

# News LETTER



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## Message from the President

### Sunny Days Ahead and Reflections on 2004

Dear ISOPP Member

As I write this on a cold winter's day, my thoughts not surprisingly turn to the sunshine and warmth of Malaysia, the country chosen to host ISOPP X, our 10<sup>th</sup> Anniversary Symposium. The decision has been taken to hold ISOPP X in the nation's capital, Kuala Lumpur (or KL for short) during April of 2006. The exact date will be announced soon. The Symposium and Scientific Committee Chairs will be Saad Othman (ISOPP President Elect) and Helen Leather (Chair ISOPP Education Committee), respectively. Saad, Helen and their team will have a challenging task over the coming months, and I call upon each and every ISOPP member to give them your full support. In particular, I would ask you to respond to any request for your views relating to the Symposium that may be posted from time to time on the ISOPP web-site.

As President of ISOPP, I fully support the choice of KL for what will be the first ISOPP Symposium to be held in the Asia Region.

I was fortunate enough to visit KL earlier this year and, as this was my first visit to Malaysia, I was uncertain of what to expect. I must admit that what I found surprised even a seasoned traveller such as myself! KL is a stunning, clean, modern and vibrant city, which deserves a visit in its own right. More importantly, I found the Malaysian people so friendly and polite. I was able to meet many pharmacists, clinicians, officials from the Malaysian Ministry of Health and others during my visit. I am pleased to report

that standards of practice are high and the enthusiasm of our knowledgeable Malaysian colleagues for their profession is excellent.

Several members have asked me: Is Malaysia safe? How much will it cost someone in Europe to attend? To deal with the first point, I can honestly say that I felt far safer in KL than in London, Paris, Washington and many of the other cities I travel to regularly around the globe. On the cost issue, clearly, the cost of travel depends on where you come from, but my expectation is that the higher cost of travel for delegates from Europe or Scandinavia, for example, will be off-set by the lower cost of registration and hotel fees. The conference facilities in KL are excellent, by the way.

So, look out for the announcement of dates, keep some space in your diary and start working on your boss and potential sponsors to enable you to attend what I believe will be a fantastic Anniversary Symposium for ISOPP.

Some up-dates on other ISOPP development:

The new ISOPP web-site is now up and running. Our hard working web-master, Jeff Barnett himself a long-time ISOPP member, has migrated the site onto the Tikki system, which will enable us to develop many new features for members and enable greater interaction and dialogue between us – surely a key objective for an international society. Please visit the new site and let us have your views.



“Salary-banding” is an idea I put forward at the General Meeting of ISOPP IX earlier this year as a mechanism to link the ISOPP membership fee to the ability of members to pay (eg their salary). As a global organisation, we must recognise that the salaries of pharmacists and technicians vary dramatically from country to country. Even within a country there are variations. For example, pharmacists working part time while bringing up a family, or pharmacists undertaking postgraduate research on a limited grant. We want everyone who is interested in oncology

**STOP PRESS**  
**ISOPP X to be held**  
**in Kuala Lumpur**  
**Malaysia in April**  
**2006**

## Contents

Message from the President

Stop Press

Editorial

NIOSH Workshop Oct 2004 USA

The 5th Pharmaceutical Oncology Diploma Course Spain

Oncology Pharmacists Spread the Word in Canada

Report on the GERPAC Meeting

www.isopp takes on a new look

Update from the 16th MASCC Symposium

FISOPP

COSA The 31st Annual Scientific Meeting Australia

## Message from President continued from Page 1

pharmacy to be able to join us, so what I propose is a scale of membership fees linked to salary bands. Members will fit their salary to one of these bands, and pay the corresponding membership fee. As I said at ISOPP IX, this is a very new idea and it will take some effort and time to implement. It must also be seen as fair and reasonable by the membership. However, progress is being made. Possible schemes for fixing salary bands on "economic zones", as used by the FIP, have been considered and rejected because they would not offer wide enough benefit. The process now, will be to seek approval from the membership to alter ISOPP Rules to allow us to change the membership fees outside of a Symposium General meeting (otherwise we would have to wait until 2006 to implement the scheme). At the same time, information will be gathered from members on their salaries so that we can model the impact of salary banding on ISOPP finances and set the salary bands. These issues are addressed via the questionnaire which you should have received by now. It is vital that all members complete this questionnaire, which will be strictly anonymous and confidential to ISOPP.

I am committed to the introduction of this scheme because I want to increase

our membership and make ISOPP an inclusive Society. However, this must be implemented carefully. A rushed scheme could leave ISOPP without financial viability and unable to offer any benefits to its members or underwrite ISOPP Symposia. This scenario would benefit no one and I will avoid it at all costs. You will have the chance to vote on whether to accept a detailed proposal for salary banding in the next few months.

2004 has been a good year for ISOPP. We have enjoyed an excellent symposium in Torino, we have an excellent new website, several ISOPP awards and research grants were allocated, we have benefited from some quality articles in Journal of Oncology Pharmacy Practice (many were written by ISOPP members) and have been kept well informed through regular newsletters. This has been achieved through the hard work of many individuals who give up their time for ISOPP on a regular basis. On behalf of the membership, I thank them all. Finally, I would like to offer all ISOPP members my Seasons Greetings, and to wish you all a happy and peaceful New Year.



Graham Sewell (ISOPP President)

## NIOSH Workshop

The USA National Institute for Occupational Safety and Health (NIOSH) hosted a workshop focusing on the newly released NIOSH Alert, *Preventing Occupational Exposures to Antineoplastic and Other Hazardous Drugs in Health Care Settings* (DHHS Publication Number 2004-165) on October 3 - 5, in San Antonio, Texas. The purpose of the Alert is to increase awareness among health care workers and their employers about the health risks posed by working with hazardous drugs and to provide them with measures to protect their health. The theme of the workshop was "converting theory to practice" and was attended by

approximately 200 pharmacy, nursing and health and safety professionals. NIOSH personnel and other experts in the various topics discussed some of the major areas of the Alert and their implications. The Alert covers all aspects of hazardous drug handling from shipping and receiving through preparation and treatment of patients and cleaning and waste disposal. It also summarizes the evidence for exposure and for health effects in workers who handle hazardous drugs. The Alert lists approximately 130 therapeutic agents that NIOSH considers to pose a health hazard to health care workers. Approximately 90 of these are used in the treatment of cancer and include both cytotoxic and non-cytotoxic drugs, such

## Editorial

As I started to prepare the Newsletter, the final one for 2005, I was very worried that I would not have any news to include. I sent out an urgent request via the website for contributions and I want to say a special thank-you to everyone who responded. The website is a great way to communicate with ISOPP members. In fact I am now in the envious position of having too much information and some of it will be found in future editions of the Newsletter. If you want further information on any of the meetings reported here, please contact the author. I also wish to thank David Frame, the first Guest Editor of the Newsletter. I think he has set a high standard to follow. I don't have room to say anything else apart from have a very Safe and Happy New Year.

Cheers Jill

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as hormonal agents, monoclonal antibodies and others. NIOSH will be reviewing this list of hazardous drugs on a regular basis and will post the revised list at [www.cdc.gov/niosh/docs/2004-165/](http://www.cdc.gov/niosh/docs/2004-165/). Two ISOPP members presented talks at the workshop. Dr. Paul Sessink from Exposure Control, the Netherlands discussed studies on environmental contamination and worker exposure. Dr. Thomas Connor, NIOSH presented an overview of the Alert and discussed personal protective equipment issues related to handling hazardous drugs. NIOSH is planning on presenting several mini-workshops on the Alert in the U.S.A. during the coming year.

Tom Connor, Co-Chair ISOPP Standards Committee.

# The 5<sup>th</sup> Pharmaceutical Oncology Diploma Course in Valencia (Spain)

Oncology is one of the areas where pharmacists have to participate actively in multidisciplinary teams in order to provide integral optimal drug therapy to cancer patients. The Pharmaceutical Oncology Diploma (“Diploma de Oncología Farmacéutica”) (D.O.F.) is a post-graduate course (equivalent to 12.47 European credits) at the University of Valencia in collaboration with Hospital Universitari Dr.Peset, Valencia (Spain) ([www.adeit.uv.es/dof](http://www.adeit.uv.es/dof)); this year is the 5<sup>th</sup> course. More than 120 pharmacists have already received this Diploma, during four years of existence, with students from such different countries as Portugal, Mexico, Chile, Brazil, Bolivia and Spain. The teaching group comprises 29 professionals from different oncology related areas and settings to provide a multidisciplinary approach: haematologists, oncologists, hospital pharmacists, university professors and researchers, and colleagues from pharmaceutical industries. All of them with the same aim: to improve the safety, effectiveness and efficacy of antineoplastic drug use in cancer patients.

The course consists of online subjects grouped by modules, with auto-evaluations. There are two days of personal attendance with the Faculty of Pharmacy of Valencia, at the beginning to allow students and teachers to meet, and at the end to take the final exam. The opening session of the 5<sup>th</sup> course was November 10<sup>th</sup> 2004 and ISOPP President, Professor Graham Sewell delivered a presentation about the role of the pharmacist in oncology.

With the aim of providing optimal drug therapy to cancer patients the Oncology Diploma programme includes seven modules:



- Cancer types: breast, colorectal, lung, lymphoma and leukaemia;
- Cancer chemotherapy regimens: design of chemotherapy regimens, variability on cancer protocols, dose intensity, clinical pharmacokinetics and pharmacogenetics;
- Rational use of Antineoplastics: regimen compliance, adverse effects and their management, drug interactions, and pharmacoeconomics
- Clinical trials in oncology: design of phase I, II, III, IV trials, drug surveillance, PK-PD analysis in clinical trials, meta-analysis, critical review of clinical trials and role of the Pharmacy Department;
- Supportive pharmacotherapy: pain management, emesis, infection, nutrition and premedication regimens.
- Computerized drug use process, educational software for patients, continuing training and education programmes and electronic documentation;
- Palliative care in oncology patients: principles of palliative medicine, patient evaluation and control, ethics and related issues.

This article is written to present the Pharmaceutical Oncology Diploma to pharmacists and physician practitioners. We would welcome any suggestions for improvement from our colleagues all over the world.

N. Víctor Jiménez Torres PhD (Director); Asunción Albert Marí PhD and Virginia Merino Sanjuán PhD (Coordinators)

*Edited by Jude Lees*

**DIPLOMA DE ONCOLOGÍA FARMACÉUTICA D.O.F.**

**5ª EDICIÓN @DISTANCIA**

**SESIÓN PRESENCIAL 10 de Noviembre 2004**  
**Salón de Grados. FACULTAD DE FARMACIA**  
Vte Andrés Estellés sn, Burjassot

**PARTICIPANTES**

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**PROGRAMA**

|             |                                               |
|-------------|-----------------------------------------------|
| 9:00-9:30   | Entrega documentación                         |
| 9:30-9:45   | Presentación aula-virtual                     |
| 9:45-10:00  | Presentación del diploma                      |
| 10:00-10:30 | Role of the pharmacist in Oncology            |
| 10:30-11:30 | Localización del Cáncer                       |
| 11:30-12:00 | Descanso                                      |
| 12:00-13:00 | Quimioterapia antineoplásica                  |
| 13:00-14:15 | Uso racional de antineoplásicos               |
| 14:15-15:15 | Comida                                        |
| 15:15-16:15 | Ensayos clínicos en oncología                 |
| 16:15-17:10 | Farmacoterapia de soporte                     |
| 17:10-17:40 | Programas de mejora y formación continuada    |
| 17:40-18:10 | Cuidados paliativos en el paciente oncológico |
| 18:10-18:30 | Módulo práctico                               |

## CHECK OUT THE ISOPP WEBSITE TODAY [www.isopp.org](http://www.isopp.org)

Find out more about mucositis, bortezomib stability, carboplatin in haemodialysis patients. Look up colleagues contact information, see presentation information from ISOPP IX, and get links for Medication Error Guidelines.

All this and More is available on the ISOPP website. If English is not your first language, do you know that you can now change the language on the website - go to User Preference > User Information > Language (choose from 18!)

## Report on the GERPAC meeting (France) — October 2004

GERPAC stands for a research and evaluation group dealing with controlled air environment (isolators and clean rooms) and they have an annual meeting.

The focus of the last 2 meetings has been on cytotoxic drug preparations and the implementation of environmental control engineering tools.

Some of the highlights of the congress were:

1. The presentation of a **teaching DVD** on anticancer chemotherapy preparation; from control of the risk to the optimisation of quality. This is an European project involving France, Belgium, Spain, Portugal and Poland in cooperation with the GERPAC group in order to provide a teaching tool to train the trainers. You can make your own training presentation by choosing out of the 700 slides and 12 video fragments available in the 5 European languages and English.

**2. Study of Vian Fentan May, UK**  
**Comparison between negative and positive pressure isolator concerning contamination inside and outside the isolator.**

#### Results:

Inside the isolator contamination is high

Outside the isolator there was slightly more contamination near the negative pressure isolator compared to the positive pressure isolator but the difference was small.

#### Conclusion :

- \* More studies should be done
- \* Medical authorities putting patient safety first (some deaths were reported after the use of contaminated parenteral nutrition prepared in a negative pressure isolator) suggest that negative pressure isolators (unless installed in an ISO class 5

environment) create more opportunities for contaminated products than do positive pressure isolators.

This study may result in UK pharmacists choosing to prepare cytotoxics preferentially in positive pressure isolators. It is always necessary to remove contamination from bags/syringes before removing them from the isolator to avoid external contamination.

The most important factor in preventing outside contamination is the technique of the operator preparing the drug ie the operator is the weak link!

**3. Study of Sylvie Crauste and Jean Yves Jomier, France**

**Contamination in and outside positive pressure isolators**  
The authors examined 2 positive pressure isolators with sterilisable entrance hatches.

Contamination inside isolators was high. Poor preparation technique in the isolator is the source of contamination.

Contamination outside isolators was very low and found in two places only. Firstly, where products were placed before entering the sterilising hatch and secondly, around waste bin where the flip-off lids from vials are placed (sometimes not in the bin but next to the bin on the floor). Contamination of the outside of gloves was very high, but no trace was found on the inner side (which could cause possible skin contact). One centre used a sterile latex overglove and one did not. Isolator gloves are changed every 14 days and are NOT reused. Reuse of isolator gloves is NOT recommended! Again the importance of good technique on the part of the operator was stressed.

*Johan Vandenbroucke, Co-Chair  
ISOPP Standards Committee*

## www.isopp.org takes on a new look.

If you have not visited the ISOPP website recently, log on with your username and password to see everything now available to our members. If you do not have a username and password, go to Register and use your email address (the one you gave to ISOPP). If you have forgotten your password – click on Forgot Pass. If you still have problems, contact Webmaster and ISOPP Member Jeff Barnett on [jeff\\_barnett@telus.net](mailto:jeff_barnett@telus.net).

Some quotes from the “Shout Box” – where you can leave instant online messages that anyone logged on can read : -

Krissy (Australia) – Love the use of flags (*representing the user's country*) in the Member Discussion forum.  
Johan (Belgium) – nice looking site  
Vicki (Australia) – thanks for the colour – luv it!

Barry (USA) – I think this another fine example of the Publications Committee doing great things for ISOPP members.  
Sandra (Mexico) - The new web site is great. Thanks for the Turin presentations, please hold for a time, I couldn't read everything.

As we all get used to the wider applications of this new technology, why not try sending a message to a colleague, or a number of colleagues (you need to know the recipients username for that – you can now search Member List). When they log on, they will see a notification in Messages that they have a new message. This is more private than the Shout Box which we can all see.

Or – when you log on, see if anyone else is logged on and send a Shout Box message to suggest going to the Member Chats area. You can then chat in real time.

You will find questions and answers in the Member Discussions area – have a look – you might have a question, or maybe you can answer one?

Please let us know any compliments or problems – we will accept either and try to make this a useful and friendly (as well as user-friendly) website for ISOPP members.

*Jude Lees, Chair, ISOPP Publications Committee*

# Update from the 16th annual Supportive Care in Cancer Symposium run by MASCC in association with ISOO.

There were 720 people attending this meeting from 51 different countries. Although supportive care in cancer patients is very much a topic of interest to oncology/haematology pharmacists, there were only 39 pharmacists registered, and medical and nursing staff predominated. The meeting was held in Miami Beach, USA, in very hot and humid weather, June 2004.

The packed program started each day at 7am with either Study Group Meetings (see below) or Pharmaceutical Industry satellites, with internationally renowned speakers. A unique feature of MASCC is their Study Groups which meet at least once a year and review evidence and develop or update guidelines for many areas of patient support. The Groups are: Antiemetic; Fatigue; Growth Factors; Haemostasis; Infection; Mucositis; Oral Care; Healthcare Economics; Palliative medicine; Patient and Professional; Paediatric; Psychosocial; Quality of Life; and Rehabilitation. All registrants are welcome to attend and participate (although some are a little more welcoming than others are). I think this is an area where pharmacists could make significant contributions.

Plenary sessions included a range of areas such as Antiemetic Guidelines, Psychosocial Oncology, Growth factors for anaemia or neutropaenia, Quality of Life, Coagulation, Pain and Palliative Care, and bisphosphonates in cancer. Eminent invited speakers presented the main part of the plenaries, followed by 2 selected contributed papers on a similar theme. This combination approach worked well.

Three concurrent streams of scientific papers filled the rest of the program allowing delegates to choose their particular area of interest. An extensive Poster display added to the wide range of presented work.

Supportive Care areas that still require addressing, as outlined

by the President of MASCC include: - Diarrhoea – are guidelines adequate? Constipation; Osteoporosis – guidelines need updating; Pain – guidelines for the elderly; Thrombosis – prevention is essential; Anaemia – treatment available, is prevention next? Complementary medicines – what is good versus bad; Polypharmacy – a neglected area. I believe that clinical pharmacists are in an ideal position to help with many of these, especially the last two.

A highlight of the meeting for me was the presentation of some of the Consensus Guidelines from the Perugia 2004 Antiemetic Review. The process of arriving at consensus was clearly explained and slides from that are available from the MASCC website at [www.mascc.org](http://www.mascc.org). Published in the latest edition of the Supportive Care in Cancer Journal, are several of the guidelines. I would recommend them as required viewing for all oncology pharmacists. See also the ISOPP website for links.

An excellent feature of this meeting was provision of extensive topic outlines and copies of powerpoint slides of many of the presentations in the two weighty proceedings books. A valuable take home item. Next year's meeting will be in Switzerland.

*Jude Lees. Chair, ISOPP Publications Committee.*



## FISOPP

The ISOPP Fellowship Program is intended to recognize excellence in oncology pharmacy practice and grant recognition to and promote global awareness of pharmacists who have distinguished themselves in oncology pharmacy practice. Fellowship is awarded to individuals who have demonstrated a continued high level of excellence in oncology pharmacy practice, research, or management, and who have made a sustained contribution to ISOPP.

At ISOPP IX in Turin last April the first three Fellowships were awarded to Jill Davis, Peter Gilbar and Jude Lees (all from Australia). All of them were thrilled to receive the award and felt very special at being the “inaugural recipients”. Their achievements have been recognised by their departments, hospitals and the Society of Hospital Pharmacists of Australia. The “fame” has even spread wider - “The Chronicle”, the newspaper of Peter’s home city, Toowoomba ran an article on Peter and his work as an oncology pharmacist.

Fellowships will be awarded again in 2005. There are many of you worthy of this award so why not apply? Selection Criteria and Application forms are available under Grants and Awards on the website . Applications close on December 31<sup>st</sup>.

*Terry Maunsell, Chair, ISOPP Membership and Finance Committee*

## The 31st Annual Scientific Meeting

The Clinical Oncological Society of Australia (COSA) is a multi-disciplinary society for all health professionals working in the area of cancer. Formed in 1971, COSA conducts an annual scientific meeting, seminars and educational activities related to current cancer issues and is affiliated with the Cancer Council Australia. The pharmacy group is one of the many multi-disciplinary groups that make up the society.

This year's annual COSA meeting was held in the nation's capital Canberra and with temperatures in my home town of Brisbane reaching the 30°C plus mark, I was looking forward to Canberra's slightly cooler temperatures. Although Canberra is notoriously easy to navigate I, of course, got lost on my first morning, but fortunately I eventually found my way to the convention centre.

This year's meeting was titled 'Cancer Care- An integrated approach' and had a mix of multidisciplinary plenary sessions as well as joint and group specific sessions. National and international speakers were featured spanning a wide range of specialities and

disciplines. Topics included cancer in the elderly, management of melanoma, cancer genetics and psychosocial oncology. With so much information presented it is impossible to attend and thus summarise all the content so I have concentrated on some of the pharmacy related topics.

The session on 'New Drugs in Oncology' organised by the pharmacy group proved to be a great success and was extremely well attended by many disciplines. Pharmacists presented and discussed experiences in using some of the newer agents available including bortezomib, aprepitant and carboxypeptidase. Julie Wilkes talked about bevacizumab an anti-VEGF agent.

Jim Siderov talked us through the use of cetuximab, a monoclonal antibody that targets EGFR and discussed some of the more practical issues of preparing cetuximab infusions. The time it takes to administer the infusion particularly in combination with other infusional chemotherapy agents and the impact this has on patients was also discussed.

Michael Dooley discussed the issues we all face in funding new cancer drugs as therapies

for patients. Newer molecular targeted therapies pose challenges to us all with the cost being over one hundred fold of many previously available drugs. Michael concluded that the challenge to provide the best treatment available will continue to grow and unless reduction in the cost of newer agents or an increase in the health care dollar occurs many states will face difficult decisions with regards to patient treatment in oncology.

Ben Stevenson and Vicki Wilmott presented 2 excellent papers on docetaxel related side effects. One patient after receiving 15 infusions of weekly docetaxel suffered nasal complications leading to a perforated nasal septum which required surgical repair. Jude Lees updated us on the recent 16<sup>th</sup> International Symposium Supportive Care in Cancer held this year in Miami. Jill Davis and Peter Gilbar updated those of us who could not make it to ISOPP IX in Turin on the work presented there making us all resolute to attend the ISOPP X meeting in 2006.

*Krissy Carrington,  
ISOPP Publications Committee Member*

## Oncology Pharmacists Spread the Word in Canada

With almost 10 million square kilometers, Canada is the second largest country in the world; but with only 32 million citizens, its population is half that of France or the United Kingdom. The vast majority of people live in cities near the southern border, leaving many sparsely populated areas without easy access to health care. Yet one of our dearly-held beliefs is that of universal health care for all Canadians. How do we ensure that all Canadians receive the same quality of care, regardless of where they live? In oncology, "regional" cancer centres, located in cities and affiliated with teaching hospitals, act as resources for the smaller communities. This is accomplished by many different and creative methods all across the country. One jurisdiction has implemented a pharmacy educator at each regional centre; this person acts as a liaison for pharmacists in outlying areas. Watch for "A Day in the Life" of one of these folks in a future issue of this Newsletter.

In Hamilton, Ontario, the Juravinski Cancer Centre pharmacy holds an annual retreat for pharmacists across southwestern Ontario.

This year's retreat took place on September 25<sup>th</sup>, and focused on medication safety. ISOPP member and Pharmacy Manager, Sandra Kagoma, welcomed delegates to the Chamber of Commerce building on the shores of beautiful Hamilton Harbour. Regional oncology leaders gave updates on strategic planning for the region. Marita Tonkin, Chief of Pharmacy Practice, presented "Medication Systems to Ensure Patient Safety" and ISOPP member Sarah Jennings spoke to "Pharmacists Bridging the Gap between Physician's Order and the Patient." Motivational speaker Michael Lewis gave entertaining and thought-provoking insight into workplace sanity with his talk "... And Other Duties as Assigned!"

After lunch, pharmacists and technicians took part in break-out sessions. The

technician session was chaired by Ruth Green and Kelly-Ann Wakeford. Participants discussed the tech-check-tech process currently in use at the regional centre.

The pharmacist session was chaired by Ing Collins and ISOPP member Brenda Stinson. Participants reviewed the Swiss Cheese Model of Defenses, made famous by James Reason, and discussed the practical aspects of "Bridging the Safety Gap."

At the end of the day, pharmacists from smaller centres felt more confident caring for cancer patients and checking chemotherapy orders, which they generally do infrequently. Regional staff benefited from teaching experience, and all delegates enjoyed the chance to build stronger support networks. A win-win situation, no matter where you come from!

*Sarah Jennings, ISOPP Publications  
Committee Member*