



Nursing


HSANZ-NG

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

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

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HSANZ NG
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HAA 2015 has come and gone. I hope those that attended enjoyed the presentations, social events, and the opportunity to network with colleagues. There were a number of comments at the registration desk on Wednesday morning about the success of the meeting, and in particular the content of the program and quality of the speakers so congratulations to the local organising committee. Putting together a program is always challenging and would not be possible without the support of local haematology nurses. A very big thank you to Allan Hayward, Nicole Loft, Terry Ventrice, Chris Hoare, Kristy Howell, Ann Canty, Rebekah Lamb and Amanda Catherwood for their assistance in creating a challenging and diverse program.

It is always inspiring to see the amazing variety of work and projects being undertaken by haematology nurses. Congratulations to the winners of best nursing abstracts and poster

- Collaborative review of evidence-based guidelines in central venous access device management
- Presented by Nicole Gavin
- Patient time and cost burden of hospital-based Velcade administration -
Presented by Hayley King
- Development of a nurse led community based Bortezomib program for multiple myeloma
- Presented by Daniela Klarica
- Caring for carers of bone marrow transplant (BMT) patients: Exploring carer confidence
- Presented by Katrina Wilczek



OUR THANKS TO THE OUTGOING PRESIDENT - TRACY KING.



HAA Adelaide was also the transition to a new president and attached is a photo as the local organising committee thanked Tracey King for all her work with HAA over the past years.

The 2016 HAA program committee have the task of coming up with a program while Adelaide breathes a collective sigh of relief all the hard work has been done. One learning we will suggest is a bigger dance floor! The final feedback will be available in a couple of weeks and we will forward to Melbourne to inform the 2016 program.

Merry Christmas

Bev Quested

Chair Nurses LOC HAA 2015



TERRY VENTRICE AND THE MEDIKIDZ

SOME OF THE HAA 2015 AWARD WINNING ABSTRACTS

Development of a nurse led community-based Bortezomib program for multiple myeloma

Klarica D, Spencer A, Coutsouvelis J, Kalff A, Walker P, Bergin K, Hocking J.

Myeloma Clinic, Malignant Haematology and Stem Cell Transplantation Service, Alfred Hospital-Monash University, Melbourne, Victoria, Australia.

Methods: Myeloma patients, newly diagnosed or with progressive disease (PD) attending the Alfred Hospital's dedicated myeloma clinic were assessed for eligibility to receive Bortezomib therapy in the community, either self-administered or general practice facilitated. Patients received education from the myeloma clinical nurse consultant and haematology pharmacist regarding aspects of Bortezomib therapy including proposed regimen and potential side effects. Patients who self-administered Bortezomib received additional education regarding drug reconstitution and subcutaneous administration. Patients were supervised in the administration of their first cycle of therapy in the haematology day centre to ensure technical competence. Day one doses of subsequent cycles were also supervised and combined with laboratory assessment and medical review. The haematology pharmacist facilitated supply of Bortezomib to all patients receiving Bortezomib in the community setting.

Results: Recruitment of patients for this program commenced in September 2014 and is ongoing with six patients (50% with PD) recruited to date. Median patient age is 62.5 (range 25-86) years. The program has demonstrated feasibility with a total of 16 cycles safely administered. Preliminary results suggest high

patient acceptability and improved patient experience with community delivered chemotherapy compared to administration in the hospital setting.

Conclusion: Implementing this program for eligible patients to receive their Bortezomib treatment in the community has enabled patients to have an improved experience with less time spent in the hospital setting and more time focusing on other aspects of life (family, work, school). Further, administering Bortezomib in the community has allowed for improved access to the existing resource limited outpatient haematology day centre facilities.

Comments: This program continues to gain momentum with a further two patients included (8 total) at the time of presenting this abstract. A further three patients (11 total) have commenced on the program since the time of HAA in October. In total five patients have self-administered and six patients received Bortezomib with their general practitioner (GP). One patient has ceased the program with their GP due to ongoing thrombocytopenia. In addition to the positive experiences our patients and their carers are reporting there has been a significant improvement with access to our resource limited haematology oncology centre with 62 hours in total saved in booking allocations.



Best Nursing Abstract - Poster Carers program

Katrina Wilczek

The Royal Prince Alfred Hospital

Bone marrow transplant (BMT) patients face a unique set of challenges during their treatment and recovery. One of the most daunting aspects is the length of time of recovery. The impact of transplantation goes beyond the individual; carers of BMT patients endure numerous challenges throughout the transplant process and beyond. Family having a significant role in providing ongoing emotional and physical support. Carers undertake an enormous responsibility and therefore put themselves at risk of physical, emotional and psychological health.

In our bone marrow transplant unit most education has focused on education of the patient, with only minimal preparation provided to carers. As part of the Sydney Local Health District 'Caring for Carers Better

symptom management, and practical tips to navigate the hospital system. Following sessions focused on returning home, providing information on issues such as infection, appointments, diet, immunisations and returning to work. Final sessions focused on 'caring for yourself'; comprising of education about the physical, emotional and social effects on the carer, common thoughts and feelings, coping mechanisms, communication and support resources.

Carers attending the program were families of patients scheduled for bone marrow transplant and those undergoing transplant at the time; a minimum of 14 carers attended each session. Following ethics approval, the carers were invited to participate in evaluations of each session and the program as a whole. The surveys assessed carer confidence and knowledge pre and post the sessions. Overall satisfaction with presentation and content of sessions was very high; confidence was higher on every individual question after the presentation. Carers were noticeably more confident about their knowledge around BMT, and how they should care for themselves. Qualitative feedback was overwhelmingly positive.



BEV QUESTED AND KRISTINA WILCZEK

Practice Program', and in conjunction with the Cancer Nursing Research Unit at the University of Sydney, we conducted a series of informal evening presentations to provide carers with information about the bone marrow transplant journey. The program content was developed drawing on evidence from the literature and unit specific guidelines, and delivered by senior clinical nurses. The initial sessions provided a brief overview of the BMT process and recovery, physical effects and

“Extremely helpful information, both the practicalities of what’s ahead and the emotional issues we may encounter”

Carer

“I felt quite confident in my role as carer, however, this program has given me far greater insight into what to expect in my role as carer”

Carer

Anecdotally, in the following weeks carers stated they felt more confident about their role as carer and how to obtain support if required. They indicated the program should continue as the support and knowledge gained was helpful throughout the transplant process, and especially on return home. Constructive feedback on content will guide further refinement. The team is currently exploring other mediums to deliver this program.



TRAVEL GRANT WINNERS: HAA 2015 SCIENTIFIC MEETING REPORT

Christine Kelly & Meagan Hamilton RN

The Royal Melbourne Hospital

From the 18th until the 21st of October 2015, we attended the HAA Scientific Meeting, with our attendance made possible by a generous travel grant of \$1500 gifted to each of us from the HSANZ. This travel grant is available for 2 junior nurses in their first 2 years of haematology nursing, providing an incentive and encouragement to engage in the wider community and continue our professional development as specialised nurses. As we are both currently completing post-graduate studies in oncology nursing, this meeting was perfect opportunity to challenge ourselves. The HSANZ travel grant assisted us with the costs of flights, accommodation and registration to attend the meeting.

Having met up with a number of our colleagues, as well as meeting new friends along the way, we were able to regularly touch base throughout the meeting to reflect on a number of key topics focussed on during the presentation. This allowed us to collaborate ideas with various other haematology units, share current practice standards, and discuss a number of current improvement projects that were underway around the country. It was interesting to hear the similarities in practice, and even more so to hear any differences and the rationale for this.

The meeting was also a great opportunity to hear of the various services available to haematology patients all over Australia, as well as internationally. We learnt that Adelaide serves as the central hub for cancer services for South Australia, Northern Territory and some parts of NSW and QLD. This year's HAA scientific meeting showcased several sessions on rural and remote nursing, outlining

the difficulties faced by these patients as well as the care teams. As Victorian nurses, we previously did not really appreciate the overwhelming complications faced by patients having to travel incredibly long distances for their care. Financial burdens, accommodation, family support, emergency treatment options, pharmaceutical accessibility and storage availability upon return to home are all issues faced by these patients and staff.

The nursing stream of presentations focused on issues that haematology nurses and the multidisciplinary teams face, such as the patient time and cost burden of hospital-based bortezomib administration, palliative care in the haematology setting and appropriate anti-fungal prophylaxis in the newly diagnosed AML patient. Another presentation that we found incredibly beneficial was that of Jeremy Limpens. Jeremy, a wealth of knowledge, spoke about the relevance of mindfulness in nursing and creating resilience within the clinical workplace.

As haematology nurses, we all face our own unique challenges, from co-ordinating the care of a patient living in multiple indigenous communities up to 450 kilometres from Adelaide, to identifying early sepsis in the neutropaenic patient. This meeting has given us a better understanding of these challenges, and has given us perspective on how these are best managed.

In summation, the 2015 HAA scientific meeting was educational, inspirational and highly enjoyable. We definitely look forward to attending next year in Melbourne, and possibly presenting our own posters.





HSANZ KEYNOTE INTERNATIONAL SPEAKER - PROFESSOR DANIEL KELLY (UK)



I was very pleased to be invited as the international speaker at the 2015 Haematology Society of New Zealand and Australia conference in Adelaide. I wanted to speak about issues that were relevant to nurses and so focused on two themes that I have been involved in researching in the UK. The first was 'Workforce issues in haematology: roles, responsibility and the ideology of nursing vs. the reality.'

In this presentation I drew on recent research that has explored a number of issues regarding the nursing workforce. I wanted to encourage participants to consider the demands facing nurses in haematology settings and the need to innovate and cope with rising demands and cost control.

I also drew on related concepts such as the raising of concerns when care standards do not reach expected standards (using processes such as raising concerns or whistleblowing) and the role of Senior Nurses who have to cope with conflicting demands.

Finally I encouraged participants to consider idealized version of nursing – often promoted by the media- against the reality of everyday practice.

In the second presentation I explored a theme of my research that has always been of great interest: how to help people to die in environments which are geared primarily towards cure. From a study carried out in 2000 I have continued to be interested in 'cultures of death and dying' and have explored this from a range of perspectives including paediatric units, prisons, dementia settings and acute admission wards.

When considering the culture of haematology there are unique issues to explore and I wanted to encourage an

exploration of the culture of haematology care. Emotional dimensions of the nursing role provide new areas of research – but also have clear implications for practice. Working in an authentic way requires emotional labour and it is this aspect of nursing that I focused on in the paper back in 2000, but it is still relevant today.

My final contribution was a Masterclass on identifying research questions from everyday practice. In this I encouraged people to think about the culture of their workplace to identify research topics that are relevant and practical.

I attend a lot of conferences but I found this to be a very friendly and interesting event. I also learned a lot by listening to other people's talks and I am hoping to establish some joint projects with colleagues in the future.

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INTRODUCTION OF A SEPSIS PATHWAY FOR HAEMATOLOGY PATIENTS

Rebecca Dring

Royal Melbourne Hospital

Note: RMH Sepsis Pathway was presented as an oral presentation at HAA 2015.

Neutropenic fever (NF) is the most common infective complication of cytotoxic cancer treatment. Haematology and bone marrow transplant patients have an incidence of 20-100% of NF (1) with over 50% of these patients developing a form of sepsis (2). Sepsis in these patients has an associated mortality of 35% to up to 85% in patients with multiple organ failure (3).

A current Western and Central Melbourne Integrated Cancer Service (WICMICS) project included the implementation of a clinical pathway across all its hospital for the recognition and management of sepsis and NF. The overall aim of the project was to improve patient health outcomes and experiences and provide health cost savings where possible through reduced use of hospital resources. The pathway uses evidence based principles from the Sepsis



Kill program from NSW Health, aligned with the principles of the international Surviving Sepsis Campaign (4, 5).

These principles are:

Recognise – sepsis and the severity

Resuscitate – first dose antibiotics and fluid resuscitation

Refer – early escalation of care is imperative in patients with severe sepsis.

As a result, the Royal Melbourne Hospital (RMH) has implemented an evidenced-based sepsis pathway for cancer patients. This includes recognition of sepsis against a Systemic Inflammatory Response Syndrome (SIRS) criteria, serum lactate, prompt antibiotic administration within 30 minutes and fluid resuscitation for the patient identified with severe sepsis. A retrospective audit of cancer patients admitted to RMH in the first half of 2015 who were treated for sepsis following the sepsis pathway (n=23) has been compared with a historical group of similar patients from 2014 (n=25 prior to the implementation of the sepsis pathway).

These initial comparisons show some promising results, both in improved patient outcomes and acceptance of the pathway principles.

| | HISTORICAL COHORT (2014) | CURRENT COHORT (2015) |
|--|--------------------------|-----------------------|
| Admitted patients | 25 | 23 |
| Male, n (%) | 12 (48) | 13 (57) |
| Age, median [range] | 61 [17-69] | 52 [19-77] |
| Medical Unit, n (%) | | |
| Haematology | 8 (32) | 11 (48) |
| Bone Marrow Transplant | 13 (52) | 12 (52) |
| Medical Oncology | 4 (16) | 0 (0) |
| Time to first dose antibiotic, minutes, median [range] | 30 [0-870] | 35 [0-145] |
| Appropriate first dose antibiotic n (%) | 24 (92) | 23 (100) |
| Lactate measured n (%) | 1 (4) | 23 (100) |
| Lactate level median [range] | 6.6 [N/A] | 1.3 [0.4-3.4] |
| Hospital LOS median [range] | 24 [5-75] | 26 [2-39] |
| ICU admission n (%) | 5 (20) | 1 (4) |
| 30 day all-cause mortality n (%) | 4 (16) | 1 (4) |

Compliance with the principles of the pathway has been excellent; median time to first dose antibiotics within the current cohort remains within minutes of the 30minute goal with a large reduction in the range. One hundred percent compliance is seen with the choice of antibiotic, lactate measurement and administration of a fluid bolus to those patients whom met the recommended criteria (SBP<90mmHg or Lactate >2mmol/L).

Overall there is high acceptance and practical adherence to the introduction of the sepsis clinical pathway in the setting of a quaternary haematology unit.

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A WORD FROM THE PRESIDENT



I would like to start my first report by thanking Tracy King the out going president for all her hard work over the years since the nurses group began. We wish her well with her future endeavours and know that she will still be involved with the group as she heads up the Special Practice Network for Myeloma. I would also like to thank Bev Qusted and Allan Hayward for their hard work in producing an interesting and thought provoking nurses stream at HAA in Adelaide, well done! Next year it is the turn of Melbourne and I hear preparations are well under way.

There is a lot of change happening within the local groups as we say thank you to the outgoing local chairs and welcome the new incoming. The local groups are a vital part of HSANZ NG and produce a number of educational meetings each year. Members supporting these events will know how valuable these events are, it is important that you feedback to your local group what you would like in the way of education. The list of the current group chairs is in the newsletter. If you are having problems contacting your local group, then email us at nurses@hsanz.org.au and we will pass on your details to the relevant chair.

I guess all presidents have a vision for how our group will be under their leadership; I am looking forward to seeing HSANZ NG continue to grow and ensuring that we cover all aspects of haematology nursing. We have seen a number of travel grants to HAA awarded, as well as the awards for best poster and presentation, it would be great to see these continue and grow. To do this we need to make sure that our membership grows and that our members stay financial, so please encourage your colleagues to join and ensure your membership fees are up to date. The more you put in the more the group will grow.

We now have a memorandum of understanding with the European Bone Marrow Transplant Nurses Group, and we look forward to this relationship growing, please take time to visit their website.

As the end of the year approaches on behalf of the executive and all the local chairs, I would like to wish you a safe Christmas and a Happy New Year. I hope that you manage to get to spend time with friends and family.

We look forward to seeing you at HSANZ NG events in the coming year.

David Collins
PRESIDENT HSANZ NG
david.collins@health.nsw.gov.au



15TH INTERNATIONAL MYELOMA WORKSHOP

Hayley King

Myeloma Australia



This year I was fortunate to be given the opportunity to attend the 15th International Myeloma Workshop (IMW) which was held in Rome from September 23–26. This conference was very well attended by Australian's particularly in the nursing stream and it was great to have Tracy King, Daniela Klarica, Carmel Woodrow and Michael Cooney there along with many of our medical and pharmaceutical colleagues.

Before the official conference again, I attended a workshop with the Global Myeloma Action Network, which is an International Myeloma Foundation initiative attended by representatives of consumer groups from around the world. It was fantastic to meet with members from like-minded organisations from many parts of the globe. However, I did come away with a sense that we are very lucky in Australia. While our PBS is not perfect, we certainly have a fair and equal system for all citizens. There are some parts of Eastern Europe who are struggling to even keep haematologists in their country as the pay is more attractive elsewhere.

The first day of the conference was a nursing symposium. Tracy King chaired the session and explained that the nursing stream of the IMW has grown from strength to strength in 2 years. It began a half day and has grown into to a full day program. It was great to hear about projects happening in other parts of the world. Some similar to Australia and others different. Daniela Klarica from the Alfred in Melbourne presented her extremely innovative Velcade at Home program where she is currently teaching suitable myeloma patients to reconstitute and self-inject their dose at home. The crowd were astonished to hear that some patients in Australia will travel 5 hours to receive treatment. For some Europeans, driving 5 hours would take them to a completely different country!

I was most impressed by two Italian nurses who not only gave their first ever presentation at a conference, they also presented in English which is obviously not their first language. They presented the Italian experience of toxicities associated with subcutaneous Velcade.

It was also great to catch up with Beth Faiman, a nurse practitioner from The Cleveland Clinic in Ohio, USA who visited us in July this year. Beth is a vibrant wealth of knowledge and like all the presenters on the day inspires me to keep improving my own practices.

The rest of the conference consisted of medical lectures. It was great to hear reports on global and local clinical trials and pre-clinical research. It seems that Revlimid upfront is the way to go for the non-transplant eligible group. With a bit of luck the PBS will approve this indication in Australia very soon.

I also really enjoyed the supportive care session, particularly Associate Professor Maria-Victoria Mateos from Salamanca, Spain who spoke about peripheral neuropathy. Prevention of peripheral neuropathy is key to improved quality of life as most remedies are ineffective for most people. In the age of subcutaneous Velcade and Revlimid we should be seeing less people suffer with this horrible toxicity. One tip I picked up was to correct the vitamin B12 if deficient to help prevent peripheral neuropathy from occurring.

If was an action packed week with minimal time to see the sites, I did however consume my fair share of pizza and prosecco and manage to invest in some quality leather goods.

Thank you to Myeloma Australia who made the trip possible.





THE APHERESIS PAGE

This year at HAA we saw a number of presentations and posters on apheresis subjects, so with this in mind HSANZ NG would like to welcome to a new page for all you apheresis nurses out there. The aim of the page is to increase your knowledge of apheresis and exchange knowledge. The editors welcome any suggestions, questions, interesting stories, or articles for the page. This can be any aspect of apheresis.

I would like to bring to your attention a new learning website that is out there. This is the SATURN site and can be found at www.saturneducation.com.au. SATURN stands for Support And Training about Ultra Rare diseases for Nurses, and at present covers the disease Paroxysmal Nocturnal Haemoglobinuria (PNH) and atypical Haemolytic Uraemic Syndrome (aHUS). Both diseases we come across in haematology and aHUS in apheresis. This website allows you to study these subjects and gain continuing education points at no cost.

A question from a colleague:

“Why do you use a blood warmer when doing apheresis procedures?”

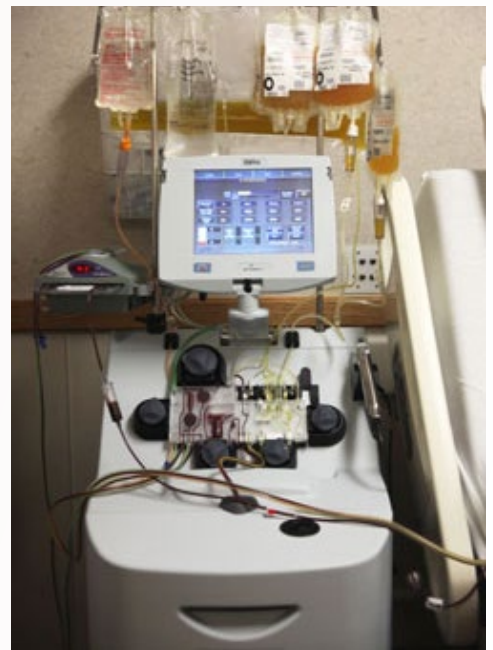
I would always use a blood warm as a comfort measure and sort an opinion from Beth Newman at Concord Hospital, Beth tells me.

“Metabolism of the citrate may cause alkalosis in patients with renal disease or in those patients whose maximal bicarbonate excretion rate is reduced. Alkalosis slows citrate metabolism and the incidence of hypocalcaemia increases. The general thought is that if we are able to keep a patient warmer we may be able to maintain a steady metabolism of the citrate, reduce the incidence of alkalosis and toxicities.

Having said all of that – a warmed patient is a happy patient and that can only be a good thing. If you think about it we are pulling out their blood at speed, it cools down considerably in the centrifuge – we try to rewarm the returning blood back to a suitable body temperature. Patients have reported feeling a coldness that begins inside their bodies that causes a striking chilly feeling. Opposite to the effect that a person experiences when they walk outside from a warm temp to a cold temp where the chill is felt from the outside in. This is felt from the inside out – and can take much longer to warm a patient”.

Thanks Beth.

Please send us any questions you may have and we will find out the answer for you.



Don't forget that the call for abstracts for the annual ASFA conference is now open, further details can be viewed at www.apheresis.org



CNSA UPDATE



While we often see activity in many organisations slow down towards the end of the year, the CNSA remains very active, with many high quality educational and networking activities organised by various Regional Groups and Specialist Practice Networks.

I celebrate the fact that several CNSA members have showcased their excellent work at HAA 2015. Of particular relevance, Nicole Gavin on behalf of the team presented the progress of the collaborative work between CNSA and the EviQ on evidence-based guidelines in central venous access device (CVAD) management. CVAD management remains a clinical area of interest to many clinicians. Cancer nurses are well placed to implement best-available evidence in their day-to-day practice to improve patient outcomes (pre-insertion care, education, occlusion and infection management etc). At the completion of this project, we are expecting to make this resource freely available via the CNSA and EviQ websites.

I am pleased to report that, in November 2015, I represented CNSA at the Asian Oncology Nursing Society (AONS) Conference, held in Seoul, Korea. At this conference, I focussed on establishing new strategic links with our partners in Asia, as well as continuing our conversations with Professor Margaret Barton-Burke (ONS President) regarding sharing of educational resources between the ONS and CNSA. At this conference, I presented on “Building Capacity for

Research and Knowledge Translation at the Organisational Level”, and Professor Patsy Yates presented on “Nurses’ Contribution to Improved Outcomes in Survivorship”. I am very pleased with the Australian representation at this year’s AONS Conference, as well as the new partnerships formed during this conference.

The Annual Congress Committee has been busy developing the scientific program for the CNSA 2016 Annual Congress (12-14 May 2016, Cairns). Given disparity in outcomes remains a topical and important issue, the theme will be: Bridging the Gap: Distance, Culture, Workforce and Knowledge. It gives me great pleasure to announce that one of the international keynote speakers will be Professor Margaret Barton-Burke, President, Oncology Nursing Society (ONS) and Director of Nursing Research, Memorial Sloan Kettering Cancer Centre, New York, NY. Professor Barton-Burke will be presenting her research on improving outcomes in black American women.

In the New Year, the CNSA will be farewelling a number of members who have made significant contribution to both the profession and to the CNSA. In particular, I would like to take this opportunity to acknowledge Sandy McKiernan (Immediate Past President) and Anne Mellon (CNSA Secretary). During Sandy’s term on the NEC, she has been an exceptional leader and a great mentor to many. Anne Mellon has been a strong pillar for CNSA; her wisdom and support has definitely been well appreciated.

Associate Professor Raymond Chan

CNSA President





CONGRATULATIONS!

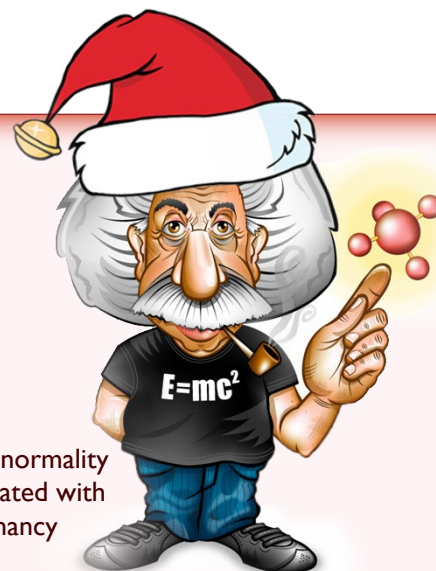
Our congratulations go to Elise Button from Queensland who has been awarded our first travel grant to attend the European Bone Marrow Transplant Conference in Valencia Spain in April 2016. We had a number of people apply and Elise ticked all the boxes. Elise is waiting to hear if the abstract she submitted has been accepted, so we wish her the best of luck with it. We look forward to hearing about the conference from Elise in the newsletter. As we enter a memorandum of understanding with the EBMT Nurses Group we hope that this travel grant will become a regular feature of our awards that we give to our members.

CHRISTMAS QUIZ AND A LITTLE BIT OF HAEMATOLOGY TRIVIA

Answers available on page 15

1. What is the most common vital sign abnormality seen in patients with sepsis?
 - a. Fever
 - b. Tachycardia
 - c. Tachypnoea
 - d. hypotension
2. For every hour delay in antibiotic treatment in patients with severe sepsis how much does mortality increase?
 - a. 10.2%
 - b. 8.4%
 - c. 7.6%
 - d. 5.2%
3. How much does mortality reduce for every 10% decrease in serum lactate?
 - a. 33%
 - b. 22%
 - c. 11%
 - d. None
4. Match the cytogenetic abnormality that is most often associated with the haematological malignancy

| | |
|------------------------------------|----------------------|
| i. Chronic myeloid leukaemia | a. t(11;14)(q13;q32) |
| ii. Acute promyelocytic leukaemia | b. t(9;22) |
| iii. Mantle cell lymphoma | c. del 13q |
| iv. Most common abnormality in CLL | d. t(15;17) |
5. What did Roald Dahl die of?
6. What did Jacqueline Kennedy Onassis die of ?
7. What is Christmas disease?
(Hint it is not related to eating too much turkey!)



Provided by Rebecca Dring
Royal Melbourne Hospital



THE HSANZ NG MYELOMA SPECIAL PRACTICE NETWORK 'MM-SPN'

Tracy King

Chair HSANZ NG MM-Special Practice Network

It's been a busy few months for myeloma! The MM-SPN was well represented at the recent International Myeloma Workshop in Rome - read more on page 9. Flying straight back from Europe for this year's HAA in Adelaide, the MM-SPN was able to re-group and hosted an open meeting for all members and those wanting to learn more about our group. We had the opportunity to update all members to the work of the group to date and the projects we are working on in the year ahead. Each region is focusing educational activities on myeloma related matters, with several regions have already hosted seminars and dinner meetings.

The group is continuing to discuss how to work together with key stakeholders such as Myeloma UK, International Myeloma Foundation Nurse Leadership Board (IMF NLB) as well as Myeloma Foundation of Australia. With several established myeloma nursing groups already in existence in other countries, we are keen to partner where we can to save repetition of efforts. We are working on ways to share educational resources and establishing myeloma nurse mentorship programs to help facilitate role development, sharing of experiences and collaborative work in the future. Watch this space.

At a local level, working groups have been established to focus our efforts on 3 main topic areas:

1. **Best Practice** - Chair Daniela Klarica
2. **Education** - Chair Gillian Sheldon-Collins
3. **Role Development** - Chair Tracy King

Each working group is in the process of establishing strategic goals within these topic areas to include publication of best practice guidelines, patient educational resources where there are gaps and templates to assist with role development and nursing assessment.

Useful myeloma related resources for nurses

IMF Nurse Leadership Board Webcast

Oncology Nursing Society (ONS) Satellite Symposium 2015: Nursing Implications of Evolving Treatment Paradigms

www.nurses.myeloma.org

Myeloma Academy – requires login (no charge)

Access to a comprehensive range of myeloma related resources of use to the oncology / haematology nurse including:

- Myeloma Nurse Learning Program
- Challenging Cases
- Tutorials
- Nursing Best Practice Guides
- Myeloma Tracker
- Myeloma e-bulletin

www.academy.myeloma.org.uk

**Do you want to share experiences,
find a myeloma mentor and share
resources with like-minded nurses?
Then the MM-SPN is for you.**

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. Application forms can be found at the hsanz.org.au website or by emailing us at nurses@hsanz.org.au or email me directly - tracy.king@sswahs.nsw.gov.au to find out more about our group.



THE UNIVERSITY OF
SYDNEY

Take your career to the next level Cancer and haematology nursing



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.

“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 health care system, and guest lectures at study days have also allowed me to learn first-hand from experts.”

Tejnei

Registered Nurse and graduate certificate student

Why study at Sydney 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 Sydney 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 health care education, practice and research.

How will I learn?

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

- Graduate Certificate in Cancer and Haematology Nursing: one year part time
- Graduate Diploma in Cancer and Haematology Nursing: one year full time or two years part time
- Master of Cancer and Haematology Nursing: 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:
- develop advanced nursing practice domains with subjects in contemporary leadership, research, education, workforce issues, and safety and quality
- explore an advanced nursing practice issue
- undertake 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/political context of your desired career trajectory, or
 - undertake a supervised research project.

Important dates

- Applications close 20 February 2016.
- Courses commence March 2016.

CHRISTMAS FUN QUIZ ANSWERS

1. Tachypnoea 99%; Tachycardia 97%; Fever 70%; Hypotension is a late sign indicating severe sepsis.
2. 7.6%
3. 11%
4. i=b; ii=d; iii=a iv=c
5. MDS
6. NHL
7. Haemophilia B - Factor IX deficiency





CLINTRIAL REFER AUSTRALIA AND NEW ZEALAND

Roslyn Ristuccia,
St George Hospital

Judith Trotman
Concord Hospital, and the Haematology Clinical Research Network,
NSW/ACT

In addition to your local ClinTrial Refer App, you can now download ClinTrial Refer Australia & New Zealand, a world-first national database of all currently recruiting haematology trials across both countries. ClinTrial Refer has been associated with a significant and sustained impact on cross-referral and patient access to clinical trials.

In NSW/ACT alone:

- cross-referral has had a sustained increase from a median 1/month to 9/month
- recruitment has steadily increased from 306 patients in 2012 to 460 in 2014
- there has been a 20% increase in Unit staffing.

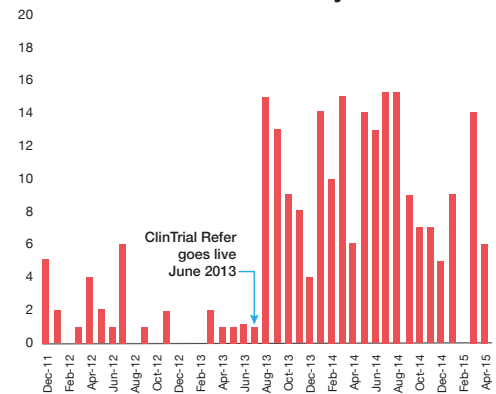
We are delighted this tool has facilitated considerable collaboration in the clinical trials endeavour and welcome your input into our plans for further development of ClinTrial Refer as recruitment initiative.



**Haematology
Clinical Research
Network**



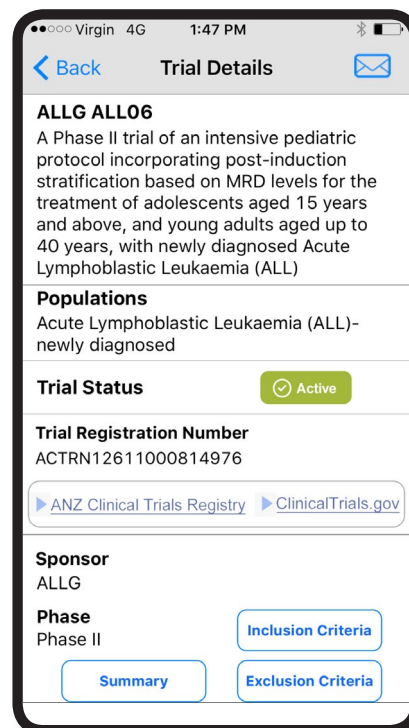
**Cross referrals between
NSW/ACT hospitals from
December 2011 to May 2015**



CROSS REFERRALS BETWEEN HOSPITALS



APP HOME SCREEN



APP SEARCH RESULTS RETURNED



CONFERENCE CALENDAR 2016

Provided by Peter Haywood

| DATE | CONFERENCE | DETAILS |
|----------------------|--|---|
| FEBRUARY 2016 | | |
| 18-22 | 2016 BMT Tandem Meetings | Hawaii Convention Centre Honolulu, Hawaii |
| MARCH 2016 | | |
| 5-6 | ASH 2016: Highlights of the American Society of Hematology Meeting in Asia | Brisbane Convention and Exhibition Centre |
| 16-19 | 6th New Directions in Leukaemia Research Meeting | Outrigger Noosa Website: http://ndlr2016.com/ |
| APRIL 2016 | | |
| 3-6 | 42nd Annual Meeting of the European Society for Blood and Marrow Transplantation (EBMT) | Valencia, Spain. http://www.ebmt2016.org |
| 4-6 | HSANZ-NZ Annual Meeting | Christchurch, NZ |
| 18-21 | ISH 2016: 36th World Congress of the International Society of Hematology | Glasgow, UK www.ish2016.com |
| 29-30 | AVASM 2016: 1st Vascular Access Scientific Meeting of the Australian Vascular Access Society | Brisbane. http://avas.org.au . Abstracts open 1st December 2015 |
| MAY 2016 | | |
| 28 April - 1 May | ONS 41st Annual Congress | San Antonio, Texas http://congress.ons.org . Registration open |
| 12-14 | Cancer Nurses Society of Australia Annual Congress 2016 | Cairns www.cnsacongress.com.au Abstracts close 15th January 2016. Registration open Jan 2016 |
| JUNE 2016 | | |
| 3-7 | ASCO 2016: 51st Annual Meeting of the American Society of Clinical Oncology | Chicago, USA |
| 9-12 | EHA 2016: 21st Congress of the European Haematology Association | Copenhagen, Denmark |
| 22-24 | WoCoVA 2016: 4th World Congress on Vascular Access | Lisbon, Portugal |
| 23-25 | ANZCHOG 2016: Annual Meeting of the Australian and New Zealand Children's Haematology/Oncology Group | Cairns |
| 23-25 | MASCC/ISOO 2016: International Annual Meeting on Supportive Care in Cancer | Adelaide |
| JULY 2016 | | |
| 24-28 | WFH 2016: World Federation of Hemophilia World Congress | Orlando, Florida |



REGIONAL UPDATE

North Island, NZ

Sadly there has only been one education meeting run in the lower North Island this year. The pressure of work and life on the very small organising committee has meant that our usual four education sessions were unable to be done. The meeting that we did have was well attended and kindly sponsored by Celgene. The topic was Understanding Bone Marrow Biopsies.

We would like to get back on track for the 2016 year and have more sessions. We are currently reviewing the evaluations and topic suggestions from this year's and last year's sessions to formulate a programme for next year for the Wellington/Palmerston North region. Details for all sessions will be available in the new year.

If you have any suggestions for topics or would like more information about the education sessions, then please feel free to contact me at Catherine.Wood@ccdhb.org.nz.

I hope that you all have a safe and happy Christmas.

Catherine Wood

WA

Our final education evening for the WA Haematology Nurses & Allied Health group was focused around transplants. We were fortunate to have two brilliant transplant haematologists present, Dr Paul Cannell and Dr Duncan Purtill, both from Fiona Stanley Hospital. Dr Cannell presented on 'Pre transplant assessment' and Dr Purtill on 'Late effects of allogeneic stem cell transplant'. From the 40 participants we received 'very good' to 'excellent' in the overall feedback. 'Very informative - good practical view of side effects' and 'two great presenters whose discussion was honest and educational' were just a couple of the comments received from participants.

I am also handing over the reigns as the WA Nurses representative to Andrew Steele (Andrew.steele@health.wa.gov.au) as of January 2016.

I have been fortunate to be part of the HSANZ national nurses group for the past 7 years and am continually impressed with the enthusiasm and dedication of this amazing group of nurses from around Australia and New Zealand. I thank you all for your support, especially when HAA landed in Perth last year. Always fond of a learning opportunity and HAA didn't disappoint!

Cassi Lawrence

NSW

NSW HSANZ NG has had a bumper year with a number of educational evenings and study days and our thanks go out to the small team that have made these happen and to the sponsors that have supported us. Our last meeting of was an update on myeloma and the International Myeloma Workshop that was held in Rome, and was attended by 40 nurses.

Plans are well underway for next years meetings, with the first one happening in February, details of which will be released soon. The nurses of NSW would like to wish all of our colleagues a Merry Christmas and a Happy New Year.

David Collins

VIC

It has been a busy and productive year for the Victorian HSANZ group. We are about to hold our final metropolitan meeting for the year which will showcase some highlights of HAA with Emma Cohen, Mingdi Xie and Rebecca Dring presenting their abstracts to the group.

This will make 9 events for the year. Thank you to Jenny Hemptom and Trish Joyce for facilitating regional events in Geelong and Frankston respectively.

We are trialling a new online system for event invitations in an attempt to reduce the associated admin tasks. If you have any feedback about the new system, please forward to myself at hayley.king@mh.org.au.

Congratulations to the winners of our 5 HAA travel grants. This year we awarded presenting grants to Emma Cohen and Mingdi Xie, the regional grant to Anita Edwards and the junior grants to Meaghan Hamilton and Christine Kelly.

We are in the midst of planning an action packed program for HAA 2016, the education and social planning is in full swing and is shaping up to be a great conference.

Thank you to our pharmaceutical colleagues who support our events and grants and enable us to keep providing education opportunities to the Victorian members.

Wishing you all a safe and happy festive season.

Hayley King



QLD

In 2015 the HSANZ Queensland nurses had a productive and fun year. An education day for multiple myeloma was held in August in Brisbane where a range of interesting and knowledgeable speakers presented. The event was kindly supported by Janssen and Celgene and was well attended by nurses from around the Brisbane area and beyond. We are grateful to our sponsors who are committed to supporting haematology nurses education and professional development.

Earlier in the year at the HSANZ Queensland State Meeting, a nursing stream was held along-side the medical stream. The speakers at this event were fantastic and covered a range of important topics from paracetamol administration, microbial growth in total parenteral nutrition and management of blood products. This event was well attended and served as a wonderful opportunity for education and networking.

Planning for next year's education events is now underway and we are looking forward to another great year. We hope to be able to work closely with the newly established CNSA Queensland Regional Group. Catherine Kirk has recently stepped down as the Queensland Chair but will continue to be involved with the Queensland group. I'd like to thank Catherine for her wonderful work in the role!

If you have any suggestions for topics to cover in 2016 or would like more information on an event please feel free to contact me on the email address below. Additionally, please contact me if you would like to be involved in organising Queensland educational events. Have a safe and fun holiday season!

Elise Button
elise.button@student.qut.edu.au

SA/ NT

The SA/ NT HSANZ NG committee was reinvigorated in 2015, with a passionate group of nurses from a variety of experience levels and settings. An event was held in August 2015, which focussed on learnings from the SHOT and ISBT symposium together with a presentation on chemotherapy related reactions and allergic reactions. We thank our speakers and supporters for their assistance with this event. Many members also attended the HAA conference, which was held locally in Adelaide.

Planning is underway to host 3 events in 2016, with the first event planned to be held at Icon Cancer Centre, on 9th February 2016. Please contact the committee at SANurseHSANZ@outlook.com if you would like to update your email address or suggest any potential topics for future events. We hope to see you in February at the next event!

Nicole Loft

Tasmania

Once again this year we have had 2 successful education dinners, including one which was a collaboration with CNSA. These were well attended, with exciting invited speakers, both local and interstate and good venues with lovely food. The feedback was all very positive. We invited a wide audience of nurses and several nurses from North and North Western Tasmania made the effort to travel to Hobart for these.

Pleasingly, we have increased our membership steadily and now have a fantastic group of dedicated nurses. The local enthusiasm has spread to pharma and we now have offers of sponsorship for next year.

After the festive season, we will plan next years' activities which will be bigger and better. One important goal of ours is to investigate using technology with videoconferencing to increase our reach.

Bronwen Neely



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