

News LETTER



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Welcome to new Publications Committee Chair

Felice Musicco has accepted the position of ISOPP Publication Chair.

Felice, as you may guess, practices in Italy (Rome) and brings many talents to this portfolio. He is active member of SIFO, including their website group. He has also done a lot of development work in the area of evidence-based medicine. From his submission I would like to share this quote:

“The foremost objectives of the ISOPP web site should be to provide evidence based, updated information and offer a tool to share information, knowledge and validated scientific material among the users. For example should be an improved forum for putting in practice newsgroups and mailing list. Free software should be offered from the web site. These applications could be the shared base of data to develop scientific activities among members in the world.”

Thank you to those who responded to our call for interest in the last newsletter. ISOPP has many dedicated members and I encourage all of you to consider how you could get more involved in your society.

If publications is an area that you are interested in please VOLUNTEER.

Felice needs to hear from you to form his new committee. Please email him directly if this is something that you would be interested in - fmusicco@libero.it.

Do it now – a New Year’s Resolution to get more ACTIVE.

Carole R Chambers, ISOPP President-Elect



Visit
www.isopp.org
today!

Introducing HOPA

New Professional Organization for Pharmacy:

The Hematology /Oncology Pharmacy Association (HOPA) is a relatively new American professional organization that was officially launched on April 3, 2004 in St. Petersburg, Florida, USA.

HOPA is comprised of pharmacy clinicians, researchers, and educators who specialize in hematology/oncology. The goals of HOPA include developing and supporting educational activities, providing research opportunities and information promoting safe and cost-effective use of cancer-related treatments. HOPA has scheduled the 2007 Annual Conference for June 14 – June 17, 2007, in Denver, Colorado. For more information on the conference, archived newsletters, and other HOPA activities, please visit the HOPA website at www.hoparx.org

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Editorial

Congratulations to our new Publications Committee Chair. This important position has been vacant since previous Chair Jude Lees was voted onto the Secretariat in March. As well as having responsibility for the oversight of our web-master Jeff Barnett, Felice will have the honour of overseeing publication of the first ISOPP Standard of Practice – Safe Handling of Cytotoxics.

The Secretariat and Committee Chairs will be meeting in March for the annual ISOPP Business meeting. If you have any issues or topics you would like discussed, please email the Secretary - Kim Stefaniuk at kimberley.stefaniuk@uhn.on.ca. Kim has been busy travelling the world, see her report on the 17th Hospice NZ Palliative Care and NZ Pain Society Conference, but is back at work and just waiting to hear from you.

As you know, ISOPP XI will held in conjunction with HOPA in 2008 in the USA – get to know more about HOPA by checking out their website.

Finally, with the end of the year fast approaching I wish everyone a safe and happy start to 2007.



Jill
Jill Davis

**Reminder
2007
membership
fees are due –
please pay
promptly**

17th Hospice New Zealand Palliative Care and New Zealand Pain Society Conference: Making a Difference

26-28 October, 2006, Dunedin, New Zealand

<i>He ao He ao</i>	<i>The coming of the dawn</i>
<i>He po He po</i>	<i>Beginning of a new day</i>
<i>Korihi te manu</i>	<i>Heralded by singing birds</i>
<i>Takiri mai te atu</i>	<i>Darkness to light</i>
<i>Ka ao ka ao</i>	<i>It is light</i>
<i>Ka awatea</i>	<i>It is light</i>

Kim Stefaniuk, Canada

Opening with a Maori welcome and a vocal serenade by the mayor of Dunedin, the joint meeting of Hospice New Zealand and the New Zealand Pain Society brought together many disciplines to discuss issues facing patients in pain or those nearing the end of life.

After an inspirational keynote presentation by Tony Christianson, a double amputee who recently scaled Mt. Kilimanjaro, Dr. Patrick Mantyh (USA) presented an excellent overview of the mechanisms of bone cancer pain, focusing on the possible role of nerve growth factor. Canada's Dr. David Kuhl examined communication and compassion fatigue, reminding us of the need to promote professional sustainability and self-care in order to effectively care for our patients. Looking at the role of spinal cord glia in enhanced pain states, Dr. Erin Milligan (USA) provided a superb overview of the model of pain as an inflammatory and immune process and proposed several potential therapeutic options, including gene therapy, for pain management. Dr. Todd Vanderah (USA) delved deeper into the complex science of enhanced pain states while New



Zealand's Dr. Paul Smith explored the rather controversial topic of cannabinoids in pain management.

Concurrent sessions addressed many issues: spirituality, Maori culture, patient perspectives, non-interventional strategies for pain management, oral care, bisphosphonates and pain, risk management, and practice research and education. Other sessions reviewed pharmacologic and psychological interventions, management of lymphedema, delirium, pelvic pain, wound pain, and morphine-induced hyperalgesia.

Diverse as the topics were, as the Maori say, "with my basket and your basket, people will prosper." The conference closed by affirming the work of practitioners in these areas and urged us all to work together and to really make a difference.

While geographically a world apart, Canada and New Zealand seem to be struggling with many of the same issues facing ISOPP members worldwide. Medications differ, practice settings may vary, but I left the conference with a sense that the world really is a small place. We are all striving towards a common goal, that of making a difference for those in our care. How we get there is up to us—one person really can make a difference.



Kim and nursing colleague Katrina on New Zealand's famous Milford Track

BOPA Report

Hanadi Ghannam

Meeting report: Annual Symposium of the British Oncology Pharmacy Association (BOPA)

The ninth Annual BOPA Symposium in October touched on many issues affecting oncology pharmacy across the UK.

Major progress since publication of the NHS Cancer Plan has significantly improved cancer care

In his keynote speech, **Professor Mike Richards**, National Cancer Director at the Department of Health, discussed progress made nationally within cancer care.



In the mid-1990s, England had a high cancer mortality rate, inadequate drug and equipment provision, long waiting times and a fragmented cancer workforce. The publication of the National Health Service (NHS) Cancer Plan has facilitated significant change. The mortality rate from cancer continues to fall by 2% per annum in people younger than 75 years old, with increased survival rates from the most common cancers. Waiting times have improved; and thanks to the 1500 multidisciplinary cancer teams in England, around 80% of patients now receive coordinated care, the highest number globally.

The UK has historically been slow to incorporate new anticancer treatments into clinical practice because of funding constraints and clinical caution; however, a new publication has shown that

over 18 months, the usage of fourteen anticancer drugs has increased by 11–120%.

An electronic capacity and demand planning tool for chemotherapy (C-PORT) has been developed for national roll-out. Professor Richards strongly advocated the use of electronic

prescribing systems to minimise errors, and thanked pharmacists for their role in intercepting prescribing errors. He concluded with a summary of progress in cancer research: “Our aim is to make the NHS a global platform of excellence.”

The future of cancer therapy - hope or hype?

Dr Karol Sikora, Medical Director at CancerPartnersUK, discussed how the future looks for cancer management.

Invasive surgical treatment will be replaced over the next 50 years by robotic biopsies and nanotechnology. Single tumour-shaped doses of



radiotherapy will be delivered outside the hospital in community-based units. Over the next 20 years, cancer will be treated with monoclonal antibodies, gene therapy and cancer vaccines, with chemotherapy reserved for metastatic disease.

Predisposition screens of tissue banks will identify patients in advance of tumour development and enable the use of chemoprevention. Patient risk assessments will become an essential component of cancer prevention. By the year 2026, expect to see personalised cancer prevention programmes using biomarkers within consumer-driven environments. Dr Sikora expects the emergence of ‘cancer hotels’ as a partnership between the private sector and the NHS. Before long, clinical pharmacists will be managing cancer therapy entirely, as it becomes a chronic, controllable condition.

Best poster award: Managing breast cancer in pregnancy

Thirty-four posters were presented at this year’s BOPA Symposium with first prize going to **Nisha Shaunak** and her group from the Royal Marsden NHS Foundation Trust, London. They developed an evidence-based clinical guideline for the management of pregnant women with breast cancer, which outlines diagnosis and management issues and reviews data on supportive therapy. Delegates left this year’s conference with a renewed sense of enthusiasm for, and confidence in, oncology pharmacy. We look forward to next year’s Symposium.

ASCO GLIMPSES 2006

1. Matthew Small, Norfolk and Norwich University Hospital, UK



As the only representative from my centre going to the ASCO meeting this year, I was given the task of identifying new developments that are likely to make an impact and change practice over the next year. However, apart from the significant advances reported in the treatment of renal cell cancer, I was reassured and relieved to attend a number of presentations that indicated our current practice was offering patients the best possible chemotherapy options available.

At a session on metastatic breast cancer two presentations in particular exemplified this feeling. One investigator found that adding carboplatin to a standard regimen of docetaxel and trastuzumab in HER2 positive disease, based on synergism between the agents, had no significant benefit in terms of time to progression or overall survival. A second investigator reported that a trial of first line combination therapy of capecitabine and paclitaxel was equally effective as epirubicin and paclitaxel. The discussion that followed reinforced my own thought that if a taxane is effective on its own (or with trastuzumab in HER2 positive patients) why do we want to give it in combination with other chemotherapy agents. It is far better to give these agents sequentially, thereby reducing toxicity without compromising survival or quality of life.

Perhaps even more relevant to our current practice was the presentation of a meta-analysis comparing cisplatin and

carboplatin-based chemotherapy in the first line treatment of advanced non-small cell lung cancer (NSCLC). As carboplatin in combination with gemcitabine, vinorelbine or paclitaxel has become standard treatment in the UK, any thought of reverting back to cisplatin based chemotherapy would have serious capacity implications for many chemotherapy units. However, although response rates for cisplatin-based chemotherapy were found to be significantly better, no overall survival benefit was found. I feel we can confidently carry on giving carboplatin-based chemotherapy for NSCLC, which is after all probably the more patient friendly option.

My personal highlight of Atlanta? The Bodies exhibition was in town showing dissected human remains in their preserved form. Once you get over the morality of where the specimens came from, this represented an incredible visual way to reinforce your knowledge of anatomy.

2. Suphat Subongkot, Khon Kaen University Thailand



The ASCO Annual Meeting is considered the premier educational and scientific event in the oncology community. This year, the 42nd ASCO Annual Meeting was held at the Georgia World Congress Center located in the heart of downtown Atlanta. The 2006 ASCO annual meeting attracted more than 29,000 attendees from all over the world including myself who travelled all the way from Thailand.

A summary of highlights presented at ASCO 2006 on Friday June 2, 2006 through Monday June 5, 2006 as well as information on related presentations from earlier in the conference were reported in brief as following.

- **Lapatinib** should represent a new standard of care for patients for HER2+ metastatic breast cancer patients that have progressed after **trastuzumab**. Furthermore, the strength of lapatinib in a post-trastuzumab setting supports the development of this drug in earlier settings.

- Following **dasatinib**'s favorable review by an FDA panel, I believe data presented at ASCO is likely to have a very positive impact on the rate of uptake of dasatinib for the treatment of **imatinib**-Resistant Philadelphia Chromosome-Positive Leukemias.

- Advantage in the renal cell carcinoma market has shifted to **sunitinib** after data comparing **sorafenib** to **interferon** in the front-line setting was not ready to be presented, thus opening the door for sunitinib. In addition, sorafenib was unable to show a statistically significant survival benefit in second-line metastatic renal cell carcinoma (RCC) in an update from the trial that led to its FDA approval.

- It was noted that while data presented at ASCO has given **sunitinib** frontrunner status in first-line therapy in RCC, results from trials examining various targeted agents have suggested that these therapies may be used sequentially in metastatic disease.

- Results of numerous trials in multiple myeloma (MM) with **thalidomide**, **lenalidomide**, and **bortezomib** proved overwhelmingly positive, with high efficacy and superiority over standard regimens in both front-line and later-line settings. The optimal regimen is being evaluated in ongoing clinical trials, from which we expect data to emerge over the next two years.

Several novel therapies not reported in this summary were also presented in this 2006 ASCO meeting including bevacizumab, denosumab (AMG-162), and vandetanib (ZD6474).

After 4 days of intense meeting without seeing a real Atlanta, I decided to explore Atlanta's well-known favourites including CNN Studio Tours, Centennial

Olympic Park, the World of Coca Cola Museum and Zoo Atlanta. All are within walking distance or a short cab ride from the Georgia World Congress Center. I left Atlanta with a brain full of information with a little bit of fun and will get ready to come back for the next ASCO meeting in Chicago, the windy city in 2007.

Sa-Was-Dee (Good Bye).

3. Robbie McLauchlan, St Vincent's Hospital, Melbourne, Australia



Earlier this year I was fortunate enough to attend the 42nd ASCO Annual Meeting in Atlanta, Georgia. This is the largest meeting of the year for oncology healthcare professionals and regularly attracts around 30,000 attendees. As you can imagine, with this size of meeting it's very difficult to decide which sessions to attend!

For me, I found the data presented on the adjuvant chemotherapy in NSCLC particularly useful, and in my institution we have changed some of our practices based on this information. A number of things have now become clearer:

Which NSCLC patients to treat with adjuvant chemotherapy?

Patients over 65 with a good performance status may safely be offered adjuvant chemotherapy for NSCLC, and this treatment should not be withheld from elderly patients on the basis of age alone¹.

Which drugs to use?

An individual patient data meta-analysis was presented and while vinorelbine clearly works in combination with cisplatin, the use of other agents is still unclear because of questions over the appropriate dose of cisplatin used in

some studies². At this time, vinorelbine associated with 320-400mg/m² of cisplatin (total dose!) appears to be the most promising drug combination. Interestingly, another presented meta-analysis in the *advanced* NSCLC setting suggested a superiority for cisplatin over carboplatin in selected patients³.

Which stages to treat?

II-IIIa, but questions remain over stage IB. The results of CALGB 9633 do not mandate adjuvant chemotherapy as the standard of care in all stage IB patients⁴.

The bottom line?

Adjuvant chemotherapy in the management of patients with non small cell lung cancer does work! Worldwide, this could save up to 7000 lives a year. The magnitude of the benefit is similar to, or perhaps even better than that observed in other malignancies. However, given the number of unanswered questions that remain, continued participation of patients in clinical trials is crucial.

Access to the material presented is available through the ASCO website at www.asco.org

1. *Adjuvant Vinorelbine and Cisplatin in Elderly Patients: Analysis of National Cancer Institute of Canada Clinical Trials Group and Intergroup Study JBR.10.*

Abstract 7009 Carmela Pepe MD

2. *Lung Adjuvant Cisplatin Evaluation (LACE): A pooled analysis of five randomized clinical trials including 4,584 patients.*

Abstract 7008 Jean Pierre Pignon MD

3. *CISCA (cisplatin vs. carboplatin) meta-analysis: An individual patient data meta-analysis comparing cisplatin versus carboplatin-based chemotherapy in first-line treatment of advanced non-small cell lung cancer (NSCLC).*

Abstract 7011 Andrea Ardizzoni

4. *Adjuvant chemotherapy in stage IB non-small cell lung cancer (NSCLC): Update of Cancer and Leukemia Group B (CALGB) protocol 9633.*

Abstract 7007 Gary Strauss MD

My attendance at ASCO 2006 was made possible by a grant administered by SHPA (Society of Hospital Pharmacists of Australia) and funded by EBWE.

Canadian National Oncology Pharmacy Symposium (NOPS)

Introduction – Victoria Kyritsis (Vancouver)

The Canadian Association of Pharmacy in Oncology (CAPHO) held its annual cancer conference – the National Oncology Pharmacy Symposium (NOPS) 2006 with the theme “The Dollars and Sense of Quality Cancer Care” in Montreal on October 13-15.

The conference started off with a blast and maintained its tone with an excellent array of speakers who addressed the issues of coping with the costs of new cancer therapies and dealing with the ethical and social perspectives of oncology drug use. With the prevalence of different cancers and the soaring costs of new drug treatments, balancing quality of care and treatment accessibility continue to be a challenge for all oncology pharmacy practitioners. Plenty of discussions were generated and attendees had the opportunity to network with colleagues from across the nation during our social and educational functions.

For more information on the topics presented as well as presentations from CAPHO's new education initiatives, please visit our website at www.capho.org. We look forward to seeing everyone next year in Halifax for NOPS 2007.

Detailed Report – Betty Riddell

This successful program was attended by over 200 registrants representing oncology pharmacy practitioners from all areas of Canada.

The organizing committee was co-chaired by Martin Franco, Montreal; Victoria Kyritsis, Vancouver; and Larry Broadfield, Halifax.

The program commenced Friday with a series of Satellite Symposia including presentations on multiple myeloma, B-CLL therapy, molecular biology, advances in the treatment of renal cell cancer, the emerging role of cytokines in cancer management, hormone therapy

for early breast cancer and optimizing clinical outcomes in metastatic breast cancer.

The plenary sessions held October 14 and 15 excelled. The variety of interesting topics provided something of interest for everyone. A spirited presentation by Jean – Francois Bussieres, St Justin Hospital, focused on ten relevant questions related to the topic “An Ethical and Social Perspective of Oncology Drug Use – How to Maintain a Quality of Care and Treatment Accessibility with Vertiginous Increases in Drug Cost”, an entertaining presentation with a serious message. This was followed by a keynote presentation from Susan O’Reilly, B.C. Cancer Agency, “Coping with Costs of New Cancer Therapies”. Dr. O’Reilly provided a timely and exemplary overview of guiding principles to be followed in the selection of new therapies for cancer care.

Therapeutic topics included: Anti-bacterial prophylaxis; lenalidomide a new treatment for myelodysplastic syndrome and multiple myeloma; and intraperitoneal therapy for ovarian cancer.

Larry Broadfield, Past President of both CAPHo and ISOPP, reported on a survey he carried out in the summer of 2006 to determine compliance with the CAPHo Standards of Practice released in October 2004. The Standards include four major areas: Oncology Pharmacy Administration; Oncology Pharmacy Distribution; Safe Handling of Chemotherapy Drugs; and Clinical Practice in Oncology Pharmacy. Results of the survey showed good compliance with most of the key standards on administration, with an identified need for adequate staffing, high compliance with key standards on distribution and safe handling and improvement needed in provision of clinical services.

The six break-out sessions allowed registrants to choose two subjects of interest. Subjects included: 1. Drug Prices: The Role of the Patented Medicines Prices Review Board; 2. Are Efficacy and Safety Enough in 2006? Adding Dollars to the Research Equation; 3. Ketamine as Pain Control Therapy in Cancer and Terminally Ill Patients;

4. An Update in Chronic Lymphocytic Leukemia Treatment; 5. Using Technology and On-Line Computer Sciences to Improve Oncology Pharmaceutical Care: A Web-Based Documentation Program; and 6. Pricing Pharmaceuticals in a Global Marketplace. I attended Session 2 conducted by Carole Chambers, Alberta Cancer Board and President-Elect of ISOPP. Her interesting and thorough presentation outlined the economic evaluation component of a clinical trial and the potential for clinical trials to predict economic outcomes. I also attended session 5. presented by Carlo De Angelis, Sunnybrook and Women’s College Health Sciences Centre, on using technology and online computer sciences to improve oncology pharmaceutical care. The potential for the use of the Oncology Symptom Control and Information Resource (OSCIR); an electronic database which allows for the real time capture of the patient’s symptom experience at the point of care allows for standardized patient assessment of multiple signs and symptoms and enhancement of communication between members of the care team.

The highlight of Sunday’s program was a panel presentation “Pharmacists Role: Assuring the Quality of Care While Controlling Drug Costs and Healthcare spending”. Participants were Kathy Gesy, Saskatchewan Cancer Agency, the *Oncology Pharmacy Department Perspective*; Suzanne C. Malfair Taylor, B.C Cancer Agency the *Pharmacoeconomic Perspective*; Sean Hopkins, Ottawa Regional Cancer Centre, the *Clinical and Patient Perspective*; and Debbie Milliken, Cancer Care Ontario, the *Cancer System Perspective*.

The Annual General Meeting of CAPHo was conducted by President Gabriel Gazze. The agenda included: announcing future locations of NOPS-2007 Halifax, Nova Scotia, 2008 Calgary, Alberta, and 2009 Ottawa, Ontario; the financial report presented by John Wiernikowski, Treasurer (member of the ISOPP Secretariat); and the awarding of the CAPHo



NOPS organising committee

Distinguished Service Award to two deserving candidates - Flay Charbonneau and Pat Trozzo. Flay is from Toronto Sunnybrook Regional Cancer Centre and Pat is from Cancer Care Manitoba. Both recipients have a long history of contribution to CAPHo through involvement with the NOPS Planning Committee.

An exciting new development was release of a new e-learning module, a CAPHo – Merck collaborative project entitled “HOPE” – helping Oncology pharmacists through e-learning. HOPE is now on-line at www.capho.org.



Diana Howard (on left) and Kelly Wills (on the right) as they had the task of blowing out the candles on the 10th anniversary cake of CAPHo.

In summary, this is an exciting time in the history of CAPHo as we celebrated our tenth anniversary and reflected on the many accomplishments of the association. A reception to honour this significant milestone was held along with posters to view, birthday cake and candles, plus a short video on Halifax followed by an invitation from incoming NOPS 2007 Chairman Larry Broadfield to attend next years NOPS in Halifax, Nova Scotia. Diana Howard and Kelly Wills, Alberta Pharmacy Oncology Residents blew out the birthday candles as we looked forward to the future of CAPHo oncology practitioners.