

News LETTER



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Message from the President

It's hard to believe that it's September already. Many of us are saying goodbye to a hopefully nice Summer and hello to Autumn, with others anticipating Spring. Speaking of Spring...we're just over 6 months away from ISOPP XIV in Montreal. You should all have received by now, the meeting announcement and link to the ISOPP XIV website: www.isoppxiv.org. Mark your calendars now, and plan to attend. The Scientific planning committee has (as always) put together a phenomenal program with our traditional streams of Clinical, Research and Technical/Fundamental that feature a range of topics for the Novice as well as Seasoned Practitioner. The call for Abstracts has gone out as well, and the call for this year's ISOPP Research Grant competition will follow shortly. Last year we initiated ISOPP Meet'N'Greet events at several Oncology Pharmacy Meetings/Symposia; the response to these was mixed, so we aim to continue with these until at least our next ISOPP Symposium in Montreal and re-assess them at that time. We hope to have such events at the upcoming BOPA meeting in Edinburgh in October, and the CAPhO (NOPS) Meeting in Vancouver in November; so watch for announcements via email, our Facebook page, and Twitter, as well as the ISOPP website. If your association is having a national/regional Oncology Pharmacy Conference between now and April 2014 and would be amenable to allowing ISOPP to host a Meet'N'Greet event at your conference, then please contact me asap ([john](mailto:john.wiernikowski@gmail.com).

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With respect to the move of our Constitution out of Germany, we are still waiting for instructions and a timeline from the German Courts. We had to re-register the Executive (involving witnessing of signatures by German Officials) and this has taken some time. Our legal firm in Canada is ready to complete the move once we get the process from the courts in Hamburg. As mentioned in an earlier newsletter, there will be some required minor adjustments to the wording in several clauses in the Constitution. These will be emailed to all members and posted on the website for the required 60 day period for comment/consultation. Look for these by the end of October or early November.

One of the real successes we've enjoyed (based on Member Feedback) since the Melbourne meeting is the Virtual Journal Club. I want to thank the members of the Education Committee that have worked hard to initiate and keep this going.

It's also time to begin thinking about how you as an ISOPP member can play a more significant/continuing role in ISOPP that will (speaking from experience) have a real positive impact on your own practice as a Pharmacist, and also make a positive impact on Oncology Pharmacy Practice and Patient outcomes all over the world. I am of course speaking about our upcoming Elections in 2014; at which time we will be voting for 2 General Secretariat Members, Treasurer and President-Elect. The call for

Nominations will be coming very soon, so please consider standing for election yourself; or speaking to/encouraging Colleagues to run for one of these positions.

As always, don't forget to log into our website regularly, www.isopp.org and participate in the Members Discussion Forum; where you can ask questions to dilemmas you're facing, or perhaps have the answer to another members query. While you're there, please visit our sponsors, by clicking on their Logo. As always, I and the Secretariat want to hear from you with respect to what you like about ISOPP, but also about what we could be doing that we aren't currently, or what we are doing that could be done better to meet your needs. Feel free to email me:

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FAX: +1-905-521-5008;

or write to me: McMaster Children's Hospital, 3F Clinic, 1200 Main Street West, Hamilton, ON, L8N 3Z5, CANADA



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MASCC 2013 Berlin Report

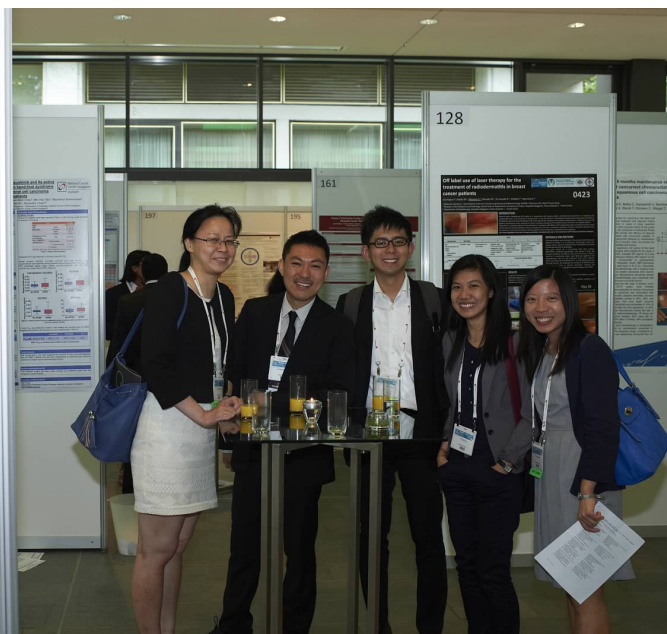
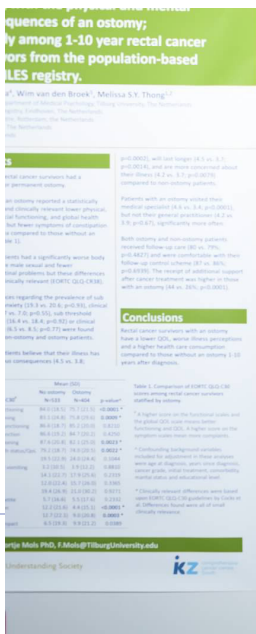
- International Symposium Supportive Care in Cancer

by Alex Chan

As a joint meeting of Multinational Association of Supportive Care in Cancer (MASCC) and the International Society of Oral Oncology (ISOO), this year's joint symposium took place in Berlin, Germany, from June 27th to 29th. The 3-day comprehensive programme included numerous supportive care topics that are highly relevant to oncology pharmacists who are active in patient care activities. My research group and a few of my pharmacist colleagues from Singapore attended this annual event in Berlin.

Delegates from over 50 countries were represented at the conference. The meeting began with a general assembly followed by an award ceremony for recipients of the MASCC travel scholarship, young investigator awards and distinguished service award. To highlight, two members in my research team, Yin Ting and Yi Ling, are recipients of the Young Investigator Awards at this year's MASCC meeting! This year's distinguished service award was given to Dr. Declan Walsh, whose research focuses in the clinical syndromes common in advanced cancer and the clinical pharmacology of symptom control. The meeting then officially began with a plenary session that addressed the supportive care highlights since 2012, addressing specific domains including antiemetics, fatigue/cachexia, febrile neutropenia and red cell support.

On the second day of the conference, a number of different parallel sessions focusing on numerous domains in cancer supportive care were presented in the morning, which included the mucositis update, supportive care for the elderly cancer patient and fatigue. There was one parallel session dedicated to a topic that is close to all our hearts – drug-drug interaction in oncology. Besides myself, the session was conducted by two pharmacist experts including



Jude Lees from Australia and Dr. Lipp Hans-Peter from Germany. Each of us has taken a different perspective on the issues related to drug-drug interactions in oncology. In the afternoon, the programme continued with parallel sessions focusing on pain management, toxicities associated oral tyrosine kinase inhibitors and cardiotoxicity.

On the very last day of the conference, there was a well-attended session on chemotherapy-induced peripheral neuropathy, psychosocial aspects of supportive care and antiemetics update. In the afternoon, the meeting offered numerous parallel and proffered

papers sessions in different areas of cancer supportive care.

Overall, I have enjoyed this MASCC meeting very much. In my opinion, the presentations and discussions at this meeting were highly relevant to oncology pharmacists, particularly to those who are actively involved with patient care activities. Many speakers are experts in the area of supportive care and they share lots of insights that are very valuable in clinical practice. The next MASCC/ISOO joint meeting will be held in Miami, USA, from June 26-28th 2014. Make sure you mark your calendar in order to attend this event!



The annual meeting of the American Society of Clinical Oncology (ASCO) took place from May 31- June 4, 2013 in Chicago, Illinois in the USA. This meeting, of over 25,000 attendees, provides a wide variety of educational opportunities. Many presentations highlight reviews of therapeutics and much of the product specific research is early reports of compounds that may or may not prove to be clinically useful in patient care. My focus for the meeting was on patient care topics and new information on the dosing, side effect management, or therapeutic use of pharmaceutical agents with the goal to take away information that can be integrated into current practice as well as to learn new trends and upcoming products for the coming year. Pearls of knowledge or new insights into patient care issues from this year's meeting for me were:

Magnesium and calcium before and after oxaliplatin-based therapies for the prevention of neuropathy (Abstract 3501) – patients receiving FOLFIRI 4 or 6 as adjuvant therapy for colorectal cancer were randomized to one of 3 arms (calcium/magnesium [1 gram of each IV] pre and post each chemotherapy cycle, placebo pre and post chemotherapy, or magnesium/calcium before and placebo after chemotherapy) for 12 cycles of chemotherapy. Multiple aspects of cold-related and other neuropathy symptoms were evaluated and in the first adequately powered trial to assess the effects of this commonly used intervention. There was no significant difference found between active and placebo arms. Thus the use of calcium and magnesium infusions to Prevent neuropathies is no longer warranted. It is unclear whether there is benefit in the care of a patient with established neuropathies.

Chemotherapy dose adjustments for renal dysfunction in the elderly. (Abstract 9515) In a subgroup analysis

(n=619) of a CALGB/CTSU study of adjuvant therapy for breast cancer in older women it was found that those > 65 years old who required dose adjustment for renal dysfunction had similar levels of toxicity and clinical outcomes when compared to women who did not require dose adjustments for renal dysfunction. These patients (61% were > 70 years old) were treated with doxorubicin/cyclophosphamide, cyclophosphamide/methotrexate/fluorouracil, or single agent capecitabine, and had a calculated creatinine clearance (calculated via Cockcroft-Gault) > 30 mL/min. Their doses were renally adjusted per standard references. This study is the first to validate the standard practice of dose decreases for elderly patients with diminished renal function. Furthermore it was felt that this practice of dose adjustment facilitates treatment of cancer in the elderly since age-related kidney function would not prevent the delivery of care. Additional analysis is needed to determine if other co-morbidities may alter outcomes or side effects.

Entecavir vs Lamivudine for the prevention of Hepatitis B reactivation in patients being treated with rituximab (Abstract 8503) Untreated hepatitis B positive patients given R-CHOP for diffuse large B-cell Lymphoma were randomized to lamivudine 100 mg PO daily (n=61) or entecavir 0.5 mg PO daily (n=60) from the start of therapy through 6 months after chemotherapy was completed. Entecavir patients had lower levels of hepatitis B reactivation, less hepatitis and hepatitis B-related hepatitis, and fewer interruptions of chemotherapy. Additional factors to be aware of is that some patients will reactivate later than 6 months and longer prophylaxis needs to be investigated. Also patients more advanced disease (stage IV) are more likely to reactivate the virus. Thus entecavir is preferred over lamivudine for the prevention of hepatitis B



Joseph (Joe) Bubalo, PharmD

reactivation in Lymphoma patients undergoing therapy and the optimal duration of therapy is yet to be defined.

Modafinil for fatigue (Abstract 9503) Patients with lung cancer, on stable therapy, and with fatigue of at least 5 out of 10 on screening were randomized to modafinil 100 mg/daily x 14 days then 200 mg/daily x 14 days or placebo. With 104 patients randomized per arm; 75 in the modafinil arm and 85 with placebo were available for analysis. Both arms had a clinically significant improvement in the FACIT fatigue score and there was not a statistical difference between arms.

Armodafinil for radiation-induced fatigue in patients with primary brain tumors (Abstract 9505) In a randomized phase II design 27 patients per arm were given armodafinil 150 mg daily or matching placebo for approximately 6 weeks of radiation therapy and for 4 weeks after therapy was completed. With an 80% retention rate no difference was found on any of the different fatigue measurements between armodafinil and placebo. On a subset analysis patients with more severe fatigue appeared to have more benefit with armodafinil.

In the discussion of these two abstracts the significant placebo effect and the impact of patient attitude on symptom

clusters and behaviorally affected symptoms was highlighted. Both of these are relevant negative studies and modafinil and armodafinil should no longer be used for the prevention/treatment of fatigue outside of a clinical trial. Future areas of study should focus on patients with higher levels of fatigue and the endpoints may need to be symptom clusters vs. measurement of just fatigue given the significant placebo effect in fatigue. Additionally there was a positive Ginseng pilot study (400 mg twice daily of an Italian product) for fatigue (Abstract 9462). This product should now go forward into a placebo controlled study and it would be helpful if they included exploratory fatigue measurements.

Gabapentin for delayed CINV (Abstract 9513) – This was a planned confirmatory study of prior Phase 2 data showing possible benefit for gabapentin in the delayed chemotherapy induced nausea and vomiting (CINV) setting. This negative study did not show a significant benefit of gabapentin over placebo for delayed CINV and other therapies should be used in this setting.

Fosaprepitant and vascular irritation with anthracyclines (Abstract 9629) – It was found that the infusion of fosaprepitant via a peripherally placed intravenous line prior to anthracycline administration resulted in patients having higher rates of dermal and irritating vascular events vs patients receiving it prior to cisplatin infusions. This resulted in increased rates of pain and induration, often with skin redness (odds ratio 7.07, $p < 0.01$), but no cases of extravasation were reported. The author suggested that when using fosaprepitant with anthracyclines they should not be infused through the same peripheral line. It is notable that they did not try diluting the fosaprepitant to less than 1 mg/mL to see if it was less irritating at that dilution.

Pharmacokinetic Information

Sunitinib in gastrointestinal stromal tumor (GIST) patients with partial GI resections (Abstract 10547).

Previously it has been shown that GIST patients with gastrectomies have decreased absorption of imatinib and nilotinib. In a study of sunitinib in GIST patients it was shown that gastrectomy alone did not significantly decrease sunitinib absorption but that gastrectomy plus small bowel resection does significantly impact sunitinib absorption. Thus in GIST patients with gastrectomy sunitinib may be the preferred tyrosine kinase inhibitor as initial therapy based on maintained normal drug absorption with it as opposed to alternative agents. Similar clinical responses in the first line setting could be inferred but are not yet proven.

Pomalidomide dosing in renal impairment (Abstract 8585)

When the pharmacokinetics in patients with a creatinine clearance > 30 mL/min was compared to those < 30 mL/min no significant difference was found in any pharmacokinetic parameter. Thus no dose adjustments are required for a creatinine clearance < 30 mL/min. It is notable however that no patients receiving dialysis were included in the study so the impact of dialysis on dosing is not known at this time.

Intravenous vs subcutaneous cladribine (Abstract 7013).

At equal doses the administration of cladribine for hairy cell leukemia via the subcutaneous (SQ) route is less toxic and just as effective as the same dose given via continuous intravenous infusion. Cladribine has been given SQ for many years in European countries and this represents an alternative for patients with poor IV access who are willing to get daily SQ injections. Intravenous is still considered standard in the United States but may not be in other countries.

Gender specific imatinib levels (Abstract 10538). Patients with a GIST in a 5 year adjuvant imatinib trial were studied for steady state imatinib trough levels. Imatinib was dosed 400 mg daily and levels were drawn 1, 4, 12, and 24 months after starting therapy. Not all ($n=177$) had troughs evaluable for each interval. Imatinib troughs were constant over time for individual patients with significant inter-patient variability. Trough levels did not vary by location of GIST but it was notable that females had approximately 33% higher trough levels on average than males. The significance of this finding on efficacy and toxicity is unknown at this time but should be evaluated further and also to see if this finding is present in other disease states.

There are additional abstracts and many of the accompanying posters available via the virtual meeting on the ASCO web site at <http://www.asco.org> Also there is a slide library available for the first time this year which has the complete slide deck of many presentations. Both of these access methods require a subscription. I hope you find this information useful for your practice.

Joseph (Joe) Bubalo, PharmD

Oregon Health & Science University, USA

Are you ready for the upcoming 'call for abstracts' for the Montreal ISOPP meeting? You've done the work, now get it published!

I am writing to inform you that between 1st and 31st October 2013, all SAGE content, including Journal of Oncology Pharmacy Practice, is FREE to view online.

To make the most of this amazing opportunity, visit <http://bit.ly/16EUKbQ> and register.

Best wishes,
Charlotte Jardine
Publishing Editor

8th Australasian ISOPP symposium - Melbourne

The 8th Australasian ISOPP symposium was held in Melbourne, Australia on August 10th and 11th 2013. Melbourne, the capital of the Australian state of Victoria, is a vibrant multicultural city of 4 million, and as many are aware, hosted ISOPP XIII last year.

Every two years since 1999 Australian ISOPP members have enthusiastically supported a symposium, and this year's meeting was as successful as all the others. It was a weekend meeting packed with lectures and workshops covering a wide range of different topics and was attended by almost 100 oncology pharmacists from around the country.

The meeting was officially opened by Dr Steve Stricker from the US, the current ISOPP Secretary. Steve welcomed everyone to the meeting, passed on a greeting from John Wiernikowski the ISOPP president, and provided a brief update on the work of the ISOPP Secretariat.

The first day of the meeting was composed mainly of lectures given by experienced oncologists and haematologists providing updates on a variety of clinical topics including melanoma, neuroendocrine tumours, and colorectal cancer. The colorectal update was delivered by Dr Maggie Moore from Melbourne's Alfred Hospital, and was an excellent overview of the current management of the disease. Her presentation was created especially for oncology pharmacists and focussed heavily on managing side effects of some of the newer targeted therapies including aflibercept, regorafenib and panitumumab.

After lunch the focus was on new drugs, and a number of agents were discussed by several Australian Oncology Pharmacists. Dr Christine Carrington from Brisbane shared her experience with regorafenib, a relatively new multi-targeted TKI used to treat refractory GIST and colorectal

cancer. Currently it is available in Australia only on a compassionate use basis. Management of side effects, and patient counselling were discussed in great detail. In the same session Jim Siderov from Melbourne discussed brentuximab in the management of Hodgkin's Disease.

The final session for the day was an interactive workshop on Oral Chemotherapy again presented by Dr Christine Carrington. Despite being late in the afternoon, Krissy's enthusiastic delivery resulted in some very active participation by the audience. Pharmacists from around Australia were keen to discuss issues that had arisen with oral agents in their own practice and share experiences with the group. It was a highly successful workshop.

Day two was composed mostly of concurrent workshops and the topics on offer included an update on APML, a Myeloma Update, Prostate Cancer, Clinical Trial Participation, Paediatric Stem Cell Transplant and a Management Session.

The management session included presentations by two Melbourne pharmacists, Shaun O'Connor and Michael Moloney. They outlined how the application of "Lean Thinking" within their pharmacy departments had changed how they operated. After a systematic review of practice, and the introduction of some sweeping changes, they demonstrated how a significant increase in efficiency had been achieved.

The final session for the day was entitled The Curly Question Corner. An expert panel consisting of Steve Stricker (ISOPP Secretary), Felicity

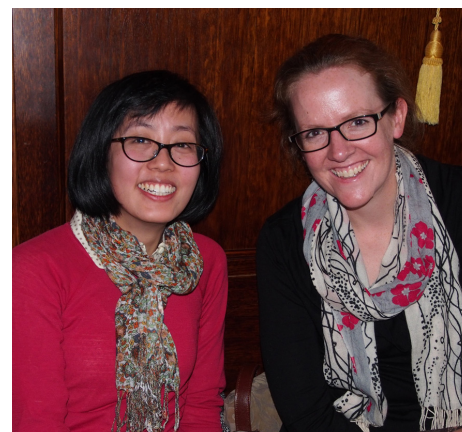


Wright (ISOPP Secretariat Member) and Jim Siderov (ISOPP Standards Committee Chair) faced a barrage of questions from the audience. Topics raised included the infusion of calcium and magnesium with oxaliplatin, the management of PPI interactions in patients on high dose methotrexate, the use of TKIs together with chemotherapy and the delayed administration of rituximab with CHOP chemotherapy. The meeting was closed by Steve Stricker with encouragement for everyone present to become an ISOPP member and attend ISOPP XIV in Montreal in 2014.

Hope to see you there!

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All presentations from the meeting can be viewed on the ISOPP Website.



The XIV International Symposium on Oncology Pharmacy Practice (ISOPP 2014) takes place April 2 - 5, 2014 at Fairmont The Queen Elizabeth in Montreal, Quebec, Canada.

Submit an Abstract and Register Online at www.isoppxiv.org

- Abstract submission is open until Monday, November 25, 2013
- Register by the Early Bird deadline of Monday, January 20, 2014 and save \$100 CDN

Why Attend?

- Meet more than 500 leaders and pioneers in Oncology Pharmacy from around the world
- Exchange ideas and experiences while learning from a comprehensive program
- Promote and advocate for your research and ideas
- Explore Montreal and its surrounding areas

The theme of ISOPP 2014 is: Building Partnerships in Care

Systemic treatment of cancer is undergoing dramatic change. This change is being driven by the genomic revolution. As oncology pharmacists we must play a key role in this revolution not only by acquiring knowledge and developing skills which will push the boundaries of our profession but by sharing these abilities with other healthcare professionals and our patients. ISOPP 2014 is the premier venue for sharing of experiences in this new age of anticancer therapy. Establish and build relationships with your oncology pharmacist colleagues from around the world and strengthen the partnerships in care you build in your local oncology practice environment.

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To sign up for the e-Newsletter, submit an abstract, register, review the draft program, book tours and accommodation and for more information, visit www.isoppxiv.org or contact the Society and Symposium Management Office as follows:

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Spread the word and ensure your network is aware of ISOPP 2014! See you in Montreal in April 2014!

Sincerely



Carlo De Angelis
Symposium Chair



Tara Leslie
Program Co-Chair



Alexandre Chan
Program Co-Chair



Report from the 13th Asian Conference on Clinical Pharmacy (ACCP) 2013

The 13th annual Asian Conference on Clinical Pharmacy was held in HaiPhong city in Vietnam September 13th-15th 2013. HaiPhong City is the third biggest city in Vietnam but despite its size and location close to UNESCO world heritage site of Halong Bay, HaiPhong is off the predictable tourist trail and the city and residents offer an experience of the real Vietnam. ACCP-13 was held in HaiPhong following a successful meeting in Hong Kong in 2012 and attracted close to 800 delegates primarily from the Asia Pacific region, with supporting pharmacists from the USA, Canada and Australia.

The pre conference oncology workshop was coordinated by ISOPP alumni Dr Steve Stricker, current ISOPP secretary, and Chair of the Education Committee, Professor Alexander Chan. Dr Stricker is Assistant Professor of Pharmacy Practice at McWhorter School of Pharmacy at Samford University in Alabama as well as having responsibility for workshop preparation and content. Dr Stricker presented an update on prostate cancer with particular reference to the role of new

agents in prostate cancer. Professor Alexander Chan from the department of pharmacy at the National University of Singapore, along with Dr Manit Saeteaw from Thailand, presented an update on Hodgkin's and Non-Hodgkin's lymphomas.

Dr Gary Yee from the College of Pharmacy University of Nebraska Medical Center gave a summary of targeted therapy that was informative and described in detail the mechanisms at a cellular level of targeted oncology agents. His analogy of formula one racing car drivers and cell proliferation is one that makes sense even to those who will do anything to avoid the molecular biology of modern oncology agents.

The oncology pre conference workshop was organized such that an overview of disease was presented by the first speaker and then followed by a second speaker presenting an update on therapeutics. For example, Dr Keary Zhou, from the 2012 Hong Kong organizing committee, presented an overview of breast cancer pathophysiology and this was followed by Suphat Subonghot from Thailand

giving an update on breast cancer. This format allowed all levels of practice to gain knowledge from the event and was well received by delegates.

The deputy health minister of Vietnam and the deputy mayor of Haiphong city along with the current ACCP president Yolanda Robles opened the conference proper with an overview of pharmacy practice in Asia and Vietnam. The opening ceremony was unlike anything I have witnessed in previous conference attendances and was certainly memorable. Akin to an Olympic opening ceremony there was a procession of national costume for all nations represented at the conference. This was followed by an interpretive dance of rice growing in the paddies of Vietnam. There was an analogy drawn of the nurture required to grow the pharmacy practice and the pharmacy profession in Asia and the growth of rice. Certainly a new construct in the discussion of pharmacy practice development.

The Keynote speakers in the opening session were Dr Barry Carter and Dr Michael Maddux. Dr Barry Carter Professor Department of Pharmacy

Report from the 13th Asian Conference on Clinical Pharmacy (ACCP) 2013 continued

Practice and Science University of Iowa presented his research regarding partnerships of care. Collaboration between Physicians and pharmacists and involving pharmacists in medical management of comorbid disease states improved efficacy of pharmaceutical management. Dr Carter described his personal experience of co management of hypertension between physician and pharmacist and the impact on sustained reductions in both diastolic and systolic blood pressure with regular pharmacist intervention. Michael Maddux the current executive director of the other ACCP, the American College of Clinical Pharmacy presented the who the what and the why of direct patient care and described the impact of the direct care model on pharmacy practice. Dr Maddux explained that in general, pharmacist functions occur in isolation, therefore do not constitute direct patient care. However, when practice becomes driven by credentialing of pharmacy activities and board certification the direct care model can be applied. The plenary sessions carried the patient centered care theme. Advancing patient centered pharmacy practice session saw Dr Baharudin Ibrahim from Malaysia

explain the role of the pharmacist in personalized medicine through the application of pharmacogenomics and pharmacometabonomics. Dr Ibrahim developed a mathematical model of metabolic processes that can predict response to asthma medications where poor responses can be predicted in patients with reduced eosinophils.

Other highlights included Dr Pham Thi Thuy Van's presentation on amikacin pharmacokinetic modeling in Vietnamese hospitals. Aminoglycoside monitoring is an important part of many hospital pharmacists practice and methods that are reliable, reproducible resource light are required in all countries. Dr Pham described her experience in setting up a therapeutic monitoring service and the pharmacy driven process in the development.

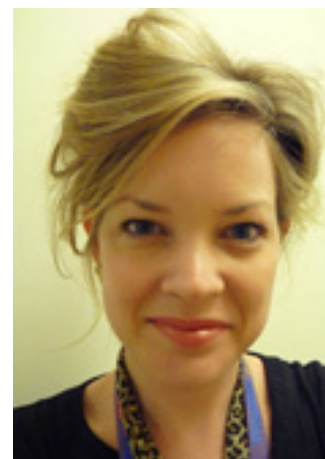
Dr Gary Yee returned to the plenary to give an overview of the pharmacist role in translational medicine. Dr Yee described the different kinds of translational medicine as well as some of the barriers to finding investigators particularly in the pharmacy field. Dr Bob Sindelar from Canada and Dr Dyah Aryani Perwitasari from Indonesia followed with a summary of the role of the pharmacist in the genomic era from both an epigenetic

and pharmacogenomics perspective.

In the closing ceremony, outgoing ACCP president Yolanda Robles spoke along with the local organizing committee declaring the conference and its goal of promoting pharmacy practice through patient centered care a success.

The 14th Annual Asian Conference on Clinical Pharmacy will be held in Malaysia.

Felicity Wright BPharm MPH BCOP
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The 12th issue of the Virtual Journal Club (VJC) is available on the ISOPP website by clicking on the VJC logo.

The journal article is "Evaluation of clinical pharmacists' follow-up service in an oncology pain clinic". Use this article and the questions available to add to your continuing education requirements.

Regards

Felice Musicco

Publications Chair 2012-2014

musicco@ifo.it

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

Have you some research planned? But need funding?

Apply for an ISOPP Research Grant – announcement to be made soon. Keep watching.



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