

News LETTER



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Message from Carole Chambers

Thank you to the members who have renewed their membership as well as shared their direct volunteer spirit with us during this transition. Our Secretariat letter to the membership that came with the March newsletter is also posted on the website under Secretariat news for the membership. As Acting President I intend to provide messages now in each newsletter as there is a renewed energy and new initiatives to share with you.

Your Secretariat has been working out how to create a mixture of new and continuing members on the Secretariat by using a rotation method. With the acceptance of electronic voting by the membership this is now possible and requires yearly elections of different groups of positions. Graham Sewell has graciously volunteered to be our Returning Officer for the 2008 elections. In order to get a rotation set up, the 2008 elections will be a mixture of two and three year terms. I will attempt to outline it here so that you can begin to consider

Position	2008 Conference	2009	2010 Conference	2011 Electronic	2012 Conference	2013 Electronic
President	Carole Chambers		Person A		Person H	
	Elections		Elections		Elections	
President Elect	Person A (New)	Person A	Person H (New)	Person H	Person O (New)	Person O
Treasurer	Person B (New)	Person B	Person I (New)	Person I	Person P (New)	Person P
General member	Person C (New)	Person C	Person J (New)	Person J	Person Q (New)	Person Q
General member	Person D (New)	Person D	Person K (New)	Person K	Person R (New)	Person R
2nd rotations	3 year term Election in 2008		Xxxxxxxx No new people in 2 nd group	Elections		Elections
Secretary	3 year New Person E	Person E	Person E	Person L (New)	Person L	Person S (New)
General Member	3year New Person F	Person F	Person F	Person M (New)	Person M	Person T (New)
General member	3 year New Person G	Person G	Person G	Person N (New)	Person N	Person U (New)

being nominated for the specified positions when the nomination forms appear after the summer.

This means in 2008 if you run for Secretary it will be for a 3 year term. If you run for a general member you may have a two or three year term. In this one election we plan to assign the three year terms to those running for general members who attract the higher vote results. All other positions in the election remain at the 2 year usual terms. This secretariat rotation will assist us as the current method has an entirely new Secretariat join the President, which has limitations. I am very excited to see this particular initiative proceed.

I am also chairing a nomination subcommittee for the upcoming elections. I hope many of you will consider running for office or volunteering on our committees and I would love to hear

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Message from Carole Chambers continued

from you if you do (carole.chambers@cancerboard.ab.ca). There are many opportunities to get involved in ISOPP and many of you continue to do so. Please consider making that connection as it strengthens all of us when you share your time and talents. This is OUR Society and we create how strong we are and how fast we are able to move initiatives forward.

Our Standards Committee have submitted their final product to JOPP so we will see these published very soon – well done. Our website (www.isopp.org) is changing so please keep an eye on it and provide feedback – it is appreciated. The Constitution Review is progressing well and we look forward to incorporating your feedback into this update.

Our Education Chair has already alerted you to consider getting involved to help plan the 2008 meeting. We know that 2008 will mark our Symposium being held jointly between ISOPP and HOPA. Please mark your calendars for June 18-22, 2008 and plan to be in attendance at the Anaheim Marriott, California (close to Disneyland). However, if you are like the Secretariat you are already asking “I wonder where 2010 will be held”. The Secretariat, at its recent meeting in March decided to put a call out for Interest for 2010. Our 2010 geographical location will be somewhere in Europe. We would like to receive expressions of interest from our European colleagues interested in hosting the 2010 meeting. The details are found in this newsletter and will be posted on the website as well. It is our intention to have you express your interest by September 30, 2007 so we can review options and ensure our next hosts will be in place by January 2008. They can then prepare to attend the 2008 meeting with promotional material for attendees to start planning for 2010.

Sincerely
Carole R Chambers
Acting President

Editorial

The ISOPP Secretariat and committee chairs have been very busy behind the scenes since the Secretariat meeting in Vancouver in March. Acting President Carole Chambers has taken on responsibility as the face of ISOPP and has instituted many initiatives. One of these, which should improve the continuity of leadership, is the introduction of staggered terms for the Secretariat to commence in 2008. Another is the introduction of limited sponsorship opportunities for the ISOPP website and Newsletter. Sponsorship will improve the ability of ISOPP to support its member benefits such as research grants and travel grants and will recognise the importance of ISOPP's commercial supporters. Improvements are continuously being made to the website. Did you know that when you click on User Preferences, you can track your membership payments and easily see whether you have paid your membership or not? This is very useful for busy people. In this issue we have meeting reports from Italy, Saudi Arabia and USA as well as practice reports from Brazil and USA. Again a broad range with something of interest for everyone. Happy reading.


Jill Davis



Secretariat:

From L to R; Carole Chambers, John Wiernikowski, Kim Stefaniuk, Jude Lees, Johan Vandenbroucke, Terry Maunsell, Per Hartvig.



Committee Chairs :

From L to R: Thomas Garms, Robbie McLauchlan, Tom Connor, Judith Smith, Johan Vandenbroucke, Jill Davis, Felice Musicco. (absent Helen Leather)

Paediatric oncology pharmacy in Brazil



Hi, my name is Annemeri and I'm a pharmacist at GRENDACC (Group in Defense children with cancer). I'm here to talk about my experience in paediatric oncology in Brazil. GRENDACC is a philanthropic day hospital, with pharmacist, psychologist, physiotherapist, nutritionist, dentist, nurse as well as doctors and others to attend oncology and haematology patients.

I am available to patients and health care professionals for drug consultations and patient counselling during all day. Usually doctors and nurses use the pharmacist as the primary source of drug information.

When we see a new patient, our commonest diagnosis is ALL, we note multiple medical problems, mainly because in the first week of treatment, the patient takes three or more oral medications. My intervention is always necessary. I interview the care-giver to learn about the patient's past medical history, present medication history and any allergies. After the interview, I check the laboratory test results, note any pharmaceutical interventions, and follow patient outcome.

I identify drug-related problems, adverse drug events, and when it's necessary, I tell the doctor this information and suggest interventions. These are usually accepted.

When counselling, I give therapeutic recommendations, verbal and written information about chemotherapy and

other drug therapies, including indications and directions for using them. This is important patient and carer education. I explain how to detect adverse drug events, and check for medication errors and patient non-compliance. With my help, the care-giver becomes more educated about the medications and chemotherapy of their child and the importance of medication adherence. The other activities I do include detection of prescribing errors. Initially I verify chemotherapy orders of inpatient and outpatient prescriptions, checking the drugs (both antineoplastic and supportive care), the dosage, frequency, drug administration instructions (sequence, rote, method, rate and time) against the protocol.

preparation is carried out in a centralized unit of intravenous admixtures preparation, in the Hosp Pharma – Sao Paulo so

I don't have to be involved in this step. To complete all the process, there are administrative duties... it's boring work but has to be done. At GRENDACC the pharmacist is considered a necessary and established member of the oncology team.

At the end of my working day, 5:00 pm, what next? Time for my English class. I need to improve my communication skills in English, otherwise how will I talk with my colleagues in Anaheim next year? And I still have to check the ISOPP website, go to gym, and feed my ten dogs!



www.isopp.org

The ISOPP website has been updated since Felice Musicco was appointed Chair of the Publications Committee. In the Members Area you can browse two new sections, one dedicated to the ISOPP Standards and Practice Committee, and the other section, "the Resources Center", dedicated to information and documents supplied by ISOPP Members. In the Resources Centre, it is possible for members to share with the ISOPP community either their own work (e.g. copies of publications) or documents and links of interest. If you would like to post in this area please contact Felice.

The Education Section has been reordered and a new part is dedicated to the most important recent news posted by Helen Leather, Chair of the ISOPP Education Committee. In the unprotected area we have reordered the "symposia" page and

have added some new links in the "links" section.

I want to remind you that it is possible to share ideas, problems and have discussions worldwide with colleagues just by going into the Members discussion section. If you click on the white eye at the top of the page (it will change colour to red) you will receive by email all the messages posted. To contribute to the discussion and post new issues you will need to log onto the website and post your message. This is a powerful tool to share information worldwide, but in order to work efficiently it is necessary for as many members to participate as possible. This is a really useful way to help others by sharing your knowledge.

We have in mind a lot of future changes and would like have your participation with opinions and ideas. You can contact me Felice Musicco and the Publication Committee at fmusicco@libero.it.

Wide-angle: a year in oncology

Oncology Pharmacy: TECHNICAL AND ORGANISATIONAL ASPECTS OF NEW AND OLD DRUGS

Genoa, Italy 19th December 2006

On 19th December 2006, as usual, the meeting on Oncology Pharmacy was held, attached to the national meeting of oncologists called "Wide angle: a year in oncology", which updates treatments and diagnostic improvements in oncology during the last 12 months. The 2006 meeting was again held in Genoa with a parallel meeting for pharmacists. The programme started with a lecture by Paolo Bruzzi, epidemiologist, focusing on the new approaches in developing clinical trials in oncology, including for new drugs. Traditional trial processes may need revision due to the new mechanism of action of the new targeted molecules. This made us feel a bit worried because some traditional phases would not be suitable any more but different approaches should be rigorously and methodologically developed according to the objectives we want to pursue. Much appreciated was the second presentation by Dr. Apolone, from Mario Negri Institute who further developed the theme of Dr. Bruzzi, focusing on critical points of authorising pathways. Emanuela Omodeo Sale', a colleague from the European Oncology Institute addressed ADR reporting, underlying that, while trials are undertaken, ADRs are more numerous than after drug registration. Barbara Rebesco, pharmacist, from S. Martino Hospital, Genoa, raised the problem of off label uses of drugs and presented the experience of her region where a rational approach of usage was developed. The morning ended with a round table with the participation of Dr. Carlo Tomino from the Italian Agency of Medicinal Products (AIFA), Dr. Fausto Roila representing the oncologists, Franca Goffredo representing the pharmacists and Marisa De Rosa, representing CINECA. The main topic was the Intensive Monitoring of new drugs by AIFA. This new approach, devised by AIFA agreed to by oncologists and pharmacists and supported by the technical assistance of

CINECA, allows the availability of new expensive drugs, not yet completely characterised in terms of safety and pharmaceutical profile, to be supplied by the National Health Service. These drugs are strictly monitored in order to better define their efficacy and safety and to enable price negotiation with pharmaceutical companies. The afternoon involved more technical aspects. An update of safety for people involved in the handling of cytotoxic drugs was made by Dimitri Sossai, from the Occupational and Safety Health Department of S. Martino Hospital. Dr. Sossai was one of the members of the Working Group who elaborated the National Guidelines on this matter. His speech was followed by the presentation of ISOPP's standard by Graziella Sassi, from Torino, who contributed to their development on behalf of the Italian Group. SIFO's standards were also

presented by Martina Minguzzi. Next and very interestingly, for innovation and breakthrough for pharmaceutical practice the long awaited robotic experience was reported by Alicia Tevella, from the Pharmacy Service of Bolzano. Alicia presented the advantages of the automated preparation in terms of safety for the patients and handlers. Last but not least, Paolo Amari, from the Civico Hospital in Palermo, presented on the NIOSH Hazardous Drugs. The meeting was a great success and a good opportunity to share different experiences and update knowledge. The presentations were appreciated for their high level of quality and contents. Unfortunately only a few pharmacists attended the meeting this year maybe due to pressures of work so close to the end of the year. For more information on any of these topics please contact me at goffranc@tiscalinet.it.

Program and abstract by Franca Goffredo

ISOPP new members in 2007 at 1 June

Australia:

Miss Niamh Cooney
Ms Althanh Lam
Mr Dan Mellor
Mrs Gill Strachan
Mrs Anne E Viswalingam

Brazil:

Ms Daiela Pereira

Canada:

Dr Sharin Abadi
Ms Flay Charbonneau
Mrs Allison Jocko

Germany:

Mrs Annelie-Meike Bohnen
Ms Irmtraud Ege
Ms Claudia Gruendel
Ms Margret-Marie Hesse
Ms Sandra Mohrmann-Fischer
Mrs Mechthild Safarpour
Mrs Katrin Wiesmann

Italy:

Dr Rolando Moroni

Poland:

Ms Bogumila Julia Sobkowiak

Saudi Arabia:

Mr Zubeir Nurgat

Thailand:

Mr Narin Aphinyankul
Mrs Gamrutai Aroonsri
Ms Jiraporn Chiaovit
Ms Lalita Jala
Ms Soodchai Kawsukphong
Mrs Jitprapa Konmun
Mrs Nirachorn Kuchonthara
Ms Araya Lukkanawunakul
Mr Montree Nualpan
Mr Worasak Phutthivanit
Ms Pratum Prukranrak
Ms Thananchanoke Rattanathada
Miss Jarunee Rungwanonchai
Ms Nuttapat Saengsukkasaensak
Mrs Siriporn Sangvanprasatporn
Ms Duangkamol Sukharpiman
Ms Patcharin Suvanakoot
Ms Surirat Tangsangaksri
Ms Jintana Tangsitchanakul
Mr Mongkolchai Ungsaichae
Mr Wutthichai Vonglieng

2007 BMT Tandem meeting

Diana Booth

In February I was privileged to attend the 2007 Bone Marrow Transplant (BMT) Tandem Meetings. They are the joint meetings of the American Society of Bone Marrow Transplantation (ASBMT) and the Committee for Investigation of Blood and Marrow Research (CIBMTR) and includes the only dedicated BMT pharmacists meeting in the world. Traditionally this annual meeting is held at winter and summer venues in the US on alternate years. This year was in the ski resort town of Keystone and next year will be held in San Diego. This is the sixth year the pharmacists meeting has been included. The tireless powerhouse behind the pharmacists meeting is ISOPP's own Education chair, Helen Leather, and once again she put together a superlative program. Two hundred pharmacists were registered for the meeting and while it is primarily an American meeting, there were pharmacists from the UK, Europe, Canada, New Zealand and of course, myself from Australia. I already knew some people by name from a BMT e-mail list I belong to but it's lovely to put a few faces to those names. Should any pharmacist wish to be added to the BMT e-mail group please contact Helen Leather through the ISOPP website. The first challenge at the Tandem Meetings was to cope with the temperature change from 38C in Melbourne to below freezing in Colorado. The second challenge was to cope with the headaches and shortness of breath due to the altitude. For many attendees the major issue was how to fit in any skiing with such an action packed conference program.

Helen has kindly placed the powerpoint presentations from the speakers in the pharmacy program on the ISOPP website. I would recommend checking it out because much of it is relevant beyond the immediate sphere of transplantation. There are too many to list them all here but some particular examples are the excellent overviews of highlights from ASH 2006 and ICAAC 2006. Also, for those who are more directly involved in transplant

work, talks such as Pamela Jacobson's presentation on mycophenolate TDM and Corey Cutler's work on non-methotrexate based strategies for GVHD prophylaxis are a fabulous resource. I have already presented some of what I have learnt to my consultants and we will be updating some of our protocols as a result. I am proud to say that some of the changes we will introduce are the result of pharmacist driven research. Four of the best pharmacist posters were selected for oral presentation. Two are particularly pertinent to a wider audience.

Aprepitant has not been studied with high dose, multi-day chemotherapy regimens. Joseph Bubalo of Oregon Health Science Centre was awarded best pharmacy paper for his pilot study of aprepitant versus placebo combined with standard antiemetics for control of nausea and vomiting during HSCT. Complete response was defined as no emesis with mild to moderate nausea and major response was defined as no emesis with severe nausea or up to episodes of emesis on 1 day only. The CR rate for aprepitant was 40% compared to 27% for placebo and major response was 93% versus 47% respectively¹. Cyclophosphamide is one of the most common chemotherapy agents used in HSCT and is both activated and metabolized via the CYP 3A4 pathway. Theoretically, aprepitant

may interact with cyclophosphamide, which may be of particular importance in high dose therapy. Cyclophosphamide levels were analysed in this study and shown to be within the lower range of previously reported values, indicating that the combination is safe.

Steve Trifilo of Northwestern Memorial, Chicago presented data on voriconazole dosing and the associated plasma concentrations. Trough plasma levels were taken in 94 patients stabilized on voriconazole 200mg po bd for at least 7 days. Drug levels were found to be highly variable with 27% of levels subtherapeutic by the FDA standard of 0.5 g/mL and 65% of levels deemed at risk of treatment failure using Wisconsin data with a threshold of 2 g/mL. The recommendation of this study is to check levels in patients failing to respond to therapy and increase the dose accordingly². A word of caution, however. Voriconazole has non linear elimination kinetics. As a result small dose increases can result in comparatively large increase in the AUC³. Steve's work is available in electronic form ahead of publication in Cancer.

Observant readers will realize that both Joe and Steve presented best pharmacist papers at BMT tandem meeting 2006 as well. While their enthusiasm and dedication should be applauded, should we be concerned that it's a relatively



Diana making the most of her cold weather trip to Keystone

small pool of pharmacists producing such relevant research? Helen Leather certainly thinks so. I agree with her assertion that we all come across questions in our work that are research projects waiting to happen. However, the typical pharmacist experience of research is long evenings and weekends over the coffee pot after a hard week at work. We know that's not how our medical colleagues do it. They get funding, research nurses, clinical fellows, data managers and trials pharmacists to assist them. As a surprise bonus, Helen organized a workshop on "getting research happening" to show us how pharmacists can bridge the research gap. I'll confess that I felt a little intimidated by the concept at first, but the work shop really opened my eyes to some very practical possibilities. I hope Helen will be able to repeat the workshop at ISOPP 2008 in Los Angeles.

I will be presenting a conference report on the BMT Tandem Pharmacists meeting at the 5th ISOPP regional meeting in Brisbane, Australia in September. It also promises to be a good meeting so I'm looking forward to seeing many of you in sunny Brisbane. For information on 2008 BMT tandem meetings see www.cibmtr.org or www.asbmt.org

I would like to thank the SHPA and Ebewe Pharma for awarding me the

Professional Development Grant, which made my attendance at this valuable meeting possible.

Diana Booth

References

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2. Tifilio S, Singhal S, Williams S, Winter J, Tallman M, Gordon L, Evens A, Frankfurt O, Pi J, Mehta J. voriconazole Prophylaxis in patients at high risk for invasive fungal infections following allogeneic hematopoietic Stem Cell transplantation. *Biology Of Blood and Marrow Transplantation* 13(2, suppl 2); 2007 P153
3. Theuretzbacher, Ihle F and Derendorf H. Pharmacokinetic/Pharmacodynamic Profile of Voriconazole. *Clinical Pharmacokinetics* Vol. 45(7) pp649-663 2006

Future site for ISOPP XII – where will it be held?

The biennial ISOPP symposia has generally been held in conjunction with a local Society or group's meeting. The result of this co-sponsorship is that the location and timing of the meeting maximise local attendance and support. The 2004 Turin, Italy meeting was held with SIFO (Society Italian Hospital Pharmacists), the 2006 Kuala Lumpur, Malaysia meeting was held with MPS (Malaysian Pharmaceutical Society) and the upcoming 2008 Los Angeles, USA meeting will be held in conjunction with HOPA (Hematology/Oncology Pharmacy Association). In addition to holding our ISOPP meetings with local support, we also try to rotate the world location between Europe, North America and the Rest of the World. Our meeting cycle thus far has been: ISOPP I 1988 Rotorua, New Zealand
ISOPP II 1991 Bristol, UK
ISOPP III 1993 Toronto, Canada
ISOPP IV 1995 Hamburg, Germany
ISOPP V 1997 Sydney, Australia
ISOPP VI 1998 Washington D.C., USA
ISOPP VII 2000 Prague, Czech Republic
ISOPP VIII 2002 Vancouver, Canada
ISOPP IX 2004 Turin, Italy
ISOPP X 2006 Kuala Lumpur, Malaysia
ISOPP XI 2008 Anaheim, California, USA
ISOPP XII 2010 : EUROPE

We would like now to call for interest in co-hosting ISOPP XII. According to our cycle your Secretariat discussed this at our recent March meeting and would like the location for ISOPP XII to be somewhere in Europe. If you are enthusiastic about ISOPP and would like to see ISOPP XII in your country, if you belong to a local oncology pharmacy society or pharmacy society that would be interested in collaborating with ISOPP to hold this meeting please step forward and contact Acting President Carole Chambers, email address carole.chambers@cancerboard.ab.ca

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6. click the send button and your account will be activated
7. If you need assistance contact:
Gloria.amarteifio@sagepub.co.uk

One Day in the Life of ...

By Rosalyn P. Sims-McCallum, PharmD
Clinical Pharmacy Specialist
Hematology/Oncology
Children's Hospital of Michigan, USA

My days are usually pretty much the same. I start work at 8 am here in the hematology clinic. Most days I have been taking the city bus to work instead of driving. Gasoline has reached the astronomical price (for us Americans anyway) of \$3.29/gallon. I call home to let my husband know that I have arrived safely and issue any last minute instructions as he gets the children off to school before going to work himself.

I truly like my job, but today I am in mourning. When I arrived to work, one of the nurses told me that one of my favorite little patients had passed away



Patricia Rayner, PharmD, oncology pharmacy specialty resident at Karmanos Cancer Center and Rosalyn.

at home early this morning. He was five years old. I know that this is one of the hazards of a career in hematology/oncology. Thank goodness, in pediatrics the cure rates are pretty high so it doesn't happen very frequently, but when a patient dies that you were particularly close to it is still very difficult. He went home on hospice care only five days ago. I was particularly close to this family that is from Mexico, because for the two years of his care I translated for them when they came to the clinic. I keep crying sporadically, but I must carry on with my day.

To start the day off, I turn on my hood (biological safety cabinet) and check the appointment list to see who is due to come in that day and if they will be needing anything from me. I prepare chemotherapy, antibiotics, IVIG, and blood factor products (for hemophilia patients), and any other medications that are to be administered in the clinic. In recent months I have had a pharmacy technician here 3 days a week to help because the patient volume has increased considerably in the nine years that I have been in this position.

After the patients are seen and their counts have been checked, the physician gives me the medication order. I maintain files for all of the patients. Most pediatric patients are treated on some type of study protocol. We are a part of the Children's Oncology Group (COG). Each protocol has what is called a roadmap which is the treatment plan. So, when I get the orders I double check the body surface area and dose calculations and check for dosing regimen and week of therapy on the patient's roadmap. After entering the orders into the pharmacy computer system and printing labels, I prepare and dispense the medications.

Orders for inpatient admissions are written here also. I double check these orders and have the physicians correct any errors that I may find. I enter these orders into the pharmacy computer system and send them to the central pharmacy to be double checked by the pharmacist there. The chemotherapy will be prepared and dispensed when the nurses on the inpatient unit say they are ready to administer it to the patient.



Rosalyn in her Office

It is very rewarding for me being here in the clinic area as opposed to rounding on the inpatient unit with the team. The patients are all seen here for their check ups, the orders are written here. I can have an impact on therapy here as far as antiemetic usage, antibiotic choice, drug information questions, etc. Rounding with the inpatient team has its place too, but it is not what I want to do anymore. There is a pharmacist assigned to that unit now, and she has been a wonderful partner for me. Now I have eyes and ears on the inpatient service as well.

Another part of my job, is to precept 4th year PharmD students from Wayne State University, and pharmacy practice and oncology specialty residents. Although it can take time away from some of my other daily activities it is important to show those that are coming along behind me the ins and outs of daily practice. They participate in rounds and go to see patients with the physicians when they come for a clinic visit. They present journal clubs, and case studies and we

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Rosalyn and her children on Mother's Day

International Oncology/Hematology Pharmacy Update Course and Workshop

Nagwa Ibrahim

The first International Oncology/Hematology Pharmacy Update Course and Workshop was held in Saudi Arabia, Riyadh Military Hospital in November 30th 2006. The meeting was an outstanding success. It is considered as the first meeting in Middle East to cover oncology/hematology pharmacy point of view. Over 220 delegates from different regions in Saudi Arabia attended the conference. The organizing and scientific committee designed a thorough and varied program to meet the needs of health care professionals specialized in oncology/hematology such as oncology pharmacists, oncologists, hematologists and oncology nurses. We invited recognized

international and national speakers to actively participate in the conference. Thanks for all of them for accepting our invitation.

Helen Leather and Judith Smith from ISOPP were invited as speakers. Unfortunately Judith was not able to attend and she presented her talk through telemedicine. However, Helen was able to travel to Saudi Arabia, Riyadh. I believe it was her first time to visit a country in the Middle East. She enjoyed it very much, even though it was a very long trip and short stay in Riyadh. She didn't have time to rest. But, still it was enjoyable with different experience.

The meeting started at 8.30am with opening ceremony, followed by the scientific program. Most of the sessions and workshop were very attractive to the audience including those of targeted therapy in breast cancer, colorectal cancer and multiple myeloma. The audience feedback was great. The weather was very good. A gala dinner was arranged in one of the famous restaurants. All the attendees liked food too much. It was a great gathering and very successful event that we are proud of. Thanks for all of you and see you next meeting.



Dr. Ashraf AL Alwan and Dr. Nasser Al Shuhri



From right:
Dr. Ashraf Al Alwan, Helen Leather and Dr. Nagwa Ibrahim



from right:
Dr. Ahmed Al Eid, Dr. Fawzi Al Deagi, and Dr. Abdul Rahman Al Ruwaisan

A day in the life of ...

continued



discuss various disease states that are seen in pediatric hem/onc patients including sickle cell anemia, hemophilia, and von Willebrand's disease.

My days are usually pretty full, but I do find the time to write the occasional journal article. It keeps life interesting. As a student, I knew that I wanted to work with children. I came to work in hematology/oncology by happenstance, but it has turned out to be where I belong. I am thankful for my career, even on a day like today, and I am thankful for my healthy children, Christopher and Alicia, always.

Upcoming meetings

29th Annual Pharmacy Symposium on Cancer Chemotherapy

November 3-6, 2007. JW Marriott - Houston, Texas USA. For more information contact Coni Tierney on Ctierney@mdanderson.org or phone +713.745.0432

BOPA Glasgow UK 12-14 Oct 07 For more information contact bopa@succinctcomms.com

Australasian ISOPP 28-30 Sept 07 For more information contact Jill Davis on jillian.davis@austin.org.au

To contact the Editor email
jillian.davis@austin.org.au