

# News LETTER



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## President's Message

Our upcoming election of new Officers really get the succession overlap in ISOPP started to ensure we have a mixture of experienced and newly elected members. Consider stepping forward when the nomination call happens. This election we will be looking for our President-Elect, Treasurer and two general Secretariat members to join Johan Vandembrouke, Judith Smith, Ruth Tramscheck and Harbans Dhillon. If you would like to discuss further please contact any member of the Secretariat.

Recently I have had the pleasure of attending the 6th Australasian ISOPP symposium in Melbourne, Australia. The networking and educational opportunities are a great strength in ISOPP. A number of Secretariat and Committee Chairs were in attendance so we were able to meet in person which was a bonus. I will also be attending the upcoming BOPA meeting in Brighton in October as well as the 10th anniversary of the Polish Oncology Pharmacists Group in Warsaw, Poland and my own

local meeting – the Canadian National Oncology (NOPS) meeting in Ottawa, Canada.

In each instance I feel very honoured to be the President of our Society and encourage each of you to consider where you could become involved.

ISOPP members have excellent ideas and work to share in our newsletter, on our website, creating a poster or in publishing in JOPP. I look forward to seeing many of you in my travels and at our Prague 2010 Symposium.



President Carole Chambers makes new friends on her recent visit to Australia.

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**XII. ISOPP**  
PRAGUE  
12<sup>th</sup> SYMPOSIUM OF THE INTERNATIONAL SOCIETY OF ONCOLOGY PHARMACY PRACTITIONERS  
MAY 5-8, 2010 | CLARION CONGRESS HOTEL PRAGUE | CZECH REPUBLIC  
[WWW.ISOPP2010.COM](http://WWW.ISOPP2010.COM)

## Editorial

This edition of the newsletter is full of reports from ISOPP members who have attended educational meetings in the last few months. Their attendance at these meetings has enabled them to meet new colleagues and renew past friendships, gain inspiration from the work of others and share their own work. All these are important processes in our working lives and all are available to you at the upcoming ISOPP XII symposium in Prague in May 2010.

This edition also advertises the many grants and awards that are available for ISOPP members – I recommend that you look at each one to see if it might be suitable for you or whether you would like to nominate a colleague. I am the proud possessor of an FISOPP and I know that many of you would fit the criteria – all you need to do is find the time to complete the submission and send it in. Go on, do it now.

Don't forget if you want to get in touch with me just email [jillian.davis@austin.org.au](mailto:jillian.davis@austin.org.au)



**Jill Davis**

## Noticeboard

**Do you have what it takes to gain the Fellowship of ISOPP (FISOPP)?** Why not complete the self-evaluation form on the website at [www.isopp.org](http://www.isopp.org) and if you fit the criteria send in your application as directed prior to 31 March 2010. Successful FISOPP candidates will be presented with their award at the Prague ISOPP XII symposium

### Travel Grants

Applications for travel grants to attend ISOPP XII in Prague are now open – visit [www.isopp.org](http://www.isopp.org)

**The Helen McKinnon Award submissions are now open.** This is ISOPP's most prestigious award and recognizes an ISOPP member who has made a significant contribution to ISOPP or who has made a sustained contribution to oncology pharmacy practice. Submissions are made directly to the ISOPP President. See the website [www.isopp.org](http://www.isopp.org) for details.

**Secretariat elections** are coming up soon. Please consider nominating for a position on the Secretariat and help ISOPP to move forward.



Barry Goldspiel receiving the HOPA Award of Excellence from HOPA President Cindy O'Bryant. (Report Page 6)



President Carole Chambers closing the Australasian ISOPP symposium 2009

**Abstract submission: below are the categories that you can choose to submit your abstract to.**

1. Student/Resident/Fellow
2. Translational/Basic Science (pharmacokinetics, pharmacodynamics, pharmacogenomics)
3. Clinical Science (includes oncology/pharmacy practice; MUEs; innovative patient care services/activities; unusual/unique clinical and/or management cases; projects to document pharmacy interventions.
4. Process Improvement/Pharmacoeconomics (includes drug prep & delivery)  
Projects to enhance patient care or improve effectiveness or efficiency of pharmacy services; cost-benefit analyses; cost-effectiveness analyses.
5. "Encore" You MUST chose this category if your abstract will be presented at another meeting that occurs before ISOPP XII.



# MASCC 2009 Rome Report - International Symposium Supportive Care in Cancer

Alex Chan

Department of Pharmacy, National University of Singapore

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 Rome from June 24th to 27th. The 4-day comprehensive programme included numerous supportive care topics that are highly relevant to oncology pharmacists who are active in patient care activities. This meeting also marks my very first attendance of a MASCC meeting.

Delegates from 53 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. The meeting then officially began with a plenary session which addressed the psychosocial and medical issues that are faced by long-term survivors of cancer, followed by various parallel sessions including pain management, methodological issues in supportive care and burden of illness research program. The day ended with a cocktail reception.

The second day of congress was kick-started by a special session on biosimilars, followed by parallel sessions on oral complications of

cancer chemo-radiation therapy and best of ASCO/ASTRO/ONS. After the parallel session, there was a symposium dedicated on various topics associated with "Supportive Care in Patients with Lung Cancer". In the afternoon, more symposium topics were presented including management of myelosuppression in cancer patients, hydration and nutritional support and a session on supportive care in elderly cancer patients. To highlight, one of our very own ISOPP members, Ms Jude Lees gave an exceptional presentation on oncology drug interactions.

On the very last day of the conference, there was a well attended session on the updates of antiemetic guidelines, conducted jointly by MASCC and ESMO, followed by the parallel sessions in the areas of gastrointestinal symptoms, bone management and cutaneous toxicities. Three ISOO sessions were also conducted throughout the day to address oral complications that are commonly seen in pediatric cancer patients.

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



Alex relaxing in Rome - taken at Trevi Fountain

those who are actively involved with patient care activities. Many speakers are experts in the area of supportive care (such as Dr. Hesketh) and they share lots of insights that are very valuable in clinical practice.

The next MASCC/ISOO jointed meeting will be held in Vancouver from June 24-26th 2010. Make sure your mark your calendar in order to attend this event!

## **ISOPP Achievement Award submissions are now open.**

If you think a fellow ISOPP member has shown a significant contribution to or has provided leadership to developing or supporting an innovative technical or clinical oncology pharmacy service, why not nominate them for an ISOPP Achievement Award? Direction on how to do this are available on the website at [www.isopp.org](http://www.isopp.org). Why not do this now? Submissions received before 31 March 2010 and deemed to fulfill the criteria will allow the recipient to be presented with the award at the Prague ISOPP XII symposium.



# American Society of Clinical Oncology (ASCO)

## 45th Annual Meeting 2009

## Personalizing Cancer Care

29th May – 2nd June  
Orlando, Florida

Vivianne Shih  
Singapore

This was my third ASCO Annual Meeting. Each time, the meeting never fails to leave an impression. However, this year was special to me as I was at ASCO held in Orlando, Florida to present on my research titled “Cardiotoxicity risks of adjuvant trastuzumab in Asian breast cancer patients”. I personally found the poster sessions to be an excellent platform for clinical practitioners from different countries to interact and share their expertise. I have indeed benefited and enjoyed these sessions. Below are some of the highlights that I would like to share from this year’s meeting.

One of the abstracts presented at this year’s plenary session was MRC OV05 / EORTC 55955 trial. This was a randomized trial that was designed to determine whether it was of any benefit to start early treatment based on elevation of CA125 levels versus delayed treatment until clinically indicated in ovarian cancer. A total of 1442 women in clinical complete remission after first line platinum based chemotherapy and normal CA125 were enrolled. Out of which 527 patients relapsed and were randomized into the immediate versus delayed treatment arms. At median follow up of 49 months from randomization and 351 deaths, there was no difference in the overall survival between the immediate and delayed treatment arms (HR 1.01, 95% CI 0.82 – 1.25,  $p=0.91$ ). In addition, the median time



Investigators (left - right): Dr. Wong Zee Wan (Senior Consultant at NCCS), Dr. Alex Chan and Ms. Vivianne Shih at ASCO poster session, presenting their work “Cardiotoxicity Risks of Adjuvant Trastuzumab in Asian Breast Cancer Patients”

to deterioration in quality of life (QOL) or death was 3.1mths (early) versus 5.8mths (delayed) (HR=0.71, 95% CI: 0.57 – 0.87;  $p=0.001$ ). No survival benefit was demonstrated from early treatment based on raised CA125 levels alone. Hence, routine measurement of CA125 in the follow-up of ovarian cancer patients was not recommended.

Another abstract presented at the plenary session mentioned a new class of drugs, poly (ADP-ribose) polymerase (PARP) inhibitors. It has shown promising results in breast and ovarian cancers. PARP belongs to a large family of multifunctional enzymes, the most abundant of which is PARP-1. Inhibition of PARPs would lead to the accumulation of DNA single strand breaks, which result in DNA double strand break at replication forks. In a phase II placebo controlled trial involving metastatic triple negative breast cancer patients, BSI-201, a PARP-1 inhibitor, was administered in combination with gemcitabine / carboplatin (G/C). The interim analysis showed that BSI-201 + G/C arm had a clinical benefit rate (CBR) of 52% versus 12% in

G/C arm alone ( $p=0.0012$ ). Similarly, the median progressive free survival (PFS) and median overall survival (OS) were statistically significant in the BSI-201 + G/C arm compared to G/C arm alone ( $p=0.0003$ ,  $p=0.0012$  respectively). There was no difference in the frequency and nature of adverse events reported between the two arms.

Olaparib, is an oral PARP inhibitor and the results of two phase II trials were reported in BRCA-deficient advanced breast cancer and in BRCA-deficient advanced ovarian cancer were presented at the Clinical Science Symposium. Olaparib has been shown to be active in both settings at a dose of 400mg twice daily. Overall response rate was 33% (ovarian) and 38% (breast). Adverse events reported were mainly mild (Grades 1-2) such as nausea, fatigue and anaemia.

Under metastatic lung cancer oral presentations, I would like to highlight 2 trials.

1. SATURN, a double blind, randomized Phase III study that aimed to evaluate erlotinib as maintenance therapy in advanced non small cell lung cancer

(NSCLC) patients after receiving 1st line platinum based chemotherapy. Response rate was 12% with erlotinib versus 5% with placebo. Disease control rate (CR+PR+SD >12 wks) was 40.8% with erlotinib versus 27.4% with placebo ( $p < 0.0001$ ). However, overall survival data are not matured yet. Erlotinib significantly improves disease control, delayed progression of disease and was well tolerated with mostly grade 1/2 adverse effects.

2. ZODIAC is a randomized, double blind phase III trial that aimed to determine whether addition of vandetanib to docetaxel versus docetaxel alone in advanced NSCLC patients as 2nd line treatment is of benefit. Vandetanib is a novel, orally available inhibitor of VEGF receptor 2, EGFR & RET signalling. Addition of vandetanib showed statistically significant improvement in PFS vs docetaxel alone (HR 0.79, 97.58% CI 0.70-0.90,  $p < 0.001$ ), ORR (17% vs 10%,  $p < 0.001$ ) and time to deterioration of symptoms (HR 0.78,  $p = 0.002$ ) using the FACT-L Lung Cancer Subscale. However, overall survival was not statistically significant (HR 0.91, 97.52% CI 0.78-1.07,  $p = 0.196$ ) though it showed a positive trend for vandetanib and docetaxal combination therapy. Nevertheless, vandetanib is the first oral targeted therapy to have shown clinical benefit in combination with chemotherapy in NSCLC

One of the abstracts that caught my attention at the gastrointestinal (non colorectal) cancer oral presentation was on trastuzumab being used in 1st line HER2-positive advanced gastric cancer in addition to standard chemotherapy (ToGA). This was a randomized,



Having a good time in Orlando!

prospective, multicenter, phase III trial that investigated the efficacy and safety in HER2-positive gastric cancer patients. Primary end point was overall survival. Median OS was significantly improved with trastuzumab and chemotherapy combination arm compared to chemotherapy alone: 13.5 vs 11.1 mths respectively ( $p = 0.0048$ , HR 0.74; 95% CI 0.60, 0.91). ORR was 47.3% in combination arm vs 34.5% with chemotherapy alone ( $p = 0.0017$ ). Similar safety profiles were reported. This could well be an alternative treatment option for the advanced gastric cancer patients. The median follow up for this study was 17.1 mths and longer follow up may be required before this becomes standard practice.

I would like to thank ISOPP for giving me the opportunity to share my thoughts and I definitely look forward to the next ASCO meeting...a meeting of 'minds' that is not to be missed.

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

## ISOPP XII 2010 Symposium

Wednesday-Saturday, May 5-8th  
Clarion Congress Hotel Prague  
Prague, Czech Republic

### CALL FOR ABSTRACTS

#### ABSTRACT DEADLINES

Monday, December 14, 2009 (11:59 USA, PST): Abstracts must describe completed research (ie, abstracts that contain objective, methods, results and conclusions). All accepted December abstracts will be published in an issue of the Journal of Oncology Pharmacy Practice. Accepted abstracts will be notified by January 4th, 2010.

#### ONLINE SUBMISSION PROCESS

Abstracts may be submitted starting September 1st, 2009. Anyone may submit an abstract for the 2010 meeting. If you are not a member of ISOPP, you will have to register on the website to have access to the abstract submission form. (The register button is on the top right hand corner of the website). If you are a member of ISOPP, log in on line and then go through the submission process. Questions or problems can be directed to ISOPP Research Committee Chair, Kellie Jones at 001-317-278-5331 or at email: [kjones14@clarion.org](mailto:kjones14@clarion.org)  
Thank You!

Kellie Jones, Pharm.D., BCOP  
Chair, ISOPP Research Committee



# HOPA 2009

## Barry Goldspiel

USA

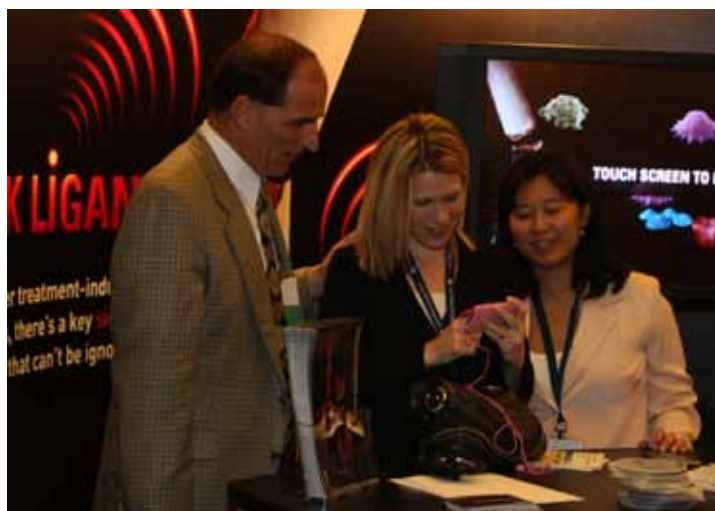
The fifth annual Hematology/Oncology Pharmacy Association (HOPA) conference was held in Miami, Florida USA from June 17 to 20, 2009. Attendance topped 725 including 551 meeting attendees (with 55 from outside the US) and 177 industry representatives staffing 35 exhibits. The program required over 70 speakers, had 20 workshops and 8 industry-sponsored symposia. More than 90 posters were presented by trainees (residents, fellows) and practicing pharmacists.

The John G. Kuhn Keynote address was given by Ernest Anderson, R.Ph. Mr. Anderson was a former president of The Association of Community Cancer Centers and the only pharmacist to hold this position. He gave a very passionate talk about leadership.

Several HOPA members received awards at the opening session. These included: the Technician Award for Jeanne Anderson; the New Practitioner Award for Julianna Burzynski; the Literature Award to Stacey Shord and Sandra Cuellar; and the Award of Excellence to Barry Goldspiel. The Board Certified Oncology Pharmacist (BCOP) sessions were a highlight of this year's meeting. These sessions included topics such as: Acute lymphoblastic leukemia: an update; Current statistical considerations in oncology practice; Update on Sarcomas: Soft Tissue, Osteosarcoma, Ewing's Sarcoma, and GIST; Pharmacogenomics: Application in Cancer Patients; To 'Nib' or to Cut? Hepatocellular Carcinoma Update; and, Central Nervous System Malignancies. These sessions provide six hours towards recertification credit with a passing score on the post-test. New to the sessions this year is that HOPA will be processing the continuing education credits.

Another meeting highlight was the Best Practices in Investigational Pharmacy symposia. This session will be released as a monograph and should provide the oncology pharmacy practice community with a set of guidelines to follow to establish a high-quality investigational drug service. The debate topics this year centered around pharmacogenetic testing with one debate about CYP2D6 testing in patients receiving tamoxifen and VKORC1 testing in patients receiving warfarin. The 'significant papers' session covered recent important articles for oncology supportive care, thyroid cancer, pediatric phase I studies, and hematologic malignancies.

There were two controversy case presentation sessions. The first covered controversies in solid tumor



management and included discussions on using bevacizumab in breast cancer, combination chemotherapy for pancreatic cancer, and androgen deprivation therapy in high-risk prostate cancer. The second session covered hematologic malignancies and discussed bone marrow transplantation and second-line therapies for chronic myeloid leukemia, treatment of elderly patients with multiple myeloma, and treatment options for adults with acute myeloid leukemia.

Ten separate workshop sessions were twice offered during the meeting. These were highly interactive sessions and several were geared towards new practitioners (e.g. From Inspiration to Publication) or technicians (e.g. Handling Hazardous Drugs) as well as clinicians (e.g. Issues in Dosing Chemotherapy (Pediatrics, Carboplatin, Obesity, Cachexia).

This year's meeting also marked HOPA's first annual charity event, the "Run From the Sun," a 5k Run/Walk for a local Miami patient advocacy group. This was planned as a community outreach effort and was quite successful in that it raised \$5,000 for the Richard David Kann Melanoma Foundation of West Palm Beach, Florida. Similar outreach events are planned for future HOPA meetings.

The next HOPA conference will be held Wednesday to Saturday, March 24-27, 2010 at the New Orleans Marriott in New Orleans, Louisiana. The meeting was moved up to be earlier in the year based on member feedback. Please visit the HOPA website ([www.hoparx.org](http://www.hoparx.org)) for further information about HOPA 2010.

*[Ed: Congratulations to ex-ISOPP President Barry Goldspiel on receiving the HOPA Award of Excellence - an excellent choice of recipient]*

## Australasian ISOPP

Diana Booth,

Royal Melbourne Hospital, Melbourne Australia

The 6th ISOPP Australasian Symposium was held in Melbourne, Australia from August 28th to 30th. This was the third such meeting I have attended, so I can now claim to have been at half of them. It was a truly Australasian meeting with speakers from 6 countries and delegates from many more countries in the region. The program provided much of interest to all cancer pharmacists but sessions were also provided for those with particular areas of interest in BMT, palliative care and paediatrics. What stood out for me, were the presentations based on research work which pharmacists have been involved with. The mission of ISOPP is to promote and enhance oncology pharmacy practice worldwide in order to improve cancer patient care. So it was good to see the range of pharmacist contributions at this meeting.

Ruth Tramschek of Christchurch Hospital, New Zealand presented work undertaken by the Haematology

department and Pharmacy in her institution to investigate a potential role for ethanol locks in the reduction of catheter associated bloodstream infection (CABI). This was a prospective double blind study of daily ethanol 70% 3ml locks with a 2 hour dwell time versus standard central venous line care with heparinised saline. In all, 64 patients with a tunnelled central venous line were recruited for 30 days of ethanol locks or heparin during inpatient stay for chemotherapy and subsequent neutropenic episodes. On the ethanol arm 11/34 (32%) of patients remained afebrile compared to 5/30 (16.7%) in the heparin arm. The work has been published in JAC (2008) 62;809-915 and I would encourage anyone interested in reducing CABI in their institution to take a look.

Suphat Subongkot of Khon Kaen University, Thailand gave us a *tour de force* on melatonin and it's potential role in cancer treatment. Melatonin has anti-proliferative effects via reduced



Organising Committee (L-R): Robbie McLauchlan, Michael Moloney, Diana Booth, Justine Hong, Terry Maunsell, Jill Davis, Maria Larizza and Peter Gilbar

# Australasian ISOPP

continued

linoleic acid uptake after binding to its receptors ML1 and ML2. It also impairs calcium signalling via binding to and degradation of calmodulin and activates transcription of anti-proliferative genes via the nuclear receptor RZR. However, does the addition of melatonin to chemotherapy benefit patients? Encouraged by small studies showing improved survival with reduced toxicity, Dr. Subongkot's research group commenced a randomised double blind placebo controlled study in 120 patients with advanced cancer. Preliminary results indicate patients on melatonin had reduced oxidative stress, reduced toxicity and improved quality of life though further work is required in a study powered to demonstrate statistical significance and effect on survival.

Carmela Corallo of the Alfred Hospital in Melbourne, Australia is not a cancer pharmacist. In fact, she is a very experienced ICU pharmacist and the work she presented to us arose out of her close collaboration with an ISOPP colleague, John Coutsouvelis. Together, they realised that an information gap exists with respect to specific therapies when cancer patients are transferred to critical care facilities. In 2008 they found an average of 4.8 interventions per cancer patient transferred compared to an average of 2.5 for all other critical care admissions. After implementation of an improved handover process the intervention rate in cancer patients decreased to 1.18/patient. This very interesting piece of work has been published in *Supportive Care in Cancer* on line 07/08/09.

James Jorgenson of Clarian Health Systems in Indianapolis USA [Ed. and current Chair of the ISOPP Standards Committee], gave an excellent lunch symposium on the work he has done to minimise occupational exposure to cytotoxics. The need for closed system transfer devices to minimise exposure





continued

has been particularly topical in the Australasian region following local research into contamination levels in our workplaces. So it was with great interest and some trepidation that we viewed his slides demonstrating which systems he found to be airtight and leak proof as recommended in ISOPP practice standards. In light of that it was most timely to have a presentation from Michael Moloney and Jackie Abercrombie of the Peter MacCallum Cancer Centre in Melbourne, Australia on their practical experience in the implementation of a cytotoxics compounding robot, one of 25 worldwide and the first in the southern hemisphere.

There were also a number of poster presentations demonstrating the excellent work being done. The winner of the poster prize for this meeting was Geeta Sandhu of Princess Alexandra Hospital, Brisbane, Australia for her work on the pharmacist's role in identifying complementary drug-anticancer therapy interactions in ambulatory care. Her work reminds us of the value of performing medication reconciliation with ambulatory patients on chemotherapy, including the use of CAMs given that 57% of her patients were using CAMs and there was potential for interaction with their anticancer therapy in 92% of instances.

Are you feeling inspired to look into an area that interests you and present your work at ISOPP XII? I hope so, but we should be aware that a weakness in our work is that it is frequently based on experience in a single institution. Can we rise to the challenge of using our ISOPP contacts to improve both the numbers and validity of work by forming multicentre collaborations? I'm looking forward to finding out in Prague.

[Ed: The presentations from this meeting are available on the ISOPP website in the Education Center]

