

# News LETTER



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## President's Message

It is hard to believe that in just a few short weeks we will be gathering in Prague for our 2010 Symposium. This will also mark the completion of my term as President for ISOPP. As I reflect on this journey it has had both its challenges and rewards. As an optimist I was delighted to see the engagement of ISOPP members in a number of the initiatives undertaken. Our website renewal is visible to all members and provided us with an opportunity to thank our retiring webmaster Jeff Barnett and begin what I hope continues to be a fruitful relationship with Etisbew. One of our goals has been to move ISOPP to a more electronic platform with our newsletter now fully electronic in its offering. This has created some opportunities as we are not restricted in length as we once were. Not only have our members become engaged but ISOPP has entered into a number of innovative relationships with sponsors beyond their traditional support of symposiums every other year. A few examples you have seen are the website sponsors, a membership drive sponsorship for a number of years, a sponsor for our standards for initial publication and future updates, and the latest one with a joint project in medication safety self assessment. ISOPP will be working with our revised constitution and rules now that the German courts have accepted the updates. Although it took longer than expected I believe it will be well worth the wait. One update is that we are able to move to electronic voting



which will be another example of moving ISOPP more to an electronic platform. Our elections will be coming forward each year from now on to ensure your Secretariat is always a mix of experienced and newly elected positions.

I would like to thank each of my Secretariat members, Committee Chairs and members, our support through CMC, Etisbew, and our corporate sponsors, and each of you for the support, encouragement, challenging of status quo, and friendships I have experienced over the past 4 years. For those of you who have not yet taken the plunge into an elected position I would encourage you to consider it. ISOPP is a strong vibrant society and offers a rich experience both personally and professionally to those of us who step up.

Carole R Chambers  
B.Sc.(Pharm) MBA  
President ISOPP

Are you interested in joining an ISOPP Committee? Committee meetings will be held before the ISOPP XII symposium opening ceremony on Wednesday 5 May 2010 from 1230 – 1430 and you are welcome to join in. Visit the ISOPP Conference Desk for details of room location.

Don't miss the ISOPP General meeting during ISOPP XII. – on Friday 7 May 1130 – 1245. Make your membership count! Make your voice heard!

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## Editorial

I have just had a look over the newsletters from 2009. In those there are reports of meetings from the Polish Oncology Pharmacists Group; the Canadian NOPS meeting; the UK BOPA meeting; the USA HOPA meeting; the Australasian ISOPP meeting; the South African Society of Oncology Pharmacists and the NZW congress Germany in conjunction with the annual ESOP delegates meeting. Along with other groups that meet less often than yearly eg the Asian APOPC meeting, the inspiration for the formation of all these groups was ISOPP. Like any proud parent, ISOPP looks at these societies that have, in many instances, grown bigger than ISOPP itself. It behoves us to remember that ISOPP is an international society, aiming to improve cancer treatment care for all cancer patients worldwide and to improve safety working conditions for not only the oncology pharmacist specialist but also for the novice pharmacist thrust into the oncology arena. Support for ISOPP from individual members of national oncology pharmacist groups is vital for the international role to be able to be carried out. Please assist and support ISOPP to grow by passing on this newsletter to non-member colleagues and encouraging them to join.

  
Jill Davis

## European Society of Oncology Pharmacy (ESOP) meeting report

As has happened since 2002, once again the ESOP meeting was held in Hamburg, Germany at the end of January. On 29-30 January 2010 to be exact. This year, more than 30 people attended the meeting. They included the delegates (representatives) from 21 European countries and some of their colleagues.

Traditionally, the meeting is carried out as a parallel session of a bigger meeting, the North German Oncological Meeting (NZW) held from Friday, 29 January to Sunday, 31 January 2010.

This year the meeting was particularly significant. In fact the European Society of Oncology Pharmacists (ESOP) celebrated it's 10th anniversary.

During the meeting many interesting topics were touched on such as "80 Questions and Answers about Cancer and Sexuality"; "Burnout in Oncology"; and Population based Pharmacometrics in Clinical Oncology and Haematology: concept and recent advances" just to mention some of them. Many practical aspects were also discussed such as "Oral dispensing for outpatients" and "Necessity for week-end preparation". But this year the highlight was individual reports about oncology pharmacy practice in more than 10 countries represented at the meeting. Countries presented their successes, failures and the difficulties they have had to face or still face and the changes in the past 10 years since ESOP formed. In addition some



*ESOP President Klaus Meier with Franca Goffredo and Irena Netikova*

colleagues from Chile joined in the meeting in Hamburg.

What characterises the meeting as always is the friendly atmosphere where people have known each other for years gather together and new colleagues are welcome. The special host as in the past was Klaus Meier, the driving force behind the founding of ESOP. Attendees are also able to enjoy a gala dinner together with many other colleagues from Germany.

During the Delegates meeting the election of the new board was carried out. Klaus Meier (Germany) continues as President, with Alain Astier (France) together with Stavroula Kitiri (Cyprus) as Vice-Presidents. Per Hartvig Honore' (Denmark) is Secretary and Camille Groos (Luxemburg) is Treasurer. Six new Committees: Scientific, Research, Education, Practice, Organisation, Publication were also set up.

The European Society of Oncology Pharmacy (ESOP) was founded in 2000 in Prague (during ISOPP VII) and it is the most important organisation for European oncology pharmacists.


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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# European Society of Oncology Pharmacy (ESOP) meeting report

## Continued.



2010 ESOP Delegates at the 10th anniversary meeting

During the past ten years many things have been achieved; these include: the QuapoS now in their 4th Edition (oncology safe handling guidelines), the Masterclass: a one-week training course for new oncology pharmacists (the last of which was successfully held in Athens in November 2009 and which gathered together many pharmacists from various countries in Europe); participation in the ECCO (European CanCER Organisation) conferences and closer cooperation with this Society and last but not least the ESOP Journal: the European Journal of Oncology Pharmacy which commenced publication in 2007. Visit the website at <http://www.esop.li/ejop.php> to download free copies of the journal.

Future Masterclasses will be held in Slovenia (2010), Croatia (2011), Italy (2012) And Portugal (2013).

Franca Goffredo

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[Ed: Franca is also Chair of the ISOPP Scientific Committee 2010]

Irena Netikova

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[Ed: Irena is also Chair of the ISOPP Organising Committee 2010]

## Report from the 18th NZW Conference, Hamburg, Germany, Jan 29-31, 2010

I had the honour of being invited to participate in the 18th NZW meeting in Hamburg, Germany this past January. The conference was a resounding success, and also marked the 10th Anniversary of the formation of the European Society of Oncology Pharmacists (ESOP). A full day was devoted to NZW Europe with reports and presentations on a decade of activities occurring in the various countries with membership in ESOP. These ran the full gamut of activities, from basic oncology pharmacy practice and establishment of dedicated pharmacy services for patients with cancer, to significant research undertakings. Highlights included the establishment of an improved process for dispensing oral chemotherapy for patients in Cyprus, with an electronic queueing mechanism that permits more efficient dispensing of chemotherapy, while creating savings in time that are utilized for increased patient counseling. From the Czech Republic, a survey was undertaken across ESOP countries in an attempt to quantify whether pharmacists/technical staff preparing cytotoxics

receive any additional payment for the risks they incur in handling cytotoxics. The short answer being "No"; but this did open the door for discussion with employers and labour groups as in some jurisdictions workers who handle radionuclides or are at risk for radiation exposure (and by extension are [potentially] exposed to DNA damage on the job) do receive some form of additional financial compensation. This was followed by an excellent presentation from the Netherlands on the development of a handbook entitled "80 Questions and Answers about Cancer and Sexuality" and highlighted some excellent work in an area that to date has been poorly addressed. Several presentations were made in the area of safe handling; one from Poznan, Poland on the prevalence of use of various closed (i.e. PhaSeal) systems for chemotherapy preparation, and a second from Switzerland regarding an ESOP initiative launched in conjunction with the Pharmaceutical industry to use a large "Yellow Hand" label on cytotoxic drugs both on the product package to signify the cytotoxic nature of the drug, but also within institutions as an alert to all staff

## Report from the 18th NZW Conference, Hamburg, Germany, Jan 29-31, 2010 continued

regarding the nature of the contents of packages that are transported within hospitals/clinics. Virtually all pharmaceutical manufacturers are now on board and using the Yellow Hand label, and 'uptake' at the institutional level is improving.

Another very exciting initiative underway in Germany is the development of an educational program to improve the counseling skills of community pharmacists so that they can play a bigger role in pharmaceutical care of the cancer patient. More than 1000 German community pharmacists have participated in the voluntary educational program developed by the German Society of Oncological Pharmacy.

There were also presentations on research projects examining Population based Pharmacometrics in Oncology from Denmark, Pharmacogenetics and other Biological parameters in Personalized pharmacotherapy from Athens, Greece and on DNA Repair in Cancer therapy from Hamburg, Germany.

There were also presentations on a decade of Oncology Pharmacy activities from Greece, Turkey, Poland, Slovenia, Bosnia Herzegovina, Hungary, Croatia, Italy and Spain. In some countries the acceptance of Oncology Pharmacists into medical teams was greeted with great enthusiasm, and in others with a measure of scepticism and uncertainty. To their credit, the pharmacists finding themselves in the latter group

have continued to work very hard to advocate for the role of pharmacists in patient care. This was a personally humbling moment for myself as I've never faced such adversity within my professional career. Clearly the ESOP will function as a catalyst to improve things for oncology pharmacists (and the patients they care for) within these countries, but also in my opinion falls within the mandate of ISOPP. The biennial ISOPP symposium in Prague this May is an ideal forum for education and skills development, as well as a platform for dialogue among oncology pharmacists from all over the globe. If you are attending, I look forward to meeting as many of you as possible; if you are contemplating attending it's not too late! If circumstances prevent you from attending or you are not an ISOPP member, then I encourage you to join ISOPP's ranks, and avail yourself of the educational resources on the ISOPP website; including presentations from the meeting in Prague.

I wish to thank Klaus Meier for the invitation to participate in NZW, and to extend my congratulations to the German Oncological Pharmacy Society, and to ESOP on its 10th Anniversary.

John T. Wiernikowski, PharmD, FISOPP

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*Above: Warm on the inside : Franca Goffredo with Ioanna Saratsiotou (Greece). Ioanna hosted the most recent European 'Masterclass'*

*Below: Cold on the Outside: Franca Goffredo with Italian colleague Graziella Sassi leaving the Hamburg meeting venue*



## SABCS Meeting Report

The 32nd Annual San Antonio Breast Cancer Symposium (SABCS) took place from 9th-13th December 2009. The weather in Texas was a little cooler than we have been used to over recent years however this was quickly forgotten as the conference got into full swing. There were around 9000 delegates from over 70 countries attending this meeting which was

presented in collaboration with the American Association for Cancer Research (AACR) for the second year.

A basic science session took place on the first day of the conference covering topics such as RNA interference, breast cancer prevention and epigenetics. Basic science panel discussions also took place every lunchtime throughout

the conference. The plenary lectures gave updates in the areas of epidemiology, tumour immunotherapy and molecular pathways associated with breast cancer. In addition to the plenary, there were 51 oral presentations in the general sessions and over 1100 posters. Sunday morning saw a new session at the SABCS, entitled "The Year in Review". Four presenters covered key advances in basic research, translational research,



# SABCS Meeting Report Continued

clinical treatment of early breast cancer and treatment of metastatic breast cancer.

The first plenary session was given by Prof Valerie Beral from the University of Oxford, UK. Incidentally, Prof Beral was made a Dame in the Queen's New Years Honours List which became public a couple of weeks after the SABCS. The same group also contains Prof Sir Richard Peto. Their recognition signifies the magnificent work of this group in the area of cancer treatment and prevention. Prof Beral gave a fascinating description of the disparity between breast cancer risk in developed and developing countries. This set the standard for the rest of the conference and it would be absolutely impossible to describe all of the quality presentations I attended so I will just pick out a couple of the key abstracts (in my opinion!).

## **5-Year results of the TEAM trial showed no survival difference between treatment arms.**

This Tamoxifen Exemestane Adjuvant Multinational (TEAM) study is a prospective, randomised, phase 3 trial designed to measure the efficacy of exemestane as an initial adjuvant therapy compared with a sequential approach of tamoxifen followed by exemestane. A total of 9779 women were accrued and randomised to receive exemestane for 5 years or tamoxifen for 2.5 years followed by exemestane for a similar period. At a median follow up of 5.1 years, there were no significant differences between treatment arms in DFS (HR=0.97,  $p=0.604$ ), time to recurrence (HR=0.94,  $p=0.293$ ), or OS (HR=1.00,  $p=0.99$ ).

## **Effects of alcohol on breast cancer**

Results from the Life After Cancer Epidemiology (LACE) study were presented. LACE is a prospective cohort study of 1897 early-stage breast cancer survivors. The study was

designed to examine the association of overall alcohol consumption and type of alcohol consumed with breast cancer recurrence and mortality. Confounding factors were adjusted using a delayed-entry Cox proportional hazards model. Alcohol consumption of  $\geq 6\text{g/day}$  (approximately half a mixed drink) significantly increased recurrence (HR=1.34,  $p=0.05$ ) and breast cancer death rates (HR=1.51,  $p=0.05$ ) compared with  $<6\text{g/day}$ . The elevated risk of recurrence was stronger in postmenopausal women (HR=1.51,  $p=0.03$ ) and in overweight/obese women (HR=1.58,  $p=0.03$ ).

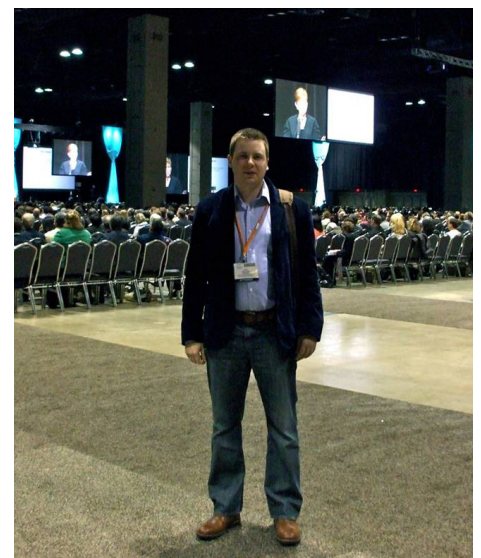
## **Bisphosphonates and Breast Cancer**

Data were presented to evaluate the association between oral bisphosphonate use and breast cancer incidence in the Women's Health Initiative cohort of 154,768 postmenopausal women. A conceptual problem in the analysis was that while women with low bone mineral density (BMD) have a lower risk of breast cancer, low BMD is an indication for bisphosphonate use. To correct for this, a very complex algorithm based on hip-fracture risk score was designed to adjust for potential BMD differences between women who used bisphosphonates and those who did not, while Cox proportional hazards models that accounted for factors known to affect breast cancer risk were used to compute hazard ratios for

breast cancer. The analysis showed a significant reduction in breast cancer incidence in bisphosphonate users vs. non-users (HR=0.68,  $p<0.01$ ). Interestingly, the incidence of DCIS (with an associated better prognosis) was increased in bisphosphonate users compared to non-users (HR=1.59,  $p=0.002$ ).

As I have mentioned this is a tiny fraction of what was on offer at this year's SABCS. There is something for everyone regardless of your interest in breast cancer. This conference never fails to provide inspiration for the new year and I hope to see you there in 2010.

Dan Mellor  
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**Press Release February 1, 2010**

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## **Medication Safety Leaders Begin Development of Oncology Medication Self Assessment**

### **HUNTINGDON VALLEY, Pa USA.-**

The Institute for Safe Medication Practices (ISMP), ISMP Canada, and the International Society of Oncology Pharmacy Practitioners (ISOPP) today announced that they will begin development of a new self-assessment tool to help hospitals and ambulatory cancer centers throughout the world evaluate oncology medication safety.

Chemotherapy agents used in cancer treatment are considered "high-alert" drugs, which are more likely to cause patient harm when involved in an error. The self-assessment will help healthcare organizations examine the use of these medications by evaluating practices and processes related to patient information, communication, environment, and other key elements of safe medication use.

As with ISMP's previous self-assessments, healthcare organizations will be asked to convene multidisciplinary teams to complete the survey and submit data confidentially through a secure web-based form. Respondents will then be able to compare their results with aggregate data from other demographically similar organizations.

An international group of safety experts will be organized to assist with the development, design, and launch of the assessment, which is scheduled for early 2011.

### **Oncology Medication Safety Self Assessment**

The oncology medication safety

self assessment is being supported through a grant from ISOPP to ISMP and ISMP Canada. The Clinical Excellence Commission, the Australian Commission on Safety and Quality in Health Care, and the Cancer Institute of New South Wales have also provided grant support and their expertise to this project. Private sector support was received from Baxter Corporation, ICU Medical, Inc., Pfizer Oncology, and Roche.

### **The Institute for Safe Medication Practices**

The Institute for Safe Medication Practices (ISMP) is a 501c(3) nonprofit organization that works closely with healthcare practitioners and institutions, regulatory agencies, consumers, and professional organizations to provide education about medication errors and their prevention. ISMP represents nearly 30 years of experience in helping healthcare practitioners keep patients safe, and continues to lead efforts to improve the medication use process. In 2004, the Institute celebrated the 10th anniversary of its official incorporation as a nonprofit organization. For more information on ISMP, or its medication safety alert newsletters for healthcare professionals and consumers, visit [www.ismp.org](http://www.ismp.org).

### **The Institute for Safe Medication Practices Canada**

The Institute for Safe Medication Practices Canada (ISMP Canada) is an independent national not-for-profit agency committed to the advancement

of medication safety in all health care settings. ISMP Canada works collaboratively with the healthcare community, regulatory agencies and policy makers, provincial, national, and international patient safety organizations, the pharmaceutical industry, and the public to promote safe medication practices. ISMP Canada's mandate includes receiving and analyzing medication incident and near-miss reports, identifying contributing factors and causes and making recommendations for prevention. For more information, visit [www.ismp-canada.org](http://www.ismp-canada.org).

### **International Society of Oncology Pharmacy Practitioners**

The International Society of Oncology Pharmacy Practitioners (ISOPP) was founded in 1988 and incorporated in 1996 as a not-for-profit society. ISOPP promotes and enhances oncology pharmacy practice worldwide in order to improve cancer patient care with over 40 countries represented in its membership. The Journal of Oncology Pharmacy Practice (JOPP) is the official publication of ISOPP. Research, standards, education and publication are key activities that support ISOPP's purpose. For more information on ISOPP, visit [www.isopp.org](http://www.isopp.org).

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**Have you paid your  
2010 membership fee?**

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## **Visiting Prague for ISOPP XII?**

**Don't forget to visit the ISOPP Conference Desk and meet some of the ISOPP Secretariat and Committee Chairs face to face.**

**They look forward to meeting you.**

**To submit to the ISOPP newsletter, contact editor Jill Davis via [jillian.davis@austin.org.au](mailto:jillian.davis@austin.org.au)**