

# News LETTER



Newsletter - Vol 13, No 2, June 2011 • International Society of Oncology Pharmacy Practitioners

## President's Message

Dear colleagues and friends

Summer has started in Europe and for many of us this means it is the time of the year to have a break and make enjoy a well deserved holiday. For others, in other parts of the world, this means winter has started.

This observation reflects perfectly the global perspective of our organization with similarities (not necessarily in time or place) and with differences. The goal of ISOPP is to bring together working experiences, the daily problems and solutions great and small to the benefit of all of us.

Recently, for the first time in Europe, ISOPP was able to organize a scientific meeting in a non-congress year. This International Oncology Meeting was held in Salzburg at the end of May. Also for the first time ISOPP was cooperating with a single sponsor of that event, Sandoz/Ebewe, who took care of the organization of the meeting and provided logistic support. ISOPP had an absolutely free hand in the scientific program and Carole Chambers, the past president did a great job in preparing the agenda and chairing the different lectures with speakers from US, Australia, Singapore and Europe. More than 200 colleagues attended the meeting representing more than 30 countries. An extra opportunity for the participants was a visit to a production plant for cytotoxic drugs (for many people for the very first time) and it was possible to discuss with the quality and production staff responsible the "why"



President Johan Vandembroucke with new Secretariat member Robert Terkola at the IOM meeting

and "how" of such production. A very good experience for all.

All ISOPP members presenting at the upcoming FIP (International Federation of Pharmacists – Federation Internationale de Pharmacie) congress in Hyderabad, India, are in the process of preparing their attendance for this meeting in September. Again a scoop for ISOPP and an opportunity to bring the world of oncology pharmacy to a new audience for whom this field of expertise is totally unknown. To express the willing of corporation of ISOPP, we offer to FIP a platform during our next Congress in 2012 in Melbourne.

This brings me to the 13th biennale congress of ISOPP. Note in your diaries May 9-11 2012 Melbourne Australia. The scientific committee has a first draft of a program with possible speakers. This needs to be checked with the organizing committee and the secretariat for budget and content prior to being put on the website. The official website for the congress is on line - the

URL is [www.isoppxiii.org](http://www.isoppxiii.org) - (you can also follow the link on the ISOPP website), bookmark it and follow the progress. This website will also serve as the information source for the practical and logistic details of your attendance (check out the variety of accommodation available etc). There is also an industrial brochure on the website and I would encourage all of you to address it to your local representatives of the pharmaceutical industry to have a look at it. We realize that Australia

is for many members a long way from home, but it gives the opportunity for these colleagues in that part of the world for who Europe or US is far away to attend the meeting. And on top of that, Melbourne and Australia is an exciting place to visit.

As a member of ISOPP you have access to an on-line audit program which uses the ISOPP Safe Handling standard as its basis. This enables you to measure in which degree your institution and

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President Johan Vandenbroucke speaking at the IOM meeting

practice matches the ISOPP standards and also you can benchmark yourself with your colleagues from all over the world. The audit tool gives you a useful instrument that you can use in your discussions with your hospital authorities in developing oncology pharmacy and safe handling. The more people who use and submit the audit, the more accurate the benchmark process becomes. Go to the website education centre / standards and practice and follow the link.

The end of June also means half of the year 2011 has passed away. The new members of the secretariat are installed, the RFP's (Request For Proposal) for the congress in 2014 have been published and the proposals to the RFP - for the management service of our organization is under investigation as we speak. The secretariat and committee chairs and in extension the committees are working very hard to make and keep ISOPP an attractive source of information, education and ideas. If you are willing to give a helping hand in one of our committees, contact the committee chair – you find all their details on the website- or myself, you are most welcome.

Enjoy your summer/ winter holiday!  
Johan

## 2011 Request for Research Grant Proposals

We invite all ISOPP members at universities, hospitals and research institutions, to submit applications for research grants focused on oncology pharmacy research – either pre-clinical, clinical, or practice related areas.

Potential applicants should submit electronically the required administrative information and a Letter of Intent addressed to the Research Committee Chair summarizing the proposed studies. The member should sign in on the ISOPP website ([www.isopp.org](http://www.isopp.org)) and go under the research grant tab. On line submission process will begin, June 27th, 2011.

The Letter of Intent must include the following information in this order:

1. The objective
2. The relevance to oncology pharmacy practice
3. The hypothesis or hypotheses to be tested
4. Preliminary data
5. A statement of the methods of procedure
6. A plan for evaluating the results
7. Current financial support: list each current grant or contract for the conduct of this research. If there are no other grants, state "NONE."

The online process must be completed by Friday, September 2nd, 2011 at 5 PM (USA, EST).

There is a total of 15,000 euros available to fund these grant applications and we plan on awarding up to two grants for this year. The grant will cover direct cost only; no indirect fees/charges will be covered.

The Letters of Intent will be evaluated by the ISOPP Research Committee, and applications will be invited from those whom the committee recommends. Our decision will be transmitted to the candidates no later than Saturday, October 1st, 2011, and those who are invited to apply will have to do so by Friday, January 13th, 2012. The applicants will be informed of the decisions regarding their applications as soon as they have been made, but no later than March 1st 2012. Research Awards will be presented at the ISOPP XIII Annual Conference, May 1-11th, 2012, Melbourne, Australia. Funding will be initiated in July 2012.

Any questions or clarifications need, please contact the Research Committee Chair, Kellie Jones at [kjones14@iuhealth.org](mailto:kjones14@iuhealth.org) +1(317)-948-5331.

CAPhO (the Canadian Association of Pharmacy in Oncology's meeting National Oncology Pharmacy Symposium (NOPS) 2011 will be held Nov 4-6 in Quebec City. Visit <https://www.capho.org/nops/2011/index.html> for more details.

The conference website for ISOPP XIII is now live, and we are taking "expressions of interest" from people interested to attend. The URL is [www.isoppxiii.org](http://www.isoppxiii.org)



**ISOPP XIII**  
The Thirteenth International Symposium on Oncology Pharmacy Practice  
MAY 9<sup>th</sup> - 11<sup>th</sup> 2012 • MELBOURNE, AUSTRALIA

**Meeting 14-16 October 2011.**

Visit the BOPA website  
[www.bopawebsite.org](http://www.bopawebsite.org).

BOPA is the British Oncology Pharmacy Association. It was founded in the autumn of 1996 and grew out of the United Kingdom Clinical Pharmacy Association (UKCPA). The stated purpose of BOPA, which is a registered charity, is "to promote excellence in the pharmaceutical care of patients". To find out more about the next BOPA symposium, visit the BOPA website.

## HOPA 2011 Reflections



Beautiful Salt Lake City as seen from hotel

Dear colleagues,

As part of BOPA's 2011 ASCO Advance Programme, we are delighted to announce the launch of ASCO Advance 'Talking Heads'. Talking Heads features some of our ASCO Advance team reflecting their thoughts on the new oncology data, live from the ASCO Congress in Chicago. The short clips include footage of the team considering the implications of the new data for clinical practice within the UK – please visit the BOPA website [www.bopawebsite.org](http://www.bopawebsite.org) to view these insights first hand!

Additionally we held a Live Satellite Broadcast from Chicago on Tuesday which was relayed successfully to 8 sites and around 300-350 registered attendees in the UK. A recording of this broadcast can also now be found at [www.bopawebsite.org](http://www.bopawebsite.org)

BOPA has made the decision to make these available to non-BOPA members and we hope you find them useful.

Kind regards,  
David Thomson,  
Chair BOPA

The Publication Committee is looking for members. If interested in joining please contact Felice Musicco via [fmusicco@libero.it](mailto:fmusicco@libero.it)

### HOPA 2011 Maria Larizza (Australia)

Snowy Salt Lake City, Utah, was the host to approximately 700 delegates for the 2011 Hematology/Oncology Pharmacy Association (HOPA) 7th Annual Conference. The aim of the conference was to educate hematology/oncology pharmacists on up-to-date clinical evidence about treatment options for the treatment of cancer and supportive care management. The program included, haematologic malignancies, supportive care issues and controversies in care for solid tumours.

Always an invaluable part of any haematology/oncology conference were the session updates on new and emerging cancer drugs. Maribel Pereiras, PharmD, BCOP, BCPS, a clinical assistant professor at Ernest Mario School of Pharmacy, Rutgers University presented on newly FDA-approved anticancer agents. Sipuleucel-T is the first approved therapeutic vaccine in oncology indicated for men with asymptomatic or minimally castration-resistant prostate cancer (CRPC). Cabazitaxel a microtubule inhibitor, has recently been approved for patients with metastatic CRPC that has progressed

on or following treatment with a docetaxel-containing regimen. Eribulin, from a novel class of agents called halichondrins has recently been FDA approved for metastatic breast cancer, specifically in those patients that have already had at least 2 chemotherapy regimens, which should include an anthracycline and a taxane. Denosumab a human monoclonal antibody with affinity for the receptor activator of nuclear factor kappa-B ligand (RANKL) was also recently FDA approved to prevent skeletal-related events in patients with solid tumours and bone metastases. In addition many of these new agents are "targeted therapies" targeting novel receptors or clinical pathways, for example poly(ADP-ribose) polymerase, EML4-ALK, and PI3-kinase. Sessions offering recertification credits for board-certified oncology pharmacists reviewed concepts, such as, chronic lymphocytic leukemia, germ cell tumors, metastatic prostate cancer and metastatic breast cancer. Another valuable session pertinent to clinical practice included sessions on cardiac toxicities of targeted therapy and recommendations for vaccinating patients with cancer. Another highlight of the conference was the Keynote Lecture on "The Cost

## HOPA 2011 Reflections continued

of Cancer Therapy” presented by Tito Fojo, MD, PhD, from the National Cancer Institute. The presentation addressed the challenges facing the cost of cancer therapy. It dealt with the underlying reasons for why cancer therapies are so expensive. Using clinical studies to support his views, Dr Fojo illustrated the main reason for the high cost was that cancer therapies are used “indiscriminately,” which potentially can lead to over exposing patients to excess toxicity and increasing monetary cost.

Always of a high standard the conference provided opportunities for delegates to update their clinical oncology pharmacy practice knowledge. It provided delegates with the perfect forum to network with pharmacy colleagues from the all over the world.

### HOPA 2011 Bruce Burnett (UK)

My key highlights from HOPA 2011 were primarily related to management of toxicity and monitoring.

In terms of monitoring the use of troponin I to monitor cardiac function, rather than using an ECHO or MUGA scan has the potential to provide a cheaper, less invasive test whilst at the same time detecting earlier cardiac changes. This could allow earlier intervention and permit therapy to continue without interruption or delay to treatment, particularly in the case of trastuzumab. With sunitinib the development of hypertension is suggested to be a marker of response. Patients who don't develop hypertension may benefit from an alternative therapy. The downside in the UK is that there are no NICE / SMC or AWMSC approved second line therapies in mRCC, although some areas are funding such treatments via the Cancer Drug Fund (England only). The monitoring of immunoglobulin levels during maintenance rituximab in follicular lymphoma, due to the doubling of infection risk.

Managing toxicity had a number of



ISOPP members meet up at HOPA

interesting points:

- Use of prophylactic carvedilol as a cardioprotectant for patients receiving anthracyclines
- Use of NSAID's to reduce the incidence of peripheral neuropathy
- Higher doses of loperamide (32mg/day) for severe diarrhoea, the usual maximum in the UK is 16mg/day
- HBV prophylaxis for high risk patients during maintenance rituximab in follicular lymphoma and the potential need for IVIG support.

In terms of therapeutic advances the stand out items for me were:

- The cancer vaccine sipuleucel-T in prostate cancer, which raises a huge number of questions about how such agents would be managed in the UK and EU. Handling of the prepared vaccine and provision of tumour sample.
- Choice of regimen and use of neo-adjuvant and adjuvant therapy for bladder cancer. Whilst no new data was presented enough questions were raised to warrant reviewing locally approved regimens.
- Trastuzumab-DM1, crizotinib and PLX4032 were the investigational agents which created the greatest interest during HOPA.

Patient concordance/compliance was again hot on the agenda at HOPA 2011 and the session was well attended. As an addition to that smoking cessation during therapy and the impact on toxicity and outcome proved a huge talking point.

This year at HOPA a group of UK pharmacists used Twitter to raise points they found interesting during the meeting. Using #HOPA11, colleagues back in the UK were able to follow these “tweets”, and also via the BOPA website. The Pharmaceutical Society also picked up on this. It is not something that I thought would be useful but was proved wrong and it is going to be something used more – ISOPP 2012 tweets anyone?

My attendance at HOPA 2011 meeting was supported by Roche UK Ltd.

### HOPA 2011 Jude Lees (Australia)

Picking one session out of many presentations at a conference is always difficult. Posters were an important part of the program, however I was very impressed with the detailed BCOP re-certification presentation by Dr Courtney Bickford, PharmD specialist in Cardiology at MD Anderson Cancer

Center. Titled “The heart of the matter: when targeted cancer therapies cause off-target toxicities” this talk addressed each different type of cancer therapy-induced cardiac toxicity in turn – Left Ventricular Dysfunction/Heart Failure, Hypertension followed by Arrhythmias (QT prolongation). This is the type of presentation to re-visit more than once in order to absorb the amount of information provided, and HOPA members and conference attendees can access the presentation on the HOPA website [www.hoparx.org](http://www.hoparx.org) and check out the references and websites provided. Inhibition of VEGF, ABL and HER2 are implicated in the development of heart failure, and Dr Bickford went through the involved medications including trastuzumab, lapatinib, imatinib, dasatinib, sunitinib and bevacizumab, providing the audience with evidence based Guidelines for monitoring and treatment. This is sometimes a different language for those of us who have specialised in cancer for so long! A small section on anthracycline-induced heart failure was included in comparison to the so-called targeted therapies. Hypertension is seen with VEGF-inhibitors bevacizumab, pazopanib, sunitinib and sorafenib. Recommendations from the NCI Investigational Drug Steering Committee were outlined including the need to conduct a formal risk assessment and identify and address hypertension BEFORE starting therapy. Insights from the presenter’s cardiology experience were very useful. The final cardiac effect covered was the prolongation of QT interval that can be seen with several of the “nibs” and vorinostat. Recommendations included identifying risk factors, recognising drug interactions and following ECGs after baseline. Dr Bickford concluded that while targeted therapies are a great advance in cancer treatment there remains inadequate understanding of predicting, preventing and reducing cardiotoxicity. Cancer pharmacists should be aware of the issues and can assist in the application of appropriate guidelines.

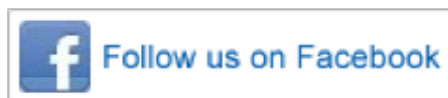


Newsletter Editor Jill Davis (Australia), ISOPP member Siew Woon Lim (Singapore) and HOPA President Moe Schwartz (USA)

### HOPA 2011 Judith Smith (USA)

The Annual HOPA meeting had a great keynote/plenary session by Dr. Tito Fojo from the National Cancer Institute that really resonated with me. In his lecture Dr Fojo demonstrated multiple examples or opportunities for pharmacy researchers to add to our current knowledge for the incorporation of molecular targeted therapies into standard chemotherapy regimens. It was also refreshing to hear someone at a national level begin to recognize that cost of therapy does need to start to be part of the equation in cancer treatment planning, especially in consideration

of the ongoing health care reform in the USA. In addition to the many interesting lectures, it was great to have a chance to visit with many other ISOPP members that had travelled to Salt Lake City for the meeting. This was the first year that HOPA hosted a specific “international speaker” session which hopefully will be the beginning of more joint collaborations between HOPA and ISOPP.



<http://www.facebook.com/home.php#!/event.php?eid=123403207696758>

## FIP and ISOPP meet for the first time

71st international FIP congress [3-8 September 2011] includes an ISOPP sponsored afternoon – will be held in Hyderabad, India. “Recent Advances and challenges in the safe preparation of cytotoxic agents” (Tuesday 6th September 1400 – 1700)

This session is organized jointly by the FIP Hospital Pharmacy Section and ISOPP. The session will describe the intersection of the Basel statements and the ISOPP standards for safe preparation of cytotoxic chemotherapy. ISOPP standards related to education and personnel involved in preparation and protective strategies will be described. Participants may also participate in a workshop where they will assess the

safety of chemotherapy preparation at their own institution and develop a plan to implement safer handling.

Presentations are:

1. Consequences of occupational exposure to cytotoxic chemotherapy (Jill Kolesar - USA)
2. Basel Statements and the ISOPP Standards: Intersections and actions (Lee Vermeulen - USA and Johan Vandenbroucke - Belgium)
3. The ISOPP standards for safe handling of chemotherapy: recommendations for implementation (Robert McLauchlan - Australia)
4. The ISOPP Standards: practical suggestions for implementation (Abdul Latif Sheikh - Pakistan and Harbans Dhillon - Malaysia)

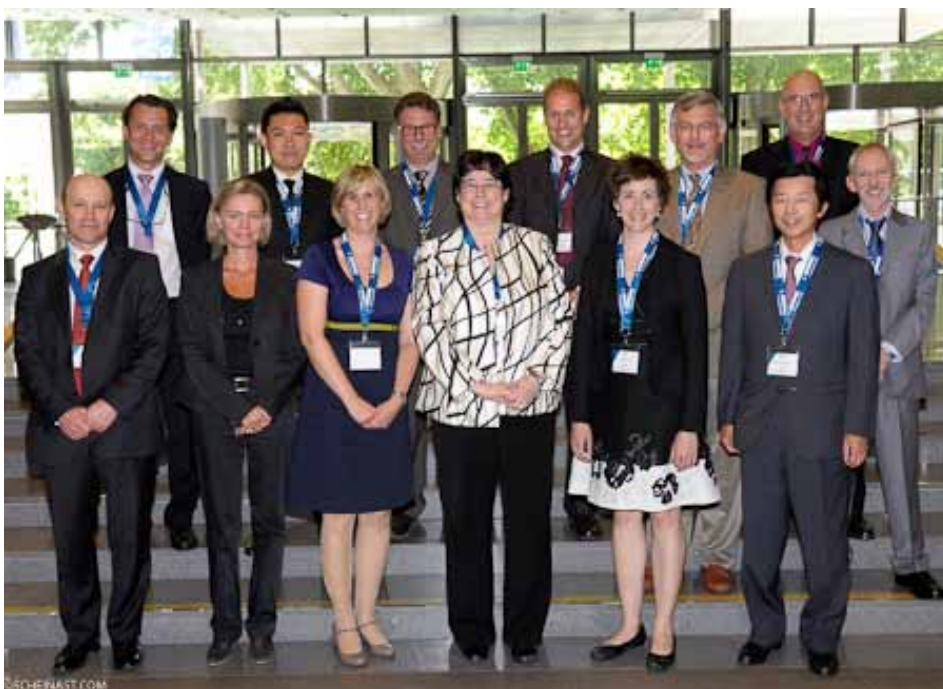
## 4th International Oncology Meeting (IOM) in Salzburg (Austria)

### Annemeri Livinalli – Brazil

The 4th International Oncology Meeting for pharmacists (IOM) was held on 21st May in Salzburg, Austria, sponsored by Sandoz company. There were 200 professionals from European and Asian countries, and for the first time, Brazilian pharmacists had the opportunity to participate in this meeting. After the meeting, it was possible to visit the manufacturing unit of the Sandoz company in Unterach. The company is investing in building a large injectable area with modern equipment and high technology to manufacture cytotoxic drugs for an expanding market, including Brazil. The visit had 50 participants. Everybody had the opportunity to visit the area responsible for injectable manufacture, including the packaging area, vial washing and visual check area, where the employees look for particles in the vials.

The highlight during this visit has been viewing the special device used to package cytotoxics called oncosafe®, a special device to avoid occupational exposure of people involved in the handling of cytotoxic drugs and during the reception and storage, avoiding exposure from accidental damage eg a dropped glass vial. Onco-safe is a plastic bottle and inside it there is the glass vial.

The program itself was designed by



Speaker Panel at IOM

ISOPP and the central theme was: “dimensions of safety considerations in oncology pharmacy practice”. The intention was to reinforce safety information and to present some updates.

Firstly, environmental contamination was discussed both in using a closed system and also external contamination of vials. This second issue is continually in discussion, more and more published papers are showing this risk and what might be possible to decrease or eliminate this contamination.

Following this topic about contamination, pharmacist David Leonard talked about his experience using a ‘robot’ to prepare doses. Although these are very expensive machines, probably this is the future way to avoid contamination and optimize the production in big

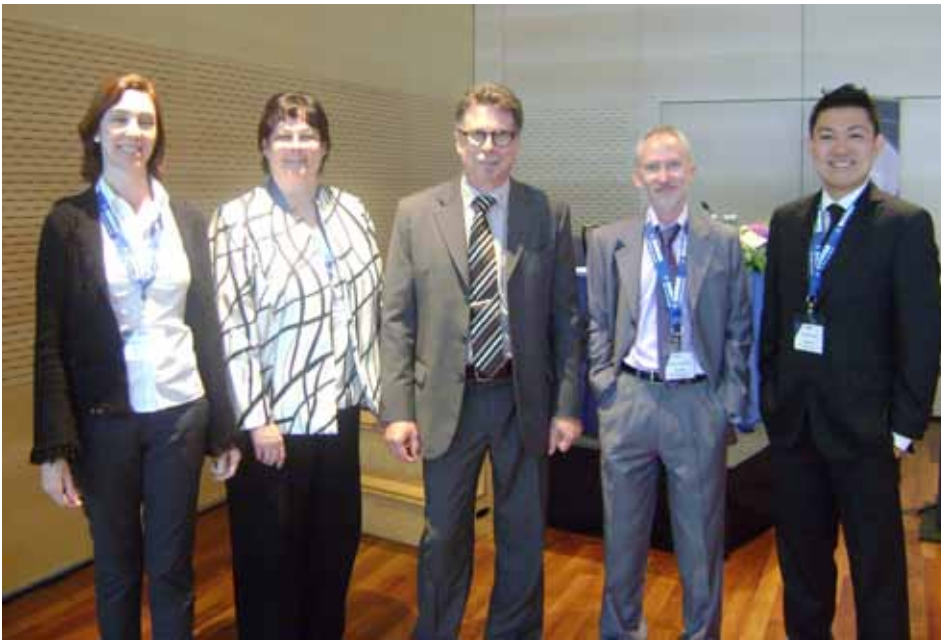
hospitals.

Rachel White, who specializes in human factors, has challenged us to look directly to our own shortcomings. Everybody makes mistakes sometimes and what should the individual do about this when another person suffers the damage as the consequence of the error. She used special and actual examples for us to reflect about.

Alexandre Chan and Robert McLauchlan, both ISOPP members and committee chairs (education and standards) talked about oral anticancer agents toxicities - an overview and safe dispensing of oral chemotherapy.

Thomas Connor, another ISOPP member and representing the USA National Institute for occupational safety and health (NIOSH), has been responsible for investigating the question: “should monoclonal antibodies be considered hazardous?” I’m sure that is a question that appears in many oncology services. Last year NIOSH published a list with many hazardous drugs and during this year the group is studying to update it and publish new information in 2012. You





Annemeri Livinalli, Carole Chambers, Johan Vandembroucke, Robbie McLauchlan and Alex Chan



can find the current list here: [HTTP://www.cdc.gov/niosh/docs/2004-165](http://www.cdc.gov/niosh/docs/2004-165).

Philip Johnson ended the meeting showing us a new tool developed by an oncologist group formed by physicians, nurses, and pharmacists. This international group included representatives with different experiences. As in 2008 when the ISOPP sponsored ISMP to develop a survey about the security with handling vincristine and oral chemotherapy, this tool supported by ISMP will evaluate how hospitals are avoiding errors in oncology drug usage. It will evaluate all steps involved during the cytotoxic handling including the reception, storage, prescription, handling and administration. Some ISOPP members have participated during the developing of this tool. In 2012, ISMP intends to publish the results of its survey and to give recommendations about medical errors in oncology.

# ISOPP XIII



## The Thirteenth International Symposium on Oncology Pharmacy Practice

**MAY 9<sup>th</sup> -11<sup>th</sup> 2012  
MELBOURNE, AUSTRALIA**



Robert Terkola speaking at IOM

The Canadian Association of Provincial Cancer Agencies recently published a report "Improving the safety of ambulatory intravenous chemotherapy in Canada". The aim of this project was to recommend strategies to reduce risk in this area. For the full report (in English and French) visit <http://www.capca.ca/current-issues/patient-safety/research>.

To make a submission to the Newsletter, contact editor Jill Davis via email [jillian.davis@austin.org.au](mailto:jillian.davis@austin.org.au)