

News LETTER



Newsletter - Vol 9, No 1, March 2007 • International Society of Oncology Pharmacy Practitioners

NZW – European Conference Oncology Pharmacy

**January 26-28, 2007
Hamburg Germany**

Over 650 participants came together for the 15th annual NZW conference held each year in Hamburg, Germany. This popular conference has its roots in the family run Hotel Lindtner which again gave the feeling of a retreat for this group of oncology pharmacists.

The European Society of Oncology Pharmacists (ESOP) had its 20 delegates meeting prior to the beginning of the NZW. They invited me to bring greetings from ISOPP and it a delight to meet old and new acquaintances. A number of us belong to ISOPP as well as our local oncology groups and this was no different with ESOP.

The Friday afternoon had a number of short and snappy sessions which were presented from a wide variety of people. The Europeans have a study looking at 10% Uridin ointment to treat hand foot syndrome showing promise which was

presented by Irena Netikova from Poland. Visnja Kopecki from Croatia shared their first centralized cytotoxic preparations in a hospital pharmacy in Croatia which reminded us all that it is not common practice yet everywhere. Dr Robert Terkola, Austria took us back to the first barcode technology (Wriggley's gum June 26,1974 in Ohio) and showed us how it has improved over the years and is now overdue in implementing in our oncology practices. Geoff Saunders from the UK gave us an overview of the UK Cancer Networks and the role of the Network Pharmacist in this new structure. Dr Gunther Wiedermann from Germany convinced us that hyperthermia in cancer treatment is not hot enough and this therapy discussion should be closed. We should be moving to targeted therapies. Professor Dorothee Dartsch from Hamburg convinced us that Fortune telling in oncology based on the novel diagnostic markers is because we still do not have sensitive ones to really predict the patient response. Professor Clairborne Reeder from Columbia USA took us through the basic principles of pharmaco-economic research which is trying to make things more efficient. Professor Per Hartvig from Sweden reviewed the adverse health effects in personnel handling antineoplastic drugs. Dr Barbara Gzerska from Poland looked



The European Society of Oncology Pharmacists (ESOP) Delegates group

at the psychosocial aspects of quality of life of oncology patients and reminded us to include them as human beings in all discussions rather than focusing on the cancer. It was an intense afternoon with a broad range of subjects as well as parallel sessions running elsewhere.

Saturday morning a number of plenary

CONTENTS

NZW Conference

Editorial

Announcing 2006 Research Grant Awards

One Day in the Life

Recent Publications by ISOPP members

New Members

Oncology Pharmacy in Kenya

ISOPP XI Update



Editorial

Last night I was watching the news on TV. Reports of severe snowstorms, floods and tornados in the northern hemisphere while here in Melbourne, Australia we are in the grip of a severe drought, have bushfires that have been burning for over three months (no rain to put them out) and scorching temperatures hampering the fire fighters. The scope of weather in different parts of our world is immense. These same differences are reflected in the practice of oncology pharmacy. From tailoring treatment based on an individual's genetic code to preparing cytotoxic drugs without specific safe-handling equipment, the range of practice of ISOPP members is vast. ISOPP is here to support you all. From the member discussion area on the website where no query is too basic to be asked, travel grants to assist members to attend our educational symposia and grants to enable members to conduct cutting-edge research, ISOPP offers something for everyone. This edition of the Newsletter showcases some of these differences – a meeting report from Germany, a practice report from Canada, announcing the recipients of the 2006 Research Grants and how ISOPP has impacted practice in Kenya. ISOPP is truly a global society. If you would like to share your experiences with other ISOPP members, do not hesitate to contact me.



Jill Davis

Have you forgotten to pay your membership for 2007?

Do it NOW while you remember.

sessions ran in English, again with a wide range of topics. Dr Clairborne Reeder built on his Friday session and looked at the Pharmaco-economic Considerations in oncology with a focus on anemia. Jacqueline Surugue, President of EAHP (European Association of Hospital

Pharmacists, www.eahp.eu) did an overview of the demands in Europe. Professor Besim Silamniku from Kosovo presented on the management of laryngeal cancer. As a surgeon his slides were intense and anyone who attended his presentation would NEVER smoke again is all I can say. My own talk was on an ounce of prevention: medication error prevention in oncology which looked at the strategies in the literature and how we have incorporated them into our daily practices. Dr Helmut Osterman from Munchen talked about antifungal prophylaxis. The latest NEJM (January 25) two days prior to his talk had come out with new information on posaconazole which was timely. Dr JW Foppe van Mil from Holland provided a community pharmacist perspective on caring for cancer patients in the community. The afternoon had a number sessions running concurrently. The workshop I was involved in was on medication safety was very interactive as all who attended were interested and shared their own initiatives. The time flew as we went through an adapted ISMP vincristine safe handling survey, looked for errors on prescriptions (both written and typed), and sharing checklists that are in use.

This NZW meeting has a mixture of English and German. My highlights were on the sessions I attended in English. A new addition to the meeting this year was poster sessions. As we are currently working on a project with dose banding I was delighted to see dose banding poster from Copenhagen presented. ConEvent ensured a smooth



NZW is not all hard work!

running conference. I was impressed, as a guest speaker, that all the details were attended to so that it was a delight to be involved. Many participants came up to me throughout the meeting and it became clear that this is a meeting a number of people put in their calendar for each year.

The festivities alongside the conference were varied. On the initial evening conference dinner we all participated in a silent auction that benefited a children's hospice. The artist whose painting was being auctioned also signed personal prints for each participant. The second evening buses took all of us into downtown Hamburg to the Samstag for



Carole Chambers and Thomas Garms at the Icebar

a buffet and live band dancing. This group knows how to boogie. For a few of us who remained after most attendees had traveled home on the Sunday we discovered a novel IceBar at a restaurant on the harbour. Hamburg, as a venue city, has much to offer outside the sessions.

Carole Chambers,
President Elect, ISOPP

2006 Research Grant Awards

Judith A. Smith,
Pharm.D, FCCP, BCOP
Research Committee Chair

At the previous ISOPP Symposium in Kuala Lumpur, Malaysia the Research Committee convened to discuss and revise the ISOPP Research Awards process. The plan developed includes a two-step process. First, a letter of intent (LOI) will be reviewed and evaluated based on ISOPP mission and objectives, and second those meeting eligibility criteria and within the scope of ISOPP research mission would be invited to submit a full grant application. Since it had been a few years since the last cycle of ISOPP Research Grants were awarded, we planned an accelerated timeline for the 2006 Research Grants with plans to extend Research Grant process over twelve months for the 2008 Research Grant Awards. The call for LOIs will be announced April-May 2007 with submission deadline November 2007 and grant submissions due January 2008. The 2008 Research Grants will be announced and awarded at the joint ISOPP XI- HOPA meeting in Anaheim, California (June 18 –22).

We were very pleased with the success of the first cycle to select the 2006 Research Grants. A team of eight members of the ISOPP Research Committee participated in the peer review of both the LOIs and grant applications. We had thirteen LOIs submitted and six were invited to submit full grant applications. Ultimately, two grants were selected for the 2006 ISOPP Research Grant Awards.

The first Research Grant was awarded to **Suzanne Taylor, Pharm.D.** from the BC Cancer Agency (BCCA) in Vancouver, British Columbia, Canada.

Ms. Taylor's project is entitled "*Bevacizumab outcomes assessment: a pragmatic population-based study*" The primary objective of this study will be to evaluate clinical and pharmacoeconomic outcomes of bevacizumab for advanced colorectal cancer in a pragmatic, population-based setting. At the BCCA Dr. Taylor works as a Pharmacoeconomics Pharmacist and is also a Clinical Associate Professor



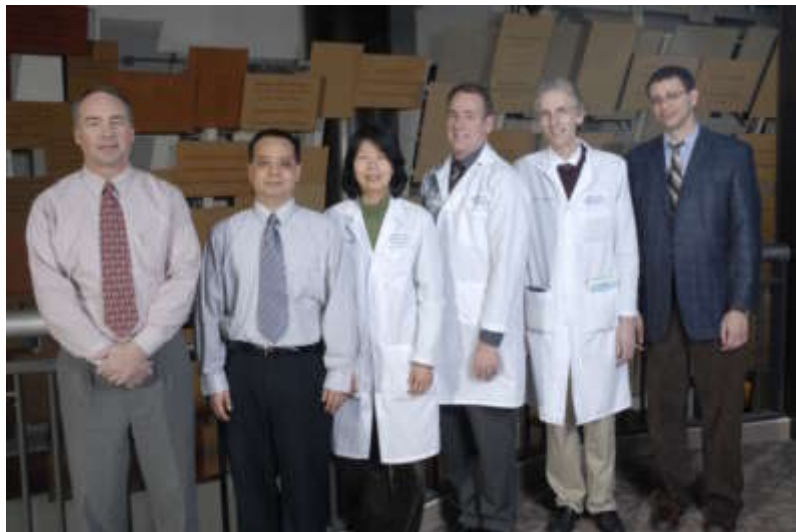
Shirin Abadi and Suzanne Taylor representing their research group

with the University of British Columbia Faculty of Pharmaceutical Sciences. She received her B.Sc(Pharm) and Pharm.D from UBC, completed a hospital pharmacy residency at Vancouver General Hospital, holds a

her research in collaboration with Mario de Lemos, Stuart Peacock, Barbara Melosky, Jeff Barnett, Dana Cole, Shirin Abadi, Susan Walisser, Nancy Runzer, and Veronika Moravan.

The second 2006 ISOPP Research Grant went to **Rami B. Ibrahim, Pharm.D, BCPS, BCOP** who practices as a clinical pharmacist at the Karmanos Cancer Institute in Detroit, Michigan.

His project proposal entitled "*An Evaluation of cefepime disposition during plasma exchange*" is a pharmacokinetic trial to delineate the effect of plasmapheresis on the disposition of cefepime, a fourth generation cephalosporin commonly used in cancer patients and a cornerstone of febrile neutropenia treatment. Dr.



From left to right: David J. Edwards, Pharm.D., Raymond Cha, Pharm.D., Chin Liu, Pharm.D., Steve Smith, M.S., Simon Cronin, Pharm.D. and Rami B. Ibrahim, Pharm.D.

Health Care Management Level 1 certificate from BCIT, Board Certification in Pharmacotherapy, and a Fellowship with the Canadian Society of Hospital Pharmacy (CSHP). She is a member of several pharmacy and oncology organizations, including the International Society of Oncology Pharmacy Practice and the Canadian Association of Pharmacy in Oncology (CAPHO) and is currently president of the Canadian College of Clinical Pharmacy (CCCP). She is conducting

Ibrahim received his Bachelors of Science in Pharmacy and Masters of Science in Pharmacy from University of Montreal, Montreal, Canada then went onto earn his Doctorate in Pharmacy from Wayne State University in Detroit, Michigan. After completing his Doctorate degree, Rami went onto complete an ASHP-accredited oncology residency, at Harper Hospital/Karmanos Cancer Institute, Detroit, Michigan where he stayed on in his current clinical pharmacy position focusing on Bone

A Day in the Life of a Palliative Care Pharmacist

Kim Stefaniuk, Canada

0830-0930h It was a dark and stormy night....

Monday morning is no better; we stagger into rounds desperately clutching hot tea or coffee. The team (physicians, nurses, social work, physio/occupational therapy, chaplaincy, and the pharmacist) meets to review the patients on the palliative care unit.

Hmmm...busy day ahead. Mr. B is going home. Outpatient prescriptions



Kim at the nursing station of the Harold and Shirley Lederman Palliative Care Unit at Princess Margaret Hospital, Toronto, Canada



Kim on the phone on the palliative care unit

must be organized and a medication schedule prepared. Mrs. P's pain remains poorly controlled; we're stopping hydromorphone and starting methadone. The physician wonders about drug interactions, funding for methadone, and the appropriate dose considering her increasing opioid needs and declining renal and hepatic function. Delicate pharmaceutical negotiations will be required for the family asking about naturopathy and the patient taking opioids but refusing laxatives. Mrs. M's dose of sufentanil is so high, Pharmacy can't stock enough of the drug. Recommendations for optimal drugs

and doses are needed quickly for a patient in a post-radiation pain crisis. Mr. L has improved enough to be transferred to another unit for further chemotherapy, but for Mrs. D, death is imminent. Her family, including her dog, have gathered in her room, waiting quietly.

0930-1200h Orders multiply quickly. Someone has posted a sign by the Pharmacy computer: "Please do not pet or feed the pharmacist." Why not????

Review orders, clarify the unusual ones and enter them into the Pharmacy computer system. "*Kim! Phone!*" Should 12.5mcg/hr fentanyl patches be added to formulary? The merits of music therapy are discussed with the chaplain while simultaneously "encouraging" the computer system to HURRY UP!!! Mr. B and his wife are eager to leave, but afraid too; they have many questions and concerns about the medications. It is a high holiday for them. They want him to have quality time with friends and family and ask how to minimize side effects.

1200-1300h A successful meeting! The Pain and Palliative Care certificate program (in collaboration with the Ontario Pharmacists' Association) will proceed! Maybe, just maybe, that dream of a palliative care pharmacists' network will come true...

2006 Research Grant Awards

Continued from Page 3

Marrow Transplantation. Dr Rami also holds an Adjunct Assistant Professor appointment at Wayne State University College of Pharmacy in Detroit, Michigan and at College of Pharmacy and Health Sciences, Butler University in Indianapolis, Indiana. This research will be conducted in collaboration with Chin Liu, Steve T. Smith, Simon M Cronin, Raymond Cha, and David J. Edwards.

On behalf ISOPP Research Committee and Secretariat, we greatly appreciate the time and efforts of all the ISOPP members who participated

in the 2006 Research Grant awards process including submissions and peer reviews. We welcome any feedback and comments from the Membership that may help improve the process for the upcoming 2008 Research Award process. Please send your comments to: Dr. Judith A. Smith at jasmith@mdanderson.org or mail to Department of Gynecologic Oncology, UT MD Anderson Cancer Center, PO Box 301439, Unit 1362, Houston, TX, 77230-1439, U.S.A. Congratulations to Dr. Taylor and Dr. Ibrahim for your excellent grants, we look forward to your presentation of the study results at the ISOPP XI Symposium in conjunction with the HOPA meeting in Anaheim, California in June 2008.

A Day in the Life of a Palliative Care Pharmacist continued from Page 4



Kim - Relaxing at home with her cat Pigwidgeon

1300-1323h Must find food...are those Bernard Callebaut chocolates?

1324-1715h Covering two units again today—about 26 patients—and the orders on the solid tumour unit have accumulated. There's new chemotherapy to verify, calculate, and enter into the computer, drug funding paperwork to complete, and patients to counsel. The new resident ordered intramuscular dimenhydrinate for a patient who is nauseated but very cachectic. A gentle word gets the order changed to subcutaneous haloperidol; the patient is much happier. What drugs was Mr. H taking at the other hospital? The Pyxis machine has had a seizure and nurses can't access their medications. A research project using intraperitoneal steroids for ascites? Cool. An out-of-town colleague phones to ask about the stability and preparation of opioid cassettes.

Excellent! Homemade cupcakes from a grateful family.

Mrs. E's vancomycin level is beautifully therapeutic (well done, Pharmacy!) except now she has vancomycin-resistant enterococcus. It's sensitive to linezolid, but the patient's situation is very grave. Whether or not linezolid will prolong life or prolong death for this lady is intensely discussed among the team and the family. In the end, everyone agreed that more antibiotics would not be the best thing for her; the goal instead is to make her last hours comfortable.

Head to Pharmacy to alert the evening pharmacist of potential issues on the two units.

1730h Time to brave rush hour traffic, walk the dog, find dinner (any of those chocolates left?), check that ISOPP website, and then it's time for a little music.

Wonder what tomorrow will bring. In palliative care, we never know what is coming next...but then again, we wouldn't have it any other way.

Kim is a palliative care pharmacist at Princess Margaret Hospital in Toronto, Canada and is the current ISOPP Secretary. Special thanks to the wonderful staff on 16P for their patience and photographic skills.

P.S. It's OK to pet or feed the pharmacist!



Kim at home playing her harp

ISOPP new members in 2007 at 1 March

Australia:

Ms Niamh O'Neill
Mrs Lee Russell

Brazil:

Miss Annemeri Livinalli

France:

Dr Mikael Daouphars

Germany:

Mrs Anne Abay
Ms Susanne Bauer
Ms Petra Brueggen-Schaefer
Mr Frank Dannenberg
Mr Norbert Ploeger
Ms Theira Schoelch
Ms Annegret Suschowk
Ms Kornelia Witzel

Palestine:

Ms Reema Abu-Safat

Sweden:

Mrs Annika Nelson

Switzerland:

Mrs Barbara Wohlwend

United Kingdom:

Mr Bruce Burnett

USA:

Mr Timothy Brenner

Recent publications by ISOPP members:

This is a new section to be added to the Newsletter. If you would like to tell members of any of your recent publications, please send these to the Editor. To access the full papers, visit the website at www.isopp.org Education Centre

1. Tom Connor and Melissa McDiarmid *Preventing occupational exposures to antineoplastic drugs in health care settings*. CA Cancer J Clin 2006; 56:345-365.
<http://caonline.amcancersoc.org/cgi/reprint/56/6/354>
2. Sabine Kaestner and Graham Sewell *Chemotherapy Dosing Part I: Scientific basis for current practice and use of body surface area*. Clinical Oncology (2007) 19: 23-37
3. Sabine Kaestner and Graham Sewell *Chemotherapy Dosing Part II: Alternative approaches and future prospects*. Clinical Oncology (2007) 19: 99-107.

Impact of ISOPP on pharmacy practice in Kenya

In September 2001, I joined Kenyatta National Hospital (K.N.H) at the level of a junior pharmacist. I worked in the staff clinic pharmacy for six months during which time I developed interest in clinical pharmacy. In the beginning of the year 2002, I visited the wards during the consultants rounds.

My participation in the wards was met with a lot of scepticism by fellow pharmacists and medical doctors. They all wondered what had the pharmacist gone to do in the wards! What could the pharmacist contribute? At first I felt misplaced but deep within myself I knew I had a mission to the patients. After a few months I was posted to work in the intensive care, renal unit and both paediatric and adult oncology. My duties included decision making upon diagnosis (in terms of what drug to administer to the patient, what dosage and to reconstitute cytotoxic drugs). During this time I developed a passionate interest in oncology and spent more time in the oncology units than elsewhere. In the year 2003, Prof. Mwanda of the Department of Haematology and Blood Transfusion at the University of Nairobi (and who is also the consultant in-charge of the Paediatric Oncology Unit at K.N.H) introduced me to Prof. Peter Jacobs of Constantiaberg Mediclinic in the Republic of South Africa. Prof. Jacobs invited me for a three-month training period on safe handling of cytotoxics. I left for South Africa in the August of 2003. It was during this time that I met Michael Conindaris, an ISOPP member, who introduced me to ISOPP. I was with Michael for a week in his clinic and during this time I observed how he went about preparing cytotoxics and he gave me some training manuals on safe handling and disposal of cytotoxics. He briefed me on the various activities undertaken by ISOPP and most importantly he gave me the contact of Helen McKinnon who directed me about membership matters.

Back in Kenya, I introduced ISOPP to

my fellow pharmacists. They were very excited to know that there were other pharmacists involved with cancer patient management. I wanted every pharmacist in Kenya to know about ISOPP. So I telephoned friends and colleagues and I introduced ISOPP to neighbouring private hospitals. In a few months many pharmacists in hospitals wanted to work in oncology units or in the wards. Introduction of oncology pharmacy in the referral hospital (K.N.H) caused a nationwide stir among pharmacists and nursing staff and I have since been invited to give lectures on safe handling and disposal of cytotoxics. Oncology pharmacy has been recognized in Kenya as a specialty in pharmacy and the leading hospitals have sent their staff to various parts of the world to train on the role of pharmacist in oncology.

Pharmacists are taking duties in pre-chemotherapy patient counselling, reconstitution of chemotherapy and patient follow up. Previously these duties were done either by the nurses or the doctors.

I have shared my ISOPP journals and newsletters with my colleagues in the hospital and some have expressed interest in joining ISOPP were it not for the high membership fees - thanks for the salary banding system, it is a lot better this time round.

In the hospital where I work, we do not have biological safety cabinets in which to prepare cytotoxic drugs and so have to do this on a bench top. Two leading private hospitals in the country have bought biological safety cabinets. This will improve safety for pharmacists preparing cytotoxic drugs and will help improve cancer treatment in Kenya.

Thank you ISOPP
Dr. Jayne M. Kivai

[Ed: Jayne was awarded an ISOPP travel grant to attend ISOPP X in Kuala Lumpur in Malaysia in 2006].

ISOPP XI Update - Helen Leather, ISOPP Education Committee Chair

Many of you have been wondering what was happening with the ISOPP XI meeting. At ISOPP X in Malaysia a date and venue was announced. Due to scheduling conflicts with the PGA Golf Tournament it was decided by the HOPA Board that San Diego that particular weekend would produce some logistical issues, most notably a limitation of rooms, and the rooms that were available would be prohibitively expensive. As a consequence an alternative venue was sought. The FINAL details for the joint ISOPP XI-HOPA (Hematology Oncology Pharmacy Association) meeting are as follows:

Dates: Wednesday June 18th – Sunday June 22, 2008.

Venue: Anaheim Marriot, California (close to Disneyland).

The current cost for the Anaheim Marriot is \$172 USD per night.

There are a number of hotels with lower room rates close by. As soon as we have the details of these hotels we will advise the membership. We thank you for your patience, and hope you will start planning your trip for 2008. Start thinking about your research and projects that you would like to submit for presentation. Similarly start thinking of those topics that you would like to hear about. If you have definite ideas let me know via email:

leathhl@shands.ufl.edu, and as we work through the logistical issues with the joint meeting we will again be in touch to look for volunteers to serve on the joint scientific committee. See you in California in June 2008.

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