

# News LETTER



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## Message from the President

As 2013 draws to a close I am happy to share a number of exciting developments for ISOPP in 2014 and beyond. But first things first, the proposed amendments to our Constitution to facilitate our move to Canada have been posted on our website and the consultative period is virtually over. We will be moving on to an electronic vote on this immediately after the consultative period expires. This will mean that the vote will span the Christmas holidays, so in order to facilitate the vote, and in order to give everyone an opportunity to vote, the closing time for the vote will be extended into the New Year, and as such, all members membership will likewise be extended for this same amount of time. The other good news to share in this regard is that once again, we are able to continue to offer ISOPP membership without any increase in membership fees for 2014; so please renew your membership promptly. The second piece of exciting news relates to our Journal, JOPP. The continued submission of papers by ISOPP members and Oncology Pharmacists (who should be members!) has resulted in JOPP having a very good impact rating for its first ever rating; and we have a steady stream of manuscripts coming in such that JOPP will be increasing its publication frequency. Starting in 2014 ISOPP members will now receive 6 issues per year instead of four. Keep up the great work, and keep those papers coming in! We could see JOPP publishing every month in a few short years.

For those of you planning to attend ISOPP XIV in Montreal, remember that the early registration deadline is January 20th; registration fees increase by \$100 as of Jan 21. We are again pleased to offer 5 travel grants of 1250 Euros each. These are available to ALL ISOPP members; however preference will be given to members from Low and Middle Income countries; so renew your 2014 ISOPP Membership and apply ASAP. The announcement and link to the application is being emailed to ALL members, and available on [www.isopp.org](http://www.isopp.org). For those of you who have attended ISOPP meetings in the past, you know that we announce the next symposium location at our closing ceremony. This will also be the case in Montreal, but in addition to the 2016 venue we will be announcing 2 venues, one for 2016 and also for 2017. Yes, 2017; it's not a typo. After careful deliberation, the Secretariat has voted virtually unanimously (7 yes, 1 abstention) to transition to ANNUAL symposia as of 2017. The reason for this is multifactorial, but hinges around ISOPP's finances. Our biannual symposium is our biggest source of revenue followed by membership fees and industry sponsorships. As such, we need to take the lion's share of profits from the symposium (e.g. ISOPP took >95% of the Melbourne profits); however, since we are partnering with a national/regional Oncology Pharmacy organization (many of which have an annual meeting, and also rely on the symposium revenue for their Society's programs) we are becoming a less

attractive 'partner' for these types of events. This became very clear this summer when the call for applications to host/co-host the 2016 Symposium expired and we had zero applicants. By moving to annual symposia we can negotiate a much more equitable (and thus more attractive) revenue sharing agreement. While we are moving forward with annual meetings, it is not yet a certainty that these meetings will all be alike. As members, your input into what the meeting structure will be like is vital, and we will be soliciting your input early in 2014 to formalize what the 2017 meeting will look like. It could be the same 3 stream meeting that we always have, but we are also considering the possibility of having a shorter 'boutique' meeting that may run 2 days (Fri afternoon – Sunday morning) on a specific topic. We are also contemplating having optional 1 or 2 day pre-symposium courses as part of these symposia. Moving to annual symposia will



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## Presidents report continued

also negate the 2 year membership requirement for discounted meeting registration. So stay tuned....exciting times ahead.

If you haven't yet submitted your nomination for the upcoming ISOPP Secretariat Election, then please do so as soon as possible, or encourage a colleague to stand for election.

Other things we're working on for 2014 include a revamp/redesign of the ISOPP website, as well as potentially having 'live' discussions on our website with the lead author(s) of articles featured in our Virtual Journal club.

Finally, as the year comes to a close, I want to take this opportunity to wish all of our Members the very best of this holiday season, be it Christmas, Channukah, Kwanza or other celebration; and continued good health, in 2014.

John T Wiernikowski, PharmD, FISOPP  
ISOPP President.

As always, if you have questions/comments to/for me or the Secretariat; please contact me at john.wiernikowski@gmail.com or via Fax +1-905-521-5008 or Phone +1-905-521-5030 pager 1096

## Constitution changes promulgated 26 November 13 for comments up until 26 December13.

As you will recall, as part of our election earlier this year, there was a referendum on a motion to cease operations in Germany, and to move our constitution to Canada. The result of that vote was resoundingly in favour of moving our operations to Canada. We are now completing the final steps insofar as filing our tax declaration with the German authorities and awaiting final instructions on completing the move out of Germany from the German courts.

In anticipation that we will be able to register in Canada in early 2014;

## ISOPP Elections 2014

ISOPP elections are scheduled for February 2014, and we are seeking candidates for three positions: President-Elect (1 position), Treasurer (1 position) and General Secretariat Members (2 positions).

The links for full **position descriptions are on the website**. The deadline for submitting a nomination form is **midnight January 15, 2014 EST**.

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

### President-Elect is:

- elected by the ISOPP membership and works with the Secretariat and membership to help lead the organization.
- serves a two-year term as President-elect, to assure a seamless transition to President for

we will need to amend the current constitution and replace/modify any clauses that relate to rules and regulations governing our constitution under German law with those that will apply to us in Canada.

The changes represent the minimum changes we need to the constitution to register in Canada. These will be posted for the required 30 days of comment/consultation at which point we will proceed with a vote to accept these amendments. These amendments will come into effect at the time of registration in Canada.

For your review, please visit the website.

Regards

John Wiernikowski, BScPhm, PharmD, FISOPP  
ISOPP President

the Society. Following this term, the President-elect assumes the role as President for a two-year term.

- required to log onto the website weekly and attend to ISOPP business as it arises.

### Treasurer is:

- elected by the ISOPP membership and works with the President and Secretary to ensure ISOPP financial business is carried out in a prompt professional manner.
- elected for a two-year term and can be re-elected into the same position one additional time.
- required to log onto the website weekly and attend to ISOPP business as it arises.

### General Secretariat Member is:

- elected by the ISOPP membership and represent the membership as a whole; they do not represent specific countries or areas of interest.
- elected for a two-year term and can be re-elected into the same position one additional time.
- responsible to ensure they maintain a contactable email account,
- expected to keep in communication with the Secretariat via executive discussion forum on the ISOPP website, and to log in to the ISOPP website weekly to keep up to date on ongoing issues.

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](mailto:Jill.davis5@bigpond.com)

# BOPA Edinburgh 2013 Report

The 2013 British Oncology Pharmacy Association (BOPA) Annual Symposium was held on the 18-20th October at the Edinburgh International Conference Centre. There were over 500 delegates in attendance consisting of predominantly oncology and haematology pharmacists and technicians and representatives from the pharmaceutical industry. A number of overseas delegates were also in attendance.

For the first time in several years the symposium wasn't held in conjunction with The United Kingdom Oncology Nursing Society (UKONS) enabling the programme for all three days to be dedicated to presentations and educational sessions of direct relevance to oncology pharmacy practitioners. As well as a varied array of clinical and scientific updates, other sessions provided information and guidance on funding and access to cancer drugs, safe electronic prescribing and national data collection of chemotherapy usage.

Research and development was given a high profile this year to encourage delegates to participate in research and publish and present their findings. The regular Poster Discussion Session of the six best abstracts selected by the Faculty of Cancer Pharmacy was as usual very popular and the prize for the best presentation went to Clair Clark from the Beatson West of Scotland Cancer Centre in Glasgow. Clair's work, 'An audit of neutropenic complications in breast cancer patients receiving adjuvant and neo-adjuvant chemotherapy with FEC-D in the West of Scotland', won her a £2000 travel grant to attend a relevant international cancer conference of her choice.



A further six abstracts were selected for oral presentation as part of The Research and Development stream. International guest speaker Professor Michael Dooley from Melbourne, Australia further encouraged those who submitted abstracts to go one step further and publish their findings in his 'Poster to Paper' talk and the following session from Nicola Stoner and Simon Purcell proposed putting collaborative pharmacy research into practice. Subsequently a Research and Development sub-committee of BOPA has been formed with the aim to develop this further and enable oncology pharmacists to work in partnership on national research projects.

Formal recognition of specialist pharmacists is in the process of being introduced by the professional body representing pharmacists in the UK, The Royal Pharmaceutical Society (RPS). Director of Professional Development at the RPS, Catherine Duggan outlined how this will work for cancer pharmacists in conjunction with Geoff Saunders from the Faculty of Cancer Pharmacy. Through developing a system of accreditation and credentialing it will be possible for cancer pharmacists to apply for the appropriate level of recognition, from Stage I through to Stage II and Mastery level. This will be achieved by assessing

an individuals portfolio according to a series of core competencies.

One of the first sessions of this years symposium focussed on a topic likely to be of interest internationally. The electronic prescribing on anti-cancer therapies is to become compulsory in all UK cancer centres from April next year to improve safe prescribing and allow the efficient collection of chemotherapy usage data both locally and nationally. However at the same time it is recognised that e-prescribing systems themselves are not without their own risk. By sharing their experience of implementing and operating different e-prescribing systems at their respective workplaces, Marcus Warner, Kavita Kantilal and David Barber demonstrated that errors can occur at the setting-up, prescribing, verification and administration stages and advised on how these can be minimised, for example by thorough validation and training. As an outcome of this session BOPA are planning to formulate standards for the safe operation of e-prescribing systems for anti-cancer therapies.

The above is just a snapshot of the educational and informative content presented at this years symposium. In addition to this there was also the opportunity to Network with fellow professionals, visit the extensive industry exhibition stands and enjoy



## BOPA 2013 continued

the social activities culminating in the Gala Dinner which included a Ceilidh presenting delegates with the opportunity to demonstrate their mastery or otherwise of traditional Scottish folk dancing.

Finally the 2014 BOPA Annual Symposium will be held in the city of Birmingham on 17-19 October.



Matthew Small  
Lead Oncology  
& Haematology  
Pharmacist,  
Norfolk & Norwich  
University Hospital,  
UK



## Upcoming meetings 2014

**NZW – Hamburg, Germany** 24-26 January

**BOPP – Blankenberge, Belgium** 31 January – 1 February

**HOPA – New Orleans, USA** 26-29 March

## AAMEHPU First Event Summary

Nagwa Ibrahim (Saudi Arabia) and Ahmet Bosnak (Turkey)

It is our pleasure to summarize the outcome of our 1st event for Asia, Africa and Middle East Hospital Pharmacists Union (AAMEHPU). We conducted a workshop on 3rd-4th October 2013 in Istanbul – Turkey adjacent to the 3rd Turkish Oncology Pharmacy Congress. The workshop was organised in collaboration with the Turkish Oncology Pharmacy Association (TOPA).

AAMEHPU is a group of professional experts in pharmaceutical science and other related fields with extensive experience in clinical, educational and research. We aim to provide leadership in hospital pharmacy best practice, facilitate professional networking, share experience, maintain and improve recognition of excellence. We provide free membership to our members.

The main theme of the workshop was

role of pharmacists in managing mRCC. We discussed the role of pharmacists in patient treatment journey including presentation/diagnosis, treatment selection, administration, monitoring and adverse event management. We stressed on oral anticancer drugs.

The workshop was chaired by Klaus Meier (Germany), co-chaired by Ahmet Bosnak (Turkey), with two panellists Jurgen Barth (Germany) and Nagwa Ibrahim (Saudi Arabia).

During cases studies we discussed and shared experience, barriers that might be faced by oncology pharmacists, suggestions for solutions and proposed actions that might be taken to change practice. We had attendees from different countries mainly Saudi Arabia and Turkey. During discussion we recognised that culture, location

and available pharmacy programs are factors for varied experience.

Attendees were able to plan patient journey mapping. We grouped them by country. Each group drew the patient journey in their region. We discussed factors influencing adherence mainly oral anticancer drugs and availability of a support framework. Attendees reviewed two cases for adherence barriers. In addition we stressed on the importance of multi-disciplinary care for oncology patients.

The attendee's feedback was excellent. They requested us to conduct more events for pharmacists to help and support them changing practice and improve patient pharmaceutical care.

We aim to continue supporting our great members and organize more events in the near future. Thanks for our distinguished speakers for making the event successful.



# A day in the life of an oncology pharmacist in Kenya

By Irene Weru



The oncology pharmacy team at Kenyatta National Hospital consists of two pharmacists and three pharmaceutical technologists. The team works from a pharmacy located in the outpatient chemotherapy unit. The pharmacy distributes anticancer medicines for the entire hospital. It serves both the inpatients and the outpatients)

Its 7am on Tuesday morning. My team is ready to prepare chemotherapy for patients admitted to the radio-oncology ward yesterday. We discuss the chemotherapy list for the week and ensure that all staff are familiar with the medicines & regimen prescribed. Special attention is given to new and complex regimen.

I have to move to the oncology pharmacy in the clinic next door as the other pharmacist goes to the paediatric oncology ward for the ward round. Its going to be a busy day, I glance at the waiting bay as I walk quickly along the corridor. I am thankful the room is not as full as it was last week. Maybe today I will have time to catch up with some reading.

The doctors are expected to start reviewing patients at 9am so I have a good half hour to organize my space. Computer check, I should mention that we are in transition, the hospital just installed new software so we are still getting used to it. But it's saving us a lot of time previously spent on daily stock reconciliation and manual record keeping.

I have hardly settled in when the medical oncology ward brings in their order. They admitted 8 patients on Monday and had additional patients in the ward continuing on treatment. I work through the files reviewing regimen and doses for correctness. I have to call up the doctor for some clarifications before filling out the orders. I indicate the quantities of all items being dispensed and pass the documents to the clerical staff for billing.

The nurse collects the dispensed medicines at about ten o'clock. By this time, the outpatient queue has build up and my colleagues have completed preparing chemotherapy in the ward next door and have joined me at the pharmacy. We assign ourselves tasks sort of like a conveyer belt. Unfortunately, our outpatients have to pay for their treatment and one of our major tasks is to bill for all the medicines required by each patient.

We take short breaks in turn but keep the queue flowing. The ward orders continue coming. We take every opportunity we get to process these. In between, there is the occasional client for oral hormonal or chemotherapy and we dispense those as we go along. New patients are counseled on their treatment, continuing clients have their questions answered and we continually receive receipts from clients who have paid for their treatment.

We haven't realized what time it is until David (the second pharmacist) returns from the paediatric oncology ward round. It's about 1.30pm. We grab a quick lunch break but have one on the team clear the tail end of the outpatient queue.

The afternoon is spent putting medicines for each patient on trays against their treatment sheets. We have to prepare for reconstitution tomorrow. Our list is at fifty five outpatients in addition to the admitted patients. We clear our work

tops and brace for another day.

I almost forgot, it's the end of hospital rotation for some of the interns and I have to read their reports and sign off their log books before leaving work and it's the second week of the month so tomorrow is the medicines and therapeutics committee meeting. I have to put the file ready and its going to be a really early Wednesday morning.

It's 5pm, I haven't checked my email, haven't read anything new and my research ideas are still that, ideas in my mind! As I take the short walk home, I am confident that I added value to my clients, that I was a useful and valuable member of the health care team and that I executed my duties with due diligence and enthusiasm. I look back with thankfulness at how far we have come; the team has grown from one then two and now to five. We have in addition two billing clerks and one intern. There are more pharmacy staff empowered in chemotherapy admixtures and reconstitution and more staff that can confidently review an oncology medication order. I am also thankful that chemotherapy can now be prepared safely in a biological safety cabinet. Only one staff can use this at a time but I count this as progress in the right direction.

At exactly 5.15pm, I get home. I catch up with the boys and have half an hour of me time before having dinner. It's been a long day, my feet are sore, my mind is tired. As I retire to bed tonight, my thoughts are with the young lady I served ten years ago who came back today with recurrent cancer of the breast. The beautiful smile on her face speaks of hope. Our labor is not in vain. Irene Weru, Mpharm

Clinical Pharmacist (Oncology) &  
Secretary, Medicines & Therapeutics  
Committee  
Kenyatta National Hospital  
Nairobi, Kenya



# CAPhO – NOPS Report

Dr. Lynne Nakashima, BSc(Pharm), Pharm.D.

Pharmacy Professional Practice Leader

BC Cancer Agency, Vancouver Centre  
Clinical Professor

University of BC, Faculty of  
Pharmaceutical Sciences

600 West 10th Ave

Vancouver, BC V5Z 4E6

The 2013 Canadian National Oncology Pharmacy Symposium (NOPS) was hosted by the Canadian Association of Pharmacy in Oncology (CAPhO) from Nov. 14-17th in Vancouver, British Columbia. With the theme of “Many Paths, Many Journeys”, NOPS was a distinctive experience, providing quality educational opportunities and the opportunity to network with old friends and new. Chairs, Kimberly Kuik and Susan Walisser welcomed all attendees warmly to the 3rd largest city in Canada. We were treated to an excellent plenary talk by Karen MacCurdy Thompson from Moncton, New Brunswick about managing care of oncology patients who also have diabetes and the unique challenges that brings. This was followed by a panel discussion about implementing Computerized Physician Order Entry (CPOE) featuring Scott Edwards from St. John’s, Newfoundland, Ally Dhalla from London, Ontario and moderated expertly by Flay Charbonneau from Toronto, Ontario. The final plenary session of the morning was on Stem Cell Transplantation by Dawn Warkentin of Vancouver, BC.

The CAPhO Annual General Meeting was held next and offered the opportunity for members to hear about the initiatives being pursued by the organization. After lunch, attendees broke out into one of 3 streams – technician, clinical and administrative/research, all featuring a number of excellent presentations. Exhibits by the pharmaceutical industry were ongoing



ISOPP members attending the NOPS meeting

all day and the official poster reception was held following the completion of the afternoon session.

For dinner, the attendees walked across to the Vancouver Art Gallery to take in some of the exhibits followed by a buffet dinner and the Awards Presentations. The CAPhO Past President Award was given to Jennifer Jupp from Calgary and the CAPhO Merit Award went to Dennis Jang from Vancouver. CAPhO was delighted to present its Distinguished Service Award to Gabriel Gazze from Montreal. Daniel Stolfi presented his one man comedy routine, entitled “Cancer Can’t Dance Like This”, which was an amazing journey of his personal cancer experience.

The following morning, CAPhO held its Town Hall meeting and there was excellent discussion about a variety of topics including a change of name of the meeting from NOPS to the CAPhO Conference for future years. Final plenary sessions on the role of the Clinical Pharmacist in Collaborative Patient care, featuring Dr. David Saltman from Victoria, BC and Scott Edwards

from St. John’s, Newfoundland and Mobile Device Applications in health care by Christopher Ralph, Calgary, Alberta and Amy Smith, Regina, Saskatchewan were well received and a fantastic way to end the weekend. In April 2014, Canada welcomes the world to the 14th ISOPP meeting in Montreal, Quebec. We hope to see you all there!

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**The 13th issue of the Virtual Journal Club (VJC) is available on the ISOPP website by clicking on the VJC logo.**

The journal article is: “Intravenous chemotherapy preparation errors: Patient safety risks identified in a pan-Canadian exploratory study”. Use this article and the questions available on it to add to your continuing education requirements.

Regards

Felice Musicco

Publications Chair 2012-2014  
musicco@ifo.it



## Member Activities



Annmeri Livinalli and colleagues celebrating "Golden November" – the Brazilian National Day of the Fight against childhood cancer – 23 November



Lynne Nakashima (Canada, far right) spoke at the Irish Oncology Pharmacists meeting chaired by Fionnuala King, Nov 2013, Dublin, Ireland. Her topic was Future in Continuing Professional Development - The Canadian Experience.



Alex Chan (Singapore) meeting a kangaroo during his visit to Adelaide, Australia for the COSA conference.



Annmeri Livinalli (Brazil, centre) spreading the news regarding ISOPP XIV (Montreal) at a Sobrafo meeting, Brazil.

Thomas Schubert (Germany) ran the 40th Berlin Marathon (42.195Km) in just over 4 hours, his first marathon. There were more than 42,000 participants. After passing under the Brandenburg Gate seen in this photo, there is just 200 metres remaining to run.



Thomas Schubert - Sailing in the Netherlands with our Melges 24 Sailing boat





## Member Activities



Masterclass attendees and tutors – Dresden, Germany



Harbans Dhillon (Malaysia) at the opening ceremony of the “Aseptic Dispensing Course” held in the University Malaya Medical Centre 9-11 November 2013 attended by 120 participants, doctors, nurses, dietitians, pharmacists and pharmacy assistants from Malaysia, Indonesia, Singapore, Philippines and Vietnam. This 3 day course included 1 day devoted to oncology. Included topics were Harbans speaking on the ISOPP Standards and James Jorgenson speaking on ‘Safe handling of cytotoxic drugs’.



Bogumila Julia Sobkowiak (Poland) spreading the word on pancreatic cancer



No European congress is possible without the input of Klaus Meier (Germany)



## Travel Grants

We are pleased to offer the ISOPP International Travel Grants Program to attend ISOPP XIV in Montreal, Quebec, Canada from April 2 to 5, 2014. Up to FIVE travel grants of €1250 Euro each are available for members who have paid their 2014 membership fees.

How to Apply:

Please fill in and submit the ISOPP XIV Travel Grant Application form, found on the website and send it to Jill Kolesar, Chair ISOPP Membership Committee via email at [jmkolesar@pharmacy.wisc.edu](mailto:jmkolesar@pharmacy.wisc.edu).

**Deadline:**

Application deadline is Friday, January 10, 2014.

Responsibilities of Recipients:

The responsibilities of recipients are to:

- attend at the General Assembly and be introduced at the meeting
- submit a 1000 word article describing their practice and how attending the ISOPP meeting will be applied to their practice for publication in the ISOPP Newsletter

**Disclaimer:**

Recipients of ISOPP XIII (2012) travel grants are not eligible to apply for an ISOPP XIV travel grant.

**Reimbursement of Expenses:**

The recipient will be reimbursed to a maximum of €1250 Euros by wire

transfer after the ISOPP meeting and upon receipt of the ISOPP Newsletter article. Expense receipts are required and if less than the specified amount is spent, the grant recipient will only be reimbursed for their total expenses.

**Review Process:**

The review process is as follows:

- Applications will be reviewed by the Membership Committee and notification of travel awards will be made via email by January 16, 2014.
- Receipt of applications will be acknowledged electronically (by e-mail).
- Applicants are advised to determine entry VISA requirements and apply early if required.

Jill Kolesar

Chair ISOPP Membership Committee  
[jmkolesar@pharmacy.wisc.edu](mailto:jmkolesar@pharmacy.wisc.edu)

Members from the Australasian region can apply for a number of travel grants to facilitate attendance at the XIV International Symposium on Oncology Pharmacy Practice (ISOPP 2014). ISOPP 2014 is being held April 2 - 5, 2014 in Montreal, Canada and a maximum of Aus\$3000 per grant is available.

**Eligibility:** These grants are open to ISOPP members who reside in

Australia or New Zealand. Members who have full funding from another source are not eligible for this grant.

**Requirements:**

1. Applicants must have been an ISOPP member for at least the last 2 years.
2. Preference will be given to applicants:
  - (a) presenting a poster. Please attach a copy of the abstract and of the acceptance notice.
  - (b) showing previous commitment to ISOPP symposia (both regional and international).
3. Include a proposed budget for expenses.

**Application:**

Please complete the ISOPP 2014 Travel Grant Application Form and submit a proposed expense budget by January 31, 2014 to Terry Maunsell via email at [terry.maunsell@sswahs.nsw.gov.au](mailto:terry.maunsell@sswahs.nsw.gov.au).

**Have you some research planned? But need funding?**

Apply for an ISOPP Research Grant – announcement to be made soon.  
Keep watching.



**ISOPP XIV** XIV INTERNATIONAL SYMPOSIUM ON  
ONCOLOGY PHARMACY PRACTICE  
**April 2-5, 2014 • Montréal • Canada**  
*Fairmont The Queen Elizabeth*  
[www.isoppXIV.org](http://www.isoppXIV.org)

# COSA 2013 Report

Jill Davis, Melbourne Australia

This year's Clinical Oncology Society of Australia's conference was held in Adelaide 12-14 November. It was quick-started with a full day pre-conference workshop run by the Cancer Pharmacists Group (CPG). Topics at this workshop included Chemotherapy-induced neuropathy (John Coutsouvelis), neuropathic pain management (Arti Thakerar), new drugs and treatments for both haematology and solid tumour malignancies, oral cancer therapies and a session on recognising advanced practitioners. Australia as a small country (population wise not size wise), does not have the infrastructure to run specific educational programmes to recognise any advanced practice specialists. Instead, the Society of Hospital Pharmacists of Australia (SHPA) is in the process of creating a framework that will be possible to be used to recognise an advanced practitioner in any field of pharmacy, not just oncology based on specific criteria. This interesting presentation by Sue Kirska, Director of Pharmacy, Peter MacCallum Cancer Centre and SHPA Federal President was followed by the CPG's invited international speaker (and ISOPP's Education Committee



James Jorgenson



Alex Chan at COSA

Chair), Assoc/Prof Alex Chan speaking on the situation in Singapore, another small country.

This year's theme was "Cancer care coming of age" highlighting geriatric oncology (something I am becoming more interested in as I grow older) and also GI tract diseases. Experts from Australia and around the world were invited to speak on these topics. COSA is a multidisciplinary meeting which gives a great opportunity for wider learning – from surgery to physiotherapy as well as medical oncology, haematological malignancies and new drugs. Specific pharmacist focus included sessions on medication adherence, counselling and health literacy in the elderly, drug interactions and toxicities in the elderly, and a self directed e-learning package for pharmacists dispensing and checking oral anti-cancer therapies. Of particular interest was Alex Chan's 'Chemotherapy-induced cognitive impairment: cultural considerations' where he spoke of the difficulties inherent in translating common English questionnaires and concepts into Chinese characters and Jim Siderov's (ISOPP Standards Committee Chair) presentation on 'Toxicity of chemotherapy in elderly patients with colorectal cancer'. In an independent commentary on Jim's presentation, medical oncologist Assoc Prof Eva Segelov stated: *Jim Siderov*



*(above) highlighted the importance of review of polypharmacy in the elderly and the increased chance of drug interactions and reinforced the need for extensive patient education with the pharmacist as a critical member of the multidisciplinary cancer team.* The breakfast session 'Handling hazardous drugs, safety with savings' was an excellent presentation by James Jorgenson (ex-ISOPP Standards Committee Chair) with the exciting news that in some USA states, safe handling has become law. The 2014 COSA meeting will be held in Melbourne 2-4 December 2014 in conjunction with the 2014 World Cancer Congress 3-6 December 2014. Hope to see you there!