cancer patients.

4:00 - 6:00pm
Administrative duties, academic responsibilities which include working with the oncologist in writing chemotherapy orders, cancer supportive care protocol, reviewing drug dosages to ensure accuracy and best value for patients, and checking drugs for possible unwanted side effects and interactions with other drugs and discussing cases with pharmacy students and residents.

Pat says that it’s a good feeling that your input can make your patients better and mostly he would like to take this opportunity to thank Jill Davis for giving him a great honor to sharing his experiences in this column. Lastly, on behalf of The Faculty of Pharmaceutical Sciences, Khon Kaen University, Thailand and the Asia for Safe Handling Organization we proudly bring to you the 1st Asia-Pacific Oncology Pharmacy Congress (APOPC), which will be held on August 3-5, 2006 at the Siam City Hotel, Bangkok, Thailand. The theme for the 1st APOPC is “Best of Oncology Pharmacy Practice in the 2006”, reflecting the profession’s aim of improving cancer care through scientific research and evidence-based practice. This event is not to be missed and we look forward to seeing you there! (Please check for more information).