

Vision speech – ISOPP President Johan Vandenbroucke – Prague 2010

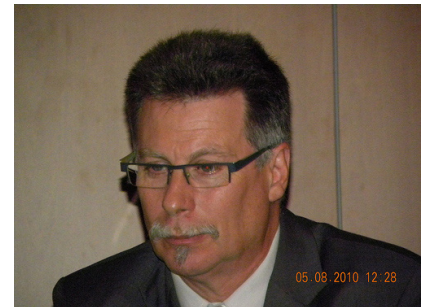
Everything around us is, to a lesser or greater degree, changing. Change is inevitable and as our previous President Carole Chambers used to compare individual ISOPP members with geese, I will continue the analogy : the geese are gathering together to take food but then when in flight they also take turns to lead the group: this allows the group to fly higher and further and as a cooperative group achieve more.

We can learn a lot from nature. It is a beneficial thing for both the individual and for the group that these changes are made. We stop here in Prague to ease our hunger for information, knowledge, practice examples and most of all to renew our networking and our friendships from all over the world. This opportunity to make friends of colleagues all over the world is the great benefit of being an ISOPP member. I got hooked on ISOPP in 1995 because of these aspects and I became a believer that this organisation can

make a change in one's daily practice, in your country's interest in oncology and even on a global scale can change the practice of so many people who share a common goal: the care of the oncology patient and the care of our co-workers.

The fact that ISOPP is a global organisation is of such great value to all of us because it enables us to put ourselves in the perspective of others who have very different attitudes, standards, backgrounds and resources.

It is good from time to time to "come back with both feet on the ground", to get outside our own box, to look from a higher perspective and to learn that our way is not always the best way. A striking example of a changing viewpoint was demonstrated by the doctor/patient, Dr Sylvie Menard (Italy), keynote speaker on the first day of ISOPP XII, who experienced herself that what she had thought and practised for so many years suddenly became irrelevant when she became a patient. While we are discussing valuable aspects of therapy for our patients, some colleagues have to deal with the fact that their patients have no access to therapy or to the drugs. While we are discussing if we need to separate the preparation of monoclonal antibodies and cytotoxic drugs in two different preparation rooms, some countries have no preparation facilities at all. Yet practitioners do their ultimate best to provide necessary care for their



patients. The lesson learned here is maybe not in the technical aspects of the preparation of therapy or high technological diagnostics but in the human approach, the respect for and a helping hand given to the patient that

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Out-going President Carole Chambers handing over the ISOPP stele to incoming President Johan Vandenbroucke

is often left out in our modern society. This is what makes ISOPP unique. This is what ISOPP can offer you, the member, besides great educational opportunities.

When I mentioned everything changes, this applies not only to people but also to changes in priorities, in projects and in the strategic direction ISOPP takes as it moves forward.

You have seen on the slides shown during the general assembly that not all of the strategic plans from the past two years have been fulfilled (probably about 79% has been), the rest is pending or has still to be started. The new Secretariat has added some items to that list in our strategic plan for 2010-2014. So this new plan will go beyond my presidency and John Wiernikowski, President Elect, will continue to work on them when my term is over.

The strategic plan will be published soon on the website and I invite you to take a look at it and to challenge the Secretariat to complete the tasks.

Due to the change in the ISOPP constitution, we will be able to open our society to other organisations for membership (doctors, nurses, pharmacy technicians, other health



professionals) because we believe that we can offer other organisations with similar aims to ISOPP added value to both and this will create new possibilities and opportunities for us. We are making changes to create a solid financial basis for our society so that we can give services back to the membership that we have been unable to give in the past due to financial constraints (eg mini sabbaticals, educational grants). We will seek to ensure that the financial resources we do have will be used to benefit the majority of members. We will



Secretariat 2010 - 2011 (From L to R) Ruth Tramschek (NZ); Harbans Dhillon (Malaysia); Johan Vandenbroucke – President (Belgium); Annemeri Livinalli (Brazil); Maria Larizza (Australia); Jill Kolesar – Treasurer (USA); John Wiernikowski – President –Elect (Canada); Judith Smith – Secretary (USA).

continue to focus on the 3 streamlines of fundamentals, research and clinical practice as this variety makes ISOPP unique and ensures the society has something of interest for all oncology practitioners. We will communicate in a more active way with the membership and we will put effort into the 'public relations' aspect of our society. We will ensure a global presence in the office.

What can you do to help us?

First of all become a member and enjoy the benefits of ISOPP. Join the committees, they are the engines of this society, they create the real value of ISOPP. You are never too young or too inexperienced to join a committee, on the contrary, new ideas and a fresh view are of great value for everything we do. Not only are you invited to join committees, as from now, we will have elections for half of the Secretariat members every single year. To nominate to become a Secretariat member, you don't need to have any specific skills besides your enthusiasm and commitment to be a candidate. Being in Office, I can assure you, is a personal learning curve in cooperation, communication and leadership which is useful both privately and professionally. Finally, the most important thing of all, we want you to take what you have learned here in Prague back home

to your practice and to use it for the benefit of your patients.

Once again I want to thank all the people who worked so hard in the past two years in the Secretariat and the committees, I want to thank all the people that provided us with a successful and high quality congress. Thanks to the industrial/commercial partners for their ongoing contribution. Thanks to all the new Secretariat and committee chairs for accepting their positions.

I believe in and have a good feeling in this team. I believe in and have a good feeling in the future of ISOPP. I hope that everyone here today has done what Carole Chambers, the outgoing President, asked you to do at the beginning of this congress. Meet 5 new people, expand your network and make new friendships. I hope to see you all again in Melbourne – Australia, but know that there is life in ISOPP between the biennial congresses – aim to be part of that!



Johan speaking at ISOPP XII

ISOPP XII

Congratulations!

Elected to the ISOPP Secretariat for the period June 2010 – June 2012

Officers Elected:

President Elect: John Wiernikowski (Canada)

Treasurer: Jill Kolesar (USA)

Secretariat Members:

Maria Larizza (Australia)

Annemerie Livinalli (Brazil)

Harbans, Ruth, Judith, Johan, Annemerie,
Johan, Jill and Maria



Congratulations to the Committee Chairs



Standards – Robert McLauchlan
(Australia)



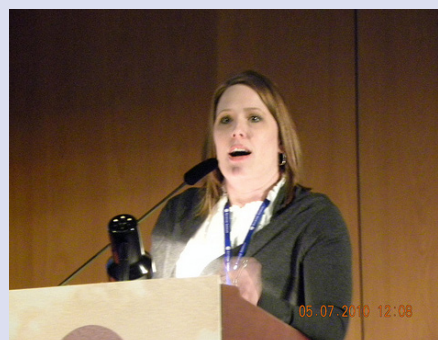
Membership Rosalyn Sims-McCallum
(USA)



Education – Alexandre Chan
(Singapore)



Newsletter Editor – Jill Davis
(Australia)



Research – Kellie Jones (USA)



Publication – Felice Musicco (Italy)

Review of the Frequency of Common Side Effects Secondary to Bevacizumab in Colorectal Cancer Patients at the BC Cancer Agency
Susan Walisser, Jeff Barnett, Alykhan Alladina
Departments of Pharmacy and Clinical Informatics, BC Cancer Agency

Poster Award winners

Congratulations to the authors of the two winning posters submitted to the ISOPP XII symposium. Each prize consists of 500 euros. The winning posters are:

1. Review of the frequency of common side-effects secondary to bevacizumab in colorectal cancer patients at the B.C cancer agency. Jeff Barnett; Susan Walisser; Alykhan Alladina BC Cancer Agency, Victoria, Canada
2. Validation of sterilization process of a filled isolator used for handling antineoplastic drugs. Emna Chtourou; Chouaa Oueslati; Samira Meziou Institute Salah Azaï's, Tunis, Tunisia.

Validation of sterilization process of a filled isolator used for handling antineoplastic agents

Michael Dooley, Melbourne Australia was awarded a Fellowship of ISOPP at the ISOPP XII symposium.

Congratulations Michael.

Bienvenue from New Orleans, the site of the 2010 Hematology/Oncology Pharmacist Association (HOPA) meeting

March 24 - 27, 2010.

by Kellie Jones, Pharm.D., BCOP



Some of the ISOPP members attending the HOPA meeting: from left to right: Kellie Jones, Barry Goldspiel, Rowena Schwartz, Judith Smith, and Jane Pruemmer.

This year over 600 participants were registered for the annual HOPA meeting with 40 of those being international guests. The highest contingency was from the UK and other countries included: Canada, Germany, Guam, Mexico, and Singapore. In just its 6th year as an organization, the membership has continued to grow and now there are members in all 50 states across the United States.

The opening session was started with a keynote lecture from Dr. Joseph Bailes regarding Healthcare reform and what does it mean for Oncology? This topic was extremely timely in that the United States had just voted to pass Healthcare reform the week before. He highlighted specific areas of interest for oncology pharmacists and the ways we will likely become involved.

Other interesting lectures during the week included the board certification lectures that pharmacists can apply toward board certification/recertification for oncology. Six separate topic discussions ranged from the clinical (eg melanoma, cervical cancer) to the role of technology in oncology. A very interesting topic discussion on Adult survivorship was presented by Rowena (Moe) Schwartz (ISOPP member and

incoming President for HOPA). She discussed many of the potential side effects and toxicities that patients can live with during and after their cancer care.

Something new this year was the "Oncology Boot Camp". It was a half-day review on the basics of oncology. Topics covered included: nausea/vomiting, pain management, myelosuppression, gastrointestinal toxicities, oncologic emergencies, and pediatrics. HOPA was hoping for 50 participants and over 140 individuals registered. This was a great addition especially for pharmacists new to the oncology field.

The Rays of Hope Charity 5K Run/3K Walk event benefited Camp Challenge in New Orleans, Louisiana. This charity event started at last year's meeting and each year a new charity will benefit from the funds raised in the city where the meeting will be held. This was a great success and awards were given out for the top finishers.

All in all, this was a successful meeting. Next year the meeting will be held in Salt Lake City, Utah (March 23-26th, 2011).

2008 - 2009 JOPP Best Paper Awards

Barry Goldspiel was pleased to announce that the following papers have been chosen for the 2008 – 2009 JOPP Best Paper Awards:

Category - Research

Marie H. Hanigan, Brian L. dela Cruz, David M. Thompson, Kevin C. Farmer, Patrick J. Medina. Use of prescription and non-prescription medications and supplements by cancer patients during chemotherapy: questionnaire validation. *Journal of Oncology Pharmacy Practice*. Volume 14, September, 2008.

Category - Clinical Practice

Peter J. Gilbar, Alice Hain, Veta-Marie Peereboom. Nail Toxicity Induced by Cancer Chemotherapy. *Journal of Oncology Pharmacy Practice* Volume 15, September, 2009.

These awards were presented at the ISOPP XII symposium. Congratulations to the authors.

The Journal of Oncology Pharmacy Practice (JOPP) is presently accepting applications for Associate Editor, Australasian Region.

The primary responsibilities of the Associate Editor are:

- Arrange for reviews of submitted papers from the Australasian region
- Make publication decisions for papers submitted from their region
- Recruit high-quality submissions for JOPP
- Provide advice to the editors and journal staff about improving JOPP content

If you are interested in being considered for this position, please forward your curriculum vitae and summary of your writing/editing experience to: Barry Goldspiel (bgoldspiel@verizon.net).

HOPA 6th Annual Conference Report 24 - 27 March 2010

On the Monday of conference week the health care reform bill was passed in the US so the keynote speech on Wednesday 24th was going to be keenly awaited.

The Wednesday morning session was a boot camp, aimed at new practitioners and covering a wide range of subjects:

- Chemotherapy induced nausea and vomiting
- Pain management
- GI toxicities
- Myelosuppression
- Oncologic emergencies
- Paediatrics

Despite being aimed at new practitioners I found it a great way to refresh my knowledge and review some new therapy options. The pain management session was my favourite, being delivered in a relaxed and informative manner which made for enjoyable learning. The main differences noted were greater use of cannabinoids for nausea and vomiting coupled with wider use of aprepitant than in UK practice. It was also interesting to see a more frequent dosing of instant release morphine (2 hourly versus 4 hourly) and a lower maximum daily dose of paracetamol (3g versus 4g). From the oncologic emergencies session fixed single doses of rasburicase and the consideration that pleural effusion was considered an emergency, something probably not the case in the UK.

Keynote speaker, Joseph S Bailes, an oncologist with experience in legal and public policy, reviewed President Obama's Health Care Reform Bill, the legislation having been passed in Congress just two days previously. He discussed innovative systems to deliver cancer care, such as homecare and treatment bundles, and suggested that the comparative effectiveness of these options could be examined by the National Comprehensive Cancer Network. Since the NCCN has a long history of producing practice guidelines,

which are frequently used by insurance companies and other "payors" to help determine which treatments to fund, the NCCN's findings are likely to be quickly and widely accepted by the US equivalent of NICE, Dr Bailes pointed out. Potential effects of US healthcare reform on drug evaluation included the development of an approval pathway for biosimilars, with a 14 year exclusivity period for originators, he continued.

The fact that the meeting preceded rather than followed ASCO seemed to result in a greater range of topics covered.

Maintenance therapy in NSCLC and continued use of bevacizumab in colorectal cancer were two of the solid tumour controversies. The discussions around cost effectiveness were interesting, particularly given the keynote speech.

Personal highlights for me were the head and neck session. The discussion around HPV serology and the potential for vaccination were most interesting, including use to prevent secondaries. The controversial use of isotretinoin for secondary chemoprevention was also mentioned. Despite this surgery remains the mainstay of therapy, the same being true on both sides of the Atlantic.

On the Thursday the multiple myeloma session was the stand out for me. The main difference between US and Europe is the first line therapy choice. In the UK CTD predominates, whilst in the rest of Europe MPT is the most common regimen. In the US bortezomib based regimens seemed more common and a move towards 4 drug combinations rather than 3 drug combinations. Of the newer agents discussed the monoclonal antibody elotuzumab (targeting CS1 which is highly and uniformly expressed on multiple myeloma cells) stood out. Additive to existing therapy it had an extremely complex dosing schedule. Given the additive nature of these newer therapies and the increasing patient numbers as we live longer the

cost implications are huge.

From the concurrent sessions credentialing for chemotherapy preparation was my favourite. In the US there is no specific training for technicians. In the UK there is a training programme via the National Vocational Qualification which includes both clinical and technical aspects of the role. Once qualified specialisation or rotational posts are available. The discussion also considered the impact of closed systems on safety, something every country is interested in.

On the Friday the HPV vaccine debate was the stand out. In a lively debate which included audience participation the ethical and financial implications were explored and whilst the pro-vaccination point was the winner it still provided food for thought. The fact that the vaccination programme in the UK is provided free of charge could be something that is pushed for in the US health reform programme.

The final session was on pharmacokinetic dosing of colorectal chemotherapy. Another debate session showed the potential for individualised dosing and at the same time how difficult that can be to achieve. There is still so much to learn around evaluation of drug exposure and impact on disease progression or outcome.

All in all it was a great conference, and I would recommend anyone who gets the opportunity to attend. New Orleans was an interesting city – Bourbon Street was an eye opener but it was great to see the Mississippi and how the city had overcome the devastation of Katrina. Definitely worth the visit.

Finally I would like to thank Roche Products UK Limited for their kind support for my attendance at the meeting.

Bruce Burnett
Consultant Pharmacist
Pharmacy Department
North Wales Cancer Treatment Centre
Glan Clwyd Hospital UK

Interview with 2010 HOPA President

Professor Rowena (Moe) Schwartz

Congratulations on your inauguration as President at the March HOPA meeting. How do you see your role?

The role of HOPA president is really being redefined at this time, as the organization works closely with a growing Board, an active Committee leadership group and a new association management group. I find that I work closely with these groups to help set a plan for not only this year, but to help establish the strategic plan for the next 5 – 10 years.

How many members does HOPA have and what are their areas of practice?

HOPA has a large and diverse membership which includes oncology pharmacists and technicians that work in a variety of practice settings and subspecialties within oncology pharmacy. Currently, our numbers are over 1400 members. The challenge, and the blessing, is that our memberships' interests and practices are so varied. Oncology pharmacists in the United States, as in many areas of the world, are based in both acute care settings and in outpatient practices. Specialization ranges from pediatrics to geriatrics, and practices may be as focused to specific disease states (e.g. breast cancer) or may be broad (e.g. hematology and oncology). Additionally, we have members that specialize in oncology pharmacy management, education, clinical practice and research. Practice environments range from small community clinics to large academic cancer centers. One of the Boards focuses this year is to develop a strategic plan that addresses the memberships common and unique needs.

Many non-USA pharmacists see HOPA's role mainly to educate pharmacists to assist in passing the BCOP exam. Is this the case?

I do believe a main focus of HOPA has been to provide education that is specific to the varied needs of the oncology pharmacy practitioner. Historically, this has been done, through programming for the HOPA Annual meeting, work with other pharmacy organizations to provide education for BCOP recertification and more recently with web-based educational programs. I believe that we have done a good job with these educational efforts, because many of our membership have been active in pharmacy education, both in academics and via continuing education efforts.

One of our goals moving forward is to continue our commitment to education for the oncology pharmacy practitioner, and to look at the needs of the membership beyond that of education. There are many needs for the profession, and I hope our strategic planning process will help us identify what will be our focus in the next few years.

What do you see as the three main benefits of HOPA membership?

Let me answer that in two ways, professionally as the current HOPA president and personally as a HOPA member.

Professionally, I think that HOPA membership provides a forum to work and collaborate beyond the walls of your institution. There is so much talent within the profession and through the efforts of an organization – there is an opportunity to work with, learn from so many talented colleagues. There is a great satisfaction in contributing to a group that is able to produce efforts that are beyond your own skills.

In addition, I think the organization gives a larger voice to the profession. I believe working with an organization you have the ability to work collaboratively with your colleagues to



Professor Rowena (Moe) Schwartz

make changes in practice.

Personally, I am able to work with friends. It is something I have loved about ISOPP, and it is something I find with HOPA. Over my career I have been so fortunate to meet pharmacists from so many places and practices that I now consider friends. HOPA provides an opportunity to work with these individuals – despite working on different sides of the country. ISOPP has always provided me an opportunity to work with individuals – despite working in different parts of the world. I look forward to meetings – as time spent with friends.

You are a long time ISOPP member, when did you join and what has been your involvement with ISOPP?

I joined ISOPP many years ago after attending the ISOPP meeting in Hamburg, Germany in 1995. I went to the meeting with a good friend, and was amazed at the scope and energy of the organization. I was also, initially, intimidated by the group and didn't actively participate for a number of years. Fortunately, ISOPP is a welcoming organization – and I was invited to speak at a meeting in Czech Republic in 2000. That experience, speaking with Tim Tyler and a pharmacist from Czech Republic gave me the confidence to look further into the organization. Subsequently, I was very fortunate to serve on the Secretariat.

Interview with 2010 HOPA President Professor Rowena (Moe) Schwartz continued

I have attended most of the meetings since Hamburg, and find it a time to network, to learn and to re-energize. I always come home from an ISOPP meeting with new ideas.

What do you see as the three main benefits of ISOPP membership?

I think the benefits are very similar to those of HOPA. The benefit is to extend your practice not only outside your institution but also beyond your country.

It can be said that the goals of HOPA and the goals of ISOPP are interchangeable apart from HOPA taking a national view and ISOPP the international view. Although there are differences there are also similarities. Do you think it behoves oncology pharmacists from advanced Western countries to share their knowledge and expertise with countries with less infrastructure and resources?

I do indeed. I find that rarely is the sharing "one way". I have learned from

practitioners from many different parts of the world.

There are currently 67 ISOPP members from the USA (population about 309 million). Compare this with 162 ISOPP members from Germany (population about 82 million) and 85 ISOPP members from Australia (population about 20 million). How can we increase membership from the USA and increase the links between ISOPP and HOPA?

The challenge for increasing US membership in ISOPP is to provide something that the oncology pharmacists feel is of value - in a time of economic pressures. There are many "competing" pharmacy organizations. There are many "competing" meetings. More and more I hear pharmacists talk about the hard decisions regarding which organizations to join and/or be an active part of the membership. I like the idea of collaboration – and I think we are at a point when both ISOPP and HOPA are able to work together on issues that affect our profession.

ISOPP wants to be an inclusive Society and HOPA members have a great deal to offer their international colleagues as well as themselves gaining from closer ties. How do you see a way to improve collaboration?

Interesting that you have asked this question – as it is something that I am very excited to include in our planning for the future of HOPA. I am looking forward to having the HOPA board consider this very question.

Also, it is a question some of the members of HOPA and ISOPP have started to work upon. I just recently had a call with Judith Smith, Jill Kolesar and Kellie Jones to talk about how we can work together. I think the answer will include ideas for education, research and training.

When and where is the next HOPA meeting?

Our next meeting is in Salt Lake City, Utah on March 23 – 26, 2011. I am looking forward to visiting SLC again, as it is a lovely city.

Thank you for your time - Editor

Melbourne – site of ISOPP XIII May 9-11 2012



With a population of more than three million, Melbourne is Australia's second largest city. It is regarded as the cultural and fashion capital of Australia and is renowned for its fine restaurants. It is a true multicultural city with more than one quarter of Melbourne's inhabitants being born overseas. Melbourne is one of the great cities of the world. Its unparalleled attractions

are its gardens and parklands, food precincts, arcades and great sporting facilities. Most of these attractions are situated around the Central Business District (CBD) or within an easy tram or train ride.

Although Melbourne sprawls around much of Port Phillip Bay, the main focus for visitors is the Yarra River, which forms the southern perimeter of

the CBD. The river separates the city from the Southbank development and the parklands that surround the Royal Botanic Gardens.

Have a look at the "Exploring Melbourne" file on the website under "News from the Society"

**Make a note of
the dates of ISOPP
XIII now and start
planning to attend
May 9-11 2012**

Congratulations to our four ISOPP members who were presented with Achievement Awards at the ISOPP XII symposium



Tom Connor and Barry Goldspiel

They were: Johan Vandenbroucke; Tom Connor and Robert McLauchlan all for their past joint leadership of the Standards Committee and for the production of the ISOPP Standards for Safe Handling of Cytotoxics (now translated into several languages) and to Barry Goldspiel for 15 years of untiring work as Editor of the Journal of Oncology Pharmacy Practice (JOPP) and of his support for authors.

Membership and Finance Committee 2010

Rosalyn Sims-McCallum	USA
<i>Chair</i>	
Harbans Dhillon	Malaysia
<i>Secretariate Liaison</i>	
Jill Kolesar	USA
<i>Secretariate Liaison</i>	
Terry Maunsell	Australia
Peter Gilbar	Australia
Laurel Kovacic	Canada
Helen McKinnon	New Zealand
<i>CMC Liaison</i>	
Bruce Burnett	United Kingdom
Andrew Chung	Australia

Platform Presentations

The platform presentations were for those authors with the highest scores on their abstract submissions.

Check out these presentations on the ISOPP website under "Education Centre - documents from ISOPP meetings" and follow the ISOPPXII link.

1. A review of posaconazole therapeutic monitoring in patients undergoing chemotherapy for acute myeloid leukaemia.



Janet Weir
(Australia)

Janet is currently a Network Pharmacist for a private cancer network in London. She was Senior Pharmacist for Oncology and Haematology at the Princess Alexandra Hospital in Brisbane, Australia until December 2009. During this time she was responsible for the provision of clinical pharmacy services to haematology, oncology and palliative care patients. She managed and trained a team of specialist pharmacists and has been involved in the development of a competency framework for cancer pharmacists working in Queensland. Janet has an MSc in Clinical Pharmacy and is currently working towards a

postgraduate diploma in Oncology and Palliative Care. Her main clinical areas of interest include management of fungal infections in haematological malignancies and management of multiple myeloma

2. Look-alike, sound-alike drugs in oncology.

Laurel F. Kovacic
(Canada)



Laurel graduated with her BSc(Pharm) in 1984 from the University of British Columbia. Laurel is currently the Pharmacoeconomics Pharmacist for the BC Cancer Agency and is also a PharmD Candidate with the University of Washington in Seattle, USA. Her special interests other than oncology include veterinary pharmacy. Laurel lives in Kelowna, BC, Canada with her

husband and three teen-aged children and enjoys skiing, swimming, and photography.

3. Oncology competence development and training in resource-poor settings: experiences in western Kenya.

Kamakshi V. Rao (USA)

Kamakshi has a PharmD and BCOP and is currently the Oncology/BMT clinical pharmacist specialist and Coordinator -



PGY-1 Pharmacy Residency Programs University of North Carolina Hospitals and also holds the position of Clinical Assistant Professor, at the University of North Carolina School of Pharmacy.

Introducing New Secretariat Member: Annemeri Livinalli, Brazil

I became a pharmacist in 1999 at PUC Campinas. In 2001, I received a postgraduate certificate in health administration and in 2003 another in clinical pharmacology. Since 2001 I have been involved with education in health field, for this reason, usually I am frequently invited to present lectures at national conferences and symposia. I have been working in pediatric oncology since 2004

where I am responsible for different duties. I am the first pharmacist to set up pharmaceutical care in oncology pediatrics in Brazil. For this I won the "Dendrix award" with three colleagues - a highlight during third Brazilian Society of Oncology Pharmacists (SOBRAFO) annual meeting. Currently, my role covers inpatient and outpatient oncology, supervision of medicines dispensing, and pharmacy management duties.

In 2007 I became the scientific director of SOBRAFO. My focus is on education. I coordinated the development of the pharmacovigilance guideline in oncology, was a member of the scientific committee for SOBRAFO for three years from 2008 and 2010 and created a distance learning course about clinical pharmacology in oncology for members of SOBRAFO. My first contact with ISOPP was at the SOBRAFO meeting in 2006 when John Wiernikowski, a secretariat member, introduced us to this society. Since then I have shared experiences with my colleagues throughout the world. I am a member of publication and membership committees where I try to contribute to develop ISOPP. I have written three times for the ISOPP newsletter (*Ed: Good job Annemeri – I am always looking for contributions from members – Jill*).



Dr Denise and Dr Eliana with Annemeri Livinalli in front of poster displayed in SIOP meeting 2009

In December 2008 I contributed with board editorial of Journal of Oncology Pharmacy Practice. In 2008 I participated in ISOPP XI symposium in Anaheim, USA and it was a great opportunity to personally meet all the ISOPP secretariat. It was my first visit to the USA and I took the opportunity to visit St Jude Hospital where I was able to stay for a 15-day fellowship. What a wonderful opportunity.

In addition I write technical information for the pharmaceutical industry to distribute to healthcare professionals as continuing education in oncology. I know that ISOPP is an example of success and hard work where pharmacists together are able to promote oncology pharmacy all around the world. I would like to promote it especially in South America, where there are special problems in many countries and I would like to help more with the education and contribute to recruiting more members. I have a particular interest in pediatric oncology, but I am all the time learning more and more about adult oncology specially to help my Brazilian colleagues through the medium of SOBRAFO.

I am ready to share my time as a secretariat member to help in further development and extra distribution for ISOPP services around the world.

Introducing new Standards Committee Chair – Robert McLauchlan



Robbie McLauchlan has been appointed Chair of the Standards Committee. Many ISOPP members will remember Robbie when he served as co-chair of this committee from 2003-2007, and was involved in the publication of the ISOPP Safe Handling Standard. After having had a break to establish himself in a new work position, Robbie has agreed to return and steer the committee for the next two years.

He is currently Dispensary Manager at Austin Health in Melbourne, Australia and has a special interest in the provision of Oral Chemotherapy.

Activities planned for the committee include finalising an audit tool to help members assess their level of compliance with the ISOPP Standards, expanding, revising and updating the existing Standards, and some exciting new collaboration with the Institute for Safe Medication Practices (ISMP) to work on the Medication Safety Self Assessment (MSSA) for Hospitals.

So, lots to do, and we are always looking for enthusiastic new members to join this committee. Members interested in joining this active committee are invited to email Robbie directly at robbie.mclauchlan@austin.org.au

NEW MEMBERS 2010

AUSTRALIA

Mr Fotios Ambados
Mr Stephen Andrasek
Mrs Julia Bates
Ms Liesel Byrne
Ms Daisy Chan
Dr Vivien Chan
Ms Stephanie Davies
Mrs Kerry Davison
Miss Pei San Gan
Ms Helen Gougougiannis
Mr Brett Janson
Mrs Ellen Jones
Miss Kimberley-Ann Kerr
Mr Scott McGregor
Mrs Carol Rice
Ms Geeta Sandhu
Mr Allan Shum
Ms Hui-Ling Teo
Ms Tien Yen Yee

BELGIUM

Mr Michel Courtois
Mrs Cathy Pollet
Ms Lasia Tang

BRAZIL

Ms Emiko Kobashikawa

BRUNEI

Ms Valerie Chua Ai Chin
Ms Stephanie SF Lee

CANADA

Dr Trudy Arbo
Mr Darryl Boehm
Ms Jill Craven
Mr Mohamed Gazarin
Ms Jane Hilliard
Ms Rhonda Kalyn
Ms Joanne Leclair
Ms Tiffany Marr
Dr Mark Pasetka
Mrs Carole Renaud
Kierstead
Mrs Sharon Schwendender
Mr Rob Watt

CROATIA

Mrs Aurora Antolovic-Amidzic

EGYPT

Mrs Magda Darwish

FRANCE

Dr Olivier Aujoulat
Mr Riadh Baccouch

Dr Brigitte Bonan
Mrs Isabelle Camal
Mrs Caroline Cantini-Salignac
Mrs Claire D'Plivard
Mr Emmanuel Deligeard
Mrs Christiane Fagnoni-Legat
Mrs Veronique Graff
Dr Sebastien Hochart
Dr Anne Jacquard
Mr Camille Letellier
Mr Gael-Marie Lidouren
Mrs Annaick Millot
Mr Patrick Thomaré
Mr Guy Topping
Mrs Monique Yilmaz

GERMANY

Ms Rita Bodenmueller Kroll
Dr Joerg Brueggmann
Mrs Claudia Hadtstein

IRELAND

Miss Eilis Crimmins
Mrs Ruth McGrath

ISRAEL

Mr Ronit Deby-Lev
Ms Tsurit Einot
Mr Juray Forschner
Mrs Zoya Hevrony
Mr Luis Klurfan
Mrs Rimona Rotem

JORDAN

Dr Alaa Abu Taleb

KENYA

Dr Irene Weru

MALAYSIA

Miss Mun Yan Cheng
Miss Jia Chui Kom
Ms Amelia Lee
Mr Chee Wei Loh
Miss Chau Tee NG
Miss Hoey Lin OH
Mr Kiat Hoe Quek
Ms Sujayah Suthandiram
Mr Wen Chieh Tan

OMAN

Miss Jun Lu Teoh

PORTUGAL

Mr Ahmed Al Harbi

SERBIA

Mrs Ana Margarita Costa Veiga

SOUTH AFRICA

Professor Mirjana Antunovic
Mr John-Heyns Ferreira
Mr Shaldon Govender
Ms Kim Johns
Mrs Aline Krog

SPAIN

Miss Leanda Roberts
Mr David Conde-Estevez
Mr David Lopez Sisamon
Mr Javier Sanchez Rubio

SWITZERLAND

Mr Roberto De Ponti
Mrs Stephanie Hegi

TAIWAN

Dr Shao-Chin Chiang

TUNISIA

Miss Emna Chtourou

TURKEY

Ms Aslihan Beyan
Dr Aydin Alper Sahin

UNITED KINGDOM

Mr Alastair McMurray

USA

Mrs Karen Kamenetsky
Dr Misty Abrams
Mr Scott Botchek
Ms Christina Buresh
Ms Andrea Flory
Mr James Hunter
Dr Patsy Kong
Ms Kristine Krumins-Linehan
Ms Lise Langston
Ms Barbara Petroff
Lee Pickler
Ms Luci Power
Mr Thomas Rhone
Dr Arthur Roby
Dr Stacy Shord
Mr Scott Silverstein
Ms Stacy Snyder
Mr Stephen Sokol
Ms Stacey Turner
Ms Kimberly Viersma
Ms Darlene Wiegand
Dr Daisy Yang

Many thanks to the organisers of ISOPP XII for their tireless work for ISOPP members



Carole Chambers - President



Terry Maunsell - Treasurer



Irena Netikova - Chair of the Local Organizing Committee

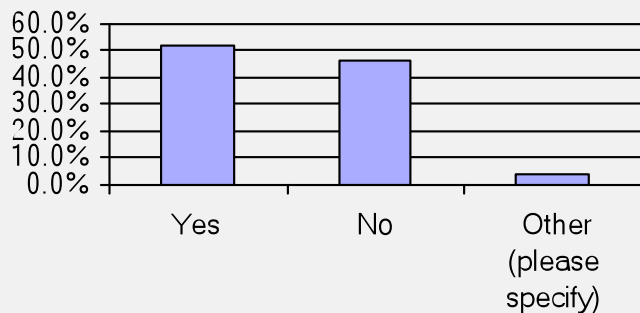


Franca Goffredo - Chair of the Scientific Committee

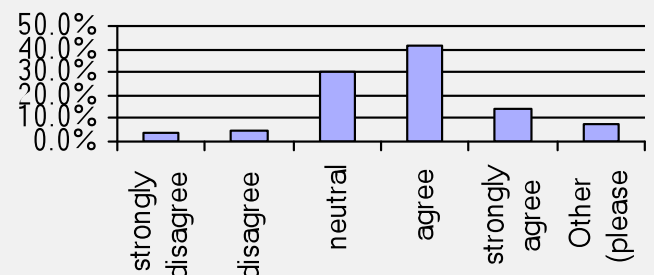
ISOPP XII symposium survey - selection of responses

To see the full survey visit isopp.org

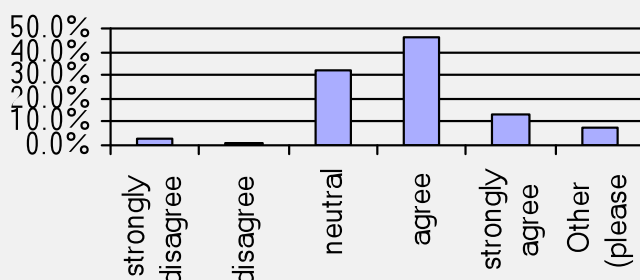
Are you a member of ISOPP?



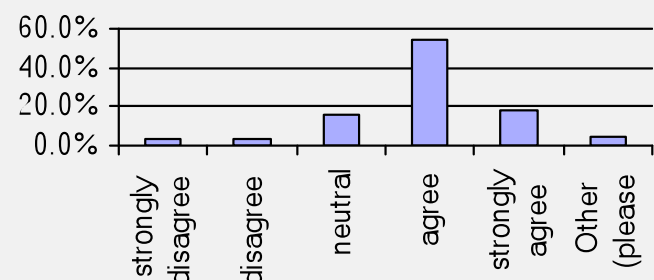
The research programme content was relevant to my practice



The research programme provided valuable education



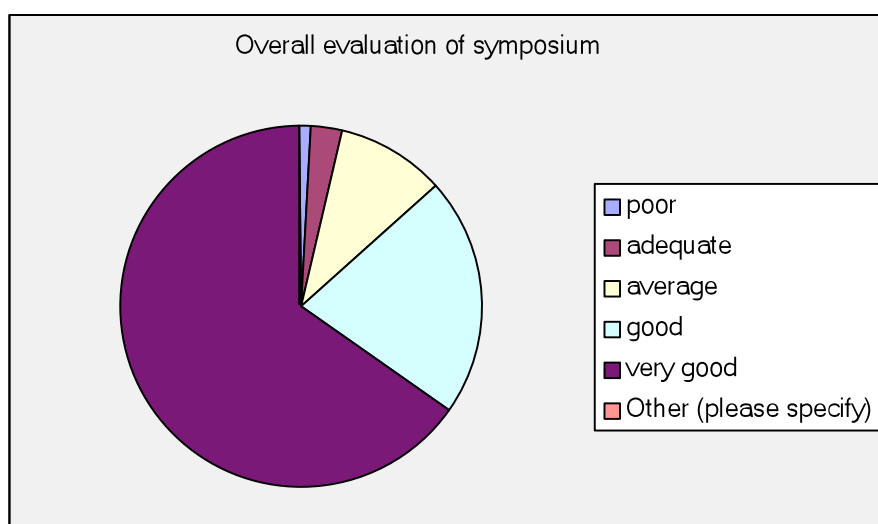
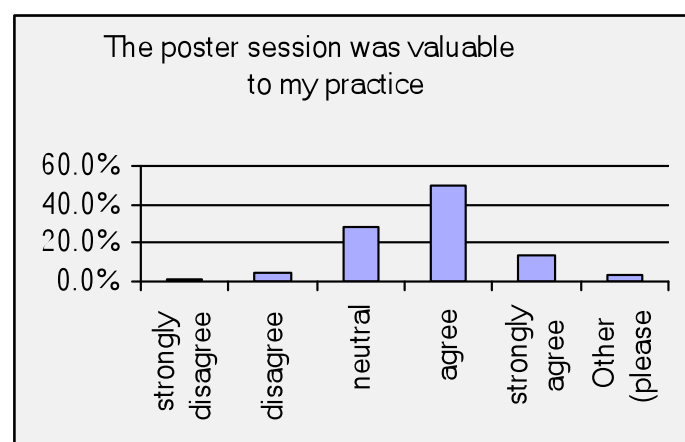
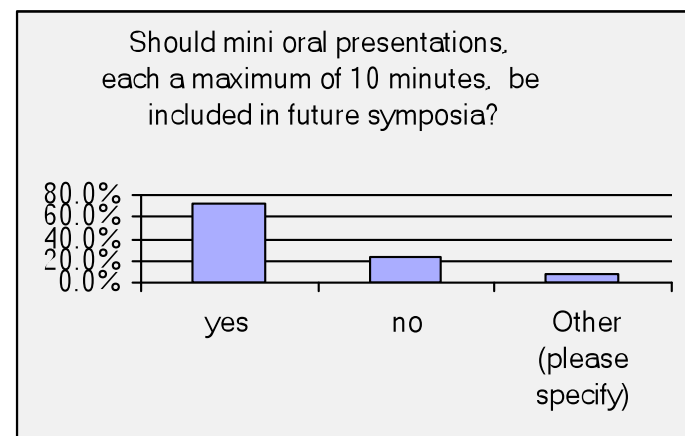
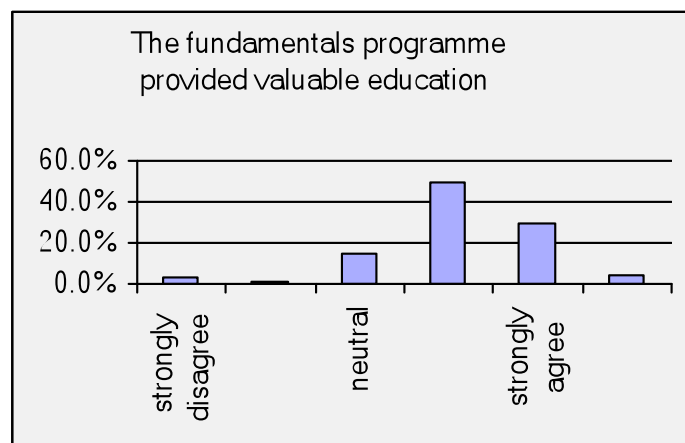
The clinical programme provided valuable education



Comments from the survey:

What did you like the most:

The variety of programme; Variation of topics
 I met up colleagues from the Anaheim meeting
 Organization
 The final session of small series were excellent
 The opportunity to network with colleagues and friends in ISOPP from other countries.
 Fundamentals content
 Research morning; platform presentations; networking
 Clinical updates
 Very interesting presentations, organisation and location very good
 Key note speakers at the opening ceremony
 It's my 1st time, but I benefited from the session on auditing and applying ISOPP SOPs
 The opportunity to meet colleagues from other countries with the same problems as yourself
 Posters
 High level of valuable information
 Clinical programme
 Presentation on oncology in the elderly - superb!
 Quality of presentations was very high
 Clinical session and safe handling
 Presentations by Dr Jean Vigneron, Professor Alain Astier and MD Andrea Ferrari
 The stability presentations, and Prague!
 Meeting colleagues from all over the world
 The possibility to plan my own program
 I always appreciate the pediatric topics.
 Research program
 Educational content, didn't seem too over my head
 Very good atmosphere
 I was at ISOPP for the first time; I really liked the international contacts;
 Variety of topics, quality of content and speakers
 Overall length was just right
 Meeting with colleagues, talking about actual problems
 The clinical presentations related to age groups
 All presentations
 My first symposium so liked the content
 Stability data very useful
 Introduction to technologies
 It was very focused in time and place
 Technical equipment for drug preparation
 The venue and the breadth of topics covered.
 EVERYTHING WAS VERY GOOD



To submit to the ISOPP newsletter, contact editor Jill Davis via jillian.davis@austin.org.au

What did you like the least:

Should have more grants for participants from developing countries.
Less parallel sessions
Better symposium dinners, post-presentation evaluations, photos of symposium delegates
Anyone giving an update should be given a brief to cover new therapies
Presentations on some subjects should be given by practitioners experienced in the topic area
Need to be expert in the field to speak
Lunchtime presentation on genetic changes in chemo-workers should have been a plenary
LESS PERSONALITY BOASTING
Some speakers just rehashed PIs or looked at other peoples articles
The contact details of the participants (or at least of the speakers) were missed
6 hours a day it was very long
ALL THE PRESENTATION HAVE TO BE ONLINE IN THE WEBSITE FROM THE FIRST DAY



Helen McKinnon, Founder of ISOPP at the ISOPP XII symposium

Can you offer some suggestions:

Repeat some topics at least twice
More about experiences of good procedures, research experiences, oral chemotherapy
A pre or post tour sponsored and lead by oncology pharmacists would be good
I think we should expand the participation to others who we would like to engage in ISOPP.
Industry feedback meeting for exhibitors
Workshops would be good especially in geriatrics, setting up reconstitution centres, standards of practice etc
Discussion groups e.g. discussion on how to get funding for clinical pharmacy services
Evaluation after each presentation as to relevance, content etc
Have the small series as a plenary session
Mini oral presentations should be 15 minutes
Change the length of presentations to increase topics and increase ability to focus
Accommodation in city centre
Perhaps more of a distinction between rudimentary and advanced practice talks
More time for posters with authors present
Less time to pharmacy compounding
More focused and detailed programme.
More interactivity
Speaker have to be excellent with English speaking
More general presentation for all
Nothing, only it is too far from my country (Chile)

MORE contributed papers as oral presentations
Longer breaks. Better chairs!
Longer time for presentations
Addition of 'clinical cases' workshops
Slides of the presentations would be very helpful.
More plenaries; longer plenaries
Satellite Symposia should be at the beginning or end of the day, not during symposium hours
Not such early starts
Do not have 4 topics/speakers in one 60 minute session
Change the placement of the general meeting from the middle of the day to the end of a day
More practice and more workshops
More lectures from the basic research
Need some discussion groups. Content to be available on flash drive.
Increase amount of new information and clinical update
More small group discussion
Add 5-min presentation of posters
Some safety aspects repeated too much. Run workshops twice.
Actual presentation of new material in clinical stream (vs. reviews of old material)
Stronger focus on occupational safety
Include far more accepted abstracts as presentations rather than posters.
Include more sessions on controversial subjects - robotics, closed systems
The research workshop should not be included into the symposium

Please visit the ISOPP.org website to view the presentations from ISOPP XII and to see the slides from the General Assembly held on Friday May 7 and noted under 'AGM Report.' These slides include the President's report and the Financial Report for the Society.