

# News LETTER



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## Message from the President

Well, Spring (or Fall for those members South of the equator) is upon us. A time of transition and change, although as I watch snow fall in -7 degree weather here it's somewhat hard to believe. With our election currently under way (if you haven't voted yet, do it today!), we will see some changes at that Secretariat level. We will have a new Secretary, and at least one new General Secretariat member (since current General Member, Felicity Wright is up for re-election); and depending on the outcome of the vote, we may be moving our Constitution to a new home. I want to take this opportunity to thank Hannelore Kreckel (Secretary); Felicity Wright and Robert Terkola (General Secretariat Members) for their work and dedication to ISOPP these past two years. I will also take this opportunity to thank our Committee Chairs and the members of their Committees as they work through the Charges given to them after the ISOPP Meeting in Melbourne. These people give freely of their time and talents to ISOPP so as to promote and advance oncology pharmacy practice, and make a difference to cancer patients world wide. If you are willing to work on a Committee, then please do so! "Many hands make light work"

We are just about one year away from our next ISOPP Symposium in Montreal (ISOPP XIV, April 2-5, 2014) so mark your calendars and plan to attend, and hopefully spend some extra time in Canada on a holiday. The Education Committee at ISOPP and CAPhO are now seeking people to be part of the

Scientific Planning Committee, to work on the program for the Symposium. ISOPP Symposia have always had excellent programs for all levels of practitioner, and I know the program in Montreal will live up to this great tradition. The one tradition we have at ISOPP meetings is the announcement of the next symposium at our closing ceremony. No doubt, you have seen the call on our website, and via email for the RFP to plan and co-host the next ISOPP Symposium. By our usual 'rotation' the next Symposium should be held in Europe; but that is not an absolute requirement, and submissions from any and all host cities/countries will be adjudicated equally.

The next iteration of the ISOPP Standards is progressing and I anticipate that they will be completed soon. The Virtual Journal Club created by members of the Education Committee has been a popular new addition to our website. I hope you will take advantage of this feature to add to your learning portfolios. I will also take this opportunity to remind members about the Discussion Forum on our website. Please visit this forum to ask questions about a particular issue or case you are involved with; if you don't have a question...visit anyway! You might have an answer to a question that has been posted, and can help a colleague make a difference for a patient in another part of the world.

Another avenue that we have been exploring at the Secretariat level is to increase ISOPP's visibility with other



Cancer related organizations and Societies. To this end, I wrote to the President of the International Society of Nurses in Cancer Care (ISNCC) asking if there could be areas of mutual collaboration. They have written back and are keen to establish some dialogue on how our Societies might work together on some initiatives. We will be exploring this at the Secretariat level and I hope to have some more news on this for our June newsletter.

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We were also invited to be a co-sponsor with INCTR, WHO, UICC, and a number of National/Regional Cancer Associations in a publication entitled Cancer Control 2013 which is a spin-off of the UN Conference on Non-Communicable diseases held in the fall of 2011. I was pleasantly surprised to have been contacted, but realized this meant that other [major] cancer organizations knew about ISOPP, and together with the Secretariat we saw this as an opportunity to get our Society brand out there and before the eyes of all major cancer organizations, and Governments/Health Ministries.

Hopefully this will mark a turning point for ISOPP in terms its relationship with these other high level Cancer and Health promoting organizations.

As always, if you have questions/comments to/for me or the Secretariat; please contact me at john.wiernikowski@gmail.com or via Fax +1-905-521-5008 or Phone +1-905-521-5030 pager 1096

## Virtual Journal Club (VJC)

The seventh, eighth and ninth issues of the Virtual Journal Club (VJC) are available on the ISOPP website by clicking on the VJC logo or by visiting the Education Center.

The journal articles are:

"Targeted therapy for gastric cancer: current trends";

"Disintegration of chemotherapy tablets for oral administration in patients with swallowing difficulties" and "Ipilimumab for Advanced Melanoma: A Pharmacologic Perspective."

Use these articles and the questions available on each to add to your continuing education requirements.

Regards

Felice Musicco

Publications Chair 2012-2014

musicco@ifo.it

## New home for ISOPP Constitution

As mentioned in the December Newsletter, the Secretariat has completed background work on a potential new home for ISOPP's Constitution. The work was completed in December and voting on a new home has now been completed. Based on all of our findings, the Secretariat voted for Canada as the potential new home for our Constitution. The spreadsheet of key discriminating factors is available on the ISOPP website, so that you can see how the countries we investigated compare to each other, and to Germany, our current home.

We will be having the vote on the Constitutional move in conjunction with our regularly scheduled Secretariat Election in March. If you have renewed your membership for 2013, excellent; if you have not renewed, then please renew your membership ASAP in order to be eligible to vote on this key issue for our Society.

To renew your membership please use your personalize payment link previously emailed to you. If you did not receive this email, please contact info@isopp.org for assistance.

With my kindest regards

John T. Wiernikowski, BScPhm, PharmD, FISOPP  
President, ISOPP

## Save the date!

**Australasian ISOPP symposium will be held August 10-11, 2013 in Melbourne Australia.**

For those members unable to attend ISOPP 2012 in Melbourne here is your opportunity to visit Australia. For those who did attend ISOPP 2012, here is another great reason to visit Melbourne.

For more information email Shaun O'Connor:

Shaun.OCONNOR@svhm.org.au

## Request for Proposals for 2016 ISOPP Symposium

We are now just over one year away from the International Society of Oncology Pharmacy Practitioners (ISOPP) Symposium in Montreal, Canada in April of 2014. Our Biennial International Symposium is one of the premier educational events for Oncology Pharmacists. It is a time to learn, visit with colleagues from all over the world, and enjoy the culture of the host city/nation. One of the traditions at the close of each Symposium is the much anticipated announcement of the venue for the next Symposium. We have been fortunate to have Symposia all over the world. ISOPP has adopted a quasi rotation of North America, Europe, "Rest of the World" to make travel to Symposia as economical as possible for the majority of our membership.

We are now putting out the call for proposals to host the 2016 ISOPP symposium. The symposium in 2012 was held in Melbourne, Australia. The 2014 Symposium is to be held in Canada, so the rotation schedule calls for a host location in Europe. **However this does not exclude submissions for a location outside of Europe.** All submissions will be evaluated equally regardless of location, according to established criteria and budget requirements.

Provided below are the documents to help assist with preparing the RFP. Please address these criteria, and budget requirements in your proposal. The budget is an example and you are able to use or adapt the document to your own specifications.

The deadline for submissions is:

June 3, 2013.

Submissions are to be submitted to:

Rosalyn P. Sims, PharmD at:

rosp86@hotmail.com

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



Dan Mellor,

Peter MacCallum Cancer Centre,  
Melbourne, Australia

The 35th annual San Antonio Breast Cancer Symposium (SABCS) took place between 4th-8th December in its usual home of the Henry B. Gonzalez Convention Centre. The symposium is presented as a joint venture between the Cancer Therapy & Research Center (CTRC) at UT Health Science Center San Antonio and the American Association for Cancer Research (AACR). The symposium provides up to date information on the biology, etiology, prevention, diagnosis, and therapy of breast cancer. This year 7,500 people from 100 countries joined together to discuss developments in breast cancer research.

A significant number of the high profile clinical research abstracts presented this year were confirmatory studies which either supported or replicated the results seen in previous trials. The stand out presentation was the update that 10 years of tamoxifen is better than 5 years in terms of reducing breast cancer recurrence, deaths from breast cancer and all cause mortality. A few years back I saw Prof Sir Richard Peto give a plenary presentation at the SABCS suggesting that based on epidemiological data, 7 years of tamoxifen appeared to produce greater benefits than 5 years. The latest data not only confirms that, but also shows that extension to 10 years is even more beneficial. Results from the ATLAS study (n=6846) examined the results in

two groups of women:

1) those who had been using tamoxifen for 5 years and continued on for another 5 years and 2) Those who stopped after 5 years. Continuing tamoxifen reduced the risk for breast cancer recurrence, compared with stopping tamoxifen (617 vs 711;  $p=0.002$ ), reduced breast cancer mortality (331 vs 397 deaths;  $p=0.01$ ), and reduced overall mortality (639 vs 722 deaths;  $p=0.01$ ).

A number of other clinical studies reported at the 2012 SABCS are briefly summarised below.

## • Fulvestrant High Dose

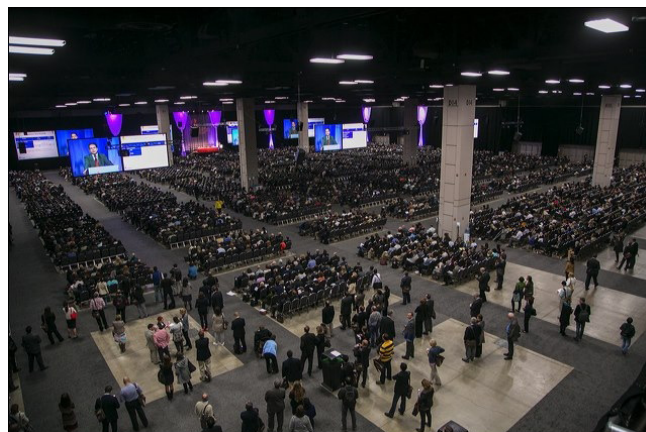
Increasing the dose of fulvestrant from 250 to 500 mg improved the median overall survival in women with locally advanced or metastatic estrogen receptor-positive breast cancer by more than 4 months.

## • Disappointing data for bevacizumab in breast cancer

Two studies presented at this year's meeting added doubt to the utility of Bevacizumab in breast cancer.

The European LEA trial found that bevacizumab added to endocrine therapy did not improve time to progression in postmenopausal women with HER2-negative, ER/PR positive advanced breast cancer compared with endocrine therapy alone. The addition of bevacizumab did not improve overall survival. The median time to progression for patients on letrozole or fulvestrant was 13.8 months compared with 18.4 months for patients getting the endocrine therapy plus bevacizumab ( $p=0.14$ ).

The randomised BEATRICE trial found that bevacizumab failed to



improve outcomes in combination with chemotherapy in early triple-negative breast cancer. Invasive disease-free survival and preliminary overall survival results were not improved with the addition of bevacizumab compared with adjuvant chemotherapy alone.

## • Eribulin may not be better than capecitabine?

A randomized trial in advanced breast cancer showed that eribulin was associated with median overall survival of 15.9 months compared with 14.5 months on capecitabine. The difference was not statistically significant ( $p=0.056$ ).

## • Statins may be beneficial in inflammatory breast cancer?

A retrospective study found a significantly improved progression-free survival for women with inflammatory breast cancer who had been taking statins, compared with those who had not. Patients who used hydrophilic statins had a median PFS of almost 5 years, compared with 2.47 years among patients who took lipophilic statins and 1.76 years for women who had no history of statin use.

The 36th SABCS will take place between 10-14th December 2013.



Dan Mellor

## Message from Rowena Schwartz, President Elect

On behalf of the ISOPP Nominating Committee; it is my pleasure to introduce the slate of candidates for this year's ISOPP Election. There are two candidates for Secretary and five candidates for the 2 open General Secretariat Members of the Secretariat.

Rowena Schwartz (USA, Committee Chair)

### One Secretary Position

(visit the [isopp.org](http://isopp.org) website to see the full biographies of the candidates)

#### Barry Goldspiel



My prior leadership experience with ISOPP (Secretariat Member & President), with other organizations (ASHP, HOPA), and as Editor of ISOPP's journal JOPP, makes me a good candidate for ISOPP Secretary. In addition to having knowledge of ISOPP goals, procedures, and processes, my leadership abilities will provide a balance between young and more seasoned leaders on the Secretariat and with the Committee Chairs to help guide ISOPP's course over the next few years.

#### Steve Stricker

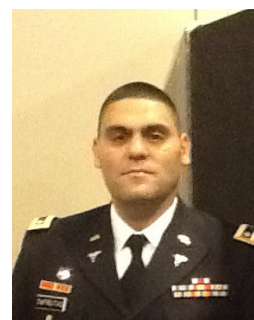


In my current position as an assistant professor of pharmacy practice at the Samford University McWhorter School of

Pharmacy in Birmingham, Alabama, USA, I have had the opportunity to work with partners in the United States and worldwide to advocate for the advancement of clinical pharmacy services, especially in oncology. This has included serving as a preceptor to pharmacy students and visiting scholars from throughout Asia in my practice site, providing consulting services to professional organizations, pharmacy schools and hospitals in Asia and Europe to improve education, drug delivery, protocol development and patient safety. Additionally, I have served ISOPP on the education and publication committees and as a speaker and poster judge at the 2012 Symposia in Melbourne, Australia.

**Two General Secretariat Positions** (visit the [isopp.org](http://isopp.org) website to see the full biographies of the candidates)

#### Erick DeFreitas



In my professional experience over the last eight years, I have worked in a variety of positions within the United States

Army as a Pharmacy Officer. I have been responsible for managing operations for a variety of sized organizations when stationed in locations ranging from the deserts of California, Northern Iraq and Walter Army Medical Center in my nation's Capital and currently in beautiful Honolulu, HI.

#### Cyrine Haidar



I am a pediatric oncology clinical pharmacist at St. Jude Children's Research Hospital

in Memphis, TN and I also serve as the clinical pharmacogenetics coordinator of the institution. I have worked to promote pharmacy education (which has mostly focused on oncology pharmacy) outside of the United States. I co-coordinate a monthly teleconference with oncology pharmacists from the Middle East, Africa and South America.

#### Nagwa Ibrahim

Currently I work at Prince Sultan Military Medical City, Riyadh, Saudi Arabia. I joined ISOPP in 2005 and actively participated until the present as a member of the research committee, education committee, standard





committee, and a chairperson of the finance committee for one period. I was assigned for reviewing and evaluating the research proposals submitted for grants and abstracts submitted for ISOPP conferences since 2006. I am very interested in research, have many publications either as full articles or abstracts that published in either international journals and / or symposiums.

## Shaun O'Connor



I have been practicing Oncology Pharmacy for 5 years at St Vincent's Hospital in Melbourne, where I was

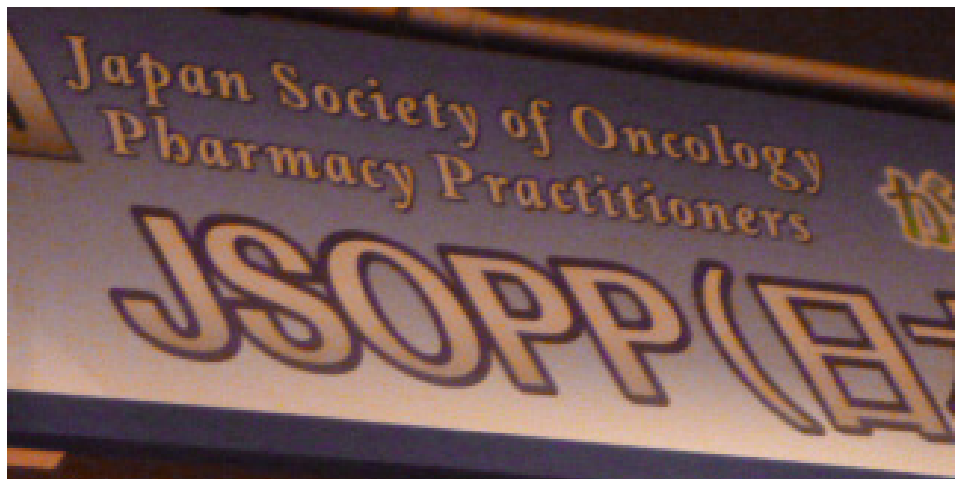
initially trained in 2005. I was initially exposed to ISOPP though both the 2009 Australasian Symposium and the last International Symposium in Prague, where I presented a poster. I have been part of the Organizing Committee for the Australasian Symposium held in Melbourne last year and I am also a part of the local Organizing Committee for the International Symposium in Melbourne.

## Felicity Wright



Felicity is a current ISOPP general secretariat member elected to serve in 2011. She is keen to be re-elected for a second

term from 2013-15. Felicity believes in ISOPP as a truly international organization that represents oncology pharmacists and the interests of promoting oncology pharmacy practice. Felicity is a paediatric pharmacist in the cord and marrow transplant unit within the Centre for Children's Cancer and Blood Disorders at Sydney Children's Hospital, Randwick Australia.



## JSOPP meeting

The Japanese Society of Oncology Pharmacy Practitioners (JSOPP) held a one day meeting in February 2013. About 200 pharmacists attended the meeting and enjoyed 10 presentations and a poster session. Johan Vandenbroucke, ISOPP Treasurer, was their invited guest. One of the posters was a recap of the ISOPP XIII symposium in Melbourne,



Australia and the accompanying photo shows registrants having fun at the Gala dinner.

In the last four years oncology pharmacy practice in Japan has moved rapidly forwards, with most cytotoxic drug preparation being done in the pharmacy rather than at the bedside by oncology nurses. In addition to the formation of JSOPP, the members have been prolific publishing in JOPP with more than six articles in three years.



# Annual Symposium of the Belgian Oncology Pharmacy Practitioners (BOPP): BOPP- days



For the 6th time, the Belgian Oncology Pharmacy Practitioners days were organized for all pharmacists, educators and researchers specializing in oncology pharmacy. The BOPP-days took place in the beautiful city of La Roche.

BOPP aims pharmacists to expand the frontiers of their practice and research in oncology. It provides leadership, education, advocacy and other resources that enable pharmacists to achieve excellence in clinical practice and research, advancing pharmacotherapy through support and promotion of research, training and educational programs. This is achieved through 4 working groups: Cytotoxics, Audit, Research and Education and Clinical Pharmacy. The latter workgroup has officially been launched during this meeting.

The days started with an introduction on novel approaches in childhood cancer (A. Uyttebroeck, UZ Leuven). Treatment strategies in AML and ALL were discussed (reimbursement of pegylated-asparaginase in Belgium since 1/2013), CML therapy, use of rituximab in NHL and the

multimodal strategies for treatment of neuroblastoma, e.g. targeted therapy, immunotherapy with anti-GD2 and interleukin as standard therapy in high-risk neuroblastoma. Survival of childhood cancer is described as a result of centralization of expertise into pediatric oncology units, multidisciplinary approach, inclusion into international clinical trials, personalized therapy, improvement of supportive care and awareness of late effects.

Dr. A. Spinewine (CH, Mont Godinne) gave an excellent overview of evidence based methods for the interpretation of clinical studies. A historic overview of anticancer agents was presented by dr. E. De Bruyn (KU Leuven).

Dr. M. Garmyn (UZ Leuven) described the risk factors, clinical presentation and treatment of malignant melanoma. Primary prevention (sun-protection) and secondary prevention (early detection) are essential. Standard of care remains good surgical management, while adjuvant therapy (interferon, vaccines,...) may improve relapse free survival. New therapies (BRAF and c-kit inhibitor, ipilimumab,...)

## Tiene Bauters, Nathalie Beck

(Ghent University Hospital, Ghent, Belgium)

hold promise, but important questions still need to be answered.

An interactive quiz was offered during the meeting. It was a highly interactive session presented by Pharm. T. Hendrickx (AZ St Lucas, Ghent) and Pharm. L. Decoutere (Jessa Hospital, Hasselt), Pharm. F. Duvivier (CHPLT, Verviers) and Pharm. X. Gérard (CHU, Liège). By means of case-reports, several items were elaborated as drug-drug interactions, adverse drug reactions, compounding problems, drug administration procedures, extravasation,... They strengthened the role of the pharmacist in patient counseling and pharmaceutical care.

The second day started with a lecture about Radiotherapy and Chemotherapy (Dr. S. Roels, AZ St Jan, Brugge). It included underlying mechanisms as DNA damage, biological mechanisms (= repair, redistribution, repopulation, reoxygenation), tissue damage, fractionation and radiation therapy) toxicity, spatial cooperation, and the combination with newer biologicals and radio-immunotherapy, both in curative and palliative care.

A workshop on the integration of PIC's in the Belgian legislation (hot topic in our country for the moment) was elaborated by Pharm. P. Gillet (CHU, Mont-Godinne) and Pharm. B. Vanhoutte (AZ St. Jan, Brugge).

All of us were very satisfied and it was a great opportunity to see each other.

Looking forward to the next BOPP days!!

