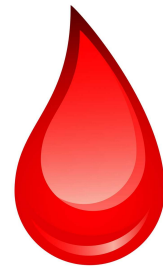




# Haematology Nursing



## From the president



Dear members and colleagues,

The annual meeting is over, indeed the year is nearly over - "Another year over, a new one just (almost) begun" in the words of one great lyricist "and what have we done"?

A lot. It is approaching 5 years since that group of haematology nurses sat down together at a hotel in Ryde, NSW and decided to form a society and raise the profile of haematology nursing as a specialty.

We now have over 150 members of the HSANZ NG and, across Australia and NZ, distribution lists with over 400 haematology nurses who want to be informed and to contribute to sharing updates/information and activities. We have educational activities happening regularly in 6 localities (State and Island local groups) and have put on a number of study days in metropolitan, and rural areas. The study day held on the day prior to the conference this year brought together 120 nurses and was absolutely buzzing – I have never organised nor attended a study day where over 90% of the audience remained at the end of the day which, I think says something about the motivation of haematology nurses and the quality of the speakers.

We will be publishing the sixth volume of our Haematology News, and although we haven't gained quite enough momentum for our Journal, we are moving towards that day.

The conference held in Sydney this year was big and busy and great. The standard of presentations was once again excellent and the evaluations commented on the high standard of presentations. The nurses' room remained full through out the meeting which is a testament to the presenters. Well done all.

If you have not yet got around to joining the HSANZ NG – pick up a membership form from the HSANZ website – it really is great value for \$55 a year, but more importantly, I believe that your membership of this, the only professional organisation for haematology nurses, says something about you as an expert and specialist and, by having a strong membership, says a lot about haematology nursing as a discrete specialty - so stand up and join up!!

Moira Stephens

December 2011

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This edition compiled and edited by Tracey King and Allan Hayward	

# HAA 2012—Melbourne, here we come!



2012 CO-JOINT SCIENTIFIC MEETING 28 - 31 OCTOBER 2012 Melbourne Convention Exhibition Centre, Melbourne, Victoria, Australia

The count down is on for HAA Melbourne 2012! We have big shoes to fill after Sydney, which was outstanding!! Our local organising committee have been meeting and working diligently to deliver a cornucopia of speakers and topics for your professional and personal fulfilment.

I am excited to announce that our invited speaker for the nursing stream is Karen Syrjala from the Fred Hutchison Cancer Research Centre and the University of Washington. Karen is the director of bio-behavioral sciences and the co-director of the survivorship program. I've included some excerpts from Karen's biography so you can get a sense of the research and topics that will be presented:

*Karen's research has focused on defining long term and late complications of hematopoietic stem cell transplantation, clinical trials to improve outcomes during and after cancer treatment, cancer pain and symptom management, and opioid side effects. The Bio-behavioural Sciences research investigates methods of integrating behavioural and biological treatments, with goals of 1) optimizing patients' participation in their own care, 2) reducing symptoms and complications of treatment or the disease, and 3) improving long term outcomes.*

Dates for the Melbourne conference are 28 – 31<sup>st</sup> of October 2012. Looking forward to seeing you there!!

Yvonne Panek-Hudson

Yvonne is the chair of the Victorian HSAZ Nurses Group and local organising committee representative for the HAA 2012 conference in Melbourne, Australia. If you would like further information Yvonne can be contacted at: [Yvonne.Panek-Hudson@petermac.org](mailto:Yvonne.Panek-Hudson@petermac.org)

## Your invitation to attend HAA 2012

In 2012, the Annual Scientific Meeting of the HAA (Haematology Society of Australia and New Zealand - HSAZ, the Australian & New Zealand Society of Blood Transfusion - ANZSBT, and the Australasian Society of Thrombosis and Haemostasis - ASTH) will be held jointly with the 7th Congress of the Asian-Pacific Society on Thrombosis and Haemostasis.

HAA-APSTH 2012 will be held at the Melbourne Convention Exhibition Centre in Melbourne, Victoria, Australia, from 28 - 31 October 2012. It will be attended by approximately 1500 delegates from Australia, New Zealand and the Asian-Pacific region, including clinicians, scientists and nurses. The conference will cover a comprehensive range of topics, including haematological malignancies, haemostasis and thrombosis, stem cell transplantation, transfusion and other non-malignant haematological disorders.

We invite you to seize this opportunity to visit Melbourne in the springtime, when the Melbourne Cup racing carnival adds a fashionable buzz to the city.

David Ritchie  
For HSAZ

Linley Bielby  
For ANZSBT

Chris Ward  
For ASTH

Hatem Salem  
For APSTH

Peter Gambell  
For BMTSAA

Important dates:

Abstracts due **Early June 2012**

Notification of abstract acceptance **Late July 2012**

Registration brochure available **March/April 2012**

More information on HAA 2012 can be found at: <http://www.fcconventions.com.au/HAA2012/>

## EdCaN is the National Cancer Nursing Education Project

As a member of the EdCaN project team, I was lucky enough to present at the recent **Haematology Society of Australia and New Zealand (HSANZ) pre-conference study day** in Sydney. I discussed the background of the EdCaN project, as well as the haematology-specific learning resources freely available on EdCaN.

EdCaN is funded by Cancer Australia as part of their Strengthening Cancer Care initiative. The initial aim of the project was to provide a way forward for developing the cancer nursing workforce in Australia, and one of the ways it has done this is through the development of [National Professional Development Framework for Cancer Nursing](#).

This Framework includes a set of capabilities expected of nurses working in cancer control. This includes nurses who work with people affected by cancer in primary care, generalist and specialist health care settings (like most haematology nurses), and aims to promote a nursing workforce capable of meeting the current and future needs of the population.

The EdCaN website has a number of learning resources that may help to inform the practice of haematology nurses. Specifically, there is a supporting module that gives an overview of the [Fundamentals of haematopoietic stem cell transplantation](#) as well as two haematology-specific case-based learning resources:

- [Ellie is a 4-year old with acute lymphoblastic leukaemia](#). Leukaemia is the most common cancer affecting children, with a peak incidence in children aged zero to four. Children have unique developmental needs across all domains of health requiring responses of specialised health care professionals and services, and there are many points within the cancer experience where Specialist Cancer Nurses can improve the outcomes for people like Ellie.
- [Arthur is an 84-year old with Non-Hodgkin's Lymphoma](#). Many of the symptoms associated with lymphomas may mimic common symptoms of influenza and other viruses which are frequently seen in primary health care settings. The Specialist Cancer Nurse has an important role to play in educating primary care colleagues about the signs and symptoms of NHL to promote efficient referral to specialist services and timely commencement of treatment for people like Arthur.

These learning resources are designed to support the professional development of all nurses in cancer care regardless of experience or setting. They contain a number of learning activities for you to complete, as well as links to other interesting resources. The case-based learning resources also include a number of videos which are designed to illustrate some of the issues faced by the person with cancer, and their family and friends.

If you are involved in staff education and would like to learn more about using EdCaN to inform continuing professional development opportunities, you might find it interesting to attend an **EdCaN Train the Trainer** workshop.

The EdCaN project team has recently started hosting **EdCaN Train the Trainer** workshops throughout Australia. These workshops provide a forum for nurses who are involved in the organisation or delivery of cancer-related professional development opportunities to learn more about ways in which EdCaN can be used to improve the quality of their professional development programs. The workshop includes interactive sessions focused on developing skills in designing, delivering and evaluating cancer professional development programs.

**EdCaN Train the Trainer** workshops have already been held in Brisbane and Melbourne, with the most recent happening in Adelaide in December. Workshops in other locations around Australia will follow in the New Year. If you are interested in attending an **EdCaN Train the Trainer** workshop, please contact the project team for more information on [edcanpsgc@qut.edu.au](mailto:edcanpsgc@qut.edu.au). There is no fee charged for participation in the workshop.

I was also lucky enough to recently attend the **Clinical Oncological Society of Australia's Annual Scientific Meeting**, held in Perth. The EdCaN trade stand was organised jointly with [Cancer Learning](#) and [PSGC](#), and generated a lot of interest from delegates. The EdCaN project lead, Professor Patsy Yates, both presented at the ASM and chaired a number of the sessions. It was a great opportunity to catch up with colleagues, and it was also another insight into just how many resources are available via Cancer Learning. It was also my first time in Perth - what a lovely city!

For any questions, comments or feedback on EdCaN, you can contact us on [edcanpsgc@qut.edu.au](mailto:edcanpsgc@qut.edu.au). Or feel free to contact me directly on [s.pike@qut.edu.au](mailto:s.pike@qut.edu.au)

**Happy Holidays to all from the EdCaN project team!**

(Please follow this link to find a range of resources mentioned within this article) [www.cancerlearning.gov.au/edcan\\_resources](http://www.cancerlearning.gov.au/edcan_resources)

**Shannon Pike**

Nurse Educator

[EdCaN](#) and [PSGC](#) projects

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# World Lymphoma Awareness Day

## LEUKAEMIA FOUNDATION RECOGNISES WORLD LYMPHOMA AWARENESS DAY ACROSS AUSTRALIA

World Lymphoma Awareness Day (WLAD) is a global event, observed by the international Lymphoma Coalition on September 15 each year. To recognise WLAD 2011, the Leukaemia Foundation held 20 events across Australia throughout September.



More than 400 people attended these activities, mainly people with lymphoma and their families, and health professionals wanting to learn how to better support and provide care for people with lymphoma. Lymphoma experts, including clinical haematologists, pharmacists, dieticians, radiation oncologists and nurse practitioners, made presentations and addressed topics including lymphoma diagnosis; advances in lymphoma treatment; types of lymphoma; the use of complementary therapy in lymphoma; the role of radiotherapy in lymphoma care; and emerging research.

On September 15, at Federation Square in Melbourne, a trained Zumba instructor who is also a Hodgkin lymphoma survivor ran a Zumbathon as a fun way of raising awareness.



As part of WLAD this year, the Foundation launched its new 'Lymphoma aware' badges (pictured above). These can be purchased all year round for \$5. To order your badge, call your local Leukaemia Foundation office on 1800 620 420, or email

[lymphoma@leukaemia.org.au](mailto:lymphoma@leukaemia.org.au)

These badges provide a great tool for those interested in helping to raise awareness of lymphoma, those who want to show their support for people with this form of blood cancer, and to raise funds towards finding a cure for lymphoma. Wearing the badge all year round, at support group meetings, patient education sessions and particularly on WLAD each year, helps people with lymphoma identify each other, so they can meet others who face a similar situation.

Planning for next year's WLAD begins in early 2012. If you would like to organise an activity on or around September 15, please contact Jane Miles, National Lymphoma Co-ordinator, at [lymphoma@leukaemia.org.au](mailto:lymphoma@leukaemia.org.au).

By making WLAD a feature on our calendar each year, we can work

together to heighten the profile of lymphoma within our communities and ensure ongoing resources and funding for vital research into lymphoma are a focus.

The Leukaemia Foundation was one of the four founding organisations of the Lymphoma Coalition in 2002, and today shares best practices with more than 53 member organisations from 38 countries. The Foundation's General Manager for Research and Advocacy, Dr Anna Williamson, is the Coalition's chairperson.

### WHY RECOGNISE WLAD?

- More than 5000 Australians will be diagnosed with lymphoma this year (equivalent to 13 people every day) and lymphoma is now Australia's fifth most common cancer in men and women.
- Statistically, lymphoma claims more lives than many of the better-known cancers such as melanoma and ovarian cancer.
- Lymphomas occur in all age groups but are most common in people aged 50+.
- A national lymphoma survey conducted by the Leukaemia Foundation last year found the impact of a lymphoma diagnosis had much more than a physical affect, with many respondents stating they were more affected by financial and relationship issues.
- 84% of people surveyed said their diagnosis impacted on their employment, with 60% forced to temporarily or permanently stop working.

These statistics demonstrate the need to raise awareness of this increasingly common blood cancer that affects the lives of people living with lymphoma - physically, socially and emotionally. By raising awareness of lymphoma, the Foundation's aim is to better improve the services provided to people affected by lymphoma and to advocate for improvements in the health care system, to provide better support.

## LEUKAEMIA FOUNDATION'S NATIONAL SURVEY GIVES BETTER UNDERSTANDING OF LYMPHOMA

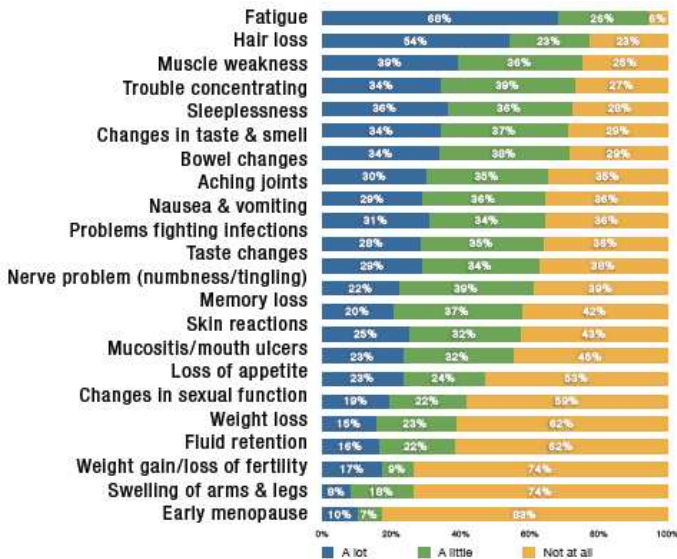
To better understand the needs of those affected by lymphoma and provide improved services and support, the Leukaemia Foundation commissioned its largest study to date involving people affected by lymphoma. The survey conducted by Sweeney Research had 349 participants and was commissioned by the Foundation to better understand the needs of people living with lymphoma so it can provide improved services and support. The findings are based on participant recollection of their experience. Of the participants, two-thirds had been diagnosed more than two years ago and nearly half lived in regional areas.

Survey topics include: Diagnosis; Symptoms Prior to Diagnosis; Treatment Centres; Transport and Accommodation; Employment; Financial Assistance; Finding Support and Emotional Wellbeing. The following article addresses the results relating to the Emotional Wellbeing component of the survey.

### IMPACT OF PHYSICAL CONDITIONS ON WELLBEING

Feelings of tiredness/fatigue and hair loss resulting from treatment had the greatest impact on a person's sense of wellbeing. Patients with Hodgkin lymphoma were much more likely to suffer from a number of physical conditions, than those with non-Hodgkin lymphoma, most notably hair loss, changes in taste/smell and nausea/

# LFA National Lymphoma Survey



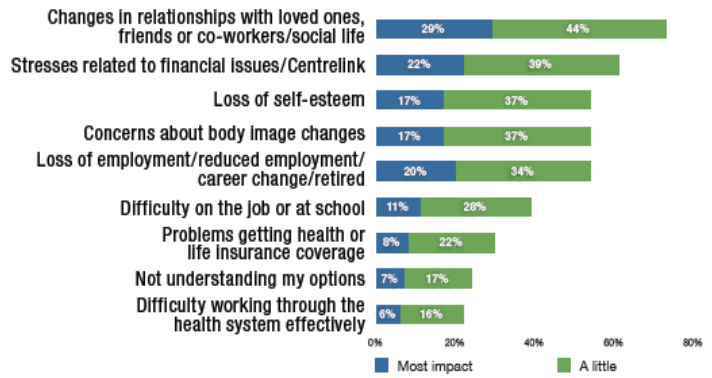
vomiting, and were more significantly likely to have skin reactions, mucositis/mouth ulcers, changes in sexual function, fluid retention, weight gain and loss of fertility. It is important to encourage patients to report any side-effects to their treating medical team as they occur, given that the impact of side-effects can be minimised with correct and timely intervention. The long-term side-effects of treatment, particularly in Hodgkin lymphoma, are gradually becoming better understood and managed, with the introduction of 'late effects clinics' across Australia including the Australian Cancer Survivorship Centre at Peter MacCallum Centre in East Melbourne, Victoria and The Queen Elizabeth Hospital in Woodville, South Australia.

## IMPACT OF PHYSICAL CONDITIONS BY GENDER AND AGE

Females and those aged 39 or younger were more likely to experience weight gain, whereas males and those in the oldest age group had a greater incidence of weight loss. Males and those under 40 were more likely to be affected by fertility loss, while hair loss had the greatest impact among the youngest age category and on females. It is well-understood that weight loss or gain can have a significant impact on one's body image and that side-effects related to fertility are likely to impact on how a person feels about themselves in terms of their sexual identity. *Look Good... Feel Better* - a free community service that runs programs on managing the appearance-related side-effects of cancer treatment; can be a good referral option for people experiencing stress related to changes in their body image. It is recommended that patients have a discussion with their specialist about the various methods which aim to protect their fertility and minimise the risk of fertility loss in the future, prior to commencement of treatment.

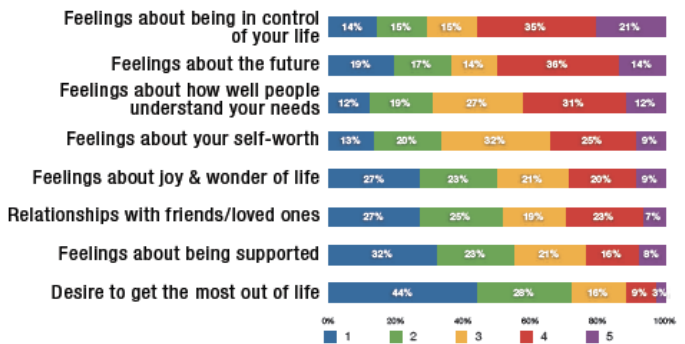
## SOCIAL & PERSONAL IMPACT OF LYMPHOMA

Close to half the participants experienced changes in relationships with others, which they also said had the greatest impact on their sense of wellbeing. Financial concerns, changes in employment, changes in body image and loss of self-esteem also impacted on a patient's sense of wellbeing. Usual family routines are often disrupted when a family member suddenly finds they have to fulfil roles they are not familiar with, such as cooking, cleaning, doing the banking and taking care of the children. This can cause emotions to run high and can result in usual, functional levels of pressure quickly transforming into a more difficult form of stress, if not addressed and managed appropriately. There are programs designed to help



ease the emotional and financial strain created by a diagnosis of lymphoma and patients should be encouraged to seek advice from their medical team as to what groups are available in their area.

## IMPACT OF DIAGNOSIS ON EMOTIONAL STATE



1: Very positive effect; 2: Slightly positive effect; 3: No effect; 4: Slightly negative effect; 5: Very negative effect

While lymphoma can generate negative feelings about 'being in control of life' and 'the future', the disease also can have a positive impact on a person's emotional state regarding their 'desire to get the most out of life, and in terms of feeling support in their relationships with loved ones, and feelings of joy and wonder about life. Information can help with fear of the unknown and as we know, it is best for patients and families to consult their doctor and other members of their medical team- nurses, social workers etc. with any questions regarding their diagnosis and treatment. Some people also find it supportive to talk to other patients and families, as they understand the complexity of feelings and the kind of issues that face people living with lymphoma. The Leukaemia Foundation provides a range of free educational and support groups that can be accessed Australia-wide by contacting (freecall) 1800 620 420 or online at: [www.leukaemia.org.au](http://www.leukaemia.org.au). The Foundation also provides an online support network "Talk Blood Cancer" at [www.talkbloodcancer.com](http://www.talkbloodcancer.com) which is a safe place to confidentially ask questions, share experiences and interact with others living with lymphoma and other blood cancers.

For details about the other survey topics, please refer to the Leukaemia Foundation's August 2011 issue of 'Lymphoma News' available to download from: [http://www.leukaemia.org.au/web/aboutdiseases/lymphomas\\_newsletters.php](http://www.leukaemia.org.au/web/aboutdiseases/lymphomas_newsletters.php) or phone their tollfree number 1800 620 420.

# Winning Abstracts from HAA2011

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## Development of a Nurse-Led Survivorship Care Intervention for Long Term Survivors of Hodgkin Lymphoma.

Ms Priscilla Gates APN, Prof John F Seymour MBBS, FRACP, Ph.D. Dr Meinir Krishnasamy RN, PhD. Peter MacCallum Cancer Centre, Melbourne, Victoria, Australia.

**Corresponding author** Peter MacCallum Cancer Centre, Locked Bag 1, A'Beckett St, Melbourne, Vic 8006. Email: [priscilla.gates@petermac.org](mailto:priscilla.gates@petermac.org).

### **Background**

Long-term survivors of childhood, adolescent and adult Hodgkin lymphoma (HL) are an important and expanding patient group with a unique and wide range of survivorship issues. With advances in multimodality therapy, 5-year survival rates from HL now exceed 90% (Chow et al, 2006). In Australia in 2007, 538 patients were diagnosed with HL and the median age at diagnosis was 31 years (English et al, 2007). This results in a large cohort of survivors who were diagnosed at a young age, received intensive highly curable treatment and who are now at risk of developing long term late effects (LE) including secondary cancers, cardiac dysfunction, endocrine dysfunction, infertility and psychosocial side-effects (Aleman et al, 2007). Many LE are avoidable or able to be ameliorated by early detection and/or risk modification. As the numbers of HL survivors grow it is increasingly important that they normalize their lives and incorporate healthy behaviors into their lifestyles in order to achieve optimal health outcomes.

### **The context of the study**

The late effects (LE) clinic at Peter MacCallum Cancer Centre (Peter Mac) was established in 2000 and is one of only three known LE units for adult cancer survivors in Australia. The clinic has an Australia wide referral base including hospitals, advocacy groups, primary care physicians or survivors may self-refer. Patients are required to be five years post completion of curative treatment. There are currently 592 patients on the LE unit data base, of these almost half (269; 45%) are survivors of haematological malignancies and more than half of these (140; 54%) are survivors of HL, of these (135; 92%) received upper torso radiotherapy.

The haematology late effects team includes a haematologist, transplant physician, radiation oncologists, fellow and registrar, cardiologist, endocrinologist, allograft nurse practitioner, primary care liaison officer, psychologist and a social worker. In recognition of the considerable health deficits experienced by survivors of haematological malignancies in 2008, a LE Advanced Practice Nurse (APN) was appointed to the team to work specifically with survivors of haematological malignancies.

### **The Study**

#### *Aims*

Primary aim: To establish whether receiving a health promoting intervention from a specialist cancer nurse demonstrates capacity to improve HL survivors' knowledge of and motivation to adopt health promoting behaviours.

Secondary aims: To establish whether receiving a health promoting intervention from a specialist cancer nurse demonstrates capacity to:

- Improve HL survivors' perceptions of their health status
- Reduce patient-reported unmet information needs in relation to LE
- Reduce health worry associated with the knowledge of risk of developing LE.

### **Methodology**

A phase 1, quasi-experimental pilot study has been developed to assess the study aims.

### **Population and setting**

Thirty people who have received curative treatment for HL have been recruited from referral lists to the haematology LE clinic at Peter-Mac.

Thirty healthy controls matched for age and gender have been recruited to provide data at baseline only, to help contextualize HL survivor data at entry to the study.

### **The Intervention**

The study intervention is delivered to patients during two face-to-face nurse-led consultations within the context of the haematology LE clinic. The totality of the intervention is delivered over two clinic appointments and two telephone calls that span six months.

Intervention 1: At the first clinic appointment the survivor participant receives a tailored education package based on needs identified from the baseline data, as well as a list of recommended websites and reading. The nurse-led consultation focuses on the delivery of evidence-based interventions appropriate to the health related needs of survivors of HL: including physical activity; healthy eating; smoking status; alcohol consumption; self examination; sun protection, sexual health, fertility and mental health.

Intervention 2: At the second clinic appointment (four months after recruitment to the study), the survivor participant attending for nurse-led consultation receives an individualised survivorship care plan (SCP). As advocated by the Institute of Medicine's (IOM) landmark report 'From Cancer Patient to Cancer Survivor: Lost in Transition' (Hewitt and Ganz, 2006).

### **Data collection and measures:**

Screening for emotional distress is undertaken at baseline using the Late Effects Supportive Care Needs Screening Tool (LE SCNST). The LE SCNST has been adapted from the SCNST (Pigott et al, 2009) and has not yet been validated.

Health behaviors, perceived health status and knowledge of risks of LE are measured using:

- The General Health Index (GHRI). This is a validated, 22-item tool that uses a five point Likert scale with summed scores to measure perception of health. Subscales measuring the concepts of current health, prior health, health outlook, resistance to illness and health worry are contained in this tool (Davies and Ware 1981). Concurrent validity and construct validity have been established (Smith and Bashmore 2006).
- The Health Promoting Lifestyle Profile II (HPLP – II) is used to measure health promoting behaviours. This validated, 52 item tool uses a four point scale to assess frequency of engagement in health promoting activities. The items are categorized into 6 sub-

# Winning abstracts HAA2011 continued

scales: physical activity, health responsibility, spiritual growth, nutrition, interpersonal relationships and stress management (Walker, Sechrist and Pender 1987). Construct validity has been established in previous studies (Smith and Bashmore 2006).

## Results

The nurse led survivorship care intervention commenced in September 2010 and will complete in February 2012. Data analysis will commence in March 2012.

Thirty survivors of HL have been recruited to the study, including 19 males and 11 females with a median age of 44 (27-72). Table 1.

**Table 1** Survivors of HL recruited to study

	<i>n</i>	%
Survivors of HL	30	100
<i>Gender</i>		
Male	19/30	63
Female	11/30	37
<i>Age</i>		
Median current age	44 (27-72)	
Median age at diagnosis	27 (11-50)	
Median years since diagnosis	14 (6-47)	
Median years since completion of treatment	12 (5-47)	

## Conclusion

Formal evaluation of this innovative, nurse-led intervention to enhance the general health status of survivors of Hodgkin Lymphoma, attending a multi-disciplinary, haematology late-effects clinic is in progress. The nurse-led survivorship interventions are informed by patient-reported concerns, are delivered by an advanced-practice haematology LE nurse, have been based on best-available evidence and endorsed by a multidisciplinary team of experts in the field. The APN role, situated within a multi-disciplinary, LE haematology team offers a new model of cancer survivorship care that may prove to be applicable to other patient groups with chronic illness in future.

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## Innovative Practice in Haematology – Development of a Nurse Led Chronic Transfusion Program

Jacqui Jagger, Haematology Cancer Nurse Coordinator, Gosford Hospital, CCLHD

The Central Coast is a growth area with just over 300,000 population. The percentage of the population that are over 65 years is much greater than NSW average. This does lead us to a higher incidence of those haematological cancers/disorders that are prevalent in the older age group. Myelodysplasia (MDS) refers to a heterogeneous group of closely related clonal haematopoietic disorders which have a five-fold increase in incidence between age 60 and >80 yrs. The disease course of MDS differs greatly depending on the classification of the disease. Classification information alongside prognostic scoring (IPSS/WPSS) provides valuable information to clinicians and patients regarding prognosis and likely responses to treatment. Supportive care for patients with MDS includes transfusion of red blood cells (RBC's) and/or platelets.

During 2009 in my role as Haematology Cancer Nurse Coordinator it became apparent that we really weren't managing this group of patients very well. Patients



# Winning abstracts HAA2011 continued

were seeing their specialist frequently, having pathology tests and receiving blood transfusion but all these steps a little detached from each other. It was not unusual for patients to present to the Emergency department requiring a transfusion due to worsening symptoms of anaemia prior to the scheduled transfusion date. Alternately the scheduled transfusion may not be required as Hb remained within range as transfusion requirements had changed.

Concurrently chair space in the Cancer Care Centres or Ambulatory Care was at a premium and obtaining a transfusion at short notice problematic. Progression of disease and deteriorating physical function are often difficult for people to cope with and referral on to allied health/supportive agencies were not happening in a timely fashion.

Following a long period of discussion with patients living with MDS, families, clinicians and other stakeholders in the care a proposal for a nurse led program was put forward. The aims of the **Chronic Transfusion and MDS Nurse Led Clinic (CT&MDSNLC)** were:

- Categorise patients into groups that are more appropriate for transfusion in cancer care (RCMDRS, RAEB-1/2, AML) or ambulatory care (RA, RCMD, MDSu, MDS del (5q))
- Patients access transfusion slot according to need (symptoms not Hb)
- More effective use of chair space by having a pool of transfusion chairs that patients booked into once need for transfusion confirmed.
- Improve disease specific information to patients & carers
- Increase early referral to allied health & supportive agencies.

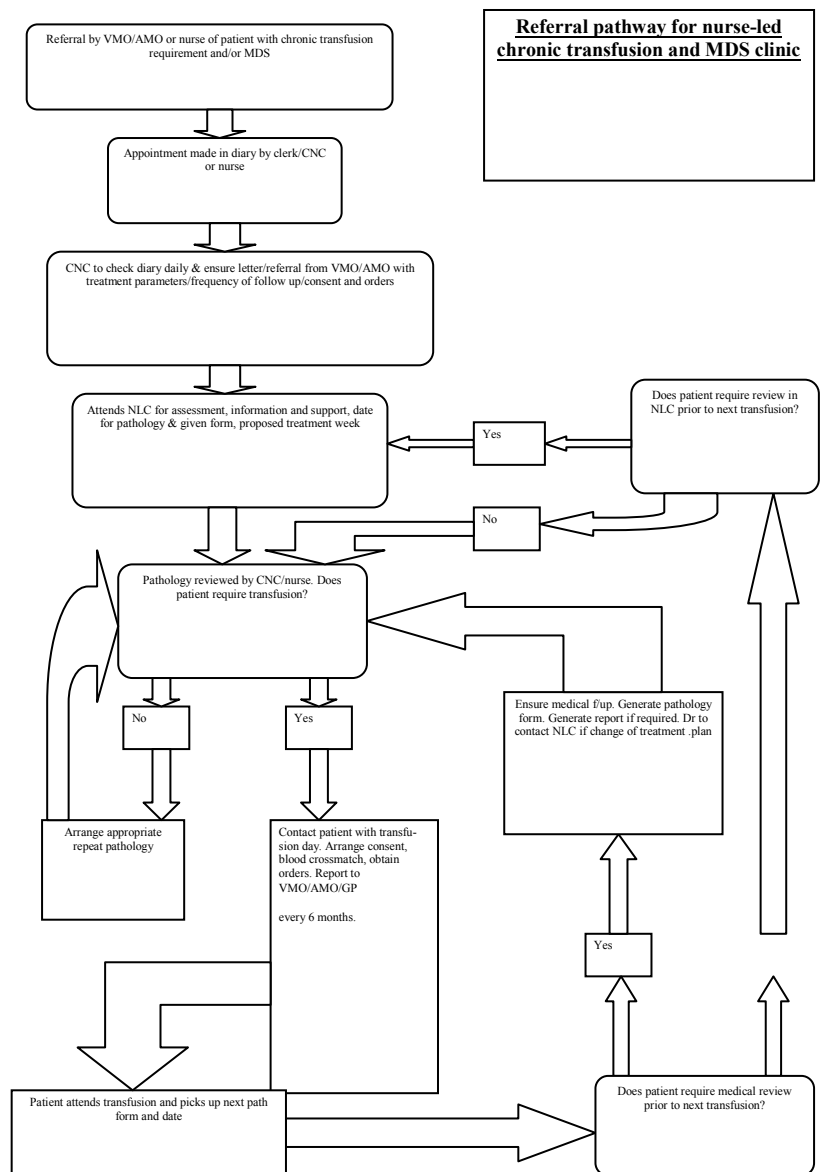


Fig.1 Patient flow through CT&MDS NLC

The proposal went back and forth through various stakeholders and management layers unable agreement reached. Expected patient flow through the service was mapped (fig 1) and service commenced in October 2009.

The initial patient numbers at the commencement of the program were 40-45 patients per month.

There have been a number of reviews built into the proposal starting at 6 weeks and onto 3, 6 & 12 months, yearly thereafter. The reviews focus on chair usage (fig. 2), number of ED presentations/bed days saved (fig. 3), patient satisfaction, staffing and education.

Overall the Nurse Led Program has been a resounding success. It has, however taken its toll on the Haematology coordinator position. Time to contact of new patients and excess hours worked have blown out resulting on a great deal of strain on the position holders.

In March of this year a 2 week review was undertaken to accurately document the issues. The service had experienced a 20% growth from the preceding 12 months. This growth was also reflected in the bed days saved with an increase from a yearly saving of 60 in 2009-2010 to 70-75 in 2010-2011.

In the 2 week period a total of 34 hours were spent managing the service. This timeframe is probably as high as the coordinator does not have a separate period of time to undertake the program. Rather it is done piecemeal between ward patients, clinic patients, new patients and telephone calls/triage. This mode of working does not lend itself to an economical use of time.

The review concluded with an acknowledgement that the service is an effective admission avoidance strategy whilst striving for the best in patient centered care. A further proposal was submitted outlining the need for Registered nurse support for the program at 24 hours per



# Winning abstracts HAA2011 continued

2010		Booked chairs	Chairs used	Chair space utilised for non CTMDS patients	Unused chair space	% of used vs booked
Wyang Cancer Care	April	17	12	1- Trans	5	70%
	May	16	15	0	1	93%
	June	18	17	1 - Trans 1- Chemo	1	94%
	July	17	16	3 - Trans	1	94%
	Aug	20	18	2 - Chemo	2	90%
	Sept	20	17	2 - Trans 1 - Chemo	3	85%
Gos Cancer Care	April	15	12	3 - Trans 2 - Chemo	3	80%
	May	12	10	5- Chemo	2	83%
	June	15	13	1 - Trans 2 - Chemo	2	86%
	July	13	12	6 - Trans	1	92%
	Aug	13	12	4 - Trans 3- Chemo	1	92%
	Sept	15	13	1 - Trans 1 - Chemo	2	86%
Gos Amb Care	April	13	12	0	1	92%
	May	13	10	2- Trans	3	76%
	June	14	14	1- Trans	-	100%
	July	14	11	0	3	78%
	Aug	16	15	1 - Trans	1	93%
	Sept	16	15	1 - Trans	1	93%

fortnight. This extent of coverage would allow for a degree of growth from the then current 40 patients which continuing to maintain the principle of admission avoidance.

The proposal has received priority placement of 'first on the list' within our Cancer Services Enhancement proposal with affirmation by all that it requires further funding. And there it sits.....occasionally flitting past as if in a dream!! In July 2011 it was necessary to reduce the caseload of the program to 20 patients due to coordinator workload. All patients with less than 3-4 weekly requirements have returned to management by the clinician/secretary/clinics. The more unstable patients and those with progressive disease and/or on azacitidine have remained on the program.

	Period	No of pts	Inpt for Blood Trans	ED Admissions from booked OPA	Estimated bed days/ 3 per admission
Pre CT & MDS Clinic	Sept 08 to Aug 09	25	23	N/A	69
1 <sup>st</sup> 12 months of CT & MDS Clinic	Sept 09 to Oct 10	32	3	4	9

I would like to take this opportunity to thank The HSA NZ Executive Committee on for the nomination for one of the 'Best abstract travel awards' at the recent HAA 2011 conference. I encourage Haematology nurses to get involved with your regional HSA NZ NG group, put forward articles for the newsletter, write abstracts, present, present whenever you can.....it does get easier. We have a wealth of experience and knowledge and should showcase were possible.

Best wishes to all for a happy, healthy 2012!!

For more information on the service please email me on [jjagger@nscchahs.health.nsw.gov.au](mailto:jjagger@nscchahs.health.nsw.gov.au)

# Reflections from HAA 2011

## Tiff's reflections on Sydney 2011

I commenced my graduate year in 2009 at Peter MacCallum Cancer Centre, where I learnt that my passion was haematology nursing. Trish Joyce first introduced me to the HSA NZ nurses group education evenings back in June 2010, which I have been attending almost religiously to this date. I was truly inspired by the variety of knowledgeable and passionate haematology nurses around Victoria, and the high quality of presenters.

At the next HSA NZ NG education evening I got one of the most rewarding surprises. When I heard my name, my heart skipped a beat. I felt stunned and I was pretty sure I went a lovely bright-red shade. I gave Yvonne and Kaye a grateful hug, which reflecting upon now, may have only been slightly less crushing than the Heimlich manoeuvre. The next month was frantic, organising my registration to attend the conference, flights and accommodation. I had the HAA programme as bedtime reading; planning and circling which session I wanted to attend. I flew up to Sydney a day earlier to attend the pre-conference study day, which had me frantically scribbling learning issues to review when I got back to Melbourne. I felt I knew MDS and AML quite well, so the sessions I chose to attend were on Thalassemia and Haemophilia. This was followed by two presentations on allograft transplantation care. I had never thought about a potential role in allograft nursing, but soon it was becoming apparent that my passion for haematology also extended to that of non-malignancy and allograft transplantation was a commonality between malignancy and non-malignancy.

The Sydney Exhibition and Conference Centre was an impressive venue. It took me a few minutes to find the registration desk, and another few to find familiar faces. The nurses' programme was filled with advanced practice issues around Australia and across the world on blood transfusion use and prescription, haemopoietic stem cell transplantation, central line care and management, palliative care integration, apheresis, late effects and survivorship care. I wish I could write about all the sessions I attended, but that would be the length of a novel. However, I would like to point out three sessions that really connected with me.

One of the most memorable and truly inspiring presentations was delivered by Heather Kenny & Megan Klinkenberg from Westmead Hospital, Sydney. A new diagnosis of any haematological malignancy is challenging enough for patients to deal with, let alone when pregnant. Their presentation covered the process by which the team treated and cared for 3 pregnant women undergoing chemotherapy during pregnancy. This inspiring account of practice in treating pregnant women with augmented protocols to reduce teratogenicity to the unborn child, to provide them with an outcome of remission and a healthy baby have broadened my appreciation for how far our clinical abilities have come.

Another presentation, by James Badman of Peter McCallum Cancer Centre, touched on the use of extracorporeal photopheresis in the treatment of chronic graft-vs-host disease in a paediatric patient. Chronic graft-vs-host disease of the skin is an undeniably difficult experience for all patients who have undergone the ordeal of allogeneic transplantation. Extracorporeal photopheresis is challenging in a paediatric patient due to the smaller total blood volume, and maintaining haemodynamic stability is key concern. But their remarkable knowledge and skill in clinical practice has drastically improved the quality of life of a young patient. A nice touch to their presentation was the title, as quoted by the paediatric patient; "people say I'm softer when they hug me".

And lastly, I was truly inspired hearing Professor Hatem Salem speak in the Carl de Gruchy Oration. Speaking on his personal and professional journey which extended decades of amazing research, dedication and pure passion for haematology, highlighted possibilities I could look forward to the future of haematology practice working together with endless clinicians, whether physician or nurse, whom too possess this passion. It also made what we do as health professionals in haematology feel very human, when juxtaposed against the countless scientific research and medico-lingo we are often surrounded with.

Being awarded the HSA NZ travel grant for junior nurses to attend the HAA conference has been an amazing experience. Hearing of the variety of clinical nursing roles in this specialty has re-enlightened my passion for clinical nursing and has shown me ways in which I can continue to grow in my nursing practice. I don't know yet what the future unfolds, but now I'm definitely keen to find out.

Needless to say, over the past year, I was keen to become a member of the HSA NZ NG. I waited eagerly for my two years of haematology experience to click over before licking the envelope and sending my application in the mail. And now, I can proudly say that I have just recently attended my first HSA NZ NG education evening as an associate member of the HSA NZ, and will endeavour to attend for many more years.

**Tiffany Mahon**

**RN, Peter MacCallum Cancer Centre, Victoria**

Tiffany is a "junior" haematology nurse who was able to attend the HAA 2011 conference in Sydney through the generous support of Pfizer and the Victorian HSA NZ Nurses Group.



2011 JOINT SCIENTIFIC MEETING 30 OCTOBER - 2 NOVEMBER 2011 Sydney Convention & Exhibition Centre, Darling Harbour, Sydney, Australia

# What you had to say about HAA2011

We have had excellent feedback from the nursing stream evaluation forms; what people really liked, what wasn't so great as well as some great suggestions for the future. These evaluations are invaluable in helping shape future content and have been passed on to the organising committee for HAA 2012 in Melbourne.

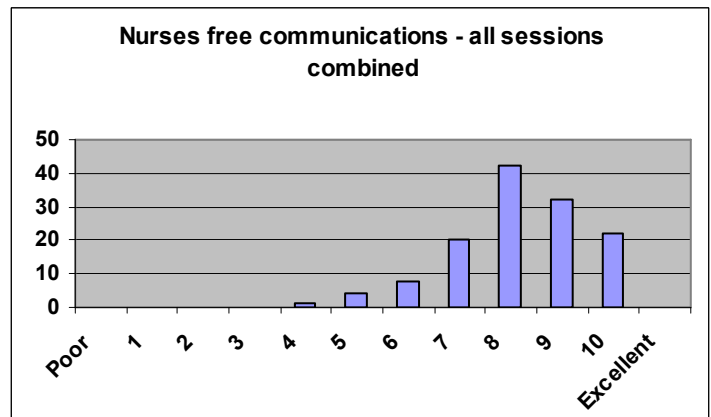
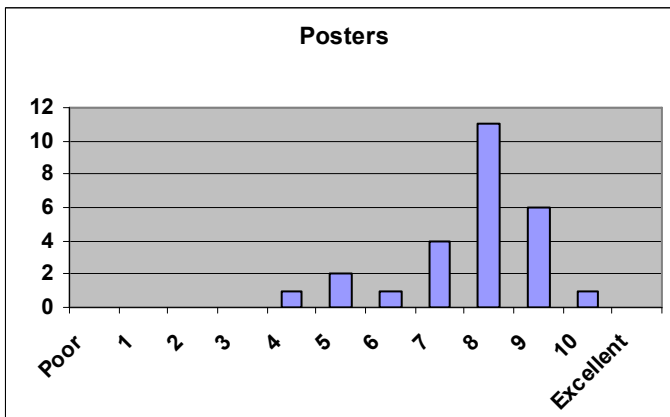
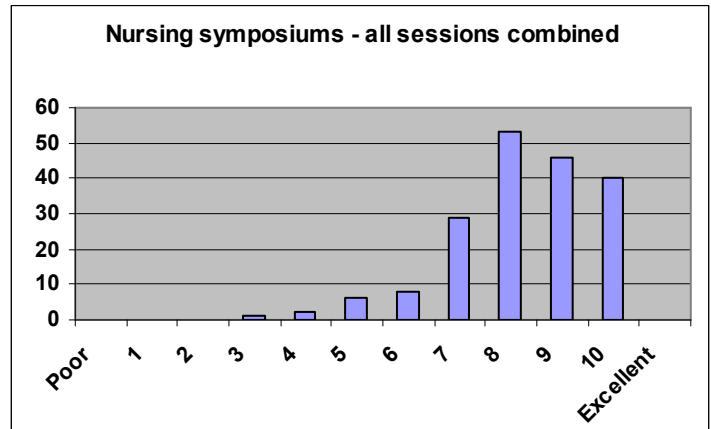
Overall, satisfaction levels were high with most people rating sessions as 8 or higher on a scale of 1-10. Graphs are shown below for the combined scores of the invited speaker symposiums, nurses free communications and posters.

The "how do I" sessions were particularly popular and received excellent feedback. This included sessions on "how do I"...read and understand statistics?; get started, embrace the challenges and enjoy the process: Cancer Support groups?; transform my niggling questions into a study and then share it with the world? and; unglue my feet and feel able to dance on stage during my conference presentation?

Liz Pirie's sessions were also very well received. Liz was our invited Nurse Speaker from the Scottish National Blood Transfusion Service.

Also of note was the praise for the symposium panel presentation of a young adult with Severe Aplastic Anaemia.

The conference this year was also highly praised for the continuing improvement in the quality of presentations, the opportunity to network with other nurses, being able to compare/benchmark practice, the variety of presentations as well as the pre-HAA study day.



## 2011/2012 dates for your diary

### National/Trans-Tasman Conferences/Meetings

26 – 28 July 2012 Cancer Nursing Society of Australia CNSA  
Hobart TAS Australia

<https://www.dconferences.com.au/cnsa2012/home>

28 – 31 October 2012 HAA Melbourne VIC Aus

<http://www.fcconventions.com.au/HAA2012/>

13 – 15 Nov 2012 Clinical Oncology Society of Australia COSA  
Brisbane QLD Aus

### International Conferences

1 - 5 Feb 2012 BMT Tandem Meeting San Diego USA

1 – 4 April 2012 European Group for Blood and Marrow  
Transplantation EBMT Geneva Switzerland.

<http://www.congrex.ch/ebmt2012.html>

3 - 6 May 2012 Oncology Nursing Society ONS 37<sup>th</sup> Annual  
congress. New Orleans USA

<http://ons-congress2012.abstractcentral.com/>

14 – 17 June 2012 17<sup>th</sup> Congress of European Haematology  
Association EHA Amsterdam Netherlands

28 – 30 June Multinational Association of Supportive Care in Cancer  
MASCC New York USA

<http://www2.kenes.com/mascc/pages/home.aspx>

9 – 13 Sept 2012 International Society of Nurses in Cancer Care  
ISNCC Prague, Czech Republic



# News from the regional groups

## New Zealand (North Island)

The lower North Island has had another successful year running education evenings for nurses interested in haematology. We have run six over the year split between Wellington and Palmerston North. There has been an enthusiastic response to these meetings. Topics covered in 2011 include: blood transfusion, apheresis and stem cell collection, lymphoma, adolescents and young adults, palliative care in haematology and haemophilia.



The education evenings have become sought after events. They would not be possible without our sponsors. We have had very generous support this year from Roche, Novo nordisk, Gilead, Leukaemia and Blood Foundation, Bayer, Janssen Cilag and Genzyme.

The education evenings for 2012 have been planned out after reviewing evaluations from each of the 2011 sessions. They are as follows:

When	Where	Topic
22 February	Wellington	Women and bleeding disorders
18 April	Palmerston North	Multiple Myeloma
20 June	Wellington	Myelodysplasia
22 August	Palmerston North	CML
24 October	Wellington	Promyelocytic leukaemia
28 Nov	Palmerston North	New oral anticoagulants

If anybody would like to attend any of these meetings or has further suggestions for education initiatives then please feel free to get in touch with me. I can be emailed at [Catherine.Wood@ccdhb.org.nz](mailto:Catherine.Wood@ccdhb.org.nz)

*Catherine Wood*

## Victoria

The Victorian nurses group is growing on a metropolitan and rural level. Membership is increasing and we have representation at our educational evenings from a variety of metro and rural hospitals.

We are grateful for the commitment of our speakers and sponsorship from pharmaceutical companies that enables us to facilitate high quality education sessions for Victorian Haematology Nurses. Topics in 2011 included MDS (Michael Dickinson and Sandra Kurtin), Cutaneous Lymphoma (Odette Blewitt), PNH (Michael Brown & Jeff Szer), and Infection issues in Haematology patients (Monica Slavin).

In collaboration with the Gippsland Nurses Oncology special interest group, we held our first rural educational evening. The topics for this event were MDS and Multiple Myeloma. Thanks to Michael Dickinson (MDS) and Kaye Hose (MM) for jumping at the opportunity to visit and present to our friends in Gippsland. We already have plans in mind for doing another road trip in 2012.

With generous support from Pfizer the Victorian group were able to offer support to a junior haematology nurse to attend Sydney 2011. Tiffany Mahon was an outstanding recipient and she has kindly written a piece reflecting on her experience to share with you all. (see Tiff's reflections on page 10)

**Thanks again to the HSNZ national group and the support of all Victorian Haematology Nurses. Looking forward to seeing you at the educational evenings and at HAA, Melbourne 2012. Don't forget to check the HSNZ website for updates, and please don't hesitate to contact me if you have any queries.....Yvonne**

**Happy Summer !!!**

*Yvonne Panek-Hudson*

[yvonne.panek-hudson@petermac.org](mailto:yvonne.panek-hudson@petermac.org)

## Western Australia

Thank you everyone for supporting HSNZ NG WA. We have had 3 fabulous clinical meetings throughout 2011. Thank you to those nurses who have helped with the organising at the three major hospitals and those who have attended the meetings.

We are looking forward to continuing to host educational events in 2012 and we hope that we will be able to grow in number as more haematology nurses will support this group. Anyone interested in getting involved with the organisation of these events I would love to hear from you. Many hands make light work and together we are able to deliver so much more. I look forward to hearing from some of you, in the meantime I would like to wish you all a Happy 2012.

*Karen Taylor*

WA Chair

Haematology Cancer Nurse Specialist  
WA Cancer and Palliative Care Network  
Ph: 0448 771 453

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# News from the regional groups

## Tasmania

We are all no doubt heading toward the new year under the cloud of the budget cuts across all of DHHS and the public service in general. I'm always amazed at how well Tasmanian Nurses adapt to major change and remain focussed on patient care. I think it's the isolation. All the staff of the Oncology Inpatient Unit and support staff at RHH are to be commended in the way they seamlessly continued to provide quality nursing care as their ward was relocated at short notice. They are now on 2A which is a spacious, appropriate environment, but we acknowledge that this opportunity has arisen through the closure of surgical beds.

We're really excited to see that work has commenced on the new Cancer Centre. It really is going to happen! We're across so many sites at the moment it will be an extraordinary change. We'll be able to talk face-to-face. Less emails, what a treat.

I'm really keen to start regular educational meetings for haematology nurses and a survey conducted this year indicated that nurses are very keen to attend. The ideal would be a study day during work hours, but that is logistically difficult and nurses may not be able to obtain leave in sufficient numbers.

I'm very happy to announce that I have been in discussions with a pharmaceutical company to assist with a meeting in Hobart in March 2012 and we hope to have a senior nurse from Melbourne as a speaker. As soon as the details are known I'll let you know.

No doubt I'll bump into you at the 'Taste'  
Wishing you all a safe and happy festive season.

**Gillian Sheldon-Collins**

BMT Coordinator, Royal Hobart Hospital

[Gillian.sheldoncollins@dhhs.tas.gov.au](mailto:Gillian.sheldoncollins@dhhs.tas.gov.au)

## South Australia/Northern Territory

Well we are at the end of yet another year and interest in the HSNZ Nurses Group remains strong in SA and NT.

We've held four education events this year: Two evening sessions, one focussing on Thalassaemia and MDS and another with highlights from the HAA2011 conference held in Sydney. Additionally we have contributed to a joint education day with the CNSA SA Regional group, our third such collaboration making it a fixture on the annual calendar. Also, we finally made it to Darwin and were able to present on a number of topics to the nurses from the haematology/oncology wards (paediatric as well as adult) and staff from the Alan Walker Cancer Care Centre. And the good news is we are planning more sessions in 2012. All of our sessions have been well received and well attended by nurses from both private and public facilities. Of note too is the growing number of Australian Red Cross Blood Service nurses attending, which is also great to see.

Once again we would not have been able to bring these events without the kind support of Amgen, Roche, Novartis and Gilead. I would also like to truly thank all of our speakers who very generously give of their time and knowledge to present on the various topics throughout the year.

If you would like to help with organising the HSNZ Nurses Group events either locally or as part of the Australia / New Zealand Committee please don't hesitate to get in touch—it's a great way to get in touch with Haematology Nurses from around Australia and New Zealand, learn more about organising events, learning about the HSNZ NG and its plans plus it counts towards your Continuing Professional Development points.

[allan.hayward@health.sa.gov.au](mailto:allan.hayward@health.sa.gov.au)

**Allan Hayward**

## New South Wales

2011 has been a busy year for NSW as we hosted the 1<sup>st</sup> pre conference educational day as well as our regular educational supper meetings. The Haematology educational day was hosted at Sydney University the day before HAA conference. Interest in attending was overwhelming and we had to increase our support from sponsors in order to meet the interest! The day was aimed at mid level Haematology nurses and made use of speakers coming to Sydney for the conference. Feedback from the 120 nurses who attended was overwhelmingly positive and will be used in the planning of future events. I would like to take this opportunity to thank our sponsors from the day without whom we would not have been able to host the day. Alexion, Amgen, Celgene, Genzyme, Novartis, Roche & Sydney Nursing School, the University of Sydney. I would also like to thank the speakers who gave up their Saturday to present so enthusiastically and of course the members of the local NSW and National HSNZ NG committees who continue to give so much of their own time and energy to help provide the programs and services of HSNZ Nurses Group.

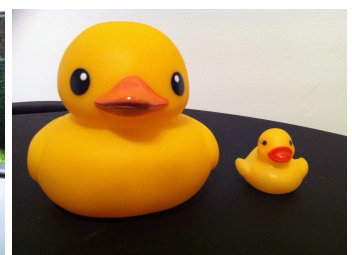
We have continued to provide 3 metro (Sydney) and 2 regional (Gosford, Wollongong) meetings a year and this will continue into 2012. A mix of paediatric and adult haematological subjects has been presented with excellent speakers and capacity attendance. 2012 will see us including AYA (adolescent and young adult) topics as well as a balanced range of malignant and non-malignant haematology subjects. Dates for your diary in 2012 are listed below.

16 <sup>th</sup> February	Sydney
12 <sup>th</sup> April	Gosford
14 <sup>th</sup> June	Sydney
16 <sup>th</sup> August	Wollongong
15 <sup>th</sup> November	Sydney

We look forward to continuing to work to provide educational opportunities to nurses around NSW into 2012. We're always keen to hear from anyone who has some time to join the NSW committee so get in touch if you have some time to help contribute or have any feedback for the group.

*Tracy King*

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