

News LETTER



Newsletter - Vol 14, No 2, June 2012 • International Society of Oncology Pharmacy Practitioners

Message from the President

It's hard to believe that more than a month has passed since many of us gathered in Melbourne, Australia for ISOPP XIII. For those that were able to attend, I'm sure you will agree with me that it was an excellent program, and as always, a great opportunity to visit with old friends and colleagues, and make new ones. Thanks go out again to Terry Maunsell and her local organizing committee for such outstanding work.



Terry Maunsell

Thanks also go out to Alexandre Chan, Chair of our Education Committee and the Scientific Planning Committee (Diana Booth, Jill Davis, Justine Hong, Maria Larizza, Robbie McLauchlan, Michael Moloney and Shaun O'Connor) for putting together a dynamic and informative program. Those of you who were able attend; will be getting a feedback/satisfaction survey from the Conference organizers. It is vital that you invest the 10 minutes or so that it takes to complete; to provide your feedback so that we can plan the next Symposium in Montreal. For



Past President Johan Vandenbroucke hands the ISOPP stele over to new President John Wiernikowski)

those that were not able to attend, the presentations from the Symposium should be uploaded on the ISOPP website by the time this newsletter is out.

I want to dedicate some time here to answer/address a number of issues that were raised at the AGM. Many of you will recall getting a letter from me ahead of the AGM with respect to a vote to move our Constitution out of Hamburg, Germany. The reasons to initiate this move are multi-factorial but stem largely from the amount of administrative red-tape (and costs in terms of time and Euros) to have our Secretariat Executive (President, President-Elect, Treasurer and Secretary) recognized within the German legal system. For example, it took more than a year for the most recent Treasurer to be recognized

as Treasurer and be given access to the ISOPP bank account. Additional issues pertain to having all of our

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documentation translated into German by an “official translator” (additional costs) when the official language of our Society is English. The amount of funds we are legally allowed to retain and carry-over from year to year is another major barrier to planning and executing larger initiatives that could benefit more of our members globally. We researched potential new ‘homes’ for our Society’s Constitution including Belgium, Gibraltar and Canada. Of these, while not perfect; Canada had the best profile for a potential new home. The favourable attributes included, English Language, favourable (Tax –Free) income carry-over as a Not for Profit entity; and simplified re-registration of Executive members. Unfortunately, we did not achieve a Quorum of members at the AGM to hold a legal (as per our Constitution) vote. We were able to engage in a very frank and meaningful discussion about the potential move and I want to provide you with the questions and answers given about the motion. Some of my answers have been amended/clarified, since my initial responses were based on discussions I had with a Tax Lawyer and Officials with the Canada Revenue Agency. I have since obtained further information from a Law firm and Canadian laws governing the “Incorporation” of our Society as a Not for Profit in Canada. “Incorporation” is critical as it provides the legal framework to indemnify ISOPP Officers, which is essential. So here now are the questions and answers that will allow you to inform your decision for the upcoming electronic vote.

Q. Germany allows ISOPP to hold an AGM every 2 years and retain its Charitable Status; can this be done in Canada?

A. My initial response was “yes” based on discussions with the Tax Lawyer and the Canada Revenue Agency (CRA); as long as we file a tax return annually. However, the laws governing “Incorporated” Societies mandate an AGM be held annually. The meeting however does not have to be a physical gathering

of members. An “on-line” meeting would be considered valid. With new web-conferencing software available, this requirement could be easily met; and make participation in the AGM available to 100% of members. However, I personally would favour ISOPP transitioning from its current bi-annual Symposium to an Annual meeting. In discussion with our Education Committee Chair, there is certainly interest in pursuing this.

Q. Why does the Membership have to vote on this at all? The Secretariat should take responsibility for this.

A. The reason is two-fold. 1. It was recommended by the German Lawyer to have a clear mandate from the Membership to move. 2. The Constitution will need to be amended with respect to Clause #2 which would now read “Der Verein hat mit Beschluss der Mitgliederversammlung vom (Datum) seinen Sitz nach Kanada verlegt. Die Zuständigkeit der Amtsgerichte der Bundesrepublik besteht damit nicht mehr. Der Verein wird deshalb infolge der grenzüberschreitenden Sitzverlegung in das Hoheitsgebiet des Staates Kanada hier gelöscht.” Or in English “At the membership meeting date, place the members of the society have resolved to relocate their official seat to Canada. Therefore, the jurisdiction of the courts of the Federal Republic of Germany is no longer applicable and the society will be deleted from the legal register with immediate effect. This relocation effectively means that the society will dissolve, but not liquidate under German law and can therefore retain its assets, which will be incorporated within and transferred to the newly founded Canadian Society. While this clause states “Canada”; this by no means needs to be the final ‘home’ and could be amended to another country if a more favourable one is found.

Q. Will we have to “Dissolve the Society” and therefore have to lose our remaining funds to



the German Children’s Charity?

A. No, the clause above provides us the legal framework to ‘transfer’ our Constitution to Canada (or elsewhere).

Q. What about the requirements for a Physical Address?

A. This in fact is another issue directing the move out of Germany. German Law requires that ISOPP have a Physical Address in Germany. Our current address is that of a previous ISOPP Treasurer who (understandably) does not want his address being used by ISOPP. ISOPP does not have the financial means to purchase physical space in Germany to provide an address, so we essentially must move. ISOPP’s current management company is based in Canada, and can serve as our legal address should we move to Canada. I am seeking clarification around the question of what would happen if we changed Management companies to one outside of Canada. Under the Canadian Tax code, the CRA will recognize “non-resident, not-for-profit organizations”.

This information will be available on the ISOPP website for your review, comments and questions. Since it is now summertime for most of our members, and understanding that many members will not sign on to the website as often during their holidays, I am opening the period of review

Award presentations at ISOPP XIII

Helen McKinnon Awards were presented to Terry Maunsell and Carole Chambers.



Terry Maunsell, Helen McKinnon and Carole Chambers



Carole Chambers receives ISOPP Fellowship plaque from Membership Chair Rosalyn Sims.

To Terry Maunsell and the Programme and Organising Committee,

Just a note of thanks for a conference well run and VERY informative!! The best ISOPP I've been to so far! Not only did we learn a lot, but mostly came back inspired!!

Kind regards.

Carien van der Merwe. DGMC Oncology, Johannesburg, South Africa.

'Check out the photos taken at the ISOPP XIII meeting on our Facebook page and add in your own!'



Follow us on Facebook

<http://www.facebook.com/media/set/?set=a.434325203244332.110358.225135194163335&type=3>

Congratulations to the authors of the abstracts that were chosen as Platform Presentations at ISOPP XIII. There were:

- Use of cytotoxic drugs in Veterinary Medicine: Prescription and handling practices in Portugal during 2011 S.Gato, J Pedro, A Ferreira and S.Martins
- Impact of pharmacist interventions on 5HT3 antagonist prescribing and overall management of chemotherapy induced nausea and vomiting (CINV) N Ayoub
- Establishment of a pharmacist – led Phase I clinical trials program. D R Harvey

ISOPP XIII Symposium

presentations marked in red are available to download. Go to www.isopp.org and visit the Education Centre and choose the heading 'Documents from ISOPP meetings' then click on ISOPP XIII Melbourne OR go directly to the site at ... <http://www.isoppxiii.org/program/?IntCatId=27>.

Message from the President continued

discussion until the end of August. We will be putting forth the motion to a vote in September.

The Secretariat and Committees are currently engaged in a number of other exciting initiatives that we will be announcing in the coming months. The first of these is ready and is the Virtual Journal Club, which can be found under "Other Educational Links" on the ISOPP website. Look for our website to change as well; we are undertaking a review and re-organization of the information on the website to make it more user friendly and easier to navigate. The Membership committee will be exploring "Joint Memberships" between Local/National

Oncology Pharmacy organizations and ISOPP; the Standards Committee will be working hard to complete the 2nd edition of ISOPP Standards, and begin work on ISOPP Clinical/Credentialing Standards for Oncology Pharmacy Practice. In other exciting news, ISOPP has been invited to partner with INCTR-USA and George Washington University around an Oncology Pharmacy education/training initiative in Ethiopia; and I am exploring additional partnerships with the C17 network in Canada and World Child Cancer on a similar initiative forming in South Africa and Botswana. A subgroup of the Education Committee is starting work on developing training

materials for this initiative. If you are interested in contributing to this very valuable (and high profile for ISOPP) work, please contact Alexandre Chan of the Education Committee.

Also, those that were present at the ISOPP Symposium and/or have visited the website have learned about the International Oncology Medication Safety Self Assessment tool that was jointly developed by ISOPP and ISMP Canada. The deadline to complete this assessment has been extended, so please go to the link on the website, register your Institution and complete the assessment.

John Wiernikowski

Report of 13th International Symposium on International Oncology Pharmacy Practice

9-11 May 2012 Melbourne, Australia.



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Cancer being most complex condition for patients and health care providers regarding therapeutics is considered to involve unique issues of safety and efficacy for both groups. The drugs used in cancer treatment are cytotoxic in nature and carry occupational risk for care providers by inducing cancer apart from huge ADR burden. The anticancer drugs need to be handled carefully especially by the pharmacist while compounding and refilling prescription orders as accidental contact with the drugs can lead to a causality of induced cancer. The XIIIth International Symposium on Oncology Pharmacy Practice (ISOPP) was held at crown conference centre, Melbourne, Australia during

May 9-11. 383 registrants from 31 countries attended. The symposium had various areas of deliberation on oncology pharmacy practice along with advances in state of art of technology ensuring the safety for the caregivers especially the hospital pharmacists and clinical pharmacists while dispensing and refilling the prescription orders.

The opening ceremony at sharp 8 30 AM began with the welcome from Terry Maunsell the organizing chairman of the symposium. ISOPP president, 2010-2012, Johan Vandenbroucke (Ghent University, Belgium) described

health professional to improve cancer outcomes. Following was Carole Chambers (Alberta, Canada) who gave an introduction on the ISMP medication safety self assessment tool and its application in oncology pharmacy and encouraged everyone to complete this tool.

The translational research genomics and epigenetics are the emerging cutting edge technologies which are promising paradigm changes in how cancer will be diagnosed and treated in the coming years. How translational research is extensively applied in



the upcoming agenda of the symposium divided into three streams, viz., practice, clinical and research. It concluded with the presentation of two Helen McKinnon Awards, by Helen McKinnon in person, which went to Carole Chambers and Terry Maunsell. Congratulations! The first plenary session, chaired by John Wiernikowski, included the key note address by Professor David Currow who stressed the responsibility on every

cancer diagnosis and therapeutics was discussed by Dan Mellor (Peter MacCallum Cancer Center, Melbourne, Australia) in the second plenary session, chaired by Felicity Wright. Dan Mellor in his talk focused on how the patients are getting benefit through translational research. It is also true that many of the promising newly introduced drugs may be withdrawn in future due to detection of an unexpected severe adverse drug reactions noted in post marketing surveillance. This can cause a huge economic and humanistic burden not only for the pharmaceutical industry but also to the health consumer. It is desirable to identify the trends of

toxicity during each drug development phase this can reduce the burden by corrective measures being taken early – this is the main aim of translational research. Translational research also saves the time from bench research to clinical bed and helps in bringing the newer drugs into practice faster for the benefit of cancer patients. Johan Vandenbroucke raised concerns regarding the sudden drug shortages of anticancer drugs which is a major problem of recent times. The majority of the basic drug manufacture is carried out in China or India, sometimes at one site only. These countries are developing economies which have their own constraints and conditions which affect their industrial practice. Moreover the global planning of annual requirement for anticancer drugs is never calculated and the manufacturer is blind regarding the annual requirements of these drugs. Hence, by and large, a manufacturer relies on a demand and supply policy of 'just in time' rather than 'just in case'. The shortages of anticancer drugs across the globe are posing serious threat to the therapeutics. The shortage also leads to counterfeiting the drugs and affects the outcome of therapy which is recurrently happening leading to chaos in supply and treatment. Hence there is a need to plan steady supply of anticancer drugs in order to ensure continuous availability of drugs.

The sponsored lunch session by BD, covered issues of threats, safety and savings in oncology pharmacy practice was conducted by Johan Vandebroucke and Melisa McDermid (Univ of Maryland, USA). The post lunch session had three concurrent sessions running simultaneously, so the concurrent session I have attended was a talk by Jane Pruemer (Univ. of Cincinnati, Ohio, USA) who described the role and responsibility of oncology pharmacists as a member of outpatient supportive care for cancer patients in USA, followed by Harbans Dillon



(Univ of Malaya Medical Centre, KL, Malaysia) who focused on staffing, training and logistics required for running a centralized cancer drug preparation service. The post tea session also had parallel sessions 4, 5 & 6. I have attended both the sessions chaired by Michael Moloney (Peter MacCallum Cancer Center, Melbourne). The topics were genomics and cancer medicine by David Thomas (Peter MacCallum Cancer Centre, Melbourne) and epigenetics by Kate Burberry (MacCallum Cancer Center, Melbourne). The fabulous welcome ceremony held at the exhibition hall combined with poster viewings with the authors present really was a good retreat at the end of a hectic day of conferencing. The posters focused on overall areas covering oncology pharmacy practice in general. The day was completed by a Baxter

Deutschland GmbH sponsored session on 'Challenges in safe handling of chemotherapy'.

Day 2 started with a breakfast session sponsored symposium by HOSPIRA at sharp 7 am or you could attend ISOPP committee meetings of research, education, or publications. Under the chairmanship of Alex Chan (National Cancer Center, Singapore) plenary session 3 comprised various presentations from six different countries on the theme credentialing competencies for both technical and clinical oncology pharmacy practice and was quite informative and educational. Morning tea was clubbed with poster sessions in the exhibition hall which had booths from a variety of sponsors exhibiting their company products and services relevant to oncology pharmacy practice. This was followed by the ISOPP general assembly

for ISOPP members only. A lunch session sponsored by Fresenius Kabi Deutschland GmbH on the pharmacy chemotherapy services: quality, safety and environmental considerations which followed was quite interesting.

The post lunch sessions included concurrent sessions-7,8&9 in which I was able to attend



session 8&9 in which I attended talks by Lita Chew (National Cancer Center, Singapore) on topic 'how to excel in oncology pharmacy practice', she stressed the importance of 5P's, Passion, Purpose, Perspective, Partnership and Persistence to succeed in oncology pharmacy practice. The Hypersensitivity reactions to chemotherapy and chemotherapy dosing in obese patients were delivered by Bruce Burnett (North Wales Cancer Treatment Center, UK) and Peter Gilbar (Toowoomba Hospital, Queensland, Australia) respectively. In concurrent session-8 the talk by Donald Harvey (Emory University, Georgia, USA) on establishment of a pharmacist-led phase 1 clinical trials program and unlicensed half labeled drug use in a pediatric haemato-oncology unit was quite novel, educative and interesting. Before afternoon tea Carlo DeAngelis (Sunnybrook, Toronto Canada) tabled the research grant winner report for 2010.

After a tea break, concurrent sessions 10,11 &12 were held. I split my attendance between the sessions 10 &11. Targeted therapies in acute myeloid leukemia by Andrew Wei (Alfred Hospital, Melbourne) and using mobile technology to monitor patient compliance by Felice Musicco (Istituti Fisioterapici Ospitalieri Hospital, Rome, Italy) and robots preparing chemotherapy pros and cons by Harbans Dillon were very interesting and innovative in updating the developments in cancer pharmacy practice. The evening was completed by a fabulous gala dinner which was an unforgettable social event held at the beautiful hotel Crown Palladium room.

The final day of the symposium started with ISOPP committee meetings for membership and standards of practice and the breakfast session sponsored by ICU med on the topic of hazardous drug safety risks and health care's dirty little secret by Firouzan 'Fred' Massoomi (Nebraska Methodist Hospital, Omaha, Nebraska, USA). The concurrent sessions 13 & 14 were chaired by Hannelore Kreckel



(University Hospital Giessen and Marburg, Germany) and Annemeri Livinalli (Coordinator of Pharmacy at GRENDACC and Director of communications at SOBRAFO, Brazil). The sessions by Jill Kolesar (University of Wisconsin, USA) on the application of pharmacogenomics in day-to-day practice was informative. The presentation on smart pumps by John Coutsouvelis, Melbourne) was very interesting.

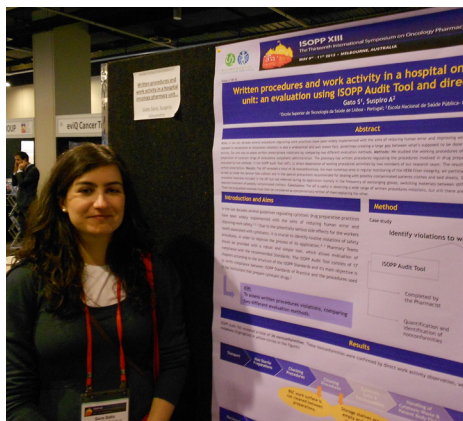
The concurrent sessions 15 & 16 included Kellie Jones (Purdue University College of Pharmacy, IN, USA) giving an interesting presentation on metastatic breast cancer and Annemeri Livinalli spoke on the management of osteosarcoma in Brazil. A final sponsored symposium by MERCK covered the topic of complexity associated with chemotherapy induced

nausea and vomiting. The last plenary session-5 by Rachel White (University Health Network, Canada) was an eye opener identifying the human factors in designing safety into health care systems and what can happen when systems break down.

The closing ceremony which included the announcement of prize for best poster which was awarded to Sara Gato of Portugal. An ISOPP Fellowship awarded to Ms Carole Chambers (Canada). Two JOPP awards (one for research and one for practice) and the travel grant winner was announced as myself Prof Anantha Naik Nagappa (India). The symposium was concluded with the announcement of next ISOPP symposium destination as Montreal, Canada. Everyone present was given a gift from Montreal and invited to attend ISOPP XIV.



ISOPP XIII Poster Winner:



Sara Gato (Portugal): "Written procedures and work activity in a hospital oncology pharmacy unit: An evaluation using the ISOPP Audit Tool and direct observation"

Sara Gato is Assistente Área Científica de Farmácia - DCTLSC
Escola Superior de Tecnologia da Saúde de Lisboa, Portugal



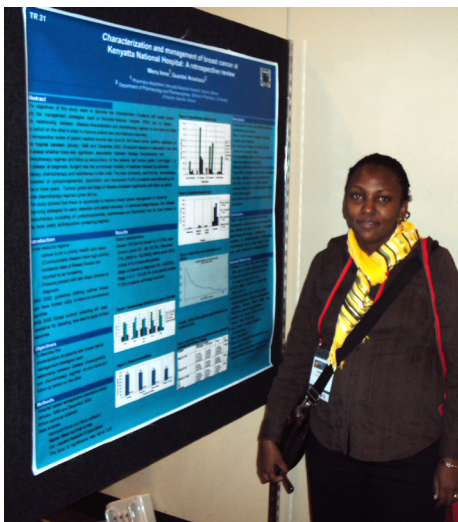
Sara Gato receives the poster award from Research Committee Chair Kellie Jones

Update from ISMP re the self assessment for oncology

To capture the most complete data set possible, the Institute for Safe Medication Practices (ISMP), ISMP Canada, and the International Society of Oncology Pharmacy Practitioners (ISOPP) are giving healthcare organizations more time to participate in the new international medication safety self assessment for oncology. Data submission has been extended to September 30, 2012.

Honorable mention: Irene Weru: "Characterization and management of breast cancer at Kenyatta National Hospital: A retrospective review"

Irene Weru is Senior Pharmacist - Oncology Services Kenyatta National Hospital Nairobi, Kenya



Irene Weru receives an honorable mention for her poster from Research Committee Chair Kellie Jones.

Read about ISOPP in the published Donalde Francke Medal lecture 'Oncology pharmacy practice as a model for international collaborations'
Barry R. Goldspiel
Am J Health-Syst Pharm. 2012; 69:951-7

Congratulations to ISOPP member Susan Goodin, HOPA Award of Excellence 2012 winner

Journal of Oncology Pharmacy Practice Best Paper Award Research Category

Cytotoxics compounded sterile preparation control by HPLC during a 16-month assessment in a French university hospital: importance of the mixing bags step

Vincent Castagne, Helene Habert, Chadi Abbata, Eric Rudant, Laurence Bonhomme-Faivre
Department of Pharmacy and Pharmacology Paul BROUSSE Hospital Villejuif Cedex, France

JOPP Volume 17 September, 2011

Journal of Oncology Pharmacy Practice Best Paper Award Clinical Practice Category

Key components of intravenous chemotherapy labeling: a systematic review and practice guideline

Maureen Trudeau, Esther Green, Roxanne Cosby, Flay Charbonneau, Tony Easty, Yooj Ko, Patti Marchand, U David, Nadia Berger, Sherrie Hertz
Odette Cancer Centre, Toronto, Ontario, Canada

JOPP Volume 17 December, 2011

Information you may not be familiar with about our journal JOPP:

- It is published by SAGE
 - In 2011, there were 33,201 downloads
 - Email alerts for new issues are sent to 1,782 destinations
 - Over 6500 institutions have online access to JOPP.
 - JOPP has a page in Wikipedia
 - JOPP has a widget (see the ISOPP website)
 - Articles are published on-line approximately 8 weeks after being accepted
 - Once published on-line, articles are accessible through medline
 - In 2011, visits to the JOPP website came from 166 countries
- With such a wide audience, why wait? Submit your article to JOPP today.

Virtual Journal Club

Do you hunt for ways to complete your professional development/continuing education credits/CME each year?

Do you routinely scan the JOPP publications on-line ahead of reading them in your paper copy of JOPP?

Then the Virtual Journal Club is for you. The ISOPP Education Committee, in Melbourne May 2012, discussed and now is delighted to share the new ISOPP Virtual Journal Club. Articles from the Journal of Oncology Pharmacy Practice which have been published online first will be featured in this new initiative with the goal to encourage ISOPP members to read these articles earlier, and also provide a wider readership for authors. Members of the Education Committee along with the

Chair of Publications Committee have established a simple method of using these publications for education and continuing professional development. A Virtual Journal Club icon on the ISOPP website will provide a link to a selection of online JOPP articles and a series of multiple choice questions about each article. Members can answer these questions via a Survey Monkey type format with correct answers embedded. After completing the questionnaire a certificate will be available for you to download, print, and add your name and date for your records. Although not formally accredited CME points we have determined your participation to be equal to one hour of CME activity. Initially the questions have been written by members of the Education Committee but as the Virtual Journal Club evolves, authors of the selected

articles will be invited to submit questions once their manuscripts are accepted for publication by JOPP.

To make this a real journal club, members are encouraged to use the Member Discussion Forum to stimulate discussion about articles they have read. Your membership in ISOPP provides many great benefits and we are hopeful you will find this new Virtual Journal Club another asset to your oncology pharmacy practice.

Thanks to Felice Musicco, Chair, Publications Committee for his expertise in setting up the website location as well as the survey monkey programming for this initiative. We count on his ongoing support and that of the Publication Committee of ISOPP.

Peter Gilbar and Carole Chambers -
For the Education Committee

CUBAFARMACIA 2012 ACTIVITIES SUMMARY

Scientific Committee Member: MSc. M^a Antonieta Arbesú Michelena

ACTIVITIES DEVELOPED

PRE-CONGRESS COURSE:

Good manufacturing practices in cytotoxic mixtures compounding, May 8th 2012.

Participants teachers/professor:

1 oncologist, 3 pharmacists

Coordinator: MSc. M^a Antonieta Arbesú Michelena

Participants: 32.

5 physicians, 1 physics and Science PD, 18 pharmacists, 3 nurses, 2 chemists, 1 microbiologist, 3 pharmacy technicians.

Participants' institutions:

a.- Hospital institutions: 7

b.- Production centers: 2

c.- Universities: 2

Participants evaluated the course as excellent.

ONCOLOGY WORKSHOP in the frame of Cubafarmacia 2012, May 10th 2012

Total number Presentations: 3 conferences, free topics (1 international/Spain)

Poster number: 27.

Institution Participant as expositors number: 17 representing 4 production centers cancer related, Healthcare institutions, hospitals and Medical Sciences Faculties from Villa Clara, Santiago de Cuba, Sancti Spiritus and Cienfuegos, two educational centres, and the clinical trials coordinator centre. The meeting room was filled to capacity during the entire congress.

Presentation Topics:

1. Design and clinical assay outcomes with new therapeutic targets in oncology.

2. Epidemiological studies outcomes related with drug oncology use, antimicrobials, analgesic therapy, medication errors, etc. in different Pharmacy departments in Cuba and Valencia (Spain).

3. Risk management and waste management importance during cytostatic manipulation in industry, health care services, and general population.

Workshop recommendations for the future approved by present participants:

1. Developed workshops, work meetings, etc. that allow to train and educate personnel involved in oncology Pharmacy Department, including clinical trials in Oncology, cytotoxic mixtures compounding and waste management through/ throughout all the National Health System.

2. To create in the Cuban Society of Pharmacy Sciences an Oncology section.

3. To develop national guidelines and good manufacturing practices during cytostatic management in Healthcare Departments of the country, with the aid of the Health Regulatory Bureau (Buro regulatorio para la salud) and the Pharmacy Services National Department of the Health Ministry (Departamento Nacional de Servicios Farmacéuticos del Ministerio de Salud).

May 2012

[Ed: thanks to Asuncion Albert Mari for the translation from Spanish and to Rosalyn P. Sims for editing]

With many thanks to ISOPP XIII program committee member Diana Booth, who co-ordinated ISOPP early bird registration, oncology pharmacy training at a local hospital and accommodation as well as assisting with funding, Julie Zinhite from Solomon Islands (their Chief Pharmacist) and Tomasi Marovia (Fiji's Oncology pharmacist) travelled to Melbourne. A majority of the funding was provided by a joint venture between Rotary groups in Melbourne, Honiara (Solomons) and Rotary in Lautoka and Suva (Fiji) and internationally co-ordinated by Chris Sotiropoulos from Melbourne Rotary. After Julie and Diana gave talks to their respective Rotary groups, Honiara Rotary has already offered to sponsor a chemotherapy refrigerator for national referrals Hospital in Honiara.



Julie Zinhite (Chief Pharmacist) Solomon Islands and Tomasi Marovia (Oncology Pharmacist) Fiji are very grateful to Dianna Booth and Rotary Officials for funding their attendance at ISOPP XIII in Melbourne.

One of the two ISOPP Research Grant awarded in 2012:

The Effect of Race on the CYP3A Mediated Metabolism of Vincristine in Pediatric Patients with Acute Lymphoblastic Leukemia

Rosalyn P. Sims, PharmD

Clinical Pharmacy Specialist
Hematology/Oncology
Children's Hospital of Michigan
USA

The purpose of this study is to compare racial background and CYP3A polymorphisms in pediatric patients with acute lymphoblastic leukemia as it relates to vincristine metabolism. I aim to compare the CYP3A polymorphisms with differences in vincristine neurotoxicity among racial groups.

Vincristine is a vinca alkaloid that is considered to be a crucial component of many chemotherapy regimens, including those for the treatment of acute lymphoblastic leukemia (ALL) in children. Neurotoxicity associated with vincristine can be dose limiting. The toxicity of a drug can be directly related to the method and rate of metabolism of the drug in the body. Rate of metabolism can be determined by the genetic polymorphism of the enzymes responsible for the metabolism of a particular drug. These polymorphisms,

in turn, can vary among racial/ethnic groups. Studies suggest that treatment outcomes are worse in children of African descent with ALL compared to Caucasian children, especially between the ages of 1 and 9 years.^{1,2} Lange et al. found that event free survival in African American children was 54% while it was 82% in Caucasian children.³ Differences in vincristine metabolism could play a role in causing this disparity.

The results of this study could lead to further pharmacogenomic studies for adjusting vincristine doses based on CYP3A polymorphism. The advantage would be decreased neurotoxicity in some patients and possibly better treatment outcomes in patients who could tolerate higher vincristine doses due to increased metabolism.

I would like to thank the ISOPP Research Committee for choosing this study to receive a research grant. It will allow me to proceed with the DNA testing.



Rosalyn Sims enjoying her time in Australia

References

1. Kadan-Lottick NS, Ness KK, Bhatia S, Gurney JG. Survival Variability by Race and Ethnicity in Childhood Acute Lymphoblastic Leukemia. JAMA.2003;290:2008-2014.
2. Pollock BH, DeBaun MR, Camitta BM, et al. Racial Differences in the Survival of Childhood B-Precursor Acute Lymphoblastic Leukemia: A Pediatric Oncology Group Study. J Clin Oncol 2000;18:813-823.
3. Lange BJ, Bostrom BC, Cherlow JM, et al. Double-delayed intensification improves event-free survival for children with intermediate-risk acute lymphoblastic leukemia: A report from the Children's Cancer Group. Blood 99:825-833.