

News LETTER



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President's Message

Many hands make for light work. ISOPP is benefiting from a committed membership as we are working on many fronts. Many of you have stepped forward and it is how our society will continue to thrive. I am looking forward to Bruce Burnett's contributions as our new Chair of the Membership Committee (see his announcement in this newsletter). I am delighted to see the interest for hosting the 2012 meeting coming in to Johan Vandembroucke. Our new website is under construction and should be appearing shortly due to the commitment of Felice Musicco and his team. Both our Education and Research teams are preparing for ISOPP 2010 so please plan to be there. While I was in Hamburg for the NZW meeting in January, additional items necessary for getting our constitution and rules update filed with the German courts were attended to. Thomas Garms continues to assist in this slow process and it is much appreciated as the Membership voted in these updates during ISOPP 2008. Thank you to each of you for renewing your ISOPP membership and please consider getting involved in an area that interests you. We will all benefit from each of us sharing that time and talent. If you have a talent in computers and wish to see more education offered between symposium on our website please get in touch with Lynne Nakashima or myself as that group has identified this need which I am sure will appeal to many of our members.

Carole Chambers

2008 Canadian Hospice Palliative Care Association (CHPCA) conference report

Prince Edward Island, Canada's smallest province and home of "Anne of Green Gables," was the host for the 2008 Canadian Hospice Palliative Care Association (CHPCA) conference. Hundreds of Canadian practitioners from nursing, medicine, social work, spiritual care, pharmacy and many others gathered in Charlottetown (the birthplace of Canadian confederation) to share ideas, network with colleagues, and advance the profession of palliative care.

There was a wide variety of topics, from best practice models, policy,

clinical health care delivery, research, and interprofessional collaboration. Posters, exhibits, social events, and even a meditation room helped balance the intensive lectures and make the very busy presentation schedule just a little more humane. Of course, I was pleased to see there was a harpist at the poster session (no, I did NOT buy a harp. I only do that at ISOPP symposia!) We talked about the role of music, and particularly harp therapy, in easing a person's suffering during their final journey.

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CHPCA report continued

Participants were challenged to become leaders and change advocates to improve palliative care service. Caring for vulnerable populations such as the elderly, homeless people, children, or those with mental health issues was identified as a real need. Education was a recurring theme. While many initiatives, even e-learning, are taking place, much of it seemed to be basic or patient-centred; the need for advanced continuing education was apparent. We explored the issue of who we care for—is it the patient, the family, or both?—and who is doing the caring. While our aging population will require much more health care, palliative care practitioners themselves are aging and human resource issues will become critical. Perhaps most interesting was the discussion of the pros and cons of physician-assisted suicide (PAS), as euthanasia is once again a topic of national policy consideration (it is currently illegal in Canada). Palliative care physicians are afraid that they would be the ones that would have to carry out PAS, even though requests for PAS are actually infrequent in those cared for by a palliative care service. Requests for PAS generally come from patients NOT receiving palliative care and are often issues of patient autonomy rather than intractable symptoms. While there was much discussion in this standing-room only venue, the evidence and the general consensus seemed to be that we need more palliative care, more integration



Cape Bear lighthouse



Anne of Green Gables Cavendish

into patient care, and it needs to happen much earlier in the illness trajectory. The speaker, Doctor Nuala Kenny, also proposed that PAS may even be contrary to the goals and philosophy of palliative care. It is clear there are no easy answers, but many, many provocative questions.

I also chaired the pharmacists' special interest group. It was interesting to see how very under-represented our profession was at this conference. Part of the issue was content, as most drug and symptom management talks were integrated into larger, more holistic topics and were not pharmacy-specific. The pharmacists also noted that, although we seem to be recognized as valuable health care professionals, we are not considered essential. It is very rare in Canada to find a full-time palliative care pharmacist. Most often, a pharmacist assumes palliative care responsibilities as a part-time position, an extension of their oncology role, or is simply the person the palliative care service contacts if they have a question. We agreed there seemed to be a lack of leadership, administrative commitment, and, most importantly, a lack of palliative care education for pharmacists. However, the good news is that CHPCA recognizes the value of pharmacists as part of the team and at a national level, is actively looking for ways to collaborate and increase our presence.

The CHPCA conference was an excellent venue for networking, sharing practice, and looking at palliative care in a new way. Hospice palliative care is growing exponentially and it is clear that pharmacy needs to grow with it.

Editorial

The world is an extraordinarily large and diverse place yet people can be brought together in a common cause. This well known fact was recently brought home to me when, in my own country of Australia, we simultaneously suffered from vast flooding (in the state of Queensland) and devastating bushfires due to major drought conditions (in my home state of Victoria). Several people I know had their houses destroyed by fire and one person lost their life defending their home. In total over 200 lives were lost and over 2000 homes destroyed. Heartbreaking. However, it is in the aftermath of such trouble and devastation that people worldwide offered assistance and condolences ensuring that the survivors received help. We have all been touched somewhere in our lives by hardship and loss. Individually we can achieve a little but together we can make major changes. As a society ISOPP brings together individuals with a common cause – lets make our voices heard and improve cancer treatment and the lives of cancer patients through our efforts together.



Jill Davis

Our challenge will be to help create roles for ourselves and demonstrate that we are integral members of the health care team.

If you are interested in palliative care or exploring our role, please send me an e-mail. Great things happen when ISOPP members collaborate and together, perhaps, we can change the world!

Kim Stefaniuk (Canada)
kimberley.stefaniuk@uhn.on.ca

Connor Receives ASHP Board of Directors Award of Honor

The American Society of Health System Pharmacists (ASHP) honored Thomas H. Connor, Ph.D., for his more than 30 years of research on occupational safety and health issues. He received the ASHP Board of Directors Award of Honor during the opening session of ASHP's 43rd Midyear Clinical Meeting in Orlando, Florida, USA

Connor, a research biologist at the National Institute for Occupational Safety and Health (NIOSH) Division of Applied Research and Technology, is known for his work to protect healthcare workers from toxic substances. He researched the potential effects of hazardous drugs on healthcare workers and evaluated personal protective clothing use in healthcare workplaces. He was co-chair of a committee that developed the International Society of Oncology

Pharmacy Practitioners (ISOPP) international standard for the safe handling of cytotoxic drugs and a NIOSH Title 42 Fellow.

Connor was lead author of the first U.S. article warning practitioners of the risk posed by surface contamination of chemotherapy drug vials, published in the American Journal of Health-System Pharmacy on March 1, 2005. He was a primary contributor to the NIOSH Alert on Hazardous Drugs, published in 2004. Connor also was also a key contributor to recent research demonstrating that engineering controls and personal protective equipment alone may not protect healthcare workers from exposure to hazardous drugs.

"Dr. Connor's valuable research over the years will leave a lasting mark on the safety and health of pharmacists and others who work in healthcare settings," said ASHP President Kevin J. Colgan,

M.A., FASHP. "We are pleased to recognize his important work on hazardous drugs in the workplace with the Board of Directors Award of Honor."

Connor received a B.S. and M.S. in microbiology from the University of Rhode Island in Providence. He obtained a doctoral degree in environmental toxicology from the University of Texas Medical Branch in Galveston, Texas.

Connor was an associate professor at The University of Texas School of Public Health in Houston for more than 20 years, teaching courses in toxicology, genetic toxicology, and environmental health.

Established in 1966, the Award recognizes individuals outside the pharmacy discipline who have made extraordinary national or worldwide contributions to the health field.

ASH 2008 report

The 2008 American Society of Haematology Annual Meeting and Exposition coincided with ASH's 50th anniversary. The meeting was held in San Francisco at the Moscone Centre, a beautiful setting in one of the most visitor friendly cities I have been to. The weather in San Francisco in early December (the meeting was held between the 6th and 9th December) was fine, if cool in the afternoons – perfect for walking and shopping! I was very fortunate to have obtained accommodation at the Intercontinental Hotel (thanks to generous sponsorship from Roche), located right next door to the Moscone centre – so for the first time at a large US conference I was able to walk to sessions rather than waiting for bus transport to and from the hotel. The food in San Francisco is terrific – lots of seafood and the cuisine has the

same influences as the population of the city – lots of Asian and European (particularly Italian) flavours. Even the coffee wasn't too bad! Early December is Sale time in the US with many of the city's major shopping precincts in full post Thanksgiving sale mode, amid the pretty Christmas decorations. The Australian dollar being as it was at that time, at its lowest for many years, the bargains weren't as apparent as they were earlier in the year. Never-the-less, there were still bargains to be had, and many of the Australian contingent left with much heavier suitcases than when they arrived. There is plenty of sight-seeing to be done in San Francisco, and while there wasn't quite enough time for me to get to Alcatraz, I was able to walk to many of the city's attractions in the few stolen hours away from the conference program.

The conference begins with 2 days of educational sessions in all things Haematology. Friday the 5th December was a day devoted to Satellite Symposia. I attended 2 of these symposia; one titled "Solving the Challenges of Haematologic Malignancies through Translational Research" and the other was titled "New Perspectives, New Strategies in venous thromboembolic disease" which focussed on the new oral Xa and direct thrombin inhibitors.

The Translational Research symposia started with Jonathan Licht, from Northwestern University Chicago presenting on Transcription and Epigenetics in Cancer. Beginning with a definition of epigenetics from Adrian Bird, published in Nature in 2007:

"...the structural adaptation of chromosomal regions so as to register, signal or perpetuate altered activity states"

He went on to describe the structure and activity of chromatin essential for cell activities, and the things that can

go wrong to cause cancers; focussing on histone modifications. This led to a discussion of the development of targets for cancer treatment, specifically the HDAC inhibitors which are in various stages of development at present. Then Owen O'Connor from Columbia University, New York took up this theme and further explored the theme of targeting histone deacetylase to reverse the malignant phenotype, focussing on the use of these agents in mycoses fungoides. The most familiar of these agents for us are depsipeptide (now called romidepsin), LBH598 (now called panobinostat) and vorinostat, which have all been used at my hospital. Miles Prince, from the Peter MacCallum Cancer Centre in Melbourne, then took up the theme and described the use of HDAC inhibitors in Cutaneous T-cell Lymphomas, and their emerging roles in Hodgkins and other lymphomas, leukaemias and myelomas. Then Francis Giles, from the University of Texas, San Antonio switched the focus to tyrosine kinase inhibitors differentiating the agents we are all now familiar with – imatinib, dasatinib and nilotinib and then exploring some of the new targets emerging in this area. Ruben Mesa from the Mayo clinic in Minnesota then spoke on novel inhibitors of

tyrosine kinase (inhibition of JAK2) in haematologic malignancies. He described the Mayo clinic's experiences with JAK2 inhibitors. Francis Giles then finished the symposium with a talk about managing the increasing number of options in CML. Overall this symposium was an enlightening educational event – 3 hours of educational content which was a great introduction to the rest of the conference.

The second symposium I attended – on emerging drugs in VTE, was less scientific, and more focused on some of the emerging anti-Xa and direct thrombin inhibitors being used at this stage primarily in thromboprophylaxis in the orthopaedic surgery setting. These agents are likely to have important applications in the prevention of cancer related thrombosis, but as yet, their use in this setting is very limited.

Saturday and Sunday morning continued the educational program of the conference with delegates faced with the choice of scores of education sessions, ticketed meet the expert sessions and scientific committee sessions. I elected to stick to the Education program, and attended sessions on Myelodysplastic syndromes, plasma cell disorders, Hodgkin lymphoma, AML and ALL

over these one and a half days. All of these sessions were introduced by their respective Chairs with an historical context – a special feature of this year's conference as part of ASH's 50year celebrations. The sessions were a mix of science, update on standard therapies and some emerging therapies – generally focusing on emerging targeted therapies where these are being studied.

Sunday afternoon saw the start of the Oral Sessions, commencing with a Plenary session and followed by many, many concurrent sessions on everything imaginable pertaining to haematology; malignant and non malignant. The Plenary session format involved an introducer to each paper providing background and commentary for each paper followed by the presentation. The papers presented were:

- A Prospective Randomized Study Comparing Rituximab and Dexamethasone Vs Dexamethasone Alone in ITP: Results of Final Analysis and Long Term Follow up
- Sequence of Genetic Events in ETV6-RUNX1 Positive B Precursor ALL: Insights from Identical Twins with Concordant Leukaemia
- Fostamatinib Disodium (FosD), An Oral Inhibitor of Syk, Is Well-Tolerated and Has Significant Clinical Activity



XII. ISOPP
PRAGUE 12th SYMPOSIUM OF THE INTERNATIONAL SOCIETY OF ONCOLOGY PHARMACY PRACTITIONERS
MAY 5–8, 2010 | CLARION CONGRESS HOTEL PRAGUE
CZECH REPUBLIC

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in Diffuse Large B Cell Lymphoma (DLBCL) and Chronic Lymphocytic Leukemia (SLL/CLL) Mesenchymal Stem Cells, Regulated by the Sympathetic Nervous System, Form the Hematopoietic Stem Cell Niche
-ANovelClinicalSyndromeAssociating Severe Congenital Neutropenia and Complex Developmental Aberrations Caused by Deficiency of G6PC3
-ARandomized Double-Blind Placebo-Controlled Study on Nadroparin for Prophylaxis of Thromboembolic Events in Cancer Patients Receiving Chemotherapy: The PROTECHT Study.

After the plenary session, the most difficult part of the conference is choosing a session that is best fitted to one's areas of interest, and knowledge gaps. As is typical of these large US conferences, it is virtually impossible to pick individual papers of interest and try to move from one session to the next, when the session venues are so far apart. Thus, it is my experience that one is best to pick a session with the most potential for interest, and not try to move around too much. Space does not permit me to detail all the papers seen, but suffice to say, the papers attended were for the most part interesting (if at times a little over my head) and added to the overall success of the conference for me. I greatly appreciated the opportunity to travel to San Francisco for the 50th Anniversary of ASH and this interesting conference and venue. I would like to thank and acknowledge my travel sponsors – Roche and Protherics for supporting my accommodation and travel respectively and of course Peter Mac and the staff within the Pharmacy for releasing me from my duties in order for me to attend.

Sue Kirsa (Australia)

Introducing new Membership Committee Chair

Bruce Burnett

Consultant Pharmacist Cancer Services
Pharmacy Department
North Wales Cancer Treatment Centre
Glan Clwyd Hospital, UK

I was born in Scotland in 1967 and qualified as a pharmacist in 1989. I started my career in community pharmacy but moved into hospital pharmacy. I gained my M.Med.Sci. on clinical oncology at Birmingham University in 2006. Since then I have been in a number of oncology pharmacist positions. My current position is Consultant Pharmacist for cancer services at Glan Clwyd Hospital in North Wales. I have been a member of BOPA for a number of years and joined ISOPP just over a year ago. I have always taken a keen interest in the forums of both BOPA and more recently ISOPP, although until recently have not been more involved in either organisation. In March 2008 I was encouraged to put myself forward for membership of the Board for the Faculty of Cancer Pharmacy, part of the College of Pharmacy Practice. I was elected to the board in April 2008 and have thoroughly enjoyed my time there. It has given me an insight into how difficult it can be to both attract and retain members – the importance of listening to what people want and need from membership can never be overlooked.

In February this year I was browsing through the ISOPP website and saw the request for expressions of interest in chairing the membership committee and thought why not give it a try. Membership of the faculty has



really got me interested in offering more and becoming more involved in the promotion of oncology pharmacy and I hope that is what I can bring to the committee.

On a more personal note I am married, with no children, but with a cat to support instead. I am a supporter of Heart of Midlothian Football Club – a continuing mix of pleasure and purgatory. My main passion is music – anything and everything is worth listening to at least once. My favourite food is steak and chips and being a good Scot my favourite drink is whisky, but whenever I travel I like to try the local cuisine wherever possible. I like to (try to) play golf (usually badly) and am a keen book reader – usually crime novels and biographies.

My favourite film is “It’s a Wonderful Life”, my favourite actor is James Stewart and my favourite actress is Sophia Loren. The person I would most like to have been able to meet is Che Guevara, but would settle for meeting Kylie Minogue – my guilty secret.

I hope that has given people an insight to me as a person as much as an oncology pharmacist and I look forward to getting the opportunity to meet and talk to as many members as possible over the coming years.

Introducing Secretariat member: Harbans Dhillon (Malaysia)

I graduated as a pharmacist from the Victorian College of Pharmacy (Melbourne, Australia) in 1979. From 1980 till now, I have worked as a pharmacist in University Malaya Medical Centre, Kuala Lumpur, Malaysia. Presently, I am in charge of the Production unit specialising in aseptic and cytotoxic reconstitution, including Parenteral Nutrition.

I am the president of PENSMA (The Parenteral and Enteral Nutrition Society of Malaysia) and have been since 1998 and have conducted many training courses for the society in aseptic dispensing including cytotoxic reconstitution and nutrition modules.

I first became involved in ISOPP by attending the ISOPP V meeting in Sydney, Australia in 1997. It was indeed an eye-opener for me to see so many pharmacists involved in oncology. This was very encouraging for me as I was just getting involved in oncology myself by setting up a Sterile Complex at my hospital the following year. The next ISOPP meeting I attended was in Vancouver, Canada in 2002 with two of my colleagues and I have also attended the meetings in Torino (Italy), Kuala Lumpur (Malaysia) and Anaheim (USA). I was a speaker in two of the ISOPP meetings, (Torino and Kuala Lumpur). I have also attended the Australasian meetings and have also spoken at these meetings, in Adelaide and Brisbane. The important impact ISOPP has made in my career is that I have become more confident in handling my job as an oncology pharmacist through networking and the knowledge attained through the meetings.



Harbans, her husband, daughter and new son-in-law

In 2006 I received as APOPC Award for Outstanding Oncology Pharmacy Practice awarded by the organising committee of the 1st Asia Pacific Oncology Pharmacy Congress (APOPC) in Bangkok 3-5 August 2006. I am also involved in APOPC to help bring up the standard of oncology pharmacy practice in Asia. This congress had been conducted twice in Bangkok and the next congress will be held in Singapore in 2010.

On a personal level, I am married to a businessman who is involved in shipping and we have a 27 year old daughter who got married last year in October. Our son-in-law is a lawyer and the wedding was a colourful and traditional Sikh wedding. The house is much quieter now with her gone and this allows me to get involved more in ISOPP and its activities. I hope to make some positive contributions to ISOPP by getting more pharmacists involved

in ISOPP to gain more knowledge and shared experience through meetings and the website.



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

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WWW.ISOPP2010.COM
12th SYMPOSIUM OF THE INTERNATIONAL SOCIETY OF ONCOLOGY PHARMACY PRACTITIONERS
MAY 5-8, 2010 | CLARION CONGRESS HOTEL PRAGUE | CZECH REPUBLIC

Introducing Secretariat member –Ruth Tramschek

Hi, my name is Ruth Tramschek, Oncology Pharmacist at Christchurch Hospital, in Christchurch, New Zealand.

I've been a member of ISOPP since 2002, when I went to my first international meeting in Vancouver and was elected to the ISOPP secretariat in the 2008 elections.

My day-to-day role as an oncology pharmacist takes in a variety of duties. Principally I am the clinical pharmacist on the adult medical oncology ward and I supervise the aseptic unit preparing all the chemotherapy for the hospital. I am also the key person for any clinical trials involving the oncology department, working closely with the research coordinators to help these run smoothly. In addition, I am part of the pharmacy, senior management team.

Christchurch Hospital is a tertiary centre with around 1200 beds situated in Christchurch on the east coast of the south island of New Zealand and has a population of around 400,000 (total population of New Zealand approx. 4 million). Geographical location and size does present problems now and again. The beauty of ISOPP is I can liaise with pharmacists all round the world to tackle some of them.

In addition to me, there are two other

pharmacists providing pharmacy services to oncology; one to Paediatric haematology/oncology and the other to the adult haematology/bone marrow transplant unit

On my oncology ward I work with a great team of staff and this enables me to participate on regular consultant ward rounds and provide teaching sessions to a variety of disciplines such as nurses, junior doctors and radiation therapists. Part of my teaching role is also to mentor junior pharmacists and trainees.

My role also involves advice on palliative care working closely with the hospital's dedicated palliative care team. Together, we have also produced our local palliative care guidelines.

Most recently I have become the pharmacy representative on a ministry of health cancer working party, so this has really broadened my commitments. The next few months will certainly be interesting as on top of all of this our department will begin outsourcing our chemotherapy production to Baxter. This will require a project manager to push the internal changes... guess who?

Away from work my partner Pete and I escape to the local hills to run and to the Southern Alps to hike.



Ruth Tramschek



International Society of Oncology Pharmacy Practitioners



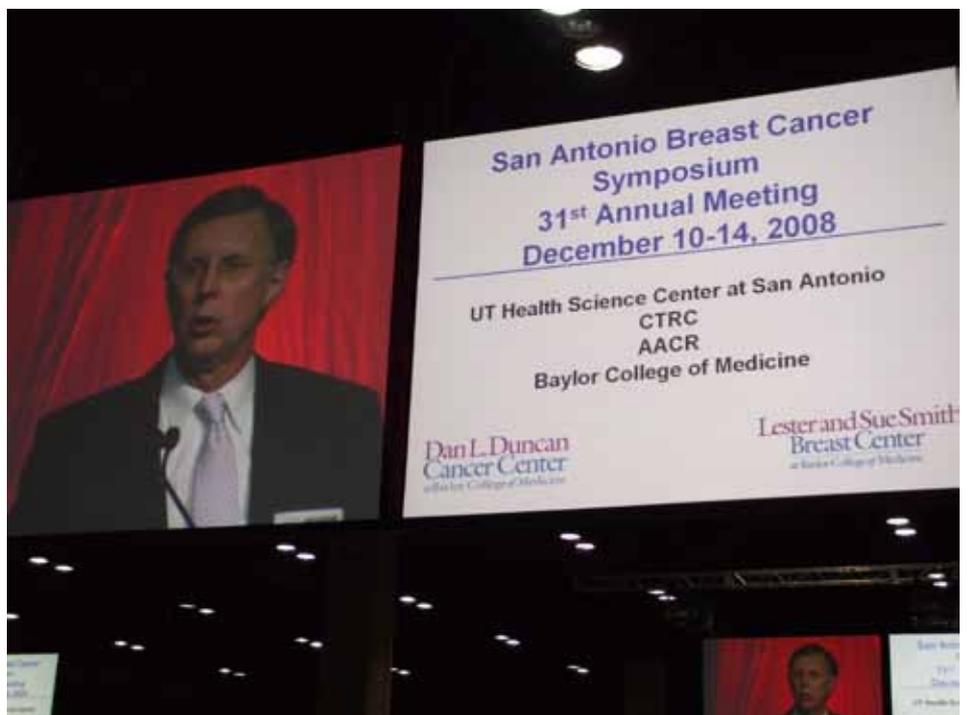
**6th ISOPP Australasian Regional Meeting
August 28 -30 2009
Sebel Albert Park Hotel
Melbourne Victoria**



SABCS report

The 2008 San Antonio Breast Cancer Symposium (SABCS) took place from 11th -14th December at the Henry B Gonzalez Convention Centre in downtown San Antonio, Texas. In recent times this event has been a collaboration between the Cancer Therapy & Research Centre at UT Health Science Centre San Antonio and the American Association for Cancer Research (AACR). My 2008 attendance at the SABCS was my fifth in as many years so I make no secret of the fact that I thoroughly enjoy this symposium and would recommend it to anyone with a particular interest in any aspect of breast cancer diagnosis and treatment. The compact nature of the venue and proceedings make this event one of the more manageable international conferences. The organisers cope with over 8000 delegates and they cope well. Everything one needs is there and in the unlikely event that it isn't then the friendly event staff will tell you where to find it!

Quite literally, thousands of abstracts are presented in one form or another at the SABCS and the following summary is just a tiny sample of what is on offer (as reported by many news sources).



- **Breast density may reveal chemoprevention benefit of tamoxifen** – High-risk women in the IBIS-1 trial who had at least a 10% reduction in mammographic breast density over the first 12-18 months of tamoxifen prophylaxis had a 63% reduction in breast cancer risk ($p=0.002$) whereas other women had no benefit ($p=0.89$) (Abstract 61)
- **Breast cancer risk is no higher for BRCA1/2-negative women from mutation-positive families** – Mutation-negative women from mutation-positive families had a breast cancer risk similar to that of women

in the general population. Data on 395 women with 7,000 person-years of follow-up were included in the analysis. (Abstract 1093)

- **Breast cancer effects of HRT are short lived** – The elevated breast cancer risk from HRT quickly dissipates after combined oestrogen and progestin is discontinued. The Women's Health Initiative study found that initially, the increased risk is greater than 24% (at 5.2 years) however this risk had reduced to pre-hormone levels within a couple of years. A second study suggested that women who develop cancer after having taken HRT were less likely to die from their cancer – this finding was controversial and stimulated much debate. (Abstracts 65 & 64)

- **Addition of zoledronic acid to standard chemotherapy before breast cancer surgery reduces size of tumours more than chemotherapy alone in early disease** – A study of 2005 patients on the AZURE study showed that the adjusted residual invasive tumour size at surgery for women who has received zoledronic acid in addition to chemotherapy was 28.2mm, compared with 42.4mm for those receiving chemotherapy alone (mean difference 14.1mm [95% CI



SABCS report continued

5.4-22.9] $p=0.002$). Fewer patients who received zoledronic acid plus chemotherapy required a mastectomy. (Abstract 5101)

- **Upfront letrozole could have a survival advantage over tamoxifen** – The BIG 1-98 trial provided data to suggest that five years of letrozole monotherapy increased survival by 13% (ITT analysis – $p=0.08$). (Abstract 13)
- **Lasofoxifene may reduce breast cancer risk** – After 5 years of a randomised trial, oestrogen receptor-

positive breast cancer occurrence dropped to 0.1% with 0.5mg/day of lasofoxifene compared with 0.8% in the placebo arm ($p=0.001$). (Abstract 11)

- **Combination of letrozole and lapatinib could improve PFS in women with hormone-receptor positive metastatic breast cancer co-expressing HER2** – 1268 postmenopausal women from 212 international centres, with hormone-receptor positive metastatic breast cancer who had not received any previous treatment were randomised to receive letrozole 2.5mg daily plus lapatinib 1500mg or letrozole plus placebo. In the subset of patients who were HER2-positive ($n=219$) the



median PFS was 8.2 months for the letrozole plus lapatinib group ($n=111$) versus 3.0 months for the letrozole group ($n=108$) (HR 0.71 [0.53-0.96]; $p=0.019$). (Abstract 46)

I am already looking forward to the 2009 SABCS and I hope to see you there!

Dan Mellor (Australia)



Have you remembered to pay your membership for 2009? If not, do so NOW

SUPPORTIVE CARE IN CANCER: MASCC/ISOO 2009 International Symposium June 25-27, 2009. Rome, Italy

The Multinational Association of Supportive Care in Cancer (MASCC) is a unique global multidisciplinary organisation which includes healthcare professionals from many countries and many different fields of expertise, who come together annually to share a joint symposium with ISOO (International Society for Oral Oncology). MASCC/ISOO covers all aspects of cancer care beyond mere antineoplastic approaches. Interests range from mechanisms, prevention and management of mucositis, other oral complications, skin toxicities and nausea and vomiting to fatigue, and from psychosocial research to issues concerning all cancer patients from pediatrics to geriatric oncology and palliative care. Pharmacists who are MASCC members can join up to three of its 17 study groups, all of which have annual meetings during the Symposium.

From 25 to 27 June 2009 the International Symposium on Supportive Care in Cancer will be held in Rome, Italy, at Sheraton Roma Hotel & Conference Center (visit www.mascc.org for full details). Dr. Fausto Roila, from S. Maria Hospital in Terni, Prof. Maurizio Tonato from



the Regional Cancer Center in Perugia and Dr. Sebastiano Mercadante from La Maddalena Center in Palermo will welcome you as chairs of the symposium. Dr. Roila and Prof. Tonato are well known to past ISOPP symposia participants as they spoke at ISOPP IX in Turin, 2004, on the interesting topics of antiemetics and new development in cancer treatments respectively. You will find an exceptional forum of lectures, contributed presentations, satellites and poster sessions. by attending this meeting. The lectures will start by touching on psychosocial and medical issues in long term survivors and will go on developing many topics during the various parallel sessions, from cancer pain treatment, again an unsolved problem to methodological issues in supportive care cancer research, from oral complications of chemoradiation therapy to hydration and nutritional support. The programme will also be enriched by the contribution of papers and posters from the attendees, including pharmacists, with whom

you can share experiences and skills. The high quality of the contents will be assured by the competencies of well known speakers such as Eduardo Bruera, Carla Ripamonti, Doroty Keefe, Ian Olver already known by ISOPP participants, Richard Gralla, Matti Aapro, just to mention a few.

Don't miss the opportunity of enjoying the beautiful and cultural attraction of Rome and visiting historical attractions such as the Colosseum, Trevi Fountain, the Spanish Steps, Vatican City and S. Peter's Basilica together with the Sistine Chapel before or after attending the meeting.

Well known ISOPP identities Franca Goffredo (Italy), pharmacist member of MASCC 2009 Program Committee and Jude Lees (Australia), elected to MASCC Board in 2008 would like to invite all pharmacists with an interest in any aspect of supportive care to attend.

Ciou – see you in Rome
Franca and Jude

MASCC / 2009 / ROME

June 25-27, 2009



MASCC International Symposium

Supportive Care in Cancer

Summary Report of the 17 NZW Europe

Suphat Subongkot (Thailand)

The 17th European Conference Oncology Pharmacy (NZW Europe) was held in Hamburg-Harburg, Germany during 23-25 January, 2009 as an international symposium jointly organized by DGOP, ESOP and Apothekerkammer Hamburg. It attracts a worldwide audience of oncology pharmacists mainly from Europe (22 European countries) but also from USA, UK and Thailand. At this symposium, more than 800 oncology pharmacists and related health care providers participated. This symposium also served as a platform for those in the areas of oncology pharmacy to get together to share recent developments with the aim of improving cancer care through scientific research and evidence-based practice.

The event commenced on January 23, 2009, as Per Hartvig (Denmark) firstly introduced the Luxembourg working group and subsequently gave delegates an opportunity to discuss the oncology practice situation in Europe based on country specific reports.

The afternoon program was diverse and offered more than 4 hours of high quality lectures from oncology pharmacists from European countries. At this conference, there was also a representative from Asia Pacific Oncology Pharmacy Society (Thailand), Kamonsak Reungjarearnrung presenting the update of Asian Activities in Oncology Pharmacy which he abstracted from the consensus of Asia Pacific Oncology Pharmacy Congress (APOPC) held in Bangkok, Thailand last September 2008. The first day of the conference ended with a very enjoyable “Boomerang Show” at the Gala Dinner with the opportunity to network.

The second day of the conference, January 24, 2009 started out with a Welcoming Speech from ISOPP President, Carole Chambers (Canada) followed by morning sessions



featuring talks on “Using Specialty Laboratory Tests to manage and change Chemotherapy treatment” by Jim Koeller (USA) and “What a Patient expects from his Pharmacist” by Louise Denis (Belgium). The afternoon sessions on the second day of conference included a variety of workshops e.g. supportive therapy and drug interactions in cancer treatment. The social highlight of this day was a grand farewell dinner at Hamburg harbor where we have an opportunity to experience the beauty of the city. Hamburg has architecturally significant buildings in a wide range of styles. There are only a few skyscrapers. Churches like St. Nicholas’s Church, which was the world’s tallest building in the 19th century, are important landmarks. The skyline of Hamburg features the high spires of the principal churches (Hauptkirchen) Saint Michael’s Church, Saint Peter’s Church, Saint Jacobi Church and Saint Catherine’s Church all covered with copper plates.

In conclusion, this 17 NZW Europe was an extremely enjoyable and productive congress with all participants able to take back knowledge to improve their

practice and to optimize the treatment outcomes of our cancer patients.

On behalf of Asia Pacific Oncology Pharmacy Society (Thailand), I would like to pass my sincerest gratitude especially to the president of ESOP, Klaus Meier (Germany) for giving me the opportunity to be a part of this event. I also owe a big thank to all NZW conference coordinators for your great assistance during the conference in Hamburg-Harburg.

“Danke!” and “Auf Wiedersehen!”

