



Nursing

HSANZ-NG

Haemophilia
New-Zealand
New-South-Wales
Northern-Territory
Supportive-Care
Clotting-Factor
Tasmania
Haematology

AML
National
Paediatric
Sickle-Cell
Blood
Platelets
Myeloma
Metropolitan
Lymphoma
Myelosuppression
South-Australia
Thrombophytic
Thalassaemia
MDS
Regional
Update
Survivorship
Trials
Victoria
CML
APML
BMT
Queensland
Clinical
Neutrophil
Research
Western-Australia
Haemoglobinopathies
Leukaemia
Packed-Cells

SEPTEMBER 2015

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HSANZ NG
Haematology Society of Australia and New Zealand

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InspireHCP Pty Ltd.

HAA
2015
HSANZ ANZSBT ASTH

**18 - 21 OCTOBER 2015 ADELAIDE
CONVENTION CENTRE**

www.HAA2015.com

The theme of the nursing program for 2015 is the Haematology nurse as a knowledge worker. We explore expert nursing roles, growth and development of Haematology nurses, and wider professional and issues of nurses and those caring for patients with haematological conditions.

The local organising team has put together a program that will appeal to nurses wherever they are in their career from early career haematology nurses to Clinical Nurse Consultants. The invited speaker is Professor Daniel Kelly, from the University of Cardiff, Royal College of Nursing Chair of Nursing Research / Director of Research and Innovation. His initial nursing education was undertaken in Edinburgh and then at the Royal Marsden Hospital before engaging with academia and contributing to the development of innovative cancer and palliative care degree programmes. Several university posts later he was appointed to his current role. Professor Kelly has published on death dying and emotional labour, care and needs of young adults with cancer as well as in workforce issues, nursing of leadership, and nursing's scope of practice. Professor Kelly will also conduct a Masterclass for those thinking about research on *How do you observe everyday work life to get to your research question?*

The nursing program reflects the diversity of clinical practice, with an update on Pathology and complex care, evolutions of the Multidisciplinary team, hot issues in inpatient care, as well as looking at how new hospitals create new ways of practising nursing. Haematology nursing workforce issues are explored what is and is not the nurses' role, scope of practice and ensuring ongoing competence.



THE LAST WORD FROM ME – AND I MEAN IT THIS TIME!



Well I may have hung around for a little longer than planned, but we didn't sit on our laurels – it's been quite a year of continued progress.

The nurses group has successfully established Special Practice Networks as a way for sub groups to form with a particular disease or treatment focus. You can read more in this edition about progress with the myeloma group and also the MDS / MPN groups. Both are actively recruiting interested nurse members to join and work on a range of projects.

We're excited to announce an MOU between HSANZ and that of EBMT with collaborative work already in place. David Collins will be attending EBMT 2016 as their guest and we look forward to bringing a representative of EBMT nurses group over to join us at HAA in the years ahead. To celebrate a new working relationship between our two groups we are awarding a travel grant to go towards costs of attending EBMT 2016 for 1 successful HSANZ Nurses Group member. See page 3 for details on how to apply.

I would like to extend my gratitude to Natalie D'Abrew who for 3 years has volunteered her support, time and skills to the design and publishing of our newsletter. Natalie is a colleague of mine in the Cancer Nursing Research Unit was co-opted onto the newsletter team by the mere fact of working in the office next door to me! I think you will all agree the quality and professional look of the newsletter has evolved under her guidance. Thank you so much Natalie, the 3pm chocolate run is on me for the next few years!

As we say goodbye to Natalie, we welcome with open arms Clare Lynex and InspireHCP who have come on-board to offer their design and publishing skills to our group in a voluntary capacity. As you can see, the quality and professionalism of the newsletter is maintained and we thank InspireHCP for their contribution and look forward to working with them on the newsletter as we move ahead. As I retire (!!), I also welcome Rosie Hoyt, recently moved back to NZ from Melbourne, who will be taking over as newsletter editor. More from Rosie in the next edition.

I would like to take the opportunity to formally thank the members of our committee who have worked consistently over the years to help deliver opportunities for haematology nurses in their regions. Our groups' successes and growth is a direct consequence of the hard work and passion of haematology nurses working in Australia and New Zealand and I would encourage each and every one of you to get involved at a local level to make a difference and drive haematology nursing forward.

It has been an honour to lead this group and I look forward to remaining involved as an active member. I wish David Collins and the team continued success going forward.

Tracy King
PRESIDENT HSANZ NG
Tracy.king@sswahs.nsw.gov.au



CONTINUED FROM PAGE 1

The diversity of our practice is reflected in the nursing stream being asked to share sessions with a number of haematology societies. The shared session with HSAZ explores haematology care and indigenous health, and a shared session with BMTSAAA on stem cell collection reflecting the collaborative nature of our practice. We have invited Jeremy Limpens to speak on "Creating and sustaining emotional resilience and passion in cancer nursing." Jeremy Limpens is interested in improving workplace culture and has worked for almost twenty years in health care as a senior manager, emergency and remote area nurse specialist, and paramedic across fifteen countries.

We also want you to make friends and network. The welcome reception will have a dedicated meeting point for first timers and those on their own to meet colleagues and make friends to enjoy the conference. Look for the location when you register. The conference dinner is at Adelaide Oval where an amazing evening awaits of South Australian food and wines. In October we really want to you to come to HAA in Adelaide to network with your colleagues, make new friends, share, learn and be challenged about your haematology nursing practice.

Bev Quisted
Chair Nurses LOC HAA 2015

MEMORANDUM OF UNDERSTANDING (MOU) BETWEEN HSAZ NURSES GROUP AND EUROPEAN SOCIETY FOR BLOOD AND MARROW TRANSPLANTATION (EBMT).

In support of growing our haematology nursing community by creating opportunities to collaborate and network, the HSAZ Nurses Group actively sort to undertake a MOU with our nursing colleagues in Europe. With similarities in health systems and cultures between our 2 regions, we believed there was much to learn from each other and the potential to collaborate ahead. I was pleased that my initial email to Aleksandra Babic, the EBMT NG President was answered within a few hours with a passionate and positive response. We both agreed that our 2 groups could benefit from a strategic formal relationship and set about talking with our respective groups. The ink is not yet dry on the MOU but we've already made plans ahead to present HSAZ NG at the next EBMT conference in 2016 in Valencia, Spain. David Collins as incoming President will attend the conference on our behalf.

Why not find out more about EBMT nurses group or their annual conference.

www.ebmt.org

www.ebmt2016.org



EBMT 2016 TRAVEL GRANT

In celebration of our new affiliation we would like to offer a travel grant to a HSAZ NG member to go towards costs to attend EBMT 2016 in Spain.

Who can apply: HSAZ associate nurse members

What is the grant: \$2,500 to go towards cost of attending EBMT conference

How do I apply: Request application form from nurses@hsanz.org.au

Criteria for application includes: Current associate nurse member of HSAZ; documented ability to attend EBMT 2016; provide report back via newsletter and presentation at local group, *preference to those who have submitted an abstract to EBMT.*

Applications close: Monday 12th October. Winner to be announced at HAA 2015 in Adelaide.



European Society for Blood and Marrow Transplantation

www.ebmt.org

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Solid Tumours

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(Cremona)

The EBMT Nurses Group: promoting excellence in patient care through international collaboration, education, research and science

The EBMT Nurses Group was created 31 years ago and now counts more than 700 members in more than 50 countries with a Principal Nurse identified in almost each EBMT Centre.

The EBMT NG plays an essential role in Haematology and Haematological Stem Cell Transplantation nursing. We continue to build on high levels of nursing representation in EBMT clinical centres, with nurses and allied health professionals worldwide. The group is dedicated to improving the care of patients receiving SCT and works towards promoting excellence in care through recognizing, building upon and providing evidence based practice. The EBMT NG Mission is to enhance and value the nurses role all over the world, supporting and sharing knowledge through communication, advocacy, research, training and education. We have many National Groups / forums and we are delighted to announce the Memorandum of Understanding that has been signed between EBMT and the Haematology Society of Australia and New Zealand (HSANZ) Nurses Group. The HSANZ will attend the 2016 EBMT Annual Conference in Valencia and presenting their group and recent activities.

Aleksandra Babic
EBMT NG President



CANCER NURSES SOCIETY OF AUSTRALIA REPORT TO HSANZ NURSE GROUP



18th CNSA Congress ‘Cancer Nursing: Expanding the Possibilities’

During June, CNSA held the 18th Annual Congress, this year with record breaking attendance number of in excess of 600. For the first time, CNSA incorporated the National Breast Cancer Care Conference. Congress began with a day of workshops with the emphasis on growing and developing areas of cancer nursing: radiation oncology, care of central venous access devices, advanced nursing practice, research and communication skills.

During the welcome reception, a ceremony to honour CNSA past presidents and a presentation of the new CNSA presidential pin was held. As part of the ceremony, Prof Patsy Yates, as the first CNSA President presented a pin to the current President - A/Prof Raymond Chan. In this ceremony, we recognised the exceptional nurse leaders in cancer care:

- Patsy Yates 1999-2002
- Kate Cameron 2003-2006
- Tish Lancaster 2005
- Gabrielle Prest 2007-2009
- Mei Krishnasamy 2010-2012
- Sandy McKiernan 2013-2014

Our international keynote speakers for this year congress included: Dr Carrie Tompkins Stricker (Oncology Nurse Practitioner, University of Pennsylvania, Chief Clinical Officer, On Q Health Inc., US), Professor Lesley Fallowfield (University of Sussex, UK) and Professor Alex Molasiotis

(Hong Kong Polytechnic University). Dr Stricker presented the advanced practice nursing roles in the US and challenged us to examine new opportunities for innovation in nursing. Roles such as Nurse Informaticist and Nurse Practitioners across the cancer continuum are still relatively new in Australia. As an expert in cancer survivorship, Dr Stricker discussed a range of models of survivorship care used internationally, and challenged nurses to play a critical role in improving outcomes. Professor Lesley Fallowfield, as an expert of patient communication and patient reported outcomes, challenged the delegates to consider cancer treatments from the patient’s perspective. Her plenary presentation “*Why patient reported outcomes matter in trials*” was extremely thought-provoking. Professor Fallowfield challenged the validity and clinical usefulness of the Common Terminology Criteria for Adverse Events (CTCAE) in a number of aspects. Professor Fallowfield further highlighted the limitations of the tool and encouraged us to reconsider our clinical assessment both in conducting clinical trials as well as clinical practice. Professor Alex Molasiotis discussed the issues around advanced practice nursing in his plenary. Prof. Molasiotis described the plethora of role titles in advanced nursing practice and suggested that these titles were making advanced practice nursing confusing and less transparent to the public. He recommended that advanced practice nurses consider the unique contribution they can make and evaluate these outcomes in a way that the public and administrators will appreciate.

In 2016, CNSA Annual Congress will be held in Cairns on 12-14 May.

Below are the key dates:

- **Abstract Submission Deadline – 15 Jan ‘16**
- **Travel Grant Deadline – 19 Feb ‘16**
- **Early Bird Deadline – 31 Mar ‘16**

CNSA Membership, Website and Social Media Update

2015 has seen CNSA change the membership year to 1 April - 31 March which will now align with the CNSA financial year. CNSA now has in excess of 1000 members and is growing.

In April 2015, CNSA changed to a new website provider who works specifically in the non-for-profit sector with



CNSA PAST PRESIDENTS

clients from member based organisations. CNSA members are now able to have access to a member search directory, continuing professional development profile and responsive website design giving readable and adapted access to the website from tablets and mobile phones.

The CNSA twitter feed and facebook pages continue to serve not only as a platform for regular communication and news to our members but also to attract new members. The twitter feed has 641 followers and facebook currently has 823 likes.

Associate Professor Raymond Chan
CNSA President



CNSA EXECUTIVE COMMITTEE

CHEMOTHERAPY CREDENTIALING: ENGAGING, EQUIPPING, ENABLING AND EMPOWERING NURSES IN CANCER CHEMOTHERAPY CARE.

Catherine Barratt
Staff Development Educator
WA Cancer & Palliative Care Network

WA Cancer Plan 2012-2017

The *WA Cancer Plan 2012-2017* provides a mechanism to integrate and support cancer control activities across WA and aims to promote a coordinated approach to cancer control to ensure the best use of resources to improve cancer outcomes across WA. It articulates principles and sets goals against which strategies in cancer control should be considered and measured. It also recommends priority programs and services which will accelerate cancer control by reducing cancer incidence, improving cancer survival as well as the quality of experience and life for people with cancer, their carers and families. The *WA Cancer Plan 2012-2017* also acknowledges the magnitude of the burden cancer creates and makes recommendations to improve cancer outcomes under five broad priority areas.

Credentialing nurses involved in chemotherapy administration is a key initiative of the *Western Australian (WA) Health Cancer Services Framework 2005* to promote equitable access to safe, evidence-based chemotherapy care.

This supports the following two key priorities of the WA Cancer Plan 2012-2017:

Priority 3: To improve outcomes and reduce morbidity for people affected by cancer in WA through equitable access to best practice and care through the cancer journey.

Priority 5: To ensure sustainability, efficiency and effectiveness of cancer control activities in WA through appropriate planning and use of resources.

Context

WA is a landmass of 2.5 million square kilometres divided into nine regional areas. Its current population is 2.5 million people with eighty percent (2 million) currently living in the Perth metropolitan area.

The increasing incidence of cancer in WA continues to present challenges in sustainable service delivery. Activity Based Funding/Activity Based Management drives efficiency in service delivery whilst high consumer engagement and expectation and appropriate focus on safety and quality in health care add to the complexity of the situation.

Increasingly, patients have an expectation of receiving care closer to home and predicted general and specialist nursing workforce shortages have implications for the ability of chemotherapy services to meet demand. Additionally, the complex treatment and toxicity profiles along with extensive supportive care needs, particularly of the haematology patient, demand a well-educated, highly skilled nursing workforce.

Reference: Frommer, Heinke and Barton (2005) state that “the sole intent of credentialing is to improve and sustain the safety and quality of health care”.



CHEMOTHERAPY SERVICE PROVISION IN WA

Currently, whilst the majority of haematology patients receiving chemotherapy are treated in the tertiary setting, this is not the case for all patients with cancer. Chemotherapy administration in WA takes place in a variety of clinical settings, via multiple modes of administration and clinical practice is not standardised. Nursing expertise in chemotherapy administration and supportive care is variable and whilst there has been significant uptake of the use of the eviQ Antineoplastic Drug Administration Course by health sites across WA, there are still sites yet to endorse and implement this well recognised resource as the minimum standard of education for nurses administering chemotherapy and associated supportive care. The absence of a coordinated mentoring model for nurses in this practice area also impacts on the quality of service delivery.

Aim

It is predicted that implementation of chemotherapy credentialing for nurses will:

- Establish safety and quality in chemotherapy administration as a priority over convenience;
- Reduce variation in practice by ensuring nurses delivering chemotherapy care are equipped with the required knowledge, experience and expertise;
- Determine a minimum standard for chemotherapy education and competency assessment; and
- Increase numbers of patients receiving chemotherapy closer to home.

Progress to date

The Chemotherapy Credentialing Governance and Steering Committee was convened by the WA Cancer and Palliative Care Network in June 2010. Representation from a broad sector of health included public, private, rural and metropolitan stakeholders with consumer interests also represented. The brief of the committee was to address the safe and equitable delivery of cancer chemotherapy in WA and to make recommendations to

the Director General for Health that would support improvements in the delivery of cancer services in WA, particularly the safe delivery of cancer chemotherapy care to all West Australians receiving chemotherapy for a diagnosis of cancer.

Terms of Reference and recommendations to support safer chemotherapy delivery were developed during this initial consultation period, with the development of the first draft of the *WA Cancer Chemotherapy Credentialing Framework 2011* to determine:

- Standards of practice in the delivery of chemotherapy care to govern and protect nurses in this practice area;
- Requirements for state wide education programs and continuous professional development;
- Chemotherapy competency assessment and pathways for credentialing the workforce to enable practice;
- Scope of practice for empowered decision making.

Consultation with key nursing stakeholders continues and remains a vital aspect of this evolving project.

Conclusion

Chemotherapy credentialing will provide a robust framework to equip, enable and empower nurses to deliver safe, high quality, holistic, evidence-based chemotherapy care. It likewise ensures patient focussed care with the accomplished cancer nurse competently delivering chemotherapy, whilst engaging and empowering conversations with cancer patients.

References: Frommer M, Heinke M and Barton M. Credentialing of Cancer Clinicians: A guide for Australian health-care organisations. The Cancer Council of Australia/The Australian Cancer Network: Sydney 2005: 1-27. Available from <http://www.cancer.org.au/content/pdf/HealthProfessionals/ClinicalGuidelinesNetwork/CredetiallyCancer-Clinicians-GuideHealthOrgs.pdf>.



HEALTHY LIVING AFTER CANCER

Liz Hing

Healthy Living after Cancer Consultant
Cancer Information and Support Services
Cancer Council NSW

153 Dowling Street, Woolloomooloo NSW 2011
Days of Work: Monday, Wednesday & Thursday
Email: Lizh@nswcc.org.au
Tel: 13 11 20



Healthy Living after Cancer is a NHMRC Partnership Project between the NSW, VIC, SA and WA Cancer Councils and the Cancer Prevention Research Centre, School of Public Health, University of Queensland, in collaboration with a team of Australian and international investigators.

The Healthy Living after Cancer program is available to people diagnosed with any type of cancer treated with curative intent and who have completed active treatment (patients on hormone therapies are still eligible). Cancer survivors who take part in the program will receive up to 12 telephone coaching calls over a period of 6 months

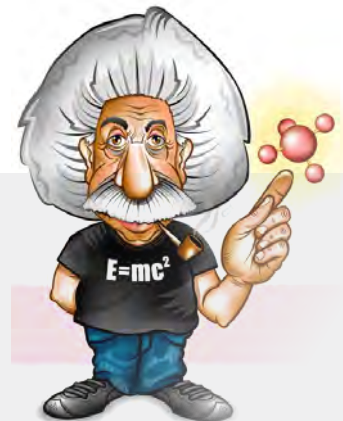
from a Cancer Council 13 11 20 Nurse or Information and Support Consultant, along with a program workbook. Consistent with recommendations for cancer survivors and chronic disease prevention, participants will be encouraged and supported to reduce saturated fat intake and increase fruit and vegetable intake, and to gradually increase moderate-intensity, planned physical activity.

To date, despite an established evidence base, lifestyle interventions are not incorporated into routine cancer care. The overarching goal of this project is for the Healthy Living after Cancer program to be systematically integrated into survivorship care throughout Australia.

HAEMATOLOGY TEA ROOM QUIZ

Answers available on page 19

1. What might a low haptoglobin indicate?
2. A young person who develops haemolytic anaemia after eating broad beans for the first time may be deficient in what enzyme?
3. What should you assess for when a newly diagnosed APL patient commences ATRA (all-trans retinoic acid) therapy?
4. Patients on arsenic therapy should have regular ECGs; why?
5. Name two interventions that may reduce skin toxicities associated with azacitidine therapy?
6. What is the main cause of mortality among patients with severe congenital neutropenia in the era of G-CSF?
7. What is the most common hereditary hematologic disorder in the world?
8. C.R.A.B is an abbreviation for features associated with a diagnosis of myeloma. What does each letter stand for?
9. Name three common side effects of thalidomide?
10. Long term use of clexane can result in what condition?





Healthy Living
after Cancer

Healthy Living after Cancer



Cancer Council NSW
153 Dowling Street
Woolloomooloo NSW 2011
Phone 13 11 20 or 9334 1900
cis@nswcc.org.au

Supporting you to improve your health and well-being after cancer treatment

A free program brought to you by Cancer Council
New South Wales to help you make healthy lifestyle
changes, get active and eat better

Healthy Living after Cancer

Adults who have completed treatment for cancer within the past five years are invited to take part in a free telephone health coaching program run by Cancer Council New South Wales.

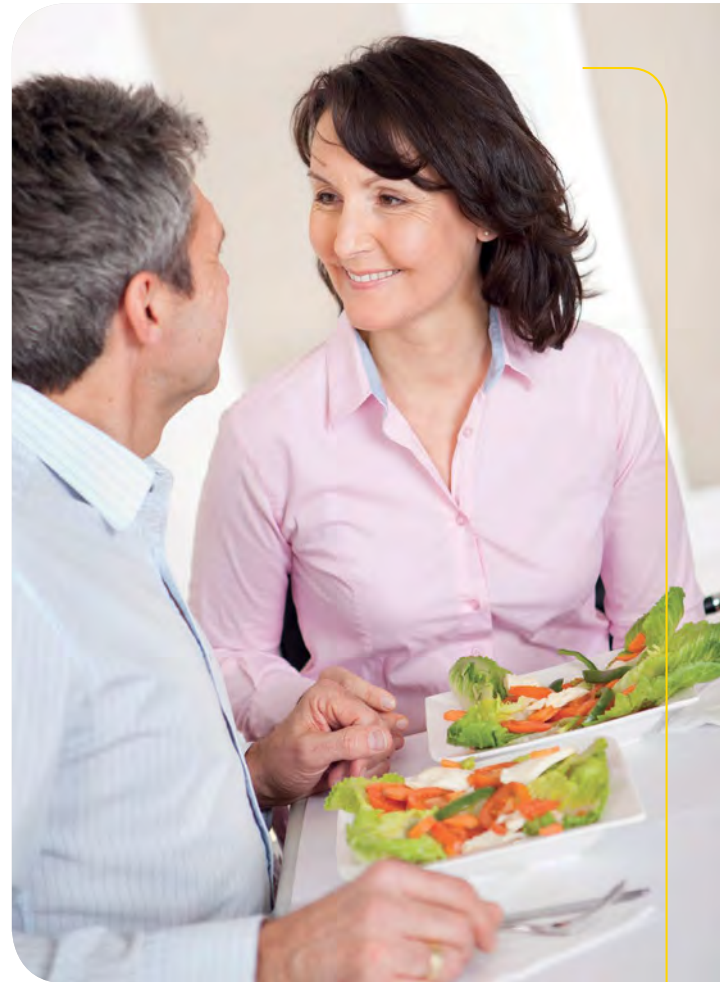
Getting back to a healthy lifestyle after cancer is one of the most important things you can do for your health. **Healthy Living after Cancer** will help you to get active, eat better and feel better, so that you can do more of the things that are important to you.

What does the program involve?

You will receive up to 12 health coaching calls over a period of six months from a Cancer Council health consultant.

The health consultant will work with you to make healthy lifestyle changes by setting goals for physical activity and healthy eating, and will help you reach these goals by giving you support, helpful tips, and motivation.

So that the health consultant can help you set and reach your healthy living goals you will be asked to complete a survey over the phone at the beginning and again at the end of the program about your physical activity and diet, and about your overall health. You will receive feedback in the mail or via email following each of these surveys so that you can monitor your progress too.



What do I do to find out more?

If you would like more information about the **Healthy Living after Cancer** program or would like to sign up, please do one of the following:

1. Ring Cancer Council New South Wales on **13 11 20** and ask for more information about the **Healthy Living after Cancer** program.
2. Complete and return a referral form so that Cancer Council New South Wales can get in touch with you to tell you more about the program.

A MONSOON OF MYELOMA RELATED MOMENTS IN MUMBAI!



Tracy King
Myeloma CNC
RPA, Sydney

You know I'll go anywhere to talk to nurses about myeloma – so I jumped at the chance to visit hospitals in India and talk to nurses about best practice in the administration of chemotherapy and managing toxicities. We undertook 5 meetings, hospital tours and presentations in 5 cancer hospitals, in 3 cities in 3 days, all in the Indian Monsoon season – hot and humid! We talked and talked, taught and discussed until by talk 3, I had totally lost my voice – literally. I lost my voice just in time to be filmed as a resource for nurses in regional and rural India. Thankfully with the aid of a carefully placed microphone and some local audio manipulation, I came out sounding like a normal human being and not a squeaky Australian!

It is only on the plane between cities and home that I get a chance to reflect on the passionate people and busy departments I visited and write this piece to share my experiences with you all. The Indian nurses were delighted in the photo's I showed them from nursing at home and I promised to share pictures of them with you all on my return.

Clearly there are some differences between cancer nursing and myeloma between our 2 countries but not surprisingly I found there were more similarities than there were differences.

The incidence of myeloma in India is far lower than in Australia but with a population 54 times greater than Australia and soon to be the most populous nation in the world, they certainly manage a lot more cases of myeloma than we do.

	INDIA	AUSTRALIA
Population	1.24 billion	24 million
Incidence of MM	1:100,000	6:100,000
Annual diagnosis	17,500	1,500
Average age of diagnosis	50 years	70 years

With a mixed level health system from general public, mixed to private – lovingly known as ‘Deluxe’ and ‘Platinum’ – hospitals are busy and energetic place.

HOSPITAL I

Tata Cancer Hospital Mumbai

The nursing system was very similar to our own – be it with different terminology. I was welcomed to the largest cancer hospital in India by a family of nursing Superintendents lead by Ms Sindhu Nair. They quickly made me feel at home proudly telling me of their departments and facility. Great fans of Prof Patsy Yates and the work of CNSA and ISNCC – they told me stories of Patsy's previous visit and the great work of their local Oncology Nurses Association of India (ONAI) which is an active member of the Asian Oncology Nursing Society (AONS). Tata is a 600 bedded cancer hospital managing a mix of general and private patients. The difference is in payment and allocation of single rooms whilst the same nurses manage the care of all patients. The dedicated nurses care for all patients with a range of nursing assistants and experienced master level trained nurses. With a day therapy open 7am to 9pm 6 days a week and a half day on Saturday they see over 500 chemotherapy cases per day and take around 10-15,000 blood samples a day.

I left Ms Sindhu Nair and their team of dedicated nurses with great plans to come back in the run up to International Myeloma Workshop 2017 being held in Delhi. We hope to be able to work together alongside the ONAI to host some further nurse training focusing on myeloma.



TATA MEMORIAL HOSPITAL MUMBAI – MS SINDHU NAIR AND COLLEAGUES.



HOSPITAL 2

Cancer Institute Adyar, Chennai

Up at 4am for a 06.30 domestic flight to Chennai. Breakfast is over rated don't you think. Thankfully they like coffee as much as we do so plenty on tap!

The Cancer Institute in Chennai is a government hospital (public). I was welcomed by Sathya Bala the infection control nurse. Sathya kindly gave me a tour of the hospital in advance of my lecture to the nurses. I was impressed by the 2 bedded allo BMT unit complete with lamina air flow and plenty of signs warning of extra risk of infections. The BMT unit also had 4 autologous transplant beds which are located within the higher risk haematology area on the top floor. Extra precautions to minimise risk of infection were adhered to and BMAT were undertaken in an allocated room to the side. Costs saving initiatives were at the forefront of the clinician's management approach and I was impressed at the use of fresh stem cells for myeloma autographs. To save on costs, stem cells are mobilised the day before high dose melphalan and then re-infused fresh 24hrs afterwards, saving the cost of cryo-storage.

After our tour I was delighted to share hot Chai tea with Ms R Sathyabala – superintendent and colleagues in their busy office where the phone didn't stop. I had taken along some materials and resources from Sydney Nursing School and our Cancer Institute NSW eviQ team. We discussed the importance of nurse education and mentorship, all the while enjoying more Chai tea – which I now LOVE.

Bortezomib in India is predominately administered via the IV route (70% to 30%). I was amazed to hear also that there are 32 generic forms of bortezomib! One of the goals of visiting was to share our experiences in Australia with the SC route of administration and the associated reduction in toxicities, particularly peripheral neuropathy. I also shared

our experiences generally with cytotoxics in Australia and was able to demonstrate the wonderful resources of our Cancer Institute of NSW and eviQ. Interestingly India is the 4th highest user of eviQ resources in the world as per 'hits to site' – so some of the nurses were already familiar with our practices. The 2 new nursing tutors at Chennai Cancer Institute were particularly keen to hear of the educational resources available on-line for nurses – 'Antineoplastic drugs administration course ADAC' and plan to make use of them going forward.

HOSPITAL 3

Apollo Hospital Chennai

Apollo hospital is a private facility with levels of deluxe and platinum. Predominately oncology it does manage some neuro trauma and other trauma through its emergency department. Superintendent Ms Shanmuga Priya and her staff were wonderful hosts and very keen to learn. We started our stay with a very interactive educational session. This was the beginning of the end for my voice – lost for a good cause.

“We then took a tour of the facilities. I was impressed by their immune-high dependency areas – caring for acute leukaemia's on therapy and those following SCT or profoundly at risk of infection.”

A team of nurses include infection control, nursing tutors and educators, chemo only nurses and many rotate around the areas to gain experience. In India it is routine practice that nurses reconstitute their own chemotherapy before administering it. They have designated areas within the department to do this including lamina air flow.

APOLLO HOSPITAL CHENNAI. MS SHANMUGA PRIYA AND THE WHOLE TEAM!



CANCER INSTITUTE ADYAR, CHENNAI. MS R SATHYABALA AND COLLEAGUES





HOSPITAL 4

All India Institute of Medical Sciences (AIMS) Delhi

Another early rise and 5am driver pick up, we flew to Delhi. Did I mention the roads – well more to the point the exciting and frantic taxi rides which included scrapes with a goat and Tracy firmly putting on her seat belt in the absence of normal practice! I'll tell you more over a beer some time!



ALL INDIA INSTITUTE OF MEDICAL SCIENCES (AIMS), DELHI. MS NILEEMA AND THE NURSING TEAM ENJOYING A WELL DESERVED LUNCH BREAK

AIMS is one of the best known medical facilities in India. We visited the cancer department of this vast campus. Ms Nileema and a very energetic Aleyamma Joseph were my hosts for a lively educational session. Sister Joseph asked me if I preferred the UK or Australia and jointly we decided India was half way between so I would move there! We chatted over lunch and shared experiences of nursing in our separate regions. The nurses at AIMS are heavily involved in leading the local chapter of ONAI and told me about their upcoming seminar. To be held on 5-7th November at AIMS the 17th National Oncology Nursing Conference has a full and exciting program planned. Sister Joseph kindly invited me to return to present during conference but time and financial challenges make that impossible at this time. I have sent my membership forms in for ONAI though and hope to be a passionate supporter of their group from afar.

I met Dr Lalit, who has a special interest in myeloma and is part of the local organising committee for the International Myeloma Workshop in Delhi in 2017. We spoke about what we could achieve in terms of education for nurses around the IMW 2017 meeting and plan to meet in Rome next month at this year's IMW 2015 to discuss things further. We aim to collaborate with sister Joseph and colleagues from ONAI to host myeloma nurses education in the future.

HOSPITAL 5

Rajiv Gandhi Cancer Institute Delhi

My last visit in India was at another large cancer hospital. Chief nurse Ms Kathleen Glenda took great care of me for now I was clearly struggling to speak! Hot chai tea with extra ginger was prescribed and very effective. Kathleen has a background of nursing in the military and came to the public cancer service only a few years ago. She is a natural Chief nurse for oncology; caring, passionate and supportive of her wider team of nurses. It was lovely to hear of the work they have done to establish a pharmacy centred cytotoxic service. The nurses no longer have to reconstruct their own chemotherapy and such quality and cost savings have been made that they are establishing a 2nd service.

We undertook our teaching in a separate building a few minutes cab ride away. The facility was accommodation for country patients, built and funded by the local community it served. An excellent resource for those coming into the city to receive therapy. With a very squeaky voice I gave my 5th talk in 2 days and chatted for ages afterwards with the nurses, despite it being end of a busy Saturday and all were keen to get home to their families. More Chai tea and Kathleen then welcomed a team of young nurses and staff who had arrived to practice their dancing for hospital wide celebrations in the coming days. The hospital celebrates the support of the local community each year in a day of celebrations – it was a shame I had to fly home and missed it.



RAJIV GANDHI CANCER INSTITUTE, DELHI. CHIEF NURSE KATHLEEN GLENDA AND TEAM.

I would like to take this opportunity to thank Janssen India for their support of nurse education in their region. All the hospitals and staff welcomed me and keenly shared their experiences and nursing practices in their regions. I would like to thank all the nursing Superintendents and Chief nurses who so keenly hosted me and provided me with lashings of Chai tea, energy and enthusiasm for improving patient care by learning, wherever in the world you are. I look forward to working again with you all in the run up to International Myeloma Workshop 2017 in Delhi.

BloodSafe

eLearning Australia

New Courses

It has been a busy but successful year so far at BloodSafe eLearning Australia. Six new courses have been released based on module 3 of the patient blood management guidelines, which focuses on the medical patient population.

Due to the distinct differences in managing some of these patient groups, we decided to create six individual courses, including a general medical module that needs to be completed prior to commencing the specialty courses.

The new courses are already proving popular with over 2000 course completions since release in April.

The five specialty courses are:



Cancer



Chronic Transfusion



Cardiac



Chronic Kidney Disease



Gastrointestinal

The two courses that may interest you most are the Chronic Transfusion and Cancer courses.



Cancer

Completion time: ~45 minutes

Contains educational content and interactive case studies of patients with solid tumours and haematological malignancies

Content includes:

- Assessing and treating anaemia in the cancer patient
- Causes and management of bleeding in the cancer patient
- Appropriate use of transfusion, and risks of transfusion in the cancer patient



Chronic Transfusion

Completion time: ~45 minutes

Contains educational content and case study based activities about patients with a chronic transfusion requirement. Particularly those with haemoglobinopathies and acquired bone marrow disorders such as myelodysplastic syndrome.

Content includes:

- Use of blood component therapy and clinical management of chronically transfused patients
- Avoiding and managing complications of transfusion specific to this patient group

Upcoming

The iron deficiency anaemia app is currently under redevelopment and will soon be available on iPhone, Android and Windows phones.

A Critical Care course (based on module four of the Patient Blood Management Guidelines) is also being developed along with several new video resources. So watch this space.

Awards and Milestones

In July we celebrated the completion of the 500,000th course since the program began in 2007 and currently have over 300,000 registered learners.



The program management office were very excited to be the recipients of an honourable mention at the International eLearning Awards held in New York in June.



The team will be traveling to Sydney in September to receive a Silver award in the LearnX awards for "Best Online Learning".



Dear HSANZ nurse group members,

Myelodysplastic Syndrome (MDS) and Myeloproliferative Neoplasms (MPN) are groups of rare blood cancers. There are around 1400 people newly diagnosed with MDS and 930 people newly diagnosed with an MPN in Australia each year. The challenges faced by those living with MDS or an MPN become ever more complex with new treatment paradigms and a range of novel agents. The importance of improving upon and sharing our understanding and expertise is pivotal to increasing support for people affected by an MPN or MDS across Australia and New Zealand.

We have formed a steering committee and are in the process of submitting a formal application to the HSANZ council. The aims, objectives and planned activities of the group are currently being established. We would like to invite nurses who are interested in becoming a member of the MDS and MPN special practice network (SPN) within HSANZ Nurses Group.

If you would like further information or are interested in joining the MDS/MPN SPN, we encourage you to get in touch with us at the email: mpn@leukaemia.org.au

Kind regards,

MDS/MPN SPN

Steering Committee

HSANZ Nurses Group

CLINICAL PRACTICE GUIDELINES FOR MYELOMA AND RELATED DISEASES

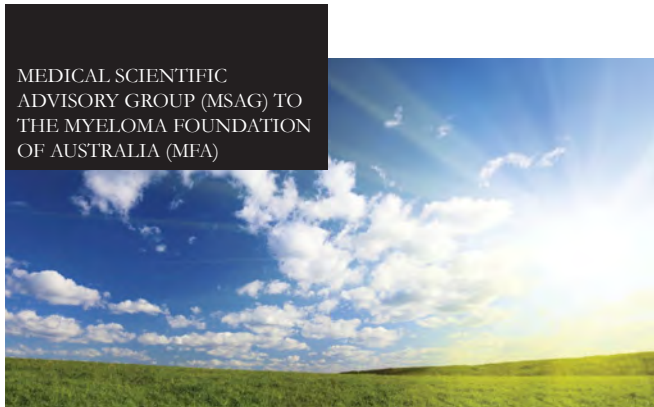
Myeloma Australia’s Medical and Scientific Advisory Group (MSAG) comprises haematologists with a special interest in myeloma from each state in Australia. Their most recent achievement is the publication of Clinical Practice Guidelines for the management of AL Amyloidosis. Being a very rare disease this comprehensive resource has been designed to guide clinicians in the diagnosis, prognosis and management of this disease. It is also a fantastic resource for nurses caring for patients with AL Amyloidosis.

These guidelines are in addition to Myeloma Clinical Practice Guidelines which have been recently updated to reflect the inclusion of pomalidomide as another line of therapy available on the PBS for relapsed/ refractory myeloma that has been previously treated with bortezomib and lenalidomide.

Further guidelines on the management of Waldenström macroglobulinaemia are also in development.

To find the guidelines, please visit Myeloma Australia’s website www.myeloma.org.au under the resources tab.

Hayley King



Clinical Practice Guideline

MULTIPLE MYELOMA

Coordinated on behalf of the MSAG,
Dr Hang Quach and Professor Miles Prince



Clinical Practice Guideline

Management of Systemic AL Amyloidosis

Coordinated on behalf of the MSAG,
Dr Nicholas Weber and Associate Professor Peter Mollee



TAKE YOUR CAREER TO THE NEXT LEVEL: ADVANCED LEARNING FOR REGISTERED NURSES



THE UNIVERSITY OF
SYDNEY

Study a postgraduate course in cancer and haematology nursing with the University of Sydney Nursing School.

Our courses enable registered nurses to contribute to the improved survival and recovery of cancer patients and to move towards a leadership position in this exciting field.

Why study at the Nursing School?

- build professional practice capabilities needed for leadership
- Further develop your research skills to make evidence-based decisions, and open the door to a phd at the nursing school
- Enhance your specialty knowledge, clinical expertise and therapeutic skills, applying what you learn in class to your professional practice
- Join our global community of influential students, staff and alumni, building your professional network as you study alongside academics and peers from the nursing community
- Choose how to fit study into your life with full-time and part-time options, as well as self-paced online study for some components of the program.

Why study at the University of Sydney?

As Australia's first university, our reputation spans more than 160 years. We are regularly ranked in the top 40 universities worldwide.

Home to five major health disciplines, we have a unique opportunity to lead the future of healthcare education, practice and research.

“This course supports my everyday clinical practice and has helped me to stay abreast of innovations in the field. The teaching staff are active practitioners in the healthcare system, and guest lectures at study days have also allowed me to learn first-hand from experts.”

Tejnei

Registered Nurse and graduate certificate student

How will I learn?

Choose to study at the level and for the duration that suits you.

- graduate certificate: one year part time
- Graduate diploma: one year full time or two years part time
- Master's program: 18 months full time or 2.5 years part time.
- Flexible delivery
- Flexible, self-paced online study, allowing you to fit study around other commitments
- Four compulsory face-to-face study days for each unit. These sessions offer students real-time support from lecturers and clinical experts, providing the opportunity to share experiences in a small class environment.

What will I study?

GRADUATE CERTIFICATE:

- clinical judgment and decision-making
- Biology of cancer and haematology
- treatments and integrated multidisciplinary management
- future treatment trends such as home-based care.

GRADUATE DIPLOMA:

- graduate certificate content plus:
- explore an advanced nursing practice issue
- a clinical project in an area of your choice.

MASTER'S PROGRAM:

- graduate certificate and diploma content plus:
- a six month capstone to either:
 - examine the professional/clinical/ and political context, or
 - undertake a supervised research project.

FIND OUT MORE



THE UNIVERSITY OF
SYDNEY

For more information, including details of study days, visit <http://sydney.edu.au/nursing/advance>

APPLICATIONS CLOSE 20 FEBRUARY 2016

COURSES COMMENCE MARCH 2016



NSW COMMITTEE NEEDS YOU

Grainne Dunn is retiring from the committee. I would like to thank Grainne for all the service she has put into the NSW group over the years. So now it is your chance to do something for the haematology nurses of NSW. Have you ever thought you would like to help out with the organisation of your local group? Do you have ideas about how you would like to see the group develop? Well now could be your chance. We are looking for two more people to join the committee. Duties involve the assisting

in the organisation of educational meetings, promoting membership, and in 2017 assisting with the HAA conference when it comes to Sydney.

If you would like to discuss this further please contact a committee member:

David Collins David.Collins@health.nsw.gov.au

Jacqui Jagger Jacqueline.Jagger@health.nsw.gov.au

Sally Taylor Sally.Taylor@sswahs.nsw.gov.au

THE HSANZ NG MYELOMA SPECIAL PRACTICE NETWORK GETS OFF TO A FLYING START!

Tracy King

Chair HSANZ NG MM-Special Practice Network

Tracy.king@sswahs.nsw.gov.au

Following our historic formation as the 1st Special Practice Network of the HSANZ nurses group we began as we mean to go on. With passion, energy and purpose; to work towards improving supportive care of those affected by myeloma through educational initiatives, advocacy and delivery of best practice.

The Myeloma-SPN is led by an 8-member team of nurse's representative of the regions of Aus and NZ – 'the committee.' The committee met in July during the recent MSAG and Celgene hosted Myeloma Symposium. With the generous support of Celgene the MM-SPN was able to host Beth Faiman Nurse Practitioner (NP) Myeloma program at Cleveland Clinic, Ohio, USA and we certainly made use of her short time in Australia! Beth is known to many of you and has visited Australia in the past. An active, founding member of the International Myeloma Foundations' Nurse Leadership Board (IMF NLB), Beth has a passion and drive to improving outcomes of those affected by myeloma through the delivery of best supportive care and advanced practice nurse lead models of care. Beth is without doubt considered a leader in myeloma nursing globally and we congratulate her on the awarding of her recent PhD, in nursing science – Congratulations Dr Faiman from us all. Beth's research interests include the management of disease and treatment related toxicities in myeloma and advanced practice nurse models of care. Invited as an international nursing speaker at the Celgene Myeloma Symposium, Beth presented on both these areas generating much enthusiasm, particularly amongst our medical colleagues keen to understand the role

of the myeloma NP. Beth was accompanied by her husband and son, Max who by all accounts had a lovely, if short stay with us in Melbourne.

In advance of the MM seminar the committee hosted its 1st face to face meeting setting our goals ahead for the year and allocating project leads. We opened up the committee meeting to all SPN members and other interested nurses who were in town to attend the MM symposiums. Beth generously shared her experiences in a 'meet the expert' session describing in more detail the evolution and role of advanced practice nurses in the US; her role and then engaged in open discussion with the group. We are now working on a more formal mentorship program in collaboration with Beth and her colleagues in the IMF NLB.

New partnerships ahead – The IMF Nurse Leadership Board welcomes Tracy King as an affiliate member

Building on existing working partnerships with Beth Faiman and the NLB, I was fortunate enough to have been invited to join the IMF Nurse Leadership Board as an affiliate member. Keen to develop its international interests, the NLB invited me to attend its recent meeting in Las Vegas USA. Arriving during the worst desert storm of the season, I spent 1.5 wonderful days with the most energetic and driven group of myeloma focused nurses on the planet and I don't say that lightly! Advanced practice nurses representing the top myeloma institutions in the USA warmly welcomed me to their group. Over the weekend it was clear we had much in common between our regions – not least, the love of dogs! Seriously, it was the most common denominator!





IMF Nurse Leadership Board – webpage and resources.

<http://myeloma.org/PortalPage.action?tabId=8&menuId=201&portalPageId=7>



NEW ADDITION
TO TRACY'S
FAMILY – MUSHKA

We discussed sensible matters too of course such as the options for collaborating ahead on a range of initiatives as the IMF NLB expand their interests at an international level. I was invited to share our experiences of nursing those with myeloma in Australia and other countries in our region including my recent visit to cancer nurses in India. Watch this space as we work towards identifying some strategic goals ahead that will hopefully benefit nurses in both regions as well as patients and caregivers.

Myeloma nurses are well represented at the upcoming International Myeloma Workshop in Rome.

www.imw2015.it

Members of the MM-SPN are travelling to Rome in September to participate in IMW 2015. Held every 2 years this conference offers the opportunity for those with an interest in myeloma to come together, present their work, learn and network with global partners in the field. Australian myeloma nurses are well represented with Tracy King chair of the nurses organising committee alongside Beth Faiman (US), Tiffany Richardson (US), Monica Morris (UK) and local representative Elena Ponticelli (IT). Daniela Klarica (VIC) is chairing a session and also has an oral abstract accepted whilst Tracy King (NSW), Hayley King (VIC) and Carmel Woodrow (QLD) all have work accepted. The Australian team will report back from IMW 2015 in the next newsletter and during local HSANZ NG dinner meetings.

We welcome new members

We welcome associate nurse members of HSANZ NG who have an interest in myeloma and would like to contribute to improving nursing care of those with myeloma. If this is you, please consider joining - application forms can be found at the hsanz.org.au website or by emailing us at nurses@hsanz.org.au

Our next meeting is planned for during HAA in Adelaide. Monday 19th October, 11.30-12.30, Riverbank Room 5. HSANZ NG members welcome.

To find out what's happening in your area in regard MM – email us at nurses@hsanz.org.au

HAEMATOLOGY TEA ROOM QUIZ ANSWERS

1. Haemolytic anaemia.
2. Glucose-6-phosphate dehydrogenase deficiency (G6PD).
3. Differentiation syndrome- symptoms include respiratory distress, fever, weight gain, elevated WBC count, pulmonary edema, interstitial pulmonary infiltrates, pleural or pericardial effusions, hypotension, congestive heart failure, renal impairment, and leukocytosis.
4. Arsenic can cause prolongation of the QT interval leading to ventricular arrhythmias.
5. I. Air sandwich when giving subcutaneous injection.
II. Use of topical Evening primrose oil.
6. Malignancy- myelodysplastic syndrome (MDS) with potential for transformation to acute myeloid leukemia, with cumulative incidence of up to 20% by age 10 years.
7. Sickle cell anaemia.
8. Calcium- elevated; Renal impairment; Anaemia; Bone disease.
9. Constipation; peripheral neuropathy; sedation.
10. Osteoporosis.





CONFERENCE CALENDAR

DATE	CONFERENCE	DETAILS
SEPTEMBER 2015		
6-9 September	XVI International Workshop on Chronic Lymphocytic Leukaemia (ieCLL2015)	Sydney, Australia Website: www.iwCLL2015.org
23-26 September	International Myeloma Workshop	Rome, Italy http://www.imw2015.it
OCTOBER 2015		
18-21 October	HAA	Adelaide, South Australia. Abstracts closed. Registration open www.haa2015.com
NOVEMBER 2015		
5-7 November	2nd Congress on Controversies in Thrombosis and Haemostasis	Barcelona, Spain. Registrations open, early bird closes 4.8.15 http://www.congressmed.com/cith/
10-13 November	ALLG meeting	Melbourne, Australia http://www.allg.org.au/events.html
DECEMBER 2015		
5-8 December	American Society of Haematology	Orlando, Florida – USA Abstract submission deadline August 4. Advance registration opens: 12.08.15
FEBRUARY 2016		
18-22 February	2016 BMT Tandem Meetings	Hawaii Convention Centre Honolulu, Hawaii Abstracts open 5 th Aug, due 1 st Oct Registration open August 2015
MARCH 2016		
16-19 March	6th New Directions in Leukaemia Research Meeting	Outrigger Noosa Website: http://ndlr2016.com/
APRIL 2016		
3-6 April	42nd Annual Meeting of the European Society for Blood and Marrow Transplantation (EBMT)	Valencia, Spain. http://www.ebmt2016.org Call for abstracts September 2015
MAY 2016		
28-1st May	ONS 41st Annual Congress	San Antonio, Texas



REGIONAL ROUNDUP

Victoria (VIC)

We have had some great educational events in Victoria of late. In July for national MDS day in conjunction with the Leukaemia Foundation we hosted Dr Lewis Silverman and Erin Demakos of Mt Sinai Hospital in New York. They gave fabulous presentations about the treatment and management of MDS.

Daniela Klarica ventured to Gippsland in country Victoria to co-present with Dr Trisha Wright. The group had requested information on myeloma and stem cell transplants and that's what they received from two very experienced clinicians. The event was also video-linked to a near-by town to maximise the number of nurses able to join in.

We have more regional events planned in Geelong (8/9/2015), Frankston and Albury (dates TBC).

Our next metropolitan event is in conjunction with CNSA. Our speaker is Dr Ranjana Srivastava who is an Oncologist that has written many books on death, dying and communication issues. Her skills are so highly sought after we have had to move the date of our event as she had been requested to appear on the ABC's Q&A program.

Dr Srivastava had offered to honour her commitment to our group but how could we stand in the way of such a fantastic opportunity to address the public?

There are two more metropolitan events planned for the remainder of the year. Our 22nd September meeting will focus on CLL and in November we will host a HAA highlights meeting.

We will be offering four grants to attend HAA this year. Stay tuned for details of how to apply.

Hayley King (Chair VIC)

New South Wales (NSW)

The NSW nurses group has been active with our educational meetings. A regional meeting held in Gosford on April 16, was attended by 30 nurses who heard an excellent update on Lymphoma from Dr Tasman Armytage. Tasman has recently joined the staff specialists at Gosford hospital following a year working in Toronto, Canada so presented on his experience from there. This was followed by a presentation from Cassandra Reid the BMT coordinator at Royal North Shore Hospital who presented the North Shore transplant unit. This was an excellent share as many patients are referred from Gosford to North Shore for allogeneic transplantation.

In Sydney in June the educational meeting heard Professor John Rasco OAM from Royal Prince Alfred hospital tell us about the gene therapy work he is doing in Thalassemia patients. This fascinating talk demonstrated the advances that are being made for patients with genetic diseases and the role Australia is playing in world arena. The feedback from the evening was that the group wanted to hear more from John, so he will be back! Ady Woods from The Children's Hospital Westmead Presented on the Thalassemia unit there, and discussed how they managed their children with the disease again it was good to hear how things are changing and how the role of the nurse is helping patients and families to manage their disease. August 22nd in Sydney the new Special Practice Networks (MM and MDS / MPN) hosted in collaboration with Celgene, a 'Spotlight on M & Ms' educational seminar for over 80 nurses. With a clinical focus in the morning and a supportive care focus in the afternoon, interaction was made possible via an smart phone enabled interactive Q & A.

Our next education evening will be a regional evening at Wollongong on September 3 and then in Sydney again for November. Details nearer the time.

David Collins (Chair NSW)

Tasmania (TAS)

We were delighted to be able to host a Winter Educational Dinner on the 7th August supported by both Celgene and Roche, to support our two speakers; **Alana Fitzgibbon: Tasmanian Late Effects Clinic - The Fertility Perspective, Alana is a CNC, Cancer Services RHH, and Dr Antoinette Anazodo: Fertility in Cancer Care.** Antoinette is the director of Adolescent and Young Adult Cancer at the Kids Cancer Centre, Sydney Children's Hospital. After a last minute flurry of registrations we were thrilled with the numbers in attendance, who were from a wide variety of settings from around Hobart, ranging from Oncology, Paediatrics, Fertility, and both the public and private settings. This enabled us to promote HSANZ Nursing to a wider group of Nurses, who may not have previously been aware of our profile. Our membership is quietly increasing overall. We look forward to collaborating with CNSA at the end of the year for a combined Educational Dinner, on the back of the COSA meeting to be held in Hobart. Spring is in the air in Tassie, after a snowy winter and we look forward to the opportunities ahead.

Bronwen Neely (Chair Tasmania)



South Australia (SA)/ Northern Territory (NT)

The SA/NT HSANZ NG held an educational evening on 18th August 2015. Jo Goodwin shared her experiences and what she learnt from the SHOT and ISBT symposium. Alicia Hopper outlined the similarities, differences and management of chemotherapy infusion related reactions and allergic reactions. The event was well attended with over 50 nurses, with varying levels of experiences and practice settings (including regional). We value the continued support from Icon Cancer Centre, Amgen, Novartis, Roche and Gilead to host this function. The evaluations confirmed that the evening was very well received.



The SA committee has been reinvigorated this year, with a passionate group of nurses across varying experience levels and settings. We are planning one more educational evening this year, which will be a post-HAA wrap-up. Plans are also underway to hold 3 educational activities in 2016.

We hope to see you in Adelaide for HAA in October!

Nicole Loft (Member SA)

Western Australia (WA)

Last Tuesday we were fortunate to have a pharma sponsored education evening at Matilda Bay in Perth. The venue was breathtaking and the presenters very engaging. Prof Andrew SPENCER from the Alfred Hospital in Melbourne presented on the current staging criteria for myeloma, emerging treatment paradigms.

Dr Brad Augustson from Perth presented 6 case studies outlining the complexity in diagnosing and managing myeloma. The feedback from the 50 participants was positive with both presenters rated as mostly excellent for their presentations. Some of the comments received include:

“Fantastic to hear about new therapies”

“Brilliant and engaging presenter”

“Interesting case studies highlighting very different disease progression”

We have an education evening in November with 2 local haematologists presenting on Acute leukaemia and Transplants. A ‘save the date’ email with more details will follow soon.

Cassi Lawrence (Chair WA)

Queensland (QLD)

After several years on the job Catherine Kirk is passing the baton to a nursing colleague to take over QLD. We thank Catherine for her efforts in supporting haematology nursing in her region over the past few years including her leading the nursing stream of HAA 2013 on the Gold Coast. I am delighted to welcome Elise Button as Catherine’s successor. Elise is a Nurse Researcher within Cancer Care Services at Royal Brisbane & Women’s Hospital. She is currently undertaking her PhD at Queensland University of Technology so clearly has plenty of time to spend on working towards the goals of HSANZ NG!! We look forward to working alongside Elise in the years ahead and I’m sure you will welcome her locally in QLD.

Elise would love to hear from nurse members in QLD keen to help out or who have ideas for work ahead (Elise.Button@hdr.qut.edu.au).

Elise Button (Chair QLD)



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