Another year has been added to the calendar, 2010 is gone, 2011 has started. With this new year I wish on behalf of the Secretariat and committee chairs of ISOPP you and your relatives a healthy, peaceful, happy and prosperous 2011.

2011 announced itself as a “difficult” year, with natural catastrophes, political instabilities and the still ongoing influence of the past global financial crisis. As individuals there is little we can do about it, but as a community I like to think we can make a little difference.

A difference in our professionalism and increased care for the patients and the health care professionals in the oncology/hematology setting. ISOPP wants to express that difference in its activities and services, with the intention to do more and do better than in the past and to reach out to new members and regions.

Thus, a lot of new initiatives will take place for the first time in 2011.

From this year on we will have yearly elections for half of the Secretariat ensuring a continuation of officers with at least one year of experience and ‘corporate memory’. This also enables members who are willing to contribute in a more pronounced way to the ISOPP society to run more often for a position on the Secretariat, something we can only stimulate and applaud. The more people competing for Secretariat positions, the more we can ensure global representation within our society. The electronic voting system, combined with the paper ballot back-up for those not able to have internet access, will start in February. Remember that only members who have paid their membership fee for 2011 will be allowed to vote. This brings me automatically to the next point, the membership fee and the deadline for application / renewal of your membership. From this year on the membership fee structure has changed from salary band to country band, in-line with numerous other (international) societies (e.g. FIP –International Pharmaceutical Federation, CANO -Canadian Association of Nurses in Oncology; IONS -International Oncology Nursing Society; …) and based on the international economic development index assigned to each country by the United Nations and World Bank. It is possible that individuals might face difficulties to meet their countries band fee. For these people, there is a possibility to submit a request to the Secretariat for funding of their membership under the sponsored membership scheme. The

President’s Message

ISOPPP President Johan Vandenbroucke speaking at the Annual Meeting of the Japanese Society Pharmaceutical Health Care and Sciences. / Tokyo, November 2010.

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number of sponsored memberships available depends on the solidarity of the current members who can pay on top of their own membership fee an extra sum to fund this and to the support of our industrial partners. I can only encourage that solidarity among the members of our society, it strengthens the bonds between us and gives opportunities to those who need assistance. The deadline for renewal is March 1st, but don’t wait that long or you will miss the voting opportunity and remember the saying “do not delay what you can do today”. 2011 is also the year where ISOPP for the first time will take part in external events. So ISOPP has organized the scientific part of a two day seminar in Salzburg – Austria to take place in May. This event aims for a presence of 150 pharmacists from around the world and will introduce ISOPP to those attending. In addition, at the beginning of September, ISOPP has been able to organize a half-day dedicated to oncology practice during the official program of the FIP congress in Hyderabad – India. Read more about this event later in this newsletter. The standards committee has worked very hard in the last months of 2010 to ready the audit tool based on our safe handling standards. Together with the publication committee this tool is now available for all members to use. As you can see the organization is moving ahead, the services and benefits have increased. The main goal ISOPP has is to provide you with better material, education and professional support.

if you want to benefit from all of this, renew you membership if not already done. Also spread the word, the best advertisement is a satisfied member speaking and encouraging other colleagues to become members of our society.

Kind regards and hope to see you at one of the events this year.

Johan Vandenbroucke
President ISOPP 2010-2012

Greetings ISOPP Members

The Call for Nominations for positions on the ISOPP Secretariat for the term 2011-13 has been made. There are 3 positions on the Secretariat up for Election; 1 Secretary, and 2 General Secretariat Members. Completed Nomination forms, CV, Letter of Intent, and Photograph are to be sent to the Nomination Committee Chair by 14th Jan, 2011. The Nomination committee will notify potential Candidates soon after in January 2011 if they will be put on the ballot; with the Election occurring in Early February. If you have any questions regarding the process, feel free to contact John Wiernikowski (john.wiernikowski@gmail.com) Fax: +1-905-521-5008, Tel: +1 905-521-5030 pager 1096) Chair of the Nominations Committee with any questions. Please consider running for or encouraging a fellow member to run for a Secretariat Position. The continuing success of ISOPP is contingent upon the active participation of its members.

Regards,
John T. Wiernikowski,
President-Elect ISOPP

President of the Japanese Society of Oncology Pharmacy Practice (JSOPP) and ISOPP member, Shin-Ichi Sugiura introducing President Johan.

This instrument will give you a picture how your facility is complying with the ISOPP standards, and what points can be addressed for improvement. Comparison with other institutions worldwide is now possible and the scores of all ISOPP members who score themselves will be added to create a ‘global score’ and you can then benchmark your facility against the ‘global score’. This may help you to convince your management to improve your own facilities if you need to. At the end of 2010, the first case study prepared by the education committee was put on the website. Our intention is to start with a new case study every 2 months, eventually increasing cases according to an evaluation procedure on reading and response to it. So keep looking at the website, new material will be in place soon.

Last but by no means least, ISOPP is also closely involved in a extensive questionnaire about safe medication practice in oncology together with ISMP - Institute For Safe Medication Practices. At the end of February this work should be done and the first tests for online participation and feedback will start. If these tests are positive this questionnaire will be distributed among the ISOPP membership.

As you can see the organization is moving ahead, the services and
I have been a member of the British Oncology Association (BOPA) for quite a few years and I was lucky enough to attend the BOPA annual conference in Manchester. My attendance was made possible by an educational grant from the Society of Hospital Pharmacists of Australia (SHPA). For the second consecutive year, the meeting was very successfully combined with the annual conference of the UK Oncology Nursing Society (UKONS). The nurses held their UKONS day on the first day of the conference. The second day was a joint BOPA/UKONS program and then the BOPA program continued on Saturday and Sunday.

The program was very well put together by the BOPA committee and they should be congratulated for doing such a great job. I must also thank the BOPA committee (particularly David Thompson, BOPA Chair) for their hospitality at the black tie gala dinner, but more about that later. Outside of the plenary sessions, there were four broad streams running throughout the proceedings: Research & development in practice, Clinical updates, Changing political & professional landscapes and Personal & professional development. There were also sessions for presentations of submitted abstracts across the streams.

It is impossible to detail all of the high quality presentations that were delivered at the conference but I will pick out a few from the plenary that were particularly thought provoking. Professor David Kerr, advisor to the British Government on cancer policy, spoke about moving towards an outcomes-orientated NHS where the clinical outcomes of patients become more important than blanket health service targets based on little evidence. A real highlight was the much anticipated debate on the new cancer drug fund made available by the British coalition Government. The debate was titled “This house believes the £200 million cancer drug fund is an answer to cancer drug access issues?” The arguments for and against were eloquently delivered by the panel. There was audience participation too, a before and after opinion poll showed a swing in favour of the fund!

The Succinct Lecture has become a highlight of the BOPA conference and this year did not disappoint. The British mountaineer, Joe Simpson, addressed the audience in a session titled “A Testament to Hope”. Many of you will know the story of Joe who while climbing with a friend in South America was badly injured and fell into a vacuous crevasse. His climbing partner had to make the agonising decision to ‘cut the rope’ so to speak and leave Joe on the mountain. Joe gave a fascinating, confronting and extremely honest account of surviving against all odds. If you don’t know the story, I would encourage you to read the book (Touching the Void by Joe Simpson).

There is never a dull moment at the BOPA conference – if you are not in one of the excellent plenary sessions or the concurrent stream-based sessions, there is always the trade exhibition. There were 60 stands this year and I was made very welcome by the industry representatives, especially when they found out I had travelled from ‘down-under’. I am originally from the UK so it was a nice surprise to bump into a few of my old industry friends again.

As I mentioned previously, no account of the BOPA meeting is complete without a mention of the black tie gala dinner. This took place on Saturday evening and is a chance for everyone to leave pharmacy behind for a few hours and to let their hair down. The dinner was followed by an excellent live band and the partying continued well into the early hours…..

I met old friends, made new ones and extended my network of contacts halfway across the world – it was a very successful few days. It goes without saying that the UK is a very long way from Australia yet despite the distance I hope to be able to attend the 2011 BOPA conference at the Scottish Exhibition Centre in Glasgow.

Dan Mellor
Deputy Director of Pharmacy
Peter MacCallum Cancer Centre
Melbourne Australia
Over 400 people attended the third Australian Lung Cancer Conference “Emerging Evidence” held in Melbourne from Thursday 7 to Saturday 9 October 2010. The conference was opened by Professor Bob Thomas OAM who introduced Jarrad Archer and Sam Foote, two young men who had walked over 800 kilometres from Adelaide, South Australia to Melbourne to raise funds for lung cancer research. They addressed the conference giving an emotional and passionate speech in memory of their friend, Matt Pusey a non-smoker who died of lung cancer in his thirties. This set the tone for an enthusiastic, challenging and engaging conference with many interesting and high quality presentations of the new and encouraging developments which are occurring in research and the treatment of lung cancer.

I attended the Lung Cancer Biomarkers Satellite workshop in which Prof Paul Waring, A/Prof Alex Dobrovic and A/Prof Lou Irving discussed the types of biomarkers both prognostic and predictive, the issues involved in the hunt for therapeutic targets in lung cancer, the development of targeted therapies and the design of clinical trials to confirm activity and optimise dose and schedule. The parallel development of the laboratory and immunohistological tests to identify potential patients was also discussed. Many of the presentations throughout the conference built on the ideas and issues raised in this workshop and enriched my understanding of their work.

A number of distinguished overseas guests attended the conference including Professor David Gandara from UC Davis Cancer Centre, Sacramento USA who spoke eloquently of his work in using predictive markers such as epidermal growth factor receptor (EGFR) mutation testing and HER2 testing to personalise treatment of lung cancer and also optimise the efficacy of combined chemotherapy and targeted therapy approaches in working to overcome resistance to EGFR. He also spoke of other potential targets in lung cancer such as the abrogation of DNA repair by PARP inhibition. Professor Fred Hirsch from University of Colorado USA was another highly renowned guest who spoke of the issues around EGFR testing in the laboratory and looked at future research in biomarker development and clinical trials.

Australian lung cancer specialists and researchers were well represented at the conference including Dr Ben Solomon who spoke of work with EML4-ALK fusions, a newly identified target in non-small cell lung cancer (NSCLC) lung cancer patients and the recent promising results in clinical trials. Dr Jenette Creaney gave a comprehensive overview of the current evidence and treatment of mesothelioma and the work being undertaken in the search for new biomarkers in this population. Dr Michael Millward looked at the developments in the treatment for small cell lung cancer (SCLC) and the results of recent trials supporting optimal chemotherapy regimens for these patients.

The Symptom and Supportive Care session invoked some lively discussion from the floor with presentations on such diverse aspects of the care of lung cancer patients as the management of complex pain, strategies to manage dyspnoea, the development of psycho-social and community support structures and the role of cancer nurse co-ordinators in bridging the gap for rural patients between health providers to enhance patient centred and culturally sensitive outcomes.

The Gala Dinner “A Day at the Races” took its theme from the annual spring racing carnival in Melbourne which was in full swing at the time of the conference and culminates in the Melbourne Cup evening.

Delegates entered into the spirit of the theme with many ladies wearing lavishly decorated hats and fascinators which made for a light hearted and fun evening.

The Australian Lung Cancer Conference was an informative, forward looking meeting with an optimistic and enthusiastic look at the new developments in areas of both research and the treatment of lung cancer. I have only touched on some of the presentations which made an impression on me but there were many more on a wide range of areas. I left the conference feeling there are opportunities for pharmacist involvement in both biomarker research projects and supportive care and inspired to become more involved.

I would encourage everyone who is able to attend the 14th World Conference on Lung Cancer which is being held in Amsterdam in July 2011 as it promises to be an exciting and interesting event.

Carol Rice,
Peter MacCallum Cancer Centre
Melbourne Australia
The International Pharmaceutical Federation (FIP) was formed in 1912 and is a global federation of national associations of pharmacists and pharmaceutical scientists. FIP represents 124 member organisations. At the 69th international congress of FIP, held in Basel Switzerland in August 2008, the Hospital Pharmacy Section (founded in 1957) ran a ‘Global conference on the Future of Hospital Pharmacy’. Ninety-eight countries were represented and a document ‘The Basel Statements’ was produced. For more information on the FIP meeting and the Basel Statements visit http://www.fip.org/www/index.php?page=baselproceedings.

Several of the Basel Statements are related to oncology pharmacy practice, eg:

Statement 2. At a global level, ‘Good Hospital Pharmacy Practice’ guidelines based on evidence should be developed. These guidelines should assist national efforts to define standards across the levels, coverage, and scope of hospital pharmacy services and should include corresponding human resource and training requirements.

Statement 35. Hospital pharmacists should ensure that compounded medicines are consistently prepared to comply with quality standards.

Statement 36. Hospital pharmacists should provide pharmacy-managed injectable admixture services using aseptic technique.

Statement 37. Hazardous medicines including cytotoxics should be prepared under environmental conditions that minimize the risk of contaminating the product and exposing hospital personnel to harm.

Statement 50. Vinca alkaloids should be diluted, ideally in a minibag and/or large syringe (for pediatric patients), and dispensed with special labeling precautions in order to prevent inadvertent intrathecal administration.

The ISOPP Standards of Practice obviously fulfil the 2nd Basel Statement as far as handling cytotoxic drugs and ISOPP suggested to FIP that a collaboration between the two groups would be a useful outcome for both groups. However, as you can imagine, time availability at an FIP conference is limited and there are several layers of committees that have to approve a space allocation for a meeting collaboration. Thus presentations had to be made to the Hospital Pharmacy Section business meeting, the FIP Executive Staff, the FIP Executive Committee of members and finally the programming committee. Thanks to the hard and determined work by ISOPP Treasurer Jill Kolesar and the support of ISOPP member and FIP Hospital Pharmacy Section Assistant Secretary Lee Vermeulen, all these presentations were made and final approval was given for a full afternoon joint session to be held on Tuesday September 6th 2011 during the 71st FIP congress at Hyderabad India. The overall theme of this congress ‘Compromising Safety and Quality, a Risky Path’ fits in extremely well with the ISOPP mission “The International Society of Oncology Pharmacy Practitioners will promote and enhance oncology pharmacy practice worldwide in order to improve cancer patient care”.

The Basel Statements are currently in the process of being implemented worldwide with the support of the World Health Organisation (WHO). This collaboration with FIP gives ISOPP an opportunity to advertise its work in the area of safe handling and a wonderful opportunity to reach pharmacists in India where oncology pharmacy is in its very early stages.

The programme for this joint meeting will be published in a future Newsletter.

Jill Davis, ISOPP Newsletter Editor

The Australasian ISOPP Symposium
Saturday August 13, 2011.
Location: Melbourne, Australia. For more information contact Jillian. davis@austin.org.au.
Although this year the symposium will be only one day, it will be attached to a 2-day Society of Hospital Pharmacists of Australia’s clinical oncology pharmacy training programme. You may be interested in attending both!

ISOPP Standards Audit Tool Now Available to Members

How well does your practice comply with the ISOPP Standards?
Where could you improve your practice?
How do you compare with other centres in your region or country?

ISOPP members can now find the answers to these questions by completing an on-line audit tool now available on the members only section of the website. This survey is easy to access and complete and members can fill a section at a time, whenever it suits. As the number of completed surveys increases members will be able to benchmark themselves against other centres.

Members should follow the links on the website to access the audit tool. Any questions can be directed to Robbie, Maria or Felice (contact details on the website).

New website “reliable cancer therapies” that you might find interesting:

Reliable Cancer Therapies (RCT) is a non-profit organization that provides research-based information on cancer therapies and selectively funds the development of promising therapies.

http://www.reliablecancertherapies.com/
NOPS 2010

Summary

As I write this notice for the winter newsletter it is -30 degrees C outside with a windchill making it seem like -41 degrees C. The traffic is incredibly busy as people scurry to complete their last minute Christmas shopping. It is hard to believe that 2 months and much better weather have passed since NOPS 2010 took place in Winnipeg. [October 15 – 17, 2010 at the Fairmont Winnipeg, Winnipeg, Manitoba, Canada – Ed]

The conference had 251 registrants and was packed with activity from early morning Friday until Sunday mid afternoon. The plenary sessions covered a wide range of material including cancer screening, sexuality in cancer patients as well as a panel discussion on patient’s accessibility to medications. The conference provided many opportunities for attendees to interact with the speakers as well as their colleagues from across the country. Additionally, attendees had the opportunity to enjoy themselves at the King’s Head Pub on the Saturday evening. Many were frustrated at how early Sunday morning seemed to appear.

Please note that presentations from Saturday and Sunday are now available on the CAPhO website https://www.capho.org/nops/2010/presentations.html

[Congratulations to ISOPP members Joan Fabbro and Michell Koberinski who received NOPS Merit Awards and to Flay Charbonneau and Rick Abbot who received Poster Awards. Ed]

A conference of this size and quality does not take place without the contributions of many individuals. I would like to take this opportunity to thank the organizing committee as well as the CAPhO Executive for their support. As well, the conference is thankful for the industry sponsors who helped to keep this important conference affordable for members. Planning has begun for NOPS 2011 being held in Quebec City. Mark your calendars for November 4th - 6th, 2011. I hope to see you there.

Pat Trozzo
B.Sc(Chem), B.Sc. (Pharm), BCPS, FCSHP
Chair, NOPS 2010
Site manager, Pharmacy Program, CancerCare Manitoba
Clinical Assistant Professor, Faculty of Pharmacy, University of Manitoba, Canada

Update on the current progress of our research grant awarded at the last ISOPP congress.

Carlo De Angelis from Sunnybrook Health Sciences Center in Toronto won the award for the grant entitled, “A Pilot Study to Evaluate Urinary Markers of Pain Flare in Patients Undergoing External Beam Radiotherapy for the Treatment of Painful Bone Metastases”

As of September:
1. Patients accrued: 58
2. Patients with complete sample and diary entries: 26
3. By mid-January there will be an update of patient diaries to identify patients with pain flares.
4. Researchers are in the process of ordering the immunoassay kits and are planning to assay the samples in mid January.
5. Data analysis is planned for February with manuscript preparation to begin in March.

WELCOME TO NOPS 2010!

[and thanks to Rhonda Kalyn, CAPhO Education Chair for the photos that accompany this report.. Ed]