



JULY 2018

VOLUME 12: ISSUE 2



**HSANZ NG**  
Haematology Society of Australia and New Zealand

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Hahn InspireHCP Pty Ltd.

## BLOOD 2018

The inaugural Blood 2018 (formerly called HAA) will be held in Brisbane this year from 21st to the 23rd of October at the Convention Centre. Early bird registration closes 6th September.

### Invited International Nursing Speaker



**Laura J. Zitella**  
Clinical Associate Professor,  
University of California, USA

Laura Zitella will be the international nursing speaker. Laura is the lead nurse practitioner for inpatient haematology at Stanford Health Care. She leads a team of nurse practitioners and is actively involved in program development, evidence-based practice, and quality improvement initiatives. Laura is a well published author, presenter, and educator on various oncology topics. Topics she will cover at Blood 2018 include biotherapies and the immune system, advance pathology interpretation and nursing clinical leadership.

This year, there will be a pre-congress Nursing Education Day on the theme of infection on 20th of October.

The day is free for HSANZ member and \$50 for non-members. You can register for the Education Day with the conference or on its own if you can't make it to the conference. Places are limited to 50 people so be quick. Link to the program: <http://www.blood2018.com/program/pre-blood-nursing-education-day/>

If you have any questions about the conference, please feel free to contact Elise Button ([elise.button@health.qld.edu.au](mailto:elise.button@health.qld.edu.au)) or Nicole Gavin ([nicole.gavin@health.qld.gov.au](mailto:nicole.gavin@health.qld.gov.au)).

### Funding to attend

The QLD HSANZ Nurses group are offering grants to attend Blood this year. Local nurses can apply for early bird registration fees (\$635) and nurses from out of town can apply for up to \$1000. Current or joining HSANZ nurse members can apply by submitting a one-page letter explaining why they would like to attend the conference. Preference will be given to nurses who have submitted an abstract. Applications close August 31st 2018. Please send all applications to [elise.button@health.qld.gov.au](mailto:elise.button@health.qld.gov.au) or [nicole.gavin@health.qld.gov.au](mailto:nicole.gavin@health.qld.gov.au).

### Outside of Queensland?

Other places in Australia can check with local members about funding grants to attend the Blood conference. Also consider, Leukaemia and Blood Cancer NZ for New Zealand haematology nurses as they offer travel grants see their website for details.



Dear Member's,

Welcome to the second edition of the newsletter for the year. Blood 2018 in Brisbane is getting closer – abstract submissions have closed. We are eager to review your submissions and all the great work that is being implemented. Look out for scholarship opportunities from your HSANZ state groups as these are a great resource to assist you in getting to Blood. These are available to current HSANZ members - check and ensure your membership is up to date.

We are seeking representatives from New Zealand's north and south island. There was some interest at HAA last year.

If you are keen please get in touch with us as we would love to have you on board email: [nurses@hsanz.org.au](mailto:nurses@hsanz.org.au)

Don't forget to maximise your savings by getting your early bird registration in - closes 6th September. It is going to be a fantastic program in beautiful Brisbane from the 21st – 23rd October and we can't wait to see you there!

Kind regards,

Sam



## RENEWING YOUR HSANZ MEMBERSHIP

### A few facts:

There are 322 Nurse members with the HSANZ nurses' group as of March 2018.

The membership by state is as follows:

ACT	6
NSW	83
NT	1
QLD	27
SA	13
TAS	12
VIC	118
WA	31
NZ	29
Canada	1

Of that 322, 227 are current financial 2018 members (1st July 2017 – 30th June 2018).

Members about to be removed from the membership for not paying for 2 years: 34.

Members who have paid membership fees for 2017, but not 2018: 61.

**PLEASE: Update your membership and pay your membership fees by 2018-2019. These are due now.**

### EHA Travel Grant Award

Laurie Newman, Haematology Clinical Nurse Consultant, LaTrobe Regional Hospital was awarded a \$2500 travel grant to attend European Association for Haematology Annual Scientific Meeting. Congratulations Laurie!



Do you find myeloma complex and baffling?

Do you want easy access to a range of myeloma related clinical practice guidelines and information to help you stay up to date?

Would you like to identify myeloma specialist nurses to share information and support?

## Myeloma Special Practice Network (M-SPN) HSANZ Nurses Group

If you answered 'YES' to any of the above, then perhaps the Myeloma Special Practice Network can help.

JOIN TODAY – as an existing HSANZ member there is no cost. Simply download the application form <https://www.hsanz.org.au/downloads/SPNMemApp.pdf> and submit it to [nurses@hsanz.org.au](mailto:nurses@hsanz.org.au) or

### HOLD THE DATE

**M-SPN 3rd Annual Educational Seminar**

**Friday 31st August 2018**

**Royal Adelaide Hospital South Australia**

Organisation is well underway for our annual M-SPN seminar. This year to be held at the Royal Adelaide Hospital SA. A full days program is being planned with local and Australian wide myeloma medical and nursing experts. Local M-SPN members Jo Gardiner, Erin Shooter, Jodie Wood and Tracy King (NSW) are hosting the day. Watch this space for registration and program details. There will be no cost to attend this day and 6.5hrs learning certificate provided.

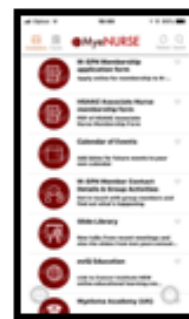
## Benefits of M-SPN membership

You will be part of a group of nurses with a focus on improving care of those affected by myeloma through the development and promotion of information and education aimed at improving standards of care.

We have developed a range of resources that will assist your nursing practice and own understanding of this complex and chronic blood cancer.

## Members only App: myeNURSE

We've done the hard work in mapping a comprehensive range of myeloma related resources and stored them in a user-friendly App myeNURSE. Using MyINTERACT technology, this handy App allows you easy access to an up to date range of myeloma related resources such as Clinical Practice Guidelines (MSAG, NCCN, BCH etc), patient information guides, slide kits, links to 3rd party groups such as eviQ, CCO, IMF and much more.



M-SPN publications and guides are available to M-SPN members within the MyeNURSE App. All others can access the resources by downloading the pdf's from the HSANZ Nurses Group web page. We welcome feedback about the publications and resources and ideas for future projects.



## Publications & Information Resources

The following publications are recently published and available to download from the HSANZ website.

- Understanding Tests & Investigations for Multiple Myeloma: A resource for patients
- Myeloma Information Pathway: A Guide for Nurses
- Bortezomib Best Practice: A Guide for Nurses
- Myeloma Nurse Specialist Role: A Guide for Implementation



Many thanks to the nurses group members who have lead and contributed to these resources. Daniela Klarica (VIC); Carmel Woodrow (QLD); Hayley Beer (VIC); Kerin Young (WA); Julija Sipavicius (NSW) and Tracy King (NSW). The 'publications and information resources' project was supported by grants from Amgen, Janssen and Takeda and we thank them for their support of our group and its work.

Members author '*Consensus Paper: Best Practice for the Administration of Daratumumab in Multiple Myeloma*'. Available from the Journal website (Asia-Pacific Journal of Oncology Nursing [www.apjon.org](http://www.apjon.org)) this paper provides nurses with a comprehensive guide to administration of the monoclonal antibody Daratumumab for the treatment of myeloma. TGA approved but not yet PBS listed, nurses are involved in the administration of this agent with a range of clinical trials and some compassionate access from the company. The paper includes a 'Daratumumab Infusion Record' and 'Patient Information'. Happy reading! eviQ lists Carfilzomib and Daratumumab treatment protocols.

<https://www.eviq.org.au/haematology-and-bmt/multiple-myeloma>

Tracy King RN MN

Chair HSANZ Myeloma Special Practice Network

[Tracy.king1@health.nsw.gov.au](mailto:Tracy.king1@health.nsw.gov.au)

### Consensus

## Best Practice for the Administration of Daratumumab in Multiple Myeloma: Australian Myeloma Nurse Expert Opinion

Tracy King<sup>1</sup>, Jacqueline Jagger<sup>2</sup>, Jodie Wood<sup>3</sup>, Carmel Woodrow<sup>4</sup>, Alicia Snowden<sup>5</sup>, Sally Haines<sup>6</sup>, Christina Crosbie<sup>7</sup>, Kristen Houdyk<sup>8</sup>

<sup>1</sup>Institute of Haematology, Royal Prince Alfred Hospital, Sydney, <sup>2</sup>Cancer Services, Gosford Hospital, Gosford, NSW, <sup>3</sup>Cancer Services, Flinders Medical Centre, Adelaide, SA, <sup>4</sup>Division of Cancer Services, Princess Alexandra Hospital, Brisbane, QLD, <sup>5</sup>Precision Haematology, Melbourne, <sup>6</sup>Haematology and Stem Cell Transplantation Service, The Alfred Hospital, Melbourne, <sup>7</sup>Haematology, St. Charles Gairdner Hospital, Nedlands WA, <sup>8</sup>Cancer Clinical Trials Centre, Austin Health, Melbourne, VIC, Australia



## SECOND NATIONAL MYELOMA WORKSHOP – 1ST ANNOUNCEMENT

On behalf of the Medical and Scientific Advisory Group (MSAG), Myeloma Australia are pleased to invite you to our Second National Myeloma Workshop.

14th – 16th September 2018  
Yarra Valley Lodge  
2 Heritage Avenue Chirnside Park, VIC

The Myeloma Workshop will bring together researchers from basic science, translational and clinical medicine, and nursing. The focus will be on the presentation of original scientific work selected on the basis of submitted abstracts. The aim is to promote collaboration, development of novel translational research and clinical trial development in the field of myeloma in Australia and New Zealand.

Scholarships will be offered for the four best selected abstracts. Abstracts are now being accepted and submissions will close on 31 July 2018. Please email all abstracts to [workshop@myeloma.org.au](mailto:workshop@myeloma.org.au)

### Confirmed International Speakers

- Professor Leif Bergsagel – Mayo Clinic, USA - Laurence Catley Memorial Lecturer
- Assistant Professor Saar Gill – University of Pennsylvania, USA
- Professor Kwee Yong – University College Hospital, London
- Program sessions include:
  - Big developments in the future of myeloma
  - Immunotherapies, cell therapies, antibodies and beyond
  - Plasma cell biology and microenvironment
  - New ways of engaging the immune system
  - New targets in myeloma
  - Clinical case study review
  - Clinical trials update

For more details and to book please follow the below link; <https://www.trybooking.com/WEKL>

Please share this information with any interested colleagues far and wide. We look forward to seeing you there,

Kind Regards

*Jacqueline Tate*

*Project Manager and Liaison, Medical and Scientific Advisory Group*

Myeloma Australia.  
333 Swan Street Richmond, VIC 3121  
T: 1800 693 566 or 03 9428 7444.  
F: 03 9428 4844.



## MYELOMA SUMMIT

### 24TH – 26TH AUGUST 2018, QUEENSTOWN

For registration and other details go to:

<https://www.spconferences.co.nz/myeloma-summit-2018.html>

#### Programme:

#### Friday 24 August

6pm Welcome Function

7pm Karen Nimmo – “On The Couch”

Karen is a clinical Psychologist and writer based in Wellington, New Zealand. She specializes in resilience, mind-body health and peak performance for sports and business. Karen is a regular media commentator on psychological topics.

#### Saturday 25 August

##### Session One Chair: Dr Peter Ganly

- 8:30 – 8:50 Welcome - Ken Romeril
- 8:50 – 9:30 Dr Hang Quach - Myeloma Treatment in Real Word
- 9:30 – 9:50 Dr Dirk Hoenemann
- 9:50 – 10:10 Dr Ken Romeril - CyBorD 5 year Results
- 10:10 – 10:30 Dr Philip George - Car-T cell therapy
- 10:30 – 11:00 Morning tea

##### Session two Chair: Dr Henry Chan

- 11:00 – 11:45 Prof Donna Reece topic TBA
- 11:45 – 12:10 Dr Anup George - Bone therapy in Myeloma
- 12:10 – 12:30 Dr David Simpson - t (11:14 ) myeloma
- 12:30 – 1:30 Lunch

##### Session three Chair: Dr Anup George

- 1:30 – 1:55 Dr Remi - Myeloma Imaging
- 1:55 – 2:20 Dr Colin Hutchison - Myeloma Kidney
- 2:20 – 3:00 Prof Donna Reece - Treatment of Relapsed /Refractory patients
- 3:00 – 3:15 Afternoon tea

##### Session Four Chair: Dr David Simpson

- 3:15 – 4:00 Dr Hugh Goodman - Amyloid
- 3:40 – 4:00 Dr Richard Milne - Burden of Disease Report
- 4.00 – 5.00 Panel discussion on Myeloma therapy in NZ-future prospects

#### Sunday 26 August

##### Session Five Chair: Dr Ken Romeril

- 8:30 – 8:50 Dr Henry Chan - CyBorD in the Elderly
- 8:50 – 9:10 Prof Ian Morrison - TBA
- 9:30 – 9:30 Dr Peter Ganly - Tandem auto transplants
- 9:30 – 10:15 Professor Ola Landgren - Topic TBA
- 10:15 – 10:45 Morning tea
- 10:45 – 12:30 Nursing care and symptom control - panel discussion
- 12:30 Closing comments



## WHAT IS NEW FOR LYMPHOMA AUSTRALIA

### Lymphoma Care Nurses Update

Our Lymphoma Care Nurses continue to ensure patients, carers and health professionals' access to the latest information and support about lymphoma, regardless of where they live in Australia.

We are pleased to welcome back Sharna Moloney into the team after returning from maternity leave. Sharna is based in Perth and is currently making her way around to the hospitals in the Perth area and attending haematology events in Western Australia. Sharna re-joins Donna Gairns to the nursing team, who is making her way around hospitals in Melbourne where she is based.

We have sad news, that Tania Cushion has left our nurse team with Lymphoma Australia. Tania will continue as the Lymphoma Nurse Coordinator at Austin Health in Melbourne. We wish her all the best moving forward and thank you for everything you achieved during your time with us. Thank you for your ongoing support for lymphoma patients at the Austin.

### Lymphoma Nurse Hotline

Lymphoma Nurse Hotline 1800 953 081 is a toll-free number, that is available to anyone needing advice or support about lymphoma and CLL. Patients, carers and health professionals can have access to a specialist lymphoma Care nurse from any location in Australia.

To understand their lymphoma diagnosis, diagnostic tests, treatment options, clinical trials, symptom management, living with lymphoma/CLL and survivorship care. The hotline is staffed during business hours and we will return calls within one business day.

We would appreciate your help in promoting this service with our flyers and can be ordered [enquires@lymphoma.org.au](mailto:enquires@lymphoma.org.au)



Need help!

Lymphoma Nurse Hotline

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1800 953 081

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## PATIENT RESOURCE UPDATE

The ongoing development of patient booklets, fact sheets will continue to provide up to date information about lymphoma/CLL, the diagnosis, diagnostic tests, treatment options, clinical trials and support networks.

- Lymphoma: What you need to know
- Living with Chronic Lymphocytic Leukaemia
- Lymphoma/CLL Patient Diary

Fact sheets on lymphoma subtypes, management & self-care. All resources are available FREE to order in hard copy from our website and can be delivered anywhere around Australia; [www.lymphoma.org.au](http://www.lymphoma.org.au) or by calling the Lymphoma Nurse Hotline 1800 953 081 or emailing [enquiries@lymphoma.org.au](mailto:enquiries@lymphoma.org.au) or can be downloaded or printed.

## LYMPHOMA NURSE SPECIAL INTEREST GROUP

Lymphoma Australia has established a Lymphoma Nurse Special Interest Group (SIG), developed for anyone working in lymphoma care to keep professionals who are like minded connected around Australia. Our membership now includes almost 200 nurses from around the Australia and internationally.

The main objectives for this group:

- Exclusive closed nurse portal via our website where nurses can access the latest information about treatments, research, clinical trials and lymphoma information.
- National and international updates on research, treatments and clinical trials
- Professional development and education
- Connect at annual conferences and meetings across Australia
- Exclusive E newsletter for members

Easy to join via our website: [www.lymphoma.org.au](http://www.lymphoma.org.au) call Lymphoma Nurse Hotline 1800 953 081 or email [enquiries@lymphoma.org.au](mailto:enquiries@lymphoma.org.au)

**Sharon Millman**

CEO, Lymphoma Australia

**Sharna Moloney**

Lymphoma Care Nurse Consultant

[Sharna.moloney@lymphoma.org.au](mailto:Sharna.moloney@lymphoma.org.au)

**Donna Gairns**

Lymphoma Care Nurse Consultant

[Donna.g@lymphoma.org.au](mailto:Donna.g@lymphoma.org.au)







## ONLINE NURSING EDUCATION IN ADOLESCENT AND YOUNG ADULT ONCOLOGY

Adolescent and young adults (AYA) aged 15-25 years diagnosed with cancer have distinct clinical and psychosocial needs that are different to those of younger or older oncology patients. Delivering quality oncology care for young people depends on four critical elements: timely detection; efficient processes for diagnosis, initiation of treatment, and promotion of adherence; access to health care professionals who possess knowledge specific to the biomedical and psychosocial needs of this population; and research that will ultimately derive objective criteria for the development of AYA oncology care guidelines.

Adolescence and young adulthood is a time of change, challenge and opportunity. This is a time when young people are focused on developing knowledge and skills, learning to manage emotions and relationships and acquiring attributes and abilities that will be important for enjoying the adolescent years and assuming adult roles. Cancer at this critical life stage has the potential to disrupt normal developmental trajectories, impact on healthy growth and development and influence the achievement of developmental milestones and have life-long repercussions.<sup>2,3</sup>

While the number of young Australians diagnosed with cancer each year are relatively low at approximately 1,200,<sup>4</sup> the impact of cancer on young people during these formative years can be profound. It is now recognised that the distinct medical, psychosocial and information needs of young people with cancer need to be met for healthy growth and development whilst also managing the complexity of cancer.

While pleasingly overall survival rates are reported as favourable at 89% this figure disguises the far reaching consequences and substantial disease burden that young people experience. This data largely represents outcomes from disease groups with excellent survival including melanoma, thyroid cancer, Hodgkin lymphoma and germ cell tumours. For a number of tumour type including Acute Lymphoblastic Leukaemia, sarcomas and brain and central nervous system cancers, outcomes faced by AYA are worse than those experienced by other patient groups.<sup>4</sup>

In spite of nurses having a key role in the care of young people with cancer, it is evident that there is an absence of targeted educational and professional development programs that would provide guidance and knowledge on developmentally appropriate oncology care.<sup>5</sup>

To support the delivery of quality youth cancer care, it is essential for nurses to have an understanding of the particular characteristics of cancer during this stage in

life and the challenges young people and their families' experience. When working with young people in a clinical setting all aspects of clinical management should be considered in the context of young people processing fundamental tasks to successfully transition to adulthood.<sup>2,6</sup>

To provide guidance that is succinct, simple, practical and evidence based, the ONTrac at Peter Mac Victorian Adolescent & Young Adult Cancer Service has developed an eLearning program to introduce nurses to the needs and challenges that young people with cancer experience. This is the first online educational resource of its kind, specific to the Australian context that supports nurses to deliver quality healthcare to young people with cancer.

**Topics cover:** Cancer in adolescents and young adults; Youth focused consultations and assessments; Psychological and social support; and Life after cancer.

Feedback from nurses who have completed the program has been very positive with nurses telling us:

*'I have found the whole course enjoyable and useful.'*

*'Modules are really informative.'*

*'Congratulations.'*

*'I have benefited from new information this course has introduced me to.'*

These modules are freely available to all nurses via the eviQ Education site: <https://education.eviq.org.au/courses/adolescent-and-young-adult-cancer-care>.

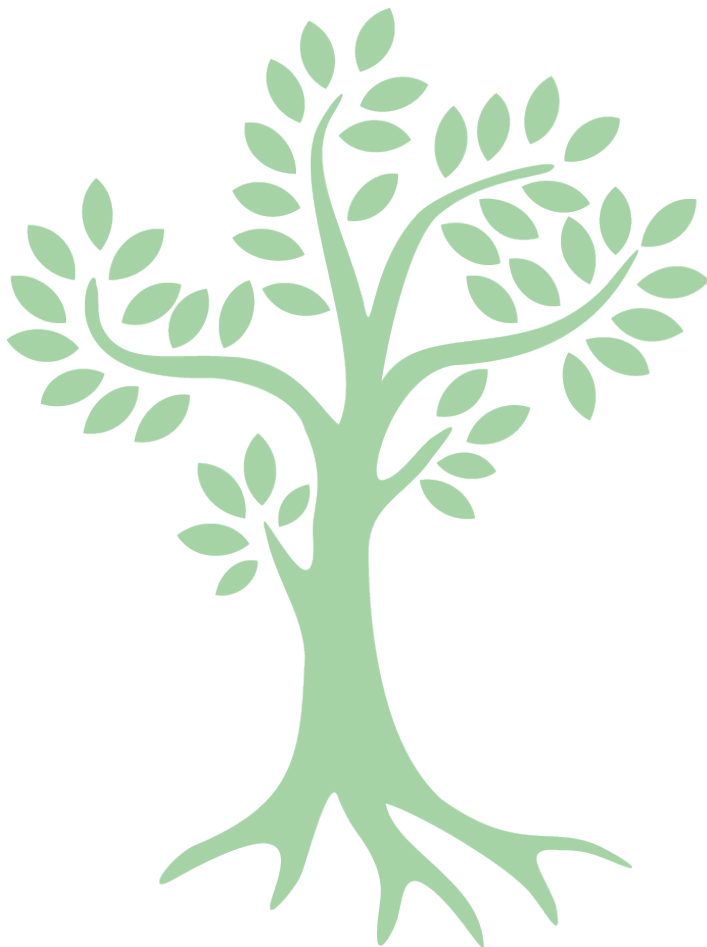
**Author:** Judy Evans, Project Manager, ONTrac at Peter Mac Victorian Adolescent & Young Adult Cancer Service.  
E: [Judy.evans@petermac.org](mailto:Judy.evans@petermac.org)

### References:

1. Zebrack B, Mathews-Bradshaw B, Siegel S. Quality cancer care for adolescents and young adults: a position statement. *Journal of Clinical Oncology*. 2010;28(32):4862-7.
2. Zebrack B, Isaacson, S. Psychosocial care of adolescent and young adult patients with cancer and survivors. *Journal of Clinical Oncology*. 2012;30(11):1221-6.
3. Teenage Cancer Trust. The Blueprint of Care: for teenagers and young adults with cancer. United Kingdom Teenage Cancer Trust, 2016.
4. Australian Institute of Health and Welfare. Cancer in adolescents and young adults in Australia. Canberra: AIHW, 2018.
5. Hayes-Lattin B, Matthews-Bradshaw B, Siegel S. Adolescent and young adult oncology training for health professionals: A position statement. *Journal of Clinical Oncology*. 2010;28(32):4858-61.
6. D'Agostino NM, Penney A, Zebrack B. Providing developmentally appropriate psychosocial care to adolescent and young adult cancer survivors. *Cancer*. 2011;2329-34.



# SAVE THE DATE!



South Island AYA Study Day, Adolescent development, fertility, youth panel, Case studies + more

For nurses/allied health and other interested health professionals

Friday 31st August 2018

8.30am to 4.00pm – times to be confirmed  
(Registrations from 8am)

Come to presentations in Christchurch, Dunedin or attend via video conference in your Region

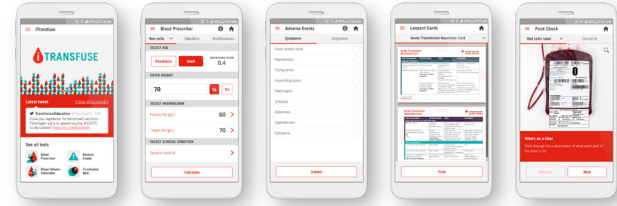
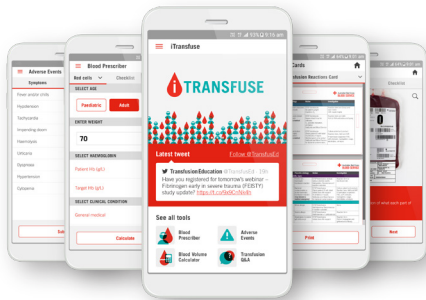
Cost - Free!!

Registrations and queries from Waitaki River south:

Val Waugh -  
[Val.Waugh@southerndhb.govt.nz](mailto:Val.Waugh@southerndhb.govt.nz)  
Southern DHB

Registrations & queries from Waitaki River north:

Louise Sue –  
[Louise.Sue@cdhb.health.nz](mailto:Louise.Sue@cdhb.health.nz)  
Christchurch DHB



## SUPPORTING YOUR BEDSIDE TRANSFUSION PRACTICE WITH ITRANSFUSE

Transfusion Policy and Education is proud to have launched the brand new bedside transfusion support tool, iTransfuse. As the first of its kind in the world, this innovative app will complement the existing range of resources for everything you need to know about blood and transfusion at any stage of career.

The iTransfuse App promotes safe, appropriate and evidence-based transfusion by providing bedside access to transfusion education tools and resources.

It includes information to support the prescription of red cells and platelets, diagnostic information about transfusion reactions, and much more.

The app was developed following extensive consultation with junior medical officers (JMOs) to find out what tools would be best suited to their needs.

The following tools and resources can be found in the app:

- Blood Prescriber
- Adverse Events
- Blood Volume Calculator
- Transfusion Q&A
- Lanyard Cards
- Pack Check
- Maternity Blood Management
- TransfusEd Podcasts
- Get Ready Game
- Mad Labs Game
- Match Maker Game

Download the app from the App Store or Google Play today.

Amanda Herriman  
Communications Project Officer  
– *Transfusion Policy and Education Australian Red Cross Blood Service*

### Keep your transfusion knowledge up to date

The Australian Red Cross Blood Service offers a range of learning experiences to help you keep up-to-date about blood and transfusion.

Register for the following webinars to enhance your knowledge and gain CPD points.

### Improving patient blood management in obstetrics

In this presentation, our speaker will discuss the collaboration between The Australian Red Cross Blood Service and three health services, conducting clinical practice improvement to support patient blood management initiatives.

15 August 2018, 1.30pm AEST

[Register for this webinar now.](#)

### Serious Hazards of Transfusion Update (SHOT)

Dr Paula Bolton-Maggs, Medical Director, Serious Hazards of Transfusion Scheme NHSBT, UK, will discuss the risks and problems identified by SHOT and their recommendations to improve patient safety.

12th September 2018, 1.30 pm (AEST).

[Register for this webinar now.](#)

### Find out about other transfusion education events

[Subscribe to our monthly newsletter](#) to receive information about education opportunities and resources to help you in your practice.



## CNSA ANNOUNCES SONJA CRONJÉ AS NEW CEO

Following Sam Gibson's resignation to return to clinical practice, Sonja Cronjé accepted the role of Chief Executive Officer of CNSA, and commenced on 21st February. She brings to the role extensive senior management experience in not-for-profit organisations gained across the health, international development and higher education sectors. Sonja has had an extensive career within member organisations, including Australasian specialist medical colleges. In her most recent role as Senior Executive Officer of the Faculty of Radiation Oncology at the Royal Australian and New Zealand College of Radiologists, she developed a good understanding of the current challenges relating to the treatment and care of people affected by cancer.

Sonja has Masters qualifications in Public Health and in Optometry and was a NSW State Finalist for the 2017 Australian Leadership Excellence Awards (not-for-profit category). As a graduate of the Australian Institute of Company Directors, she also has a solid grasp of good governance and organisational leadership.

The CNSA Board is delighted to be working with Sonja, who has already shown what she is capable of in only the first few months.

### Welcome to new CNSA board members

In March nominations opened for three elected Board Director positions. Three valid nominations were received from the following candidates:

- Kim Alexander (QLD)
- Lucy Patton (WA)
- Violet Platt (WA)

CNSA is pleased to announce that Kim, Lucy and Violet were endorsed by members at the recent CNSA Annual General Meeting held on Saturday 23rd June 2018 at the Brisbane Convention Exhibition Centre and have now commenced in their roles.



## CNSA ANNUAL CONGRESS AND NEW LIFE FELLOW

The Cancer Nurses Society of Australia recently held their 21st Annual Congress which took place at the Brisbane Convention and Exhibition Centre, 21st – 23rd June 2018. The Congress theme of Science, Symptoms and Service Delivery was explored over the three days via a series of pre-congress symposiums, plenary sessions, concurrent sessions and poster presentations. Our International Keynote Speaker, Professor Christine Miaskowski from the University of California delivered two keynote presentations which discussed advancing symptom science and symptom management and also understanding co-occurring symptoms and symptom clusters.

One of the Congress highlights was the presentation of the CNSA Life Fellowship Award to Professor Mei Krishnasamy. Mei is an internationally renowned cancer researcher with a strong commitment to the dissemination of cancer nursing knowledge in a number of areas. You can view the video of Mei receiving her award via the CNSA website [here](#).

Feedback so far from the congress has been overwhelmingly positive with many delegates saying it was the best program to date and provided education to suit all levels of cancer nurses.

Planning is already well underway for the 2019 Annual Congress which will be held at the Melbourne Convention and Exhibition Centre, 20th – 22nd June 2019. Our theme for 2019 is "The Complexity of Cancer Care: What will the future of cancer nursing look like?" We are delighted to announce that Dr Linda Watson, current President of the Canadian Association of Nurses in Oncology (CANO) will be joining us to discuss her work around embedding Patient Reported Outcomes (PROs) and also her work on incorporating digital health and change management to transform nursing care.

Further information as the program evolves can be found on the congress website - [www.cnsacongress.com.au](http://www.cnsacongress.com.au)





Cancer Nurses Society of Australia

SAVE THE DATE!!!  
20 - 22 June 2019

22ND ANNUAL CONGRESS  
**THE COMPLEXITY OF CANCER CARE:**  
What will the future of cancer nursing look like?

Melbourne Convention and Exhibition Centre [www.cnsacongress.com.au](http://www.cnsacongress.com.au)

## CNSA RESEARCH AND SPECIAL PROJECTS GRANTS

Promoting and facilitating quality research, as well as the development of resources and the evidence base for cancer nursing is a priority for CNSA.

We are therefore proud to be able to support several research and special projects grants this coming year, including:

- Nursing Workforce Preparedness to Deliver Cancer Survivorship Care *Dr Jennifer Fox (QLD)*
- ARCHWAY: Achieving Recovery from Cancer: Health and Wellbeing for Adolescents and Young Adults *Natalie Bradford (QLD)*
- Consumer and Nurse-led Development of Co-Design Video Resources for Patients Receiving Immunotherapy and their Caregivers *Donna Milne (VIC)*
- Vascular Access Device Guidelines *Nicole Gavin and the Vascular Access Device and Infusion Therapy Specialist Practice Network (VAD&IT SPN) Committee*

## Stakeholder engagement and CNSA presentation

Fostering CNSA's relationships with key stakeholders in the cancer space and raising our profile as the national peak body for cancer nursing, is a priority for the CNSA Board and CEO.

CNSA is currently represented on the following committees/groups:

- Cancer Australia's Intercollegiate Advisory Group
- ISNCC Member Council
- ICCN 2018 Plenary
- Metastatic Breast Cancer Initiative
- Cancer Australia's Early Breast Cancer Steering Group
- COSA Council
- CoNNMO
- Radiation Oncology Tripartite Committee
- ANZUP
- PoCoG; and
- Cancer Australia OCP National Toolkit for HPs.

## Position available

The VAD&IT SPN is looking to employ a CNSA Project Manager – Evidence-based VAD Guidelines. The successful applicant will be employed as an Associate Nurse Researcher one day per week for one year. Interested applicants can download further information from <https://www.cnsa.org.au/documents/item/682> or call 0448 190 205.

Interested in applying? Then please forward applications to Nicole Gavin, VAD&IT SPN Chair via [vadit@cnsa.org.au](mailto:vadit@cnsa.org.au).

Advertising vacant positions on the CNSA website

Does your organisation have oncology related positions they would like to advertise for free? CNSA are now providing the opportunity to advertise cancer nursing related position advertisements, for a limited time only, at no cost on our website through the CNSA Member Hub. For CNSA to be able to include these, you will need to complete the Position Vacant Advertisement form and forward it through to [admin@cnsa.org.au](mailto:admin@cnsa.org.au) along with any supporting documents e.g. position description, position advertisement for inclusion.

## Get connect through social media

Do you want to be a part of a growing community of cancer nurses? Do you want to be kept up to date of all the latest happenings within CNSA and like-minded organisations? If you answered yes to any of the above, click on the below image to like our Facebook page today!

Follow us on Twitter for all the latest updates on what is happening in the cancer nursing community. Click the image below to start following CNSA today!

## How to join CNSA

Are you wanting to join a peak organisation that provides its members with opportunities for participation and access to information? Do you benefit from networking and learning? Is having access to available grants, education events, current policies and guidelines that are relevant to your workplace of importance to you? If you answered yes to these questions, then join up to become a member of CNSA today to take advantage of these opportunities and more.

Applications can be made through the relevant membership category. Click [here](#) to view the different membership types available and the benefits available.





## NEWS FROM THE MYELOMA AND RELATED DISEASES REGISTRY

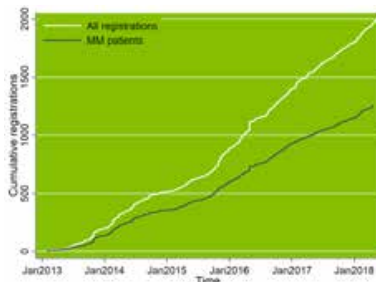
### THE MRDR HAS REACHED OVER 2000 PATIENTS REGISTERED!!!

Many thanks to participating sites and patients for your help in achieving this milestone. It couldn't have happened without your hard work and support. To mark this accomplishment, here is a summary of MRDR activities in the last year, which has marked significant growth for the registry.

**Participation:** The registry now has more than 1250 patients with multiple myeloma (MM) and 30 approved hospital sites. Lismore, Royal Brisbane and Women's, and University Hospital Geelong are the most recently approved sites, and 11 more have approval pending. The MRDR is also becoming more representative of regional hospitals and the private sector.

**Data Linkage:** The first MRDR linkage with the Australian National Death Index (NDI) was performed in 2017. Mortality is a key outcome with potential for loss to follow-up, and linking with the NDI is an important data quality measure to ensure its accuracy.

**Presentations** at key state (1), national (6) and international (3) meetings were made in 2017 on diagnostics and treatment, renal impairment, stem cell transplant, outcomes for people of Pacific Islander ethnicity, and patient-reported outcomes. Manuscripts on renal impairment and stem cell transplantation in MM are in progress.



### SUBSTUDIES

**The Myeloma 1000 project** has close to 240 patients enrolled and is the only prospective fully annotated 'liquid biopsy' biobank in the world. This study leverages the MRDR database to link biological and clinical data to better predict treatment response and identify patients at risk of developing MM or disease progression. It involves recruitment of 1000 MM and 1000 MGUS patients pre-treatment. There is a once-only blood collection after consent and sites receive a \$150 per patient payment. We are expanding site participation – please let us know if your site would like to join us!

Blood is taken at sites, sent to the Alfred Hospital campus, processed then freeze-stored

**IMPROVE (Immunoglobulins in myeloma patients: research into outcomes, variation in practice and epidemiology)** is a registry-based study funded by the National Blood Authority through to 2020 which will soon commence. It will describe immunoglobulin use in MM, including variation in practice. Results will inform policy and clinical practice related to immunoglobulin therapy in these patients.

**My-PROMPT** is a 30 patient multicentre pilot randomised trial to test the feasibility of real-time reporting of patient-reported outcomes to clinicians treating patients with MM to improve care. It targets newly diagnosed patients within 7 days of starting first treatment. Recruitment is underway at the Alfred, Royal Prince Alfred, St Vincent's Melbourne and Epworth Freemasons Hospitals. Takeda and Gilead fund this study.

### INTERNATIONAL COLLABORATIONS

**Asia-Pacific expansion** of the MRDR will receive funding from Janssen. Korea is the first pilot site in this process, then Singapore, Hong Kong and Taiwan. We look forward to collaborating with regional colleagues and the opportunity to study patient characteristics, treatment and outcomes in each country.

**Collaborations with sister registries** in Austria (comparing diagnostics, access to care and first-line treatment) and Korea (comparing bortezomib-versus thalidomide-based first-line chemotherapy) are ongoing.

**International industry collaborations** The Takeda Global Insight Registry group (USA) and Celgene Connect® MM registry group (USA) have expressed interest in collaborating with the MRDR. The Amgen Centre for Observational Research (USA) has requested a preliminary report of aggregate MRDR data to guide future potential collaboration.

### THE AUSTRALASIAN MYELOMA RESEARCH CONSORTIUM (AMARC)



AMARC uses the MRDR as a platform for early-phase clinical trials, and recruitment to the first AMARC trials is underway. The MRDR's infrastructure including data collection system and established national network of sites make it an attractive platform from which to cost-effectively conduct clinical trials. MRDR sites can benefit from a greater potential to participate in clinical trials with more streamlined data collection.

The registry has commenced a dynamic and productive year in 2018. Thanks to participating sites for your hard work and enthusiasm – the MRDR depends on you for its continued progress! We also thank our funding partners for 2017: Monash Partners Advanced Health Research Translation Centre, National Blood Authority, Amgen Inc., Celgene Pty Ltd, Gilead Sciences Pty Ltd, Janssen-Cilag Pty Ltd, and Takeda Pharmaceuticals Australia Pty Ltd. We appreciate your support.

### TO CONTACT THE MRDR:

Phone: 1800 811 326  
 Email: sphpm-myeloma@monash.edu  
 Website: mrd.net.au



MONASH MEDICINE, NURSING AND HEALTH SCIENCES





# PRESENTED AS A POSTER PRESENTATION AT EPWORTH RESEARCH WEEK IN JUNE 2018

## Processes for the introduction and expansion of an acute haematology service at Epworth Freemasons



Soggee S., O'Hara C., Collins F., Adams J., Pane M.

Epworth HealthCare

### Introduction

- Epworth Health Care is the only private provider of comprehensive cancer services offering treatment across a range of oncological and haematological malignancies in Victoria.
- Epworth Freemasons identified an opportunity to expand its cancer services by introducing treatment for patients affected by haematological malignancies and related blood disorders

### Aims

To outline the processes instituted to grow a high quality acute haematology service at Epworth Freemasons.

### Methodology

- We undertook a multifocal targeted initiative to lay the foundation for robust service delivery.
- Existing services at Epworth Freemasons were evaluated through a gap analysis to inform operational and workforce recommendations and initiatives to support a higher volume of haematology patients who require complex treatments.
- The acute haematology service was expanded in 2015.

### Results

#### Initiatives undertaken to implement and expand the acute haematology service

Initiatives to implement and expand the service involved: (1) the development of supporting units; (2) establishment of governance structures (i.e. policies, procedures and protocols); (3) expansion of the nursing workforce and nursing models of care; (4) introduction of a haematology nurse educator position; and (5) procurement of specialized equipment and facilities (see Figure 1).



Figure 1. Initiatives undertaken to implement and expand the acute haematology service

### Results (cont.)

#### Descriptions of the individual initiatives

<b>Day Medical Unit (DMU)</b> <ul style="list-style-type: none"> <li>• The introduction of the DMU enabled delivery of supportive care by general nurses, and specialized care by acute oncology/haematology services.</li> </ul>	<b>Specialised pharmacist</b> <ul style="list-style-type: none"> <li>• New role to ensure timely, safe delivery of chemotherapy and supporting care.</li> </ul>
<b>Bone marrow biopsy clinic</b> <ul style="list-style-type: none"> <li>• Runs every Tuesday &amp; Thursday</li> </ul>	<b>Haematology nurse educator</b> <ul style="list-style-type: none"> <li>• New role to train staff and develop haematology education program</li> </ul>
<b>Change to blood product administration protocol</b> <ul style="list-style-type: none"> <li>• Escalated to National Standard 9</li> <li>• Aligned with Bloodsafe</li> </ul>	<b>Handover sheet review and development</b> <ul style="list-style-type: none"> <li>• New format to record haematology-specific components</li> </ul>
<b>No pets, flowers or plants</b> <ul style="list-style-type: none"> <li>• Infection risk minimisation</li> <li>• Aligned with universally accepted standards</li> </ul>	<b>Chemotherapy trained nurses</b> <ul style="list-style-type: none"> <li>• Chemotherapy competencies now mandatory</li> </ul>
<b>Infection prevention strategies</b> <ul style="list-style-type: none"> <li>• Engaged with Infection Control to expand monitoring of central line bloodstream infections (CLASBI)</li> <li>• Aim for CLASBI rates of zero</li> </ul>	<b>Specialised equipment / facilities</b> <ul style="list-style-type: none"> <li>• Blanket warmer for patients experiencing rigors</li> <li>• ECG machine to enable nurse upskilling on the unit</li> <li>• Platelet agitator – enables platelets to be stored on ward to increase efficiency</li> <li>• Chemotherapy fridge / alteplase freezer</li> </ul>
<b>Basic Learning Package</b> <ul style="list-style-type: none"> <li>• Sourced from Royal Melbourne Hospital</li> <li>• Benchmark for baseline nursing knowledge on the unit</li> </ul>	



Figure 2. Equipment and facilities in the acute haematology service

#### Growth in service use (2016 – 2018)

Since its expansion, use of the acute haematology service and day medical unit (DMU) have grown steadily. The number of patients using the DMU; chemotherapy products administered; and total bed days for the Clarendon Street and Victoria Parade Haematology speciality services are described in Figure 3.

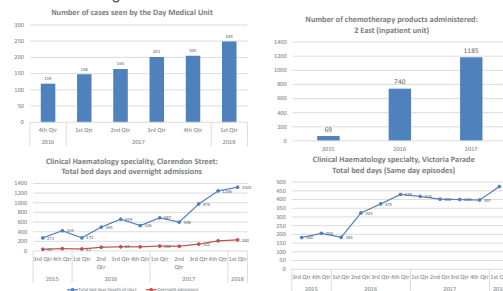


Figure 3. Growth in the use of the acute haematology service and day medical unit

### Conclusions

We have successfully reached our objectives in delivering an acute haematology service through a planned and targeted approach. The unit has begun successful expansion into caring for patients with AML with the promise of future growth including the expansion of the availability and delivery of clinical trial treatment for haematology. We plan to continue to monitor the quality and safety of care delivery of this service.



## Blood and Marrow Transplant Network Symposium

Sydney Olympic Park 18 – September 2018, 8.30am-4.30pm

### Aims

- Share research, education and initiatives across the multidisciplinary team.
- Provide an opportunity for networking for clinicians within their peer group.
- Provide a forum for discussion with regards to hot topics and issues of debate.
- Recognise the work and efforts of clinicians across the Blood and Marrow Transplant (BMT) Network.
- Provide valuable and infrequent opportunity for BMT clinicians to take some time out from their daily activities to meet as a group and learn about a range of key priority activities.
- Allow likeminded individuals to foster new ideas and future strategies.

**Abstracts or presentation expressions of interest are now open!**

### Audience

This event is aimed at experienced BMT clinicians from across the multidisciplinary group including medical, nursing, allied health, laboratory, quality management, research, and pharmacy.

### Cost

Free to all members of the NSW BMT multidisciplinary group – sponsored by the ACI.

Limited spots from interstate clinicians are also available upon request.

Please contact [monique.tovo@health.nsw.gov.au](mailto:monique.tovo@health.nsw.gov.au) for further information.

### Registration

[www.aci.health.nsw.gov.au/networks/blood-and-marrow-transplant/events/bmt-network-symposium-2018](http://www.aci.health.nsw.gov.au/networks/blood-and-marrow-transplant/events/bmt-network-symposium-2018)







Cancer Institute NSW

## EVIQ HAEMATOLOGY UPDATES

Keep an eye out for these new protocols and clinical resources which will be updated and published on eviQ shortly:

### New protocols:

- Hodgkin lymphoma pembrolizumab
- Non-Hodgkin lymphoma idelalisib
- Chronic lymphocytic leukaemia idelalisib and rituximab
- Cutaneous T-cell lymphoma relapsed vorinostat
- Peripheral T-cell lymphoma pralatrexate
- Acute lymphoblastic leukaemia blinatumomab

### Changes to existing protocols

Protocols on eviQ containing High Dose Cyclophosphamide now include the option of hyper-hydration as well as mesna, reflective of ASCO recommendations and acceptable variation in clinical practice.

### Clinical resources

- Haemorrhagic Cystitis
- Prophylaxis - antiviral therapy for herpes simplex virus (HSV) and varicella zoster virus (VZV)
- Prevention and management of tumour lysis syndrome

If there is a protocol or clinical resource that you would like to see on eviQ – please complete the [submit a protocol form](#) on the EVIQ site and we will get back to you as soon as possible.

Tejnei Vaishnav

eviQ Content Author – Haematology & BMT





## HSANZ-NG COMMITTEE

The HSANZ Nurses Group Committee is made up of representatives from Australia and New Zealand. To contact anyone on the current committee please email: [nurses@hsanz.org.au](mailto:nurses@hsanz.org.au) and your message will be re-directed to the appropriate representative.

STATE	NAME/ROLE	CONTACT DETAILS
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	<b>ELISE BUTTON</b> VICE PRESIDENT	<b>NURSE RESEARCHER - CANCER CARE SERVICES</b> ROYAL BRISBANE & WOMEN'S HOSPITAL HERSTON QLD 4029
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QLD	<b>NICOLE GAVIN</b> QLD REPRESENTATIVE	<b>NURSE RESEARCHER - CANCER CARE SERVICES</b> ROYAL BRISBANE & WOMEN'S HOSPITAL HERSTON QLD 4029
NZ	<b>POSITION VACANT</b> NZ (NI) / (SI) REPRESENTATIVE	



## EDITOR'S NOTE

Rosemary Hoyt

Dunedin Hospital, New Zealand

I have recently been completing a research protocol and ethics submission for a study I have decided to conduct. A number of years ago now, I worked as a research nurse and recall how arduous an ethics submission could sometimes be. However, my memory of its complexity had faded somewhat and I had forgotten how long the process could take. Writing a protocol that conveys your rationale for a study, including an extensive literature review will often take many months. Constructing a research question that appears valid and that other people (besides supportive friends) can understand and see as relevant is often challenging.

Once that part is completed (after multiple revisions) the next step is usually designing a participant information and consent form that clearly conveys your study rationale and procedures in plain and easily understood language. Again asking others to read what you have written and accepting their critiques is vitally important. This needs to be done way before you decide to submit anything to ethics. It can also save time in the long run. I suggest asking a few people including family and other non-health professionals. Do not be over-sensitive when people ask about what you are trying to say or do or that they do not understand what it is you are trying to achieve.

If supportive friends or colleagues do not understand then the ethics committee and your study participants will have no idea. Take suggestions on board and learn to adapt. Very hard if you have a vision for a study and it needs to change but hopefully not too much. It may end up being a much better study.

Language is so important, and we all need practice in writing in a way people can easily understand. There is a tool in Word that can give you a rating of how plain spoken your text is. It is part of the "Readability Function" and is called the 'Flesch-Kincaid' grade level. Worth checking out if you do not know about it and are writing patient information materials.

Another aspect of an ethics submission in New Zealand, which I was unaware of, as I had only ever done research in Australia, is the Maori Consultation process. This is a vital part of any research proposal and involves considering how parts of your research design, its aims, recruitment processes, inclusion criteria and interventions are relevant to Maori. Relevant in many aspects from health care needs, cultural considerations, health disparities, disease groups you are targeting, how you conduct the research and what you should consider as culturally appropriate methods or interventions. I came across this quote that I feel places such considerations into perspective:

In a research context, to ignore the reality of inter-cultural difference is to live with out-dated notions of scientific investigation. It is also likely to hamper the conduct of research and limit the capacity of research to improve human development. (National Health and Medical Research Council (2003). Values and Ethics: Guidelines for ethical conduct in Aboriginal and Torres Strait Islander health research. Canberra: 24).

There are some useful guides for Maori research ethics to aid the novice researcher. The below diagram and reference were a good starting point for me:

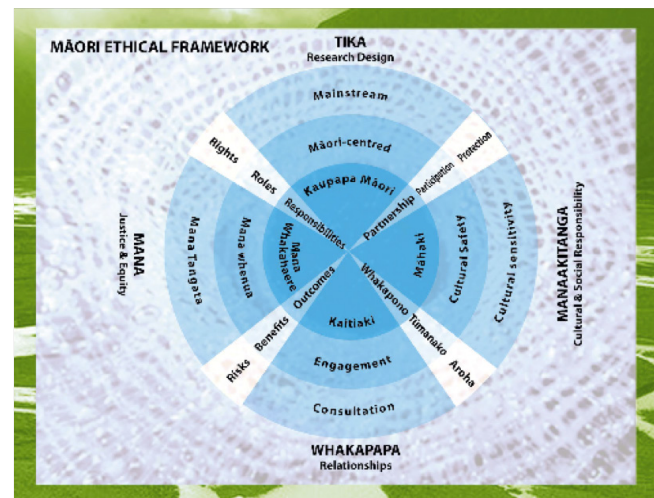


Figure 2: Māori ethical framework

From Hudson M, Milne M, Reynolds P, Russell K & Smith B. (2010). *Te Ara Tika: Guidelines for Maori research ethics: A framework for researchers and ethics committee members*. Auckland: Health Research Council of New Zealand.

My study involves recruiting older haematology patients (aged 70 years or older). One consideration for me was that Maori have lower life expectancy and will also likely experience age related illnesses at a younger age than their European counterparts. As a consequence of this disparity, the age criteria for my study (as I wanted to focus on the older old haematology patient) might have actually excluded older Maori. Therefore, I would have ended up losing a group of participants in my study whose insights I would very much like to have included. This was a worthwhile insight for me that would not have come about if I had not completed the Maori consultation. It is also very relevant for other indigenous groups.

My study has since been approved and I am now busy recruiting people to it. I have to stifle my surprise a little when patients consent to participant!

After all the preparation this is the exciting part



## The newsletter

Content for the newsletter was hard to come by this time so it is later than I would have liked and quite small. I think I am also coming to the end of my time as editor, so will certainly welcome anyone who wants to take on this role.

I received a great handover from Tracy King, almost four years now, so can certainly hand over all her handy hints and some of mine

I have learnt over the last four years. So, if anyone wants to assume the Editorship please make contact. If I do not hear from anyone I will probably just aim to put out another edition after Blood conference in late November/ December 2018



ROSEMARY & RUBY