

Message from the President

I have just signed off from SKYPE, as we completed the first ISOPP Secretariat call following the ISOPP Symposium in Montreal, Canada.

I must admit, I am very excited. I was excited in Montreal, as the Secretariat met a number of times over the course of the meeting. It was an opportunity to talk face-to-face, and to review the progress of the last two years. It was a time to evaluate the road ahead for 2014 and beyond. After the meetings in Montreal and the SKYPE call this morning, I know there is a tremendous amount of work to do, and absolutely the right individuals to lead the effort. The ISOPP Secretariat is a group of dedicated oncology pharmacists from across the globe. These individuals donate time and energy to ISOPP and oncology pharmacy. They work closely with ISOPP members to

continually grow the Society. With representation from Australia, Europe, India, Malaysia and the USA – the group represents our membership.

Harbans Dhillion has begun her tenure as President Elect, and with her experience on the ISOPP Secretariat and other national organizations, she comfortably steps into this role.

Johan Vandenbroucke has graciously extended his time on the Secretariat; he returns as Treasurer. Johan has served as President of ISOPP, and provides insights into our history and into our future. The two incoming Secretariat members include **Tiene Bauters** and **Anantha Naik Nagappa**. We are fortunate to have their fresh outlook and approach for the Secretariat. Continuing are **Steve Stricker** as ISOPP Secretary, and Secretariat members **Shaun O'Connor**



and **Felicity Wright**, three of the most dedicated of ISOPP Secretariat members who willingly champion new ideas and initiatives. Together, this entire group will lead the organization forward – as we look for additional ways to provide a forum for oncology pharmacists throughout the world.

Additionally, I must mention the Secretariat members that have completed their current tenure. Thank



Back row: Jill Kolesar, Johan Vandenbroucke, Tiene Bauters, Alex Chan, John Wiernikowski, Steve Stricker, Jim Siderov, Felice Musicco, Shaun O'Connor, Front row: Rosalyn Sims, Rowena (Moe) Schwartz, Judith Smith, Jillian Davis, Felicity Wright.

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Message from the President continued

you to **John Wiernikowski** for his dedication and leadership over the last two years. It is great to know that John is excited about continuing his work with ISOPP. Additionally, thanks to the dedicated and committed **Rosalyn Sims** and **Thomas Schubert** for all their work. The leadership team of Secretariat also includes Committee leadership, and I am happy that these individuals will continue to lead the Committees of ISOPP.

What is the ISOPP Secretariat focus for the upcoming year?

There is an easy answer.... and then the more complex answer. The easy answer - we are working on the strategy needed to grow ISOPP membership. The more complex answer - in order to develop our plan for the next year and beyond we will need to evaluate the needs of the ISOPP members and what the members value. As an organization that represents pharmacists in different countries and different practices – one size does not fit all. This is to say, that a single approach to most efforts is not always successful, and that we may need to change how we provide value to our members. We are looking forward to developing a more comprehensive approach to most of our efforts, to assure that the Society provides value to oncology pharmacists and our patients throughout the world.

- Education remains a key a focus. We are looking at opportunities to develop additional education offerings in the next year. The goal is to determine the needs, and then develop the strategy to meet those needs. The ISOPP Education Committee continues to take the lead in these efforts, but look for some potential opportunities to participate in a task force for some variations of the educational initiatives.
- Providing the membership with updated ISOPP Standards of practice is a priority. We look forward to continuing to lead the way in comprehensive standards on safe handling of cytotoxics.

- Partnering with oncology pharmacy organizations throughout the world has been a focus in recent years, this year a special forum was held at the ISOPP Symposia for oncology pharmacy organization leaders to discuss potential collaboration. Special thanks to John Wiernikowski for leading this effort – and watch for updates from the Secretariat about these collaborations.
- Planning for the change from an every 2 year Symposium to an annual ISOPP Symposium will also be a focus. In 2016 the XV International Symposium on Oncology Pharmacy Practice will be held in Santiago, Chile. And one year later in 2017 the XVI Symposium of ISOPP will be held in Budapest, Hungary.

The challenge of the Secretariat is to represent the membership of ISOPP. That being said – it is really up to you to assure that ISOPP represents you, and focuses on the needs of membership. Our members are essential to our success – and I encourage you to contribute to ISOPP with your participation.

How can members participate in ISOPP?

There are many ways to contribute to ISOPP as a member, here are a few that you may want to consider now:

- **Tell us what you think.** One of the most important responsibilities of an ISOPP member is to assure the organization, and the Secretariat, is aware of your ideas. We continue to look for ways to reach out to members and learn from you – please, accept this as an invitation to let the Secretariat know of your ideas.
- **Staying in touch** with ISOPP activities helps an ISOPP member identify opportunities to contribute ideas or time. **The ISOPP website** is undergoing revision – and we look forward to providing an even better way to keep in touch with the organization. The interim website for ISOPP is www.isoppxiv.org. But look for upcoming information for the

new and improved website (www.isopp.org). **The ISOPP Newsletter** is a forum to hear from oncology practitioners from around the world, and to write about your unique oncology practice. (I like looking at the pictures of members at meetings all over the world!). New this year is a new communication – **The Staying in Touch Enews** that will be available from the Secretariat. This is a quick communication for members from the Secretariat, to notify you about decisions from the ISOPP leadership.

- Contribute your time and energy to the **ISOPP Committees**. ISOPP is only as strong as its members – and I ask you to consider the opportunity to volunteer for one of our committees.

- ♦ Research Committee is led by Judith Smith
- ♦ Newsletter Committee is led by Jillian Davis
- ♦ Membership Committee is led by Jill Kolesar
- ♦ Standards Committee is led by Jim Siderov
- ♦ Education Committee is led by Alex Chan
- ♦ Website Committee is led by Felice Musicco

- Consider putting your name forward for the ISOPP Secretariat positions for the next election. If you have any questions about serving on the Secretariat – please feel free to contact me (rowenan16@gmail.com) or other Secretariat members.
- If you have questions about ISOPP, but don't know who to contact, please reach out to the ISOPP Management Office. Sea to Sky Management is a great resource for questions about membership, services and the organization. The email address is membership@isopp.org

I look forward to the next two years – and hope that enthusiasm I have after one Secretariat call is magnified as we accomplish all that we have planned.

Rowena (Moe) Schwartz, Pharm.D.,
BCOP, ISOPP President
rowenan16@gmail.com



Roslyn Sims (2012 ISOPP Research Grant winner) with her poster: *The effect of race on CYP3A mediated metabolism of vincristine in pediatric patients with acute lymphoblastic leukemia*



Poster Award winner: Lita Chew with "Evaluating factors associated with life expectancy less than 3 months among elderly patients receiving palliative chemotherapy" receiving her award from Research Committee Chair Judith Smith

Audio recordings with slides of the presentations are available for viewing at <http://www.isoppxiv.org/isopp-2014-presentation-recordings>. You can revisit sessions you attended or listen to those that you missed.

Photos of the Symposium are also available. Enjoy the Symposium in pictures by visiting <http://www.isoppxiv.org/isopp-2014-photo-gallery>.

And don't forget to visit the ISOPP [Facebook](#) page to view many candid photos of presenters and attendees.

ISOPP XV – Sulamita Miranda from the Oncology Pharmacy Chapter of the Chilean Society of Oncology invited all ISOPP members to attend ISOPP XV in 2016 in Santiago Chile. Location the Hotel Sheraton



John Wiernikowski hands the ISOPP President's stole to incoming President Rowena (Moe) Schwartz at the ISOPP General Assembly

Congratulations to the 3 groups who were chosen as Platform Presenters:

1. Dominic Duquette with 'Description of the hematological toxicity of different regimens using bortezomib in multiple myeloma (CyborD, Vel-Dex and VMP).'
2. Larry Broadfield with 'Pharmacy toolkits for oral systemic therapy agents: Just-in-time information for the practicing pharmacist.'
3. Barry Goldspiel with 'Integrating pharmacogenetic information into electronic prescriber order entry using clinical decision support'

2012 ISOPP Research Grant winners presented their poster: Evaluation of the stability of ifosfamide and mesna in elastomeric pumps: bench to bedside.



(from left to right): Stephen Barton, Julian Swindon, Jean Marie-Peron, Shereen Elnabhani-Gebara, Dahlia Salman.

Request for Research Proposals 2014

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

Potential applicants should submit the required administrative information and a complete application addressed to the Research Committee Chair via electronic submission via email. Email submission process will begin, Monday June 2nd 2014 with DEADLINE/ email submission closing on Monday, September 1st 2014 at 1800 (5 PM) (USA CST time).

Eligibility: All applicants must be an active member of ISOPP defined as:

1. Active ISOPP membership for greater than one (1) year.
2. Attended at least one ISOPP symposium / Annual Meeting within past five (5) years (or registered to attend upcoming meeting). [Note Committee will confirm with ISOPP Administrative Staff]
3. Not previously received research funding support from ISOPP. (Previous awardees are not eligible)
4. Be able to provide letter of support from Direct Supervisor or Institutional Official confirming dedicated time to conduct study will be allowed.
5. Project can be completed in less than 1 year for final results to be presented at ISOPP XV meeting in 2016 in Chile.

The Grant Application must include the following information in this order: in Times New Roman Size 11 Font with single spacing:

Be sure to follow page limits and instructions-ask questions if unsure- exceeding page limits will lead to automatic "rejection" of application.

1. Title and study abstract (1/2 page limit)
2. Key personnel/Research collaborators with role/ contributions in project (1 page limit)
3. Specific Aims (study objectives) and the hypothesis or hypotheses to be tested (1 page limit)
4. The relevance to oncology pharmacy practice and ISOPP mission (1/2 page limit)
5. Brief background (1 and 1/2 page limit)
6. Preliminary data (*if available*)
7. Research Plan (2 page limit)

a. brief description of the study methods

If human subjects or animal study MUST provide letter of protocol approval with application. If "pending approval," funds will not be awarded until documentation of approval is provided.

b. Data Analysis

A plan for evaluating the results

Include statistical justifications for study numbers/design

8. Detailed study budget including personnel, supplies,

services, and/or equipment funds requested. There is a total of 15,000 euros available to fund grant applications. We plan on awarding from one to up to three grants for this year. (1 page limit)

a. Salary support for principal investigator is not allowed.

b. NO indirect charges/fees will be covered.

c. Provide other sources of funding. Grants could be partially funded.

9. Budget justification: provide brief explanation for funds. For example percent effort for support staff, personnel expenses and research services. Supplies or small equipment expenses need clear justification. (1 page limit)
10. Current financial support: list each current grant or contract for the conduct of this research. If there are no other grants, state "NONE". (not included in page limits)
11. A biographical sketch/curriculum vitae or resume for Principal Investigator and any key personnel (4 page limit)
12. Letter of support from Direct Supervisor/Institutional Official (not included in page limits)
13. References/Citations (not included in page limits)

Email complete application (#1-13) as one PDF file to: Judith.Ann.Smith@uth.tmc.edu

The application must be completed and email received by DEADLINE on Monday September 1st 2014 at 1800 (5 PM) (USA CST). All file attachments should be submitted as a "PDF" file. **Other formats will be rejected.**

The applications will be evaluated by the ISOPP Research Committee and/or selected ISOPP members within area of similar areas research. Our decision will be transmitted to the candidates no later than Friday, October 3rd 2014 and research funding will be initiated in December 2014. All awardees will be required to present completed study results at ISOPP XV meeting in 2016, in Chile.

Any questions or clarification needs, please contact the Research Committee Chair, Judith Smith at Judith.Ann.Smith@uth.tmc.edu or 001 (713)-500-6408

The 15th issue of the Virtual Journal Club (VJC) is available on the interim ISOPP website (www.isoppxiv.org).

The journal article is: "Docetaxel-associated palmar-plantar erythrodysesthesia: A case report and review of literature". Use this article and the questions available on it to add to your continuing education requirements.

Regards

Felice Musicco, Publications Chair 2012-2014

musicco@ifo.it

ISOPP XIV meeting reports from travel award winners

Time flies inexorably and carries with it more and more events and meetings in oncology pharmacy in Europe and in the world. I would like to stop here for a moment to share with ISOPP members my experiences about what happened this year at the XIV Congress of ISOPP - International Symposium on Oncology Pharmacy Practice, which took place on 2-5 April 2014 in Montreal.

I admit with joy that ISOPP organizers aptly chose the congress location in Montreal - this majestic city with the oldest history in Canada, founded in 1642, encouraged the participants to explore it. Although it was already spring time, it was still cold outside, but it was not an obstacle for us to get to know Montreal also from this historical side. The ISOPP14 Congress gathered about 500 oncology pharmacists from many countries of the world. It was a great event and, as always, it provided an excellent opportunity to exchange professional experiences by pharmacists who work in the area of cancer services.

The ISOPP Congress started with the opening plenary session – “The Lived Experience of Cancer & the Re-personalization of Health Care”, presented by Mike Long. His presentation was focused on psychosocial aspect, survivorship care and building of effective partnership with cancer patient and family caregivers as well as connecting similar patients with each other. The examples of Mike Lang’s battle with cancer have had a huge impression on me. During a conversation with him, a great joy of victory in the fight against cancer emanated.

Noteworthy is his current involvement in oncology patient care and promotion of the idea that the exchange of experiences with other patients gives them the strength to fight for themselves.

His mission can give better understanding to the idea that, in addition to the proper oncological

treatment, equally important are other aspects of cancer patient care. Thus it may help to improve the health care system regulations. How much we can learn by listening to the patient.

The most relevant topics included in this year’s program of ISOPP meeting were the following: Care Givers for Cancer Patients (fundamental), Oral Agents – Toxicities and Management (clinical), Futuristic Therapies for Cancer (research). They are important in practice of oncology pharmacist.

I am delighted that I was one of the members of the Scientific Program Committee of ISOPP 14. I remember moments of intense work on the scientific program of all members and a fantastic co-ordination of this program. It was a really enriching experience for me.

Also active participation at the conference for me was a challenge. My professional passion are clinical trials, so I was pleased that I moderated the Research session 6: Resistance Issues with Targeted Agents presented by Professor Jill Kolesar.

Thanks to the ISOPP link with the attached presentations and the possibility of listening to them, many of us have the opportunity to trace once again the selected slides presentations. The topics on clinical trials always contain plenty of information, some of them were difficult to understand in the first moment, so now it is possible to listen and analyze them again.

In Poland, hospital pharmacists are in the early stages of participation in clinical trials, so it will be worth to present topics from the research sessions and discuss it with them during the meeting of the Polish Oncology Pharmacy Association. The topic about clinical trials and the role of pharmacist in them in the future also will be very inspiring for pharmacy students with whom I share my knowledge during the Pharmacy Students Association meetings. I will use the information obtained from clinical trials presented



*Dr. Sobkowiak, moderator,
Research session, ISOPP14*

at ISOPP 14 during my lectures on oncology courses for doctors. I very often emphasize to them the importance of the role of oncology pharmacists in clinical trials.

The information from clinical research presented at ISOPP 14 will be useful in my work as a lecturer on oncology course for doctors. My aim is to make them realize the role of oncology pharmacists in clinical research. I started my professional career in research in 2008 as a pharmacy manager in the Oncology Center in Lublin, Poland, where I implemented research to the hospital pharmacy and I participated actively in it as a co-researcher, introducing successively new pharmacists to the research team. In 2011, I founded the Clinical Research Department in the military hospital in Lublin, where I currently work as manager. I elaborated research procedures, trained the hospital personnel in the area of clinical research, particularly stressing the importance of the Good Clinical Practice (GCP). My priority is the quality of research, I analyze every protocol of clinical trials from the point of view of security of application of administered drugs. In a research team there is always place for a pharmacist, who has an indispensable role in the scope of their speciality. With my professional expertise, I support pharmacists in the whole country in their clinical research at meetings, as well as in personal contacts.

One of the valuable subjects at the

congress in Montreal was the topic: Guidance for the Safe Handling of Hazardous Drugs. This issue is still on the agenda, although in Europe we are bound with the European Council

Resolutions (2011) on quality and security of drug preparation in hospital/pharmacy. In Poland, pharmacists often have to stand up the introduction of these rules into hospital practice and they struggle to ensure safe environment in hospitals for their work and for preparation of cytostatic drugs. Using my knowledge acquired in this field I can support pharmacists as an expert on oncology pharmacy in the quest for improving safety of work with cytostatic drugs in hospital. The information contained in the Guidance for the Safe Handling of Hazardous Drugs presented at the congress, along with conference materials, exchange of experiences and knowledge of good practices presented by specialists from different parts of the world will provide additional support for me, when I have to prepare expert opinions for official authorities in the field of work safety concerning cytostatics.

The shape of legal acts improving the



The ward round with Dr. Meir Wetzler .Roswell ParkCenter Institut. Buffalo, author second from left.

oncology care in Poland is currently being elaborated by the experts of government administration. Our task is to make sure that they fulfill their role. Best knowledge, best wisdom.

Thanks to the participation at the conference in Montreal I had the opportunity to fulfill some of my professional goals. One of them was to take part in a daily practice in Roswell Park Center Institute in Buffalo thanks my friend Grazyna Riebandt, who is pharmacist, clinical director pharmacy ,where I accompanied a clinical pharmacist in his daily routine and evaluation of patients at the hematology ward run by Dr. Meir Wetzler. At the Buffalo University I had a chance to meet Prof. William Jusko and I heard for the first time about the subject of pharmacometrics. I felt even more honoured by this meeting when I learned that prof. William Jusko is Doctor Honoris Causae of the Jagiellonian University in Krakow, Poland, and I thought it was like finding a piece of my homeland in Buffalo.

Thanks to the grant I was awarded, I can follow my professional dreams and I can make use of Best practices presented by the colleague pharmacists from all over the world. All the experiences which I acquired during my stay at ISOPP 14 Congress in Montreal, as well as during the trip to Buffalo, are priceless for me!

Using this opportunity I would like

to invite you to Krakow - the most beautiful city in Poland – for ECOP2 Conference which will be held on 26-28 of June 2014. See you there!

Bogumila Julia Sobkowiak PhD
Head of Clinical Research Department
Oncology Pharmacist
Lublin, POLAND

As one of the member of ISOPP from Pakistan, I had the opportunity to attend the ISOPP XIV International Symposium on Oncology Pharmacy Practices April 2-5 2014. Montreal, Canada. I belong to an underdeveloped country where health care sector, especially Oncology Pharmacy, is still in a very primitive stage but with scarce resources we are trying to develop the high standards in the field of Oncology Pharmaceutical care.

I am an Oncology Pharmacist working at department of Pharmacy Aga Khan University hospital Karachi, Pakistan. Aga Khan University Hospitals in Karachi, Pakistan and Nairobi, Kenya are private, not-for-profit institutions providing high quality health care. We are the first teaching hospital in Pakistan to receive ISO certification and the only hospital in Pakistan to have JCI accreditation. These accreditations certify that we are always working to serve the community better - better service, technology, facilities, and care. The Department of Pharmacy Services at AKUH has a designated area for the cytotoxic drug admixture, with a deep commitment to quality and safety of both the drug and the personnel involved. We ensure it by using the latest equipment, techniques and guidelines regarding safe handling of cytotoxic drugs, these guidelines are followed under the supervision of professional, qualified, and trained staff. The core concept of our Oncology pharmacy is to provide the correct dosage to the patient, and prepare admixture safely in class II biological safety cabinet



With Prof Jusko, at the Univ. Buffalo

under aseptic conditions to ensure the safety and quality. The oncology pharmacists also assist physicians in providing basic knowledge of drugs, extravasations, dose adjustments, drug dilutions, & rate of administration. Pharmacy also takes active part in the study of different research projects and clinical trials. We serve not only our own inpatients but also provide service to the other hospitals besides serving out patients in the region, as we have a proper well-equipped designated area to admixture cytotoxic. Moreover, we also serve on outpatient basis.

Since last two years, I am an active member of ISOPP and till the time I have learnt a lot from this forum and tried hard to implement the ISOPP Standards at our Oncology Pharmacy. Unfortunately the pay scale of Oncology Pharmacist in Pakistan is quite low; our department also has very limited financial funds to support staff participation at conference or workshop – even in Pakistan, and indeed not abroad. I applied to ISOPP and was awarded a TRAVEL grant for assistance with traveling expenses. It was great news for me when I received an email from ISOPP representative that I received Travel grant for attending the upcoming ISOPP Symposium. Similarly I was very surprised when I received another decision of the ISOPP committees to award me a further discount in my registration fee. Undoubtedly it was an exclusive chance for me for attaining knowledge and familiarity and becoming a part of a very friendly and open community of global Oncology Pharmacists. It was a significant know-how for me since there is no proper forum for Oncology specialist Pharmacist in the field of Oncology Pharmacy practices in Pakistan.

My first participation at the ISOPP Symposium persuaded me and indulging confidence in myself that Pharmacists especially the Oncology practicing pharmacist can benefit greatly from attending international events, organized by field experts and providing high standards of knowledge. I realized I had a great chance in

international forum in Oncology Pharmacy, my interest in the field being inspired through my work in the Oncology Pharmacy in Pakistan.

The symposium was well structured and spread over 4 days (April 2-5, 2014) including concurrent and plenary sessions. The topics covered in these scientific sessions were mainly about the Oncology Pharmacy practices including Safe Medication management, Best Oncology Patient care strategies and error free modalities, Use of social media in healthcare, Role of Oncology Pharmacist in palliative care management and clinical services offered by Pharmacist and many more. These presentations were followed by a discussion moderated by the presenter. The discussion panel constituted the core of the symposium, where speakers used their expertise to share an analytical or practical reflection on the state of the right to be heard, as well as their experiences.

This symposium was not only meant to share advanced state of experiences but to produce the building blocks required to set good Pharmacy practices. It was to be a stimulating experience for me wished-for to yield a wealth of thoughts, ideas and strategies on as well as the practical knowledge and aspects of Oncology Pharmacy practitioners. These points gathered will certainly help me in further improving oncology pharmacy services in AKUH but also helping local institutes in upgrading their practices in this critical field. While there in Canada I also utilized my time to visit the local oncology hospitals and daycare centers to further observe the advanced practices and pick useful tips and practices that can be replicated in our setting.

The symposium, as this report shows, has helped us all to gain more clarity as to how to best move forward in the field of Oncology Pharmacy practices and patient care. It has thus served its purpose as the starting point of a longer term, in-depth reflection.

We will actively continue pursuing the ISOPP vision to be one of the leading organization for imparting knowledge,

skills, confidence, and values, thereby enabling us to become successful professionals globally.

As earlier discussed we have implemented ISOPP standards in our Oncology Pharmacy and after having the depth of knowledge from the ISOPP speakers we are trying to establish the core Oncology Pharmacy activities more focused towards the Oncology patient care.

I would like once again to express my tremendous gratitude to ISOPP committees for giving me an opportunity to attend and participate actively in ISOPP Symposium. Thus they highly contributed to my professional growth and experience not only through these sessions/ discussions of the ISOPP, but also by giving me the chance to make my first visit on an international forum abroad – by attending the event. Lastly I categorically appreciate the commitment of ISOPP committee to support me for attending the international conference and look forward to continual support to pharmacists from developing countries to gain such an outstanding experience.

Aasma Hamid
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Oncology

Pharmacist Aga Khan University

Hospital Karachi, Pakistan



Aasma Hamid

I would like to thank both the Canadian Association of Pharmacy in Oncology and the International Symposium on Pharmacy Practice for the opportunity to attend ISOPP XIV in Montreal. The Fairmont Queen Elizabeth hotel in Montreal, where John Lennon was inspired to write “Give Peace a Chance” during his 1969 bed-in with Yoko Ono, seemed like a fitting place to hear inspirational stories from ISOPP XIV speakers.

Mike Lange

In 2008, Mike Lange was living his dream in Whistler, BC as a young,

healthy, happy ski patroller. He started experiencing difficulty breathing, which was initially thought to be asthma. He ended up being diagnosed with Hodgkin's Lymphoma at age 25. He asked himself "Why me?". It was so unfair; he was so young and lived such a healthy lifestyle. He became angry, bitter, and finally experienced despair at his rock bottom. Then a nurse changed his life by spending less than a minute talking to him. She asked him what he and his wife did before his cancer diagnosis was made. Mike hadn't thought of his life before cancer in a long time. This short conversation with the nurse reminded him that he is not cancer. He suddenly found himself wondering if it would be possible to combine the life he had before cancer with his current life.

Just a few months after completing treatment, Mike got a group of young Canadian cancer survivors together and took them on a white water rafting adventure trip on the Owyhee River in the Oregon desert. He made a film of this trip called "Wrong Way to Hope" through which cancer survivors share their personal stories and provide insight into issues unique to young cancer patients. Mike is now a five year cancer survivor who has led cancer survivors on several more adventures since the initial Owyhee River trip. He uses film making and storytelling to raise awareness among health care professionals about the challenges facing young adults with cancer.

For more about Mike Lange's story, see www.wrongwaytohope.com, ISOPP 2014 Opening Plenary, and Fundamental 1 - Care Givers for Cancer Patients.

Eric Cropp

Eric Cropp is a pharmacist from Ohio who experienced every health care professional's worst nightmare - he missed an error when checking chemotherapy for a pediatric patient that resulted in the patient's death. Etoposide had been prepared in 23.4% sodium chloride instead of 0.9%. Eric lost his job and ended up spending

six months in jail for involuntary manslaughter after an investigation that dragged out for three years.

While Eric was in jail, he was contacted by the Institute for Safe Medication Practices (ISMP), who asked Eric to work with them to review factors that may have contributed to the fatal error. Eric's work environment contained many procedures that were ripe with opportunity for human factors errors. The review with ISMP led to many improvements in procedures at the Ohio hospital where the fatal incident occurred. ISMP also shared the procedural change recommendations with other health care facilities to prevent future such errors. Through this work with ISMP, Eric contributed to the evolution of a safety culture where error reporting is encouraged and system processes are blamed for errors, rather than individuals.

Eric still felt the need to do more. He wanted to help other health care professionals who make errors in their practices: the second victims. Fifty percent of second victims don't return to their professional practice. They are at a higher risk for post-traumatic stress disorder and suicide. Eric formed an organization to support the second victims where they can talk anonymously about their errors, receive referrals to counseling support, and receive assistance in keeping their professional licenses. To read more about Eric's story, see www.medsafetyonline.org and The Use of Oncology Medications: its Challenges and the Safe Practices.

Rhonda
Kalyan

C.O.N.
Pharmacy

Educator,
BC Cancer

Agency - Centre for the Southern
Interior, Canada



I am Nadia Ayoub a registered young pharmacist of Pakistan. I did my Bachelors of Pharmacy in the year 2004 with distinction from University of Karachi, Pakistan and complete Pharm-D degree from the same university in year 2011. I was selected for a one-year post baccalaureate Hospital Pharmacy Program at The Aga Khan University Hospital (AKUH) in year 2005, and successfully completed it. Since then I have been affiliated with Agha Khan Hospital as a hospital pharmacist. The Aga Khan University Hospital, Karachi is a philanthropic, non-profit, private teaching institution and first hospital of Pakistan to be JCIA accredited. The Pharmacy Department is providing state-of-the-art services with the mission to provide compassionate, ethical, accessible and high quality pharmacy services to the customers. The diversified features of pharmacy services are made possible with high tech equipment, continuously updated medical/pharmaceutical education, research, and competent staff. The key services provided are; Inpatient pharmacy, Ambulatory care pharmacy, clinical pharmacy, oncology pharmacy, extemporaneous compounding, parenterals nutrition services, homecare services, intravenous admixture and drug and poison information center.

Currently I am working as Clinical Oncology Pharmacist at Agha Khan Hospital Karachi with major job responsibilities of providing clinical pharmacy services in oncology unit and supervising the oncology pharmacy operations. I am also involved in the training of fresh and on-job pharmacists; teaching them all the aspects of hospital pharmacy. In addition to that, I supervise the pharmacy technicians for safe handling of hazardous drug preparations.

Throughout my life I have worked hard not only to bring positive changes in my life but also in society. During my journey as an oncology Pharmacist at AKUH I groom my professionals skills not only from senior pharmacists and oncologists at AKUH but also through ISOPP. I am a member of ISOPP since

2009. Here I would like to mention that ISOPP helps me a lot to fulfill my role as an oncology pharmacist, and I am implementing ISOPP standards. My abstract was accepted for poster presentation in 2010 and platform presentation in 2012. I was awarded the travel grant in 2012, but unfortunately I didn't get the visa. This year again, I was awarded the travel grant. It was an honor to attend and share my work at ISOPP Symposium. The day when I received the Visa for Canada was the golden day of my life. It was the moment of pride both for me as well as my organization.

My recent visit to Montreal was very short but awesome in terms of exposure to pharmacy practice in Canada and meeting highly intellectual people. I tried to make the most of this trip. I was curious to know how Canadian pharmacists are working. I am very thankful to Glenda Freeman for arranging me a visit to Montreal General Hospital. Through this newsletter/article I would like to thank Amelie Chartier for giving me her precious time. Her demonstration about Oncology pharmacy practices; safe handling, clinical services and technology were excellent. I am so amazed with camera based validation of chemotherapy and the clinical services provided by oncology pharmacists of Canada. It's my ambition to implement the same in my hospital as well.

The four days of plenary sessions, concurrent sessions, workshops,

platform presentations and satellite symposia, presented by internationally renowned speakers, covered recent progress in all areas of oncology pharmacy practices including research, clinical practice safe handling and best practices of checking chemotherapy. They shared recent updates in treatment of hematological and solid malignancy especially the evolving trend of oral antineoplastic agents. I will deliver all this information to my junior oncology pharmacists and technicians. I must say that ISOPP meeting is the best place to acquire new knowledge about the recent development.

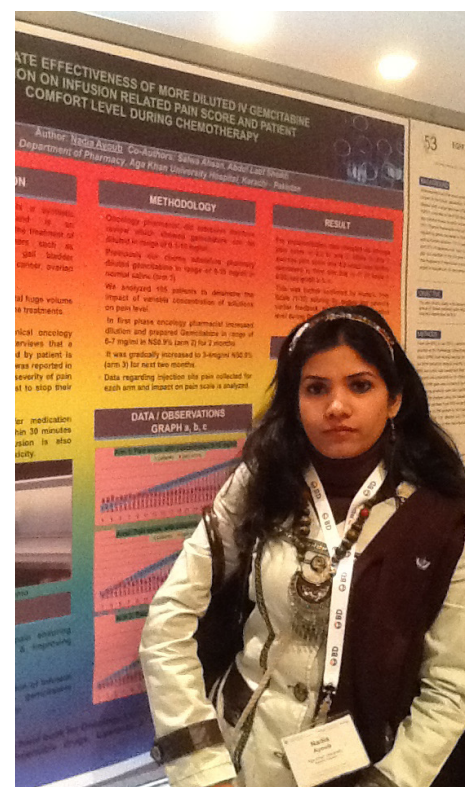
I would like to highlight some particular sessions which attracted me the most: The opening plenary session by Mike Lang developed the enthusiasm to work as beneficial healthcare professionals for patients.

The Plenary session on "The use of oncology medications: its challenges and safe practices" will help bring out a positive improvement in my practices. I will try to implement technology in compounding and bar coding as well. Clinical sessions on "New Opportunities and expansion in clinical Pharmacy services-Global Perspectives" by Lita Chew and Tara Leslie and Klaus Meier were fantastic. This session motivate me to do specialization in Oncology Pharmacy. My ambition is to do residency in Oncology Pharmacy from well organized and reputed institutions from foreign countries specially US, Canada, UK or Singapore. I aim to start various specialized pharmacy courses in our hospital. At the moment there is not any single institute in my country which sponsors such programs.

My country is a developing country with scarcity of financial resources but with all this we are still very optimistic nation with pride in our independence.

I am confident that if we get an opportunity we always show remarkable achievement around the world. Here I would like to say if any organization offer scholarship for specialization or residency in oncology pharmacy then it would be beneficial for us.

The scholarships are very useful for people like me because it grooms my



professional abilities, and at the same time it will improve cancer patient quality of life. This is also reflected in mission statement of ISOPP "to promote and enhance oncology pharmacy practice worldwide in order to improve cancer patient care" and it would be only possible if someone has specialization and have residency/training in Oncology Pharmacy.

My good memories of Montreal include meeting Amelie, visiting the hospital, the ISOPP Symposium, refreshing weather of Montreal, evening Shopping, dinners and interacting with people of Montreal. I must say Canadians are very friendly, nice and humble.

In conclusion, I have observed that pharmacy practice is highly established in countries like Canada, USA, Australia, and Singapore. Pharmacists there are highly professional with outstanding work ethics. I believe that my visit to Canada make a positive contribution to my patients' lives. I would recommend attending ISOPP symposium to all oncology pharmacists. Once again I whole heartedly thank you for this opportunity, warm welcome and so much respect.

Nadia Ayoub
Clinical Oncology Pharmacist,
Agha Khan Hospital, Karachi, Pakistan



ISOPP XIV Conference Report – a focus on posters

After departing Adelaide at 9.30am in summer temperatures I touched down at Montreal airport over 24 hours later, to find snow on the ground and spring nowhere to be seen in spite of it being April. The importance of belonging to international societies such as ISOPP and MASCC cannot be overestimated, and as a new retiree I decided one more ISOPP meeting was on my agenda, as I had work to present that our geriatric oncology team had completed with a PhD candidate at Royal Adelaide Hospital. Submitting your work as a poster is an ideal introduction for new researchers (or for established practitioners at conferences that have little space for oral presentations). As such there were 72 posters accepted for presentation at ISOPP XIV in Montreal, although 4 were officially withdrawn and several others did not appear.

The posters were placed into the following categories. Firstly the two previous ISOPP Grant winners submitted their research results as posters. These were Rosalyn Sims (USA) who investigated the effect of race on CYP3A mediated metabolism of vincristine in pediatric ALL patients (in whom vincristine is a vital agent), and Shereen Nabhani-Gebara (UK) who evaluated stability of ifosfamide and mesna (commonly used by continuous infusion) in elastomeric pumps.

The other categories were Clinical Sciences, Practice Research and Translational Sciences, with a further 13 encore posters from authors in Canada, Australia, USA and Germany (these having been presented elsewhere prior to ISOPP XIV were not eligible for judging).

The dedicated poster session was packed

with registrants viewing posters and discussing the presentations with the authors. As a presenter myself, I spent most time at my own poster "Cancer in older patients – the polypharmacy domain examined" Turner J, Lees J, Singhal N et al. The main finding of our study was that 57% of 385 newly referred older cancer patients presenting for their first medical oncology appointment were taking ≥ 5 medications (termed polypharmacy). Polypharmacy was associated with 4X higher odds of being frail and 2X the chance of being vulnerable compared to being fit, as well as having impaired physical function (not previously reported).

Posters were on display for the whole meeting so presenters during that session could visit others' work at any time. Topics included preventing and/or monitoring/treating toxicities such as neurologic, haematologic, dermatologic etc and ranged through to preparation / safety related research and pharmacist training and competencies, and more. The full list of posters can be seen at the ISOPP XIV website.

I was very interested to see that Assistant Professor Lita Chew, from the National Cancer Centre Singapore, won the Poster prize with co-authors Chan ZY and Si EHP on a geriatric theme. Their work was an analysis

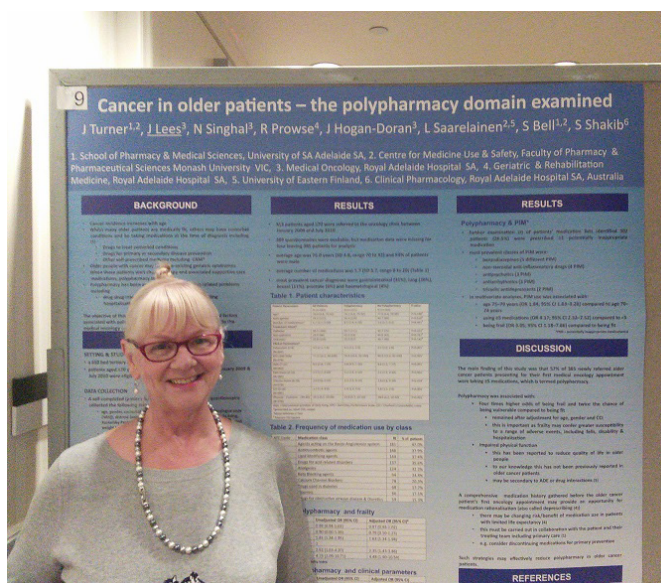


Jude Lees with Research Committee Chair, Judith Smith

of factors thought to be associated with life expectancy less than 3 months in 776 elderly patients (aged 65 to 93 years) receiving palliative chemotherapy. They found that 13.3% patients died within 3 months of starting chemotherapy, the majority due to progressive disease. (This is quite a low rate compared with other countries). The hypothesis was supported by the primary and secondary analysis. Four out of the 5 risk factors - low albumin ($<37\text{g/L}$), low haemoglobin ($<14\text{g/dL}$ for men, <12 for women), $\text{ALT}>3\text{XULN}$, and poorer ECOG performance status were significant risk factors. More than one metastatic site was not. These verified risk factors could be used to assist clinicians' and patients' treatment decisions as to whether older cancer patients should be initiated on palliative chemotherapy.

I am grateful to the Australian ISOPP team for supporting my travel to present my poster. I will miss the many wonderful friends I made at ISOPP from my first meeting in Toronto, Canada in 1993, and particularly during my time on the ISOPP Secretariat. I encourage all our young members to aim to attend and submit a poster to ISOPP XV in South America in 2016.

Jude Lees,
Adelaide, South Australia.



JOPP Best Practice Paper

Disintegration of chemotherapy tablets for oral administration in patients with swallowing difficulties

JOPP 2013; 19: 145 - 50
Rivka Siden & Matthew Wolf

Department of Pharmacy
University of Michigan Health-System
Michigan, USA



Rivka Siden



Matthew Wolf

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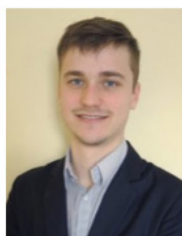
JOPP Best Research Paper

A quantitative and qualitative method to control chemotherapeutic preparations by Fourier transform infrared–ultraviolet spectrophotometry

JOPP 2013; 19: 121 - 129

Florian Dziopa, Guillaume Galy, Stephanie Bauler, Benoit Vincent, Sarah Crochon, Mamadou Lamine Tall, Fabrice Pirot, & Christine Pivot

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Florian DZIOPA



Guillaume GALY



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Gloria Amarteifio - Membership Services Manager
membership@sagepub.co.uk

To make a submission to the
ISOPP newsletter – contact the
Editor – Jill Davis by email at
Jill.davis5@bigpond.com

HOPA Celebrates its 10th Year

The USA Hematology/Oncology Pharmacy Association (HOPA) celebrated its 10th anniversary this year, and the HOPA 10th Annual Conference was held on March 26-29, 2014 in New Orleans, Louisiana. The meeting was indeed a celebration of HOPA, and remembered the early days of the organization as we considered the future of the profession. The meeting recognized the founding members (many are ISOPP members!), and the individuals that took HOPA from a good idea to a thriving organization of oncology pharmacists (again, many are ISOPP members!).

For many of us, including a number of ISOPP members I spoke to at the meeting, when we think of the beginning of HOPA we acknowledge the influence of ISOPP and other oncology pharmacist organizations throughout the world on HOPA. I attended my first ISOPP meeting in Hamburg, Germany - and it was clear that an organization of oncology pharmacists was an effective way to collaborate on issues to optimize pharmacy practice and, ultimately, patient care. It was my introduction to the potential of an organization for oncology pharmacists. I believe that ISOPP set an example for many oncology pharmacists from the United States, and was, at least partly, the impetus to start HOPA.

The HOPA Annual Conference was a bit special this year – as the organization took the opportunity to celebrate beginnings and the people at the beginning. A session I found most interesting was the John G. Kuhn Keynote Lecture. This lecture has historically been a keynote speaker that provides unique insights into cancer and/or cancer care. This year there was a change in format. No lecture this year. This year John Kuhn, Pharm.D., the man for whom the lecture is named and one of the original founders of HOPA, was interviewed by a professional interviewer. John talked about his life, career and oncology



The first 10 Presidents of HOPA (in order of Presidency): John Kuhn, Barry Goldspiel, Val Adams, Jim Koeller, Cindy O'Bryant, Philip Johnson, Rowena (Moe) Schwartz, R. Donald Harvey III, Lisa Holle and Niesha Griffith.

pharmacy. It was a powerful interview, as John discussed the past, present and future of oncology pharmacy and cancer care. He reminded us of just how much the science and the practice has evolved, and is evolving. It was exactly the right framework to start the next few days of education.

The educational sessions of HOPA are traditionally the focus of the Annual Conference. The meeting is dedicated to providing educational forums for oncology pharmacists from all practice settings. Sessions are focused on the evolving science of oncology and oncology pharmacy, practice issues of oncology pharmacy and the challenges of both. New this year were sessions called "How We Treat" that focus on the pharmacist's role within the multidisciplinary team. In the US, the practice of oncology pharmacy spans across different practice settings, scope of practice, specializations and roles. The programming was successful in that there was information and networking available to pharmacist across this spectrum. Breakout sessions included topics directed at new practitioners, pharmacists that are practicing in an ambulatory setting, administrators and oncology sub-specialists.

HOPA members presented their research at poster sessions, with a special session for research from

trainees. Platform presentations from members included a discussion of the prevalence of polypharmacy and potentially inappropriate medication use in senior adults with cancer, drug-drug interaction profile of the combination of netupitant and palonosetron, and the impact of improving quality through implementation of evidence-based clinical pathways.

I believe one of the most important sessions of the Annual meeting was the Annual Members' meeting - where there was an open forum to discuss strategies for pharmacist to expand their role in cancer care. HOPA members spoke up to discuss two strategies presented – and the HOPA Board listened. I always enjoy seeing the membership of an organization debate an issue – and to see the impact of members' opinion on leadership. Following the meeting, the Board sent an email to the membership supporting a combined approach to the issue discussed – reflecting again the importance of members in an organization.

The entire meeting was certainly a celebration of HOPA – and the HOPA 10th Anniversary Gala was an opportunity to recognize people instrumental in HOPA's development, acknowledge the accomplishments of the organization and to raise money

HOPA continued

for the HOPA Research Fund. It was a meeting of the members, and a great way to start the next decade of HOPA.

Rowena (Moe) Schwartz, Pharm.D., BCOP, ISOPPPresident (rowenan16@gmail.com)

[ED: Congratulations to Moe Schwartz who was presented with the HOPA Award of Excellence at this meeting]

Photos courtesy of HOPA



ASBMT Tandem Meeting 2014

The American Society for Blood and Marrow Transplantation (ASBMT) Tandem Meeting was held February 24 – March 2, 2014 in Grapevine, Texas and celebrated ASBMT's 20th anniversary. This year's meeting featured an exciting scientific program with experts from around the world presenting new developments in the field of stem cell transplantation. Plenary presentations highlighted the use of genomic profiling in patients with ALL, the biology of cancer stem cells, best practices in utilizing statistics in clinical trial design, and many discussions related to the identification and management of supportive care issues. However, for pharmacists, the focal point of the meeting is always the two day BMT pharmacists' conference. Susannah Koontz provided a detailed overview of the best abstracts from the American Society of Hematology Annual Meeting from December 2013. In this session, pharmacists were updated on data to suggest that

haploidentical transplants may be considered even in older patients with no decrement in outcomes as compared to patients in their 50's so long as they would otherwise be candidates for the procedure. Age continued to be a theme with a key study suggesting that umbilical cord blood (UCB) transplants for older patients with AML have demonstrated extended survivorship when compared to patients without an 8/8 HLA match. Additionally, the reduction of GVHD may make this a preferred type of transplant in this population. New data also suggests that UCB transplants have high rates of success in infants, with patients with AML performing better than those with ALL. Supportive care was popular as well with new data confirming the possible use of calcineurin inhibitor-free GVHD prophylaxis regimens, the use of bortezomib for chronic GVHD, and the use of defibrotide for acute GVHD.

Ashley Teusink from Cincinnati Children's Hospital Medical Center was named the recipient of the best pharmacy abstract for her research entitled, "Pharmacogenetic Directed Dosing Leads to Optimized Voriconazole Levels in Pediatric Patients Receiving Hematopoietic Stem Cell Transplants." Other abstracts selected for presentation came from Shaily Arora of the University of Kentucky, Vikas Bhushan of Texas Oncology and Rick Admiraal of University Medical Center, Utrecht, Netherlands.

An outstanding panel discussion focusing on measuring and demonstrating clinical pharmacist impact challenged pharmacists to consider economic impacts of having a pharmacist as part of the transplant team and especially the impact of the transplant pharmacist on humanistic outcomes as reported by patients. These endpoints which include: health-related quality of life, patient satisfaction and patient preference demonstrate that pharmacists play an essential role beyond those measures which suggest that the pharmacist plays a notable role in cost savings, etc. Importantly, a study

outlined from the South Texas Veterans Health Care System demonstrated that patients counseled by a pharmacist commented that the pharmacist was "absolutely necessary and desirable." Kamakshi Rao from the University of North Carolina shared results from use of a free website (CrowdPharm) to assess the pharmacists' time savings and impact on clinical outcomes. Preliminary results demonstrated that pharmacists identified multiple errors during medication reconciliation, poor diabetes management, inappropriate pain management, and patients who had inadequate medication on hand to fill pill boxes. Collectively, this discussion strongly supported the continued and emerging roles of the pharmacist on the transplant team.

Other sessions in the BMT pharmacists' conference focused on treatment of oral chronic GVHD, challenges in the adolescent and young adult transplant patient population, transplanting patients with HIV, outpatient conditioning for autologous and allogeneic transplant and the always popular infectious disease update.

Overall, this year's ASBMT Tandem meeting succeeded in providing an excellent refresher on important issues for transplant patients and for providers involved in the selection of therapy for conditioning, maintenance or supportive care. Next year's meeting will be held February 11 – 15 at the Manchester Grand Hyatt Hotel and Convention Center in San Diego, CA.

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