

News LETTER



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Message from the President

As 2012 winds down it's time to look forward to new and exciting things in 2013. The Secretariat and ISOPP Committees have been busy the past few months. Many of you provided input into the proposed Constitutional move out of Germany. Before the end of the month, you will all be receiving a personal email with a spreadsheet outlining the key discriminating factors informing our decision in choosing a new home for ISOPP. The Secretariat has done its due diligence in gathering this information and in making the choice of new home. The baton will now be passed on to you the ISOPP membership to vote on whether you wish to move or keep our Constitution in Germany. The vote on this will be held in conjunction with the upcoming election for Vacancies on the ISOPP Secretariat; namely Secretary, and 2 General Secretariat members. This is a very important vote for ISOPP, and therefore very important for you to renew your membership for the 2013 year in order to be eligible to vote. It's also your opportunity to be part of my "2020 Vision" initiative. Those of you who were at the Symposium in Melbourne may recall me describing my goal of ISOPP having at least 2020

members by the year 2020. This is a very achievable goal! I encourage all of you to renew your membership in ISOPP and if every current renewing member can get 1 new pharmacist, pharmacy technician, student/resident to join we will be over half way there. From ISOPP's side, we are working hard to make this as achievable as possible by maintaining this year's membership dues at the same levels as last year. Furthermore, the Membership Committee has put together a framework for joint membership between ISOPP and other Oncology Pharmacy Societies. ISOPP has presented this framework to the Executives of The Brazilian Society of Oncology Pharmacists (SOBRAFO); the Canadian Association of Pharmacy in Oncology (CAPHO) and the British Oncology Pharmacy Association (BOPA). If you are a member of one of these Societies, look for a communique from your Association regarding the possibility of joining both ISOPP and your National Society for a reduced rate. For ISOPP members beyond the borders of these Societies you may be offered membership in any of these Societies at a reduced rate.

For those of you that belong to other Societies, you may be asking, why wasn't my Society approached? There are several reasons for this. These societies have reasonably large memberships with low or only modest numbers of ISOPP members. With respect to Europe, it was deemed impractical to try and deal with all of



the national societies there; instead the Secretariat felt it would be better to offer joint memberships between ISOPP and ESOP. I have written to the President of ESOP to establish some dialogue on how we can get something in place between ISOPP and ESOP for the 2014 membership year. Finally, there is additional work to be done on the part of ISOPP's management company in processing the regular and joint/reciprocal memberships, so we

STOP PRESS

The next ISOPP symposium will be April 2 - 5, 2014 and will be at the Fairmont Queen Elizabeth Hotel Montreal, Quebec, Canada. Place those dates in your diary now!

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need to proceed at rate that will allow us to gauge the workload for Sea to Sky Management.

I mentioned our upcoming election. The call for Nominations has been posted on ISOPP.org and emailed to all members. This is your opportunity to get more involved with ISOPP, and contribute your knowledge and opinions on how to move the Society forward. The deadline for nominations is approaching, so please submit your nomination documents, or encourage a colleague to do so as soon as possible. Watch your email and ISOPP.org for exciting developments coming your way in 2013, and watch for the announcement of the dates of the next ISOPP Symposium in Montreal in the spring of 2014.

Finally, I want to take this opportunity to thank you for your ongoing commitment to Oncology Pharmacy Practice globally by being (and continuing to be) an ISOPP Member. I will close with very best wishes for a Happy Chanukkah, Merry Christmas and Kwanzaa for ISOPP members celebrating these holidays, and may 2013 be healthy, and rewarding in your professional and personal lives.

John Wiernikowski
ISOPP President.

The sixth issue of the Virtual Journal Club (VJC) is available on the ISOPP website by clicking on the VJC logo or by visiting the Education Center

Regards
Felice Musicco

Publications Chair 2012-2014
musicco@ifo.it

ISOPP Elections

ISOPP elections are scheduled for February 2013, and we are seeking candidates for three important positions: Secretary (1 position) and General Secretariat Members (2 positions).

Full job descriptions for each elected positions are available on the website.

The deadline for submitting a nomination form is midnight January 15, 2013 USA Eastern Standard Time.

If you are interested in running for a position please submit your nomination by completing the nomination form (available from the website). If you know of a colleague that would be a good addition to the ISOPP Secretariat, please encourage them to submit their nomination as well. The Society can only continue to grow and succeed through the active participation and commitment of ISOPP members.

If you require any clarification regarding the nomination process, please contact me at the following address: rowenan16@gmail.com

Regards
Rowena N. Schwartz, PharmD,
BCOP
President-Elect ISOPP
Chair, Nominations Committee

To make a submission to the ISOPP newsletter – contact the Editor – Jill Davis by email at jill.davis5@bigpond.com

Update from the Membership Committee

ISOPP Joint Membership Proposal

The ISOPP membership committee has developed a joint membership proposal that was recently approved by the ISOPP Secretariat with plans to roll out joint memberships in 2013. The Brazilian Society, BOPA and CAPhO will be approached to ascertain their interest in offering joint memberships to their members and while financial details are still being worked out, pharmacists joining both societies would receive a discounted membership to both organizations.

ISOPP Membership Brochure

The ISOPP membership committee plans to revise and update the membership brochure in 2013. However, we don't have a previous membership brochure to use as a starting point. Anyone able to scan and email a current membership brochure to Jill Kolesar jmkolesar@pharmacy.wisc.edu will receive the gratitude of the membership committee and a free beverage of their choice at the upcoming Montreal Congress!

Jill Kolesar
Membership Committee Chair 2012-2014
jmkolesar@pharmacy.wisc.edu

Where will ISOPP 2016 be held?

If you are thinking about hosting ISOPP in 2016, it is now time to give the idea serious consideration as the call for the interest will be made early in 2013.



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NOPS 2012 REPORT

John Wiernikowski, ISOPP President.

This year's Canadian National Oncology Pharmacy Symposium was held in Saskatoon, Saskatchewan from Oct 25-28. The weather was cold but the Prairie welcome was warm and inviting. The theme of this year's symposium was "Patients First" and the program provided a wide range of topics relating to the theme. The opening plenary was given by Donna Davis; a nurse and mother who lost her young son to a medical misadventure while in hospital. Donna went on to be a founding member of Patients for Patient Safety Canada, an organization devoted to improving all aspects of patient safety within the Health Care system. Her plenary had us either shaking our heads in disbelief or wiping away tears, or both. The next talks gave us new insights into new and evolving research of Dr. Michael Sawyer from the University of Alberta into the relationships between antineoplastic drug toxicity and body composition and how we might be dosing drugs in the future. This was followed by a talk by Dr. Josephine Nanson, a breast cancer survivor and patient representative on the newly formed Pan Canadian Oncology Drug Review (pCODR) Panel. This gave us insights into the process occurring at the National level to provide recommendations to Provincial health authorities on funding new oncology drugs for their populations.

The next session was a look at new imaging technology being developed



at the Canadian Light Source at the University of Saskatchewan.

The afternoon was split into Technical, Research and Clinical streams focusing on the role of pharmacy technicians and adherence to USP 797 standards in the Technical stream while the clinical stream provided updates on anemia management and pain control in the palliative setting, while the research stream presentation given by Dr. Dalyce Zuk gave pharmacists an insight into their role as clinical researchers and how to get a project launched. The next set of breakouts featured

Rachel White from the Human Factors Research Group (Some of you will remember Rachel from the ISOPP Symposium in Melbourne) who presented findings on workload and workflow process changes and their impact on chemotherapy safety. The other breakouts featured updates on Gynecologic Malignancies and a session on patient counseling.

After a full day of learning it was time to pause for a

glass of wine and spend some time visiting with colleagues and presenters at this year's poster display. The caliber of posters was excellent. The evening was topped off with a wonderful dinner at Delta Bessborough hotel with entertainment by a wonderful string quartet called The Chemostatics followed by local comedian Big Daddy Tazz. The dinner also featured the annual CAPhO awards ceremony.



Congratulations to all the winners, especially Kathy Gesy, recipient of this year's Distinguished Service Award.

The Sunday half day offered up presentations on bone health, effects of interruptions on medication order quality, and engaging primary health care providers in the care of the Oncology Patient.

Next year's symposium will be in fun and vibrant Niagara Falls, followed by the ISOPP Symposium in Montreal in the spring of 2014. Watch the ISOPP webpage and facebook page for dates to be confirmed soon.



BOPA report

Jill Davis, Melbourne, Australia

The British Oncology Pharmacy Association annual conference was held in Harrogate in Yorkshire. As has been the case for the last few meetings, BOPA combined with the UK Oncology Nurses Society annual meeting thus providing one full day of nursing education, one combined day with topics of interest to both professions and one and a half days aimed solely at oncology pharmacists.

Plenary presentation 'Complementary medicine in cancer care – ethical issues for pharmacists and nurses' by Edzard Ernst, Emeritus Professor, University of Exeter highlighted the work he and his team have done over many years to provide clinical evidence on efficacy and safety to support or not complementary medicine usage. In most cases, this usage does more harm than good. For those interested in further information, Prof Ernst has a website <http://edzardernst.com>. Prof Ernst asked 'Is it ethical for pharmacists to supply complementary medicine that has no scientific evidence for its use?' Dr Geoff Hall, medical oncologist at St James's Institute of Oncology, St James's University Hospital, Leeds, UK presented 'Logarithmic dose-



President David Thomson opening the meeting'

banding of chemotherapy'. In this climate of increasing numbers of cancer patients requiring treatment and limited resources, it is incumbent on us to use the resources we have to their best. This method to calculate doses and dose reductions for a range of drugs is based on strict mathematical calculations using an 80% rule. Thus dose reductions start from 100% and move down to 80% then 64% etc rather than the usual 80% then 60% etc.. This ensures appropriate reproducible dosing and at the same time reduces the range of doses required for individuals thus allowing streamlining of chemotherapy drug production. His institute now uses 20 different doses of cisplatin rather than the previous 189 doses. If the production of these

common doses can be outsourced, this will free up pharmacy preparation capacity as well as reduce waiting times. Without such changes some pharmacy production, such as clinical trial drug preparation, will be put in jeopardy.

Phil Deady, Lead Pharmacist, Procurement, Leeds Teaching Hospitals NHS Trust gave a timely presentation on How to manage drug shortages. One tip for pharmacists is to notify manufacturers when a change in treatment protocols means an increase usage of a particular drug thus creating extra demand for that drug. This may allow the manufacturer to better respond to supply needs.

Six posters were chosen for oral presentation and the winners of best paper were Sarah Goman and Susan Edwards with 'Introduction of a pharmacy technician-led education and toxicity assessment service for oral vinorelbine'. Pinkie Chambers won the FCP Poster Award, with 'Chemotherapy dose modifications in obese patients with colorectal cancer'. Congratulations to these winners.

ISOPP member David Thomson was honoured for his services to oncology by being made a Fellow of the Royal Pharmaceutical Society. Congratulations David! The next BOPA symposium will be held in Edinburgh 18-20 October 2013. Visit BOPA website for more information on BOPA 2012



The conference hotel, The Majestic, Harrogate, UK

The Third Hospital Pharmacy Oncology Meeting - INCA

‘Safety and effectiveness of pharmacotherapy in oncology’

Annemeri Livinelli, Grupo em Defesa da Criança com Cancer, GRENDACC, Brazil.

During October 31st and November 1st at the Windsor Barra Hotel in the beautiful city of Rio de Janeiro, the 3th congress promoted by education committee of National Cancer Institute (INCA) from Brazil was held. More than 400 attended the scientific program. The first symposium of hospital pharmacy practice (SBRAFH, Rio de Janeiro) had as the main themes the future of the hospital pharmacy in Brazil; the pharmacist in the clinical setting and the Brazilian experiences in clinical pharmacy. Although clinical pharmacy has been practiced in many countries for many years, in Brazil this practice is very recent, less than 15 years and only in a few hospitals. The second symposium was about radiopharmacy with a round table to discuss about radioactive drugs and nuclear medicine.

Other news from the meeting was the announcement of the Leticia Boecha award given in honor of this great pharmacist who transformed oncology pharmacy in the INCA and served as an example for many pharmacists in Brazil. While she was a pharmacist in the INCA she aggregated innovation and strengthened the pharmacist's role as a specialty to treat cancer. The committee that evaluated all abstracts



sent to this meeting chose five for oral presentation and three of these were selected to receive the award. Congratulations to all award winners. During the opening ceremony, Lara Aydos, president of SOBRAFO talked about the future of the oncology pharmacist in Brazil, highlighting the need to invest more in education to improve clinical practices. For this reason we need more qualified oncology pharmacist professionals. In the scientific program it was a pleasure to receive Dr Judith Smith from Texas – USA. [Ed: Dr Smith is the ISOPP Membership Committee Chair]. Dr Smith talked about undergraduate study in USA, different areas in which to act as a clinical pharmacist,

specifically in oncology. During the meeting other themes addressed were: pharmacogenomics, oncohematology, new therapies (subconjunctival, photodynamic, subcutaneous), microbiology control in clean areas, new technologies, patient safety and palliative care.

As in other recent oncology pharmacy meetings in other countries, during the INCA meeting an ISOPP ‘meet and greet’ event took place. About ten pharmacists joined Judith and myself to talk about ISOPP. We talked about the story of ISOPP since the beginning (1988 in New Zealand), the importance and ease of becoming a member, and all benefits of membership. In Brazil, Portuguese is our mother language and sometimes this is an obstacle to maintain contact with colleagues in other countries or even to access papers (which are mainly in English), but we encouraged the colleagues there to dedicate more time to learn English to use the ISOPP website and to read the ISOPP journal JOPP because they are useful tools to those who work in oncology pharmacy. Everybody that participated was interested and enthusiastic to hear more about ISOPP.



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Thanks to all the organizers, the meeting has been a success and it was one more quality event that also allowed updates, meeting colleagues and representatives from pharmaceutical companies. The good weather during the meeting advertised that summer is coming and it's time to enjoy the beach!

**Renew membership
early to be eligible
to vote**



ECOP - European Conference of Oncology

Thomas Schubert, Germany

From September, 27th to 29th more than 400 delegates, even from many non-EU-countries, met at the Hungarian Capital, Budapest, to attend the first ECOP, which was organised by ECCO, the European CanCer Organisation on behalf of ESOP – the European Society of Oncology Pharmacy.

The main topics of this congress were the treatment of different cancer entities, stability studies, oral chemotherapy and the role of the pharmacist into the future.

The main problem of oral chemotherapy is the patient's adherence taking his/her drug at the right time in the right dosage. In his lecture "Enhancing Adherence to Oral Chemotherapy" U.Jaede reported about a study of cancer patients taking capecitabine, a fluorouracil prodrug, which is used in the treatment of breast and colorectal cancer. Jaede and his team developed a multidisciplinary pharmaceutical care program using electronic medication event monitoring systems (MEMS) to make patients adherence better. The patients using that system where

better in over-all adherence compared to the control group.

"Community Pharmacists – Are They the Missing Link?" asked K. Ruberg in his talk. In Germany more than 220 community pharmacies are involved in the preparation of cytotoxic drugs. This is quite different to most of the other EU-countries. But, in most countries, the majority of oral chemotherapy is dispensed by community pharmacists. These pharmacists have the great opportunity to enhance patient adherence talking with them about side effects and other problems that can occur using cytotoxic drugs. Therefore the 'Competent Oncology Pharmacy' tool was introduced in Germany. S.O. Nissen showed in his poster the benefits of this educational tool in Oncology. Pharmacies who want to become a 'Competent Oncology Pharmacy' have to verify their special knowledge of cancer treatment, cytotoxic drug preparation and patient education. The main tool of 'Competent Oncology Pharmacy' is an online platform, where every member of the pharmaceutical team (pharmacists and technicians) has to do his/her studies. After registration on the internet, the participants are continuously educated via online presentations. After passing



Thomas Schubert, Germany

a test each member of the pharmaceutical team gets his own participation confirmation. So you can guarantee, that each member of the team has the same level of education. At the moment nearly fifty pharmacies are participating in the 'Competent Oncology Pharmacy'. S.O. Nissen described this program as an approach to ensure quality in oncology pharmacy.

If you are interested in more details of the 1st ECOP, you will find the proceedings book on http://www.ppme.eu/files/42280_ECOP%202012_NoAds.pdf

ASH Recap

Steve Stricker, PharmD, MS, BCOP
Assistant Professor of Pharmacy
Practice, Samford University
McWhorter School of Pharmacy
Birmingham, AL, USA

The 54th Annual American Society of Hematology (ASH) Annual Meeting and Exposition was held December 8 – 11 in Atlanta, GA. This year's program featured a diverse selection of educational and scientific sessions, including a number of novel therapies destined to change the practice of hematology/oncology for years to come. A few of these highlights are discussed below.

Daratumumab for Relapsed/Refractory Multiple Myeloma

Daratumumab is a novel human CD38 monoclonal antibody with activity against myeloma cells and no effect on mature lymphocytes has shown activity in relapsed or refractory multiple myeloma according to a phase I/II study from Denmark. To date, 32 patients have been enrolled in the study with a median of 6.3 prior lines of therapy. Efficacy endpoints evaluated reduction in paraprotein levels which ranged from 33 – 100% at doses of daratumumab greater than 4 mg/kg. Daratumumab appeared to be well tolerated with infusion-related events being the most commonly reported adverse events. Additional ongoing studies are evaluating the combination of daratumumab with bortezomib and dexamethasone or lenalidomide and dexamethasone.

MLN9708 in Previously Untreated Multiple Myeloma

MLN9708 is an oral, reversible proteasome inhibitor. Shaji Kumar of the Mayo Clinic presented results of a phase I/II trial of MLN9708 in combination with lenalidomide and dexamethasone (MLd) in patients with

previously untreated multiple myeloma. MLd could be given for a maximum of twelve 28-day cycles followed by MLN9708 maintenance therapy until disease progression. The overall response rate (ORR) was 88% with 40% of patients achieving at least a very good partial response (VGPR) and an 18% complete response (CR) rate. Similar to other proteasome-inhibitor based studies, responding patients gained greater depth of response with longer periods of therapy. In earlier studies, MLN9708 was associated with a low incidence of peripheral neuropathy (PN). In this study, 1 patient experienced grade 3 PN and one patient discontinued therapy as a result of PN. Other adverse events included: fatigue, nausea, and vomiting. Additional trials of MLN9708 presented at ASH demonstrated benefit of this novel drug for patients with relapsed or refractory amyloidosis and relapsed or refractory lymphoma.

Ponatinib for T315I-Positive CML

The exciting results of a phase I study of ponatinib in patients with tyrosine kinase inhibitor refractory CML were recently published in the New England Journal of Medicine. Updated results from the phase II PACE trial of 449 patients with resistance to nilotinib or dasatinib and a confirmed T315I mutation were presented at ASH. For patients with chronic phase CML, 46% achieved a complete cytogenetic response. Ponatinib is the first tyrosine kinase inhibitor with demonstrated activity in patients with the clinically feared T315I mutation. In addition to positive efficacy findings, patients in the PACE trial most commonly experienced skin rash or dryness, elevation of pancreatic enzymes and/or pancreatitis and myelosuppression.

Ibrutinib, a Novel Bruton's Tyrosine Kinase Inhibitor, for CLL

Bruton's Tyrosine Kinase (BTK) is a member of the transcriptional pathway which demonstrates constitutive activation in patients with CLL. This

pathway has been the target of other selective BTK-inhibitors with variable results. In this phase Ib/II trial of 116 patients with previously treated, relapsed/refractory CLL, the oral BTK-inhibitor ibrutinib was given daily until documentation of disease progression. The ORR in this pre-treated patient population was 71%. Patients with high risk disease characterized by the presence of a 17p deletion or relapse within 2 years of conventional chemotherapy for CLL demonstrated an ORR of 50%. Adverse events included diarrhea, fatigue, upper respiratory infection, rash, nausea and arthralgias. Other early studies presented at ASH involving the combination of ibrutinib with rituximab also reported efficacy in the management of patients with CLL.

HIV to Treat Cancer

The New York Times recently reported on the case of a 6 year old Pennsylvania girl with heavily treated ALL whose disease responded to a new form of immunotherapy using a genetically altered human immunodeficiency virus. While mainstream media has highlighted interest in using HIV to treat cancer, the science underlying this breakthrough was presented at ASH. The small study of 11 patients relies on the harvesting and purifying a patient's T cells which have been genetically engineered to express a chimeric antigen receptor on the cell surface which can bind CD19. Once infused to the patient, the modified T cells selectively target CD19-expressing leukemia cells. To date, 9 of 11 patients, including 7 of 9 patients with CLL and 2 of 2 patients with ALL have responded to this novel therapy. Responders have exhibited cytokine release syndrome (CRS) characterized by fever, nausea, hypoxia, etc. The addition of tocilizumab has been demonstrated to be effective in mitigating many of these symptoms. While this technology is currently in its infancy, the ASH presentation suggests

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Report of the 4th Asia Pacific Oncology Pharmacy Congress in Jakarta, Indonesia

Dr. Alexandre Chan, National University of Singapore/National Cancer Centre Singapore

The 4th Asia Pacific Oncology Pharmacy Congress took place on 1st-3rd November 2012 in Jakarta, Indonesia. Experts from China, Hong Kong, Indonesia, Hong Kong, Malaysia, Singapore, South Korea and Thailand presented to more than 200 participants at this biannual meeting. The theme of this year's conference was "Networking to Accelerate Oncology Pharmacy Practice", and it was chaired by Dr. Rizka Andalusia, the chairperson of the organizing committee of this meeting. The conference is organized by Indonesian Hospital Pharmacist Association and supported by Asia4safehandling.

The meeting began with a pre-conference workshop which was hosted by a few gurus in oncology pharmacy practice including Lita Chew (Singapore), Harbans Dillon (Malaysia) and Peter Yap (Singapore). They introduced the basic concepts of oncology treatment, the standard procedures for safe handling cytotoxic agents, and the proper equipment and facilities for handling cytotoxic agents to the local audience.

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that in the future this strategy may be effective in replacing hematopoietic stem cell transplant in the management of certain hematologic malignancies, including CLL and ALL.

These breakthroughs presented at ASH represent but a small portion of the outstanding educational and scientific sessions offered and represent a plethora of potential new options in the management of hematologic malignancies. Next year's meeting will be held December 7-10, 2013 in New Orleans, LA and promises to continue the trend of outstanding advances in malignant and benign hematology.



On the second and third days of the meeting, the main program consisted of plenary sessions and teaching sessions of various topics that was conducted by experts around the region. The plenary speakers included: Jarir At Thobari of Indonesia has given a talk highlighting the cost of cancer treatment, Alexandre Chan, from Singapore, lectured on the importance to utilize evaluate and apply oncology literature in clinical practice and an update of the management of chemotherapy-induced chemotherapy nausea and vomiting, Keary Zhou from Hong Kong who spoke on the management of graft-versus-host disease in allogeneic hematopoietic stem cell transplant, Manit Saeteaw from Thailand who spoke on the management of mucositis among colorectal cancer patients, Soo an Choi from South Korea who spoke on the management of neutropenic fever during end-of-life care, Vivianne Shih from Singapore who spoke on the management of tumor lysis syndrome in lymphoma patients, and Puttarapong Kanpukdee from Thailand who spoke on the strategies to excel in Oncology Pharmacy Practice.

The final day of the programming consisted of teaching sessions which incorporated topics that were dedicated to both technical aspects and clinical aspects of oncology pharmacy

practice. In the technical session, Peter Yap and Lita Chew from Singapore, Harban Dhillon and Birinder Kaur from Malaysia, and Agusdini Banun from Indonesia shared their expertise in the organization and maintenance of the clean room. In the clinical session, Vivianne Shih and Foo Koon Mian from Singapore, Yulia Trisna from Indonesia, and Suphat Subongkot from Thailand shared their experiences related to oncology patient care, including patient education, obtaining/documenting patient history, identifying essential clinical parameters and calculating doses in oncology practice. The last day of the programming was wrapped up with a final plenary session in which representatives from 8 different countries/cities sharing their challenges and aspirations in oncology pharmacy practice.

Before the conference ended, Dr. Jung-Tae Kim of Korea, who was the president of the Asia4safehandling group, handed over his presidency to Dr. Rizka Andalusia of Indonesia, who will serve as the president over the next 2 years. The organizers have also announced that fifth Asia-Pacific Oncology Pharmacy Conference will take place in Seoul, South Korea in 2014. We look forward to another fruitful networking sessions among Asian oncology pharmacy practitioners!