



Haematology Nursing



From the president



Spring 2012

Dear members and colleagues,

Once again the annual conference is fast approaching and, once again, it looks to be an exciting and thought provoking programme. The local organising committee have done an outstanding job of pulling together an impressive collection of national and international invited speakers. Our own Yvonne Panek-Hudson was the lead in developing the nursing stream and is to be congratulated on a sterling job. Unfortunately, I am unable to attend this year – the first time since I immigrated to these shores – which is perhaps timely as I am handing over to our new president of the Nurses’ Group – Tracy King. Tracy has worked tirelessly on the committee since its inception and is one of the founding members. It feels like many years have passed since we sat in a coffee shop in Missenden Road, Sydney talking about the possibilities of a specialist haematology nurses’ group – yet it is only 6 years. A lot has been achieved by the group and that has been possible because of you, the membership. We have a lot to celebrate as Tracy takes the helm to lead us into a new era for the group. It is an exciting time for the HSANZ NG. As you are aware, it is election year for the roles of vice-president and treasurer – these are both crucial roles and both positions are supported by the experience and expertise of the other members of the nurses’ executive.

This issue also celebrates the signing of the memorandum of understanding between the CNSA and our group. This document formalises and recognises the affiliation and joint work between our two societies and will be another brick in the road to optimising care for patients and their families. Once again we have a bumper issue which I strongly encourage you to share with others.

So I just have one more thing to say : I have thoroughly enjoyed learning together and working with both the committee and all of you in growing this wonderful group. From that first meeting in Ryde when 25 enthusiastic haematology nurses gathered (wined and dined of course – thank you Amgen) to discuss if anybody was interested in a haematology nurses group in December 2006 to now when we are a specialist group with HSANZ and; have over 150 members, a well-developed nursing stream at the conference, local groups in every State and Island with active education programmes and solid local membership; accreditation for our educational activities; nursing awards at conference; and 20 page newsletter together with a web presence.

There is more to do and I wish Tracy and all of you well as the group flourishes in the next era .

Meira

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HAA 2012—Melbourne



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

***HAA 2012 / APSTH 2012 Conference
(Joint Scientific Meeting of HSANZ/ANZSBT/ASTH and APSTH)
28 - 31 October 2012
Melbourne Convention Centre, Melbourne, VIC Australia***

As the Victorian representative of the HSANZ nurses group and Nurses Stream organiser for HAA 2012 I'd like to take this opportunity to invite you to HAA 2012. The conference has a 3 day nurses programme with a focus on survivorship however you can be guaranteed that with the range of topics that there is something for everyone. There is an exciting mix of invited speakers as well as a number of free communication sessions with representative speakers from Australia and New Zealand. Our guest speaker is Karen Syrjala from the Fred Hutchison Cancer Research Centre/ Seattle Cancer Care Alliance. Karen will be presenting in the Palliative care combined session; presenting on the FHCRC survivorship initiative – Exercise and Thrive program, and discussing implementation of survivorship services into practice in the nursing Masterclass. In addition there are the 'How to sessions....' Which will be small groups of participants focusing on specific topics relevant to haematology practice. I encourage you to have a look at the conference website as per link below.

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

Early bird registration closes the 17th of September.

**Another good reason to join HSANZ— discounted registration at
HAA each year!**

Associate Nurse Members receive a discount for registration at the annual scientific meeting. Another good reason why you should consider membership of YOUR professional group. Have your say, get involved, be part of haematology nursing in Australia and New Zealand. We would love to have you join us. To obtain a membership form visit the website and download it directly. If you have difficulty finding a full member to co-sign your form—no problem, get in touch with your regional chair and they will find someone to sign your nomination form for you.

<http://www.hsanz.org.au/join/fees.cfm>

Two Tribes Come Together

HSANZ NG & CNSA sign memorandum of understanding (MoU) affirming their relationship as nursing colleagues



The Cancer Nurses Society of Australia

The Cancer Nurses Society of Australia (CNSA) was founded in 1998 and is committed to achieving and promoting excellence in cancer care through the professional contribution of nurses. The CNSA has around 700 members throughout Australia, dedicated to excellence in patient care, research, and education in cancer nursing. Our members work collaboratively with other disciplines involved in cancer care to develop professional resources, to facilitate research activities leading to improvements in outcomes for people with cancer and to contribute to national cancer control activities and policy. A highlight of the CNSA calendar is our annual Winter Congress meeting and included in this edition is a brief report on this year's congress.



The CNSA/HSANZ NG MOU

The CNSA is enormously pleased to have formalised an affiliation between our organisation and The Haematology Society of Australia and New Zealand Nurses Group with the signing of a memorandum of understanding (MOU) in July 2012. The MOU articulates a relationship between our organisations based on a common commitment to optimising health outcomes for those affected by cancer. This new collaborative relationship creates opportunities for cross-organisational support, consultation and exchange in regard to educational initiatives, cancer control activities and policy and other mutually beneficial projects. The CNSA looks forward to a long and productive affiliation with the HSANZ NG.

CNSA Secretary Anne Mellon and President Mei Krishnasamy

Trevor Saunders. Victoria Representative. Cancer Nurses Society of Australia.

Haematology Nurse Awarded Highly Competitive Churchill Fellowship



Congratulations to Gemma Dyer from the NSW BMT Network who was recently awarded a highly competitive Churchill Fellowship. Gemma is currently the BMT Long Term Follow Up (LTFU) CNC for the Network and has a keen interest in improving care of patients in the post BMT setting.

The Winston Churchill Memorial Trust is a not for profit educational institution that provide an opportunity for Australians to travel overseas to conduct research in their chosen field. The Trust receives over 1,000 applications annually and awards about 100 Fellowships. Any Australian citizen is eligible to apply for a Churchill Fellowship to help enable them to undertake further research in their chosen field.

Gemma's Fellowship is to investigate models of care employed in BMT (LTFU) & Survivorship programs in world leading BMT centres. She will also investigate models of care for transitioning patients from paediatric centres to the adult health service. Gemma will be visiting key BMT centres in the United States and Canada during her Fellowship next year. Gemma will be feeding back findings from her visits on her return and we'll be sure to ask her to contribute a summary for this newsletter.

Congratulations again to Gemma in her successful application. It is wonderful to see Haematology nurses being recognised and supported to undertake further research and develop professionally in this way. We wish you well on your travels Gemma and look forward to hearing all about it on your return.

The Editor

Conference Reports



CNSA Winter Congress

As mentioned, the CNSA Winter Congress is our annual, two day scientific meeting. This year, we celebrated our 15th Winter Congress in historic Hobart with "Promoting Partnerships for Optimal Patient Outcomes" as our theme. Over 300 delegates enjoyed an impressive and packed scientific program, together with a social program with plenty of opportunity to catch up with old friends and to meet new ones. This year's conference theme stimulated invited speakers, presenters and delegates to explore, debate and describe how cancer nurses can partner with each other, multidisciplinary health care teams, patients, carers and consumers to address the challenges of improving patient outcomes in acute, sub-acute and community settings as cancer becomes an increasingly chronic disease.

Pre-congress workshops covered topics including developing and assessing antineoplastic drug administration competency and geriatric oncology. International keynote speakers, Dr Donna Berry and Dr Michal Boyd gave informative and thought-provoking presentations on treatment decision making and on the role of expert and advanced nurses in improving patient outcomes. Invited speakers addressed subjects including the use of new technologies in cancer care, workforce planning, measuring quality in cancer care and the experiences of informal caregivers. Around 80 papers were delivered in 8 concurrent sessions, allowing local nurses to share their research and knowledge, addressing themes such as professional development, practice improvement, models of care and consumer engagement and advocacy.

The CNSA Winter Congress has emerged as one of the most important cancer nursing conference events in Australia and plans are already under way for the 16th congress to be held in Brisbane in July 2012.

Trevor Saunders. Victoria Representative. Cancer Nurses Society of Australia.



International keynote speaker Dr Donna Berry



Keynote speakers Prof Keryln Carville and Dr Michal Boyd

Trevor.Saunders@petermac.org

CNSA 2012 Abstract Book – available in electronic version for those interested in reading more about some of the great work presented but were unable to attend themselves.

A couple of abstracts are included here with permission from CNSA. To obtain your own electronic copy of the full abstract booklet please email Tracy King on tracy.king@sswahs.nsw.gov.au

CNSA Winter Congress (cont)

My Learning – the development of free interactive on-line learning modules for palliative care.

Tieman, J.J.¹, Devery, K.¹, Rawlings, D.¹

¹Palliative & Supportive Services, Flinders University, Adelaide South Australia, Australia

Introduction: Nurses have ongoing needs in relation to their professional development, and are required to keep up to date, however workloads and shift work can make attending face to face sessions difficult. Online learning has been found to be effective and well received for ongoing education for nurses (Karaman, 2011).

Objectives/Aims: 'My Learning' is a series of interactive learning modules designed to help guide users in how to use 6 of the core resources to help provide better clinical care.

Methodology: A factsheet designed to help answer clinical questions has been a well evaluated tool available to support evidence based practice (EBP). It steps users through a process that enables them to find relevant evidence, which has now been utilised as a framework in the development of online learning modules. An experienced educator has developed a case study, whereby users are shown how to use CareSearch to help search for the evidence and address clinical scenarios.

Results: A learning package is available, including a quiz and a demonstration of website resources. The modules are free to use, and a certificate is available for professional records. The My Learning page links through to other information found in the nurses' hub on Continuing Professional Development.

Conclusions: CareSearch is an online palliative care resource, developed within an EBP framework, and has developed online learning modules to help fulfil the need for ongoing professional development and lifelong learning.

References

Karaman S. BMC Medical Education 2011, 11:86 doi:10.1186/1472-6920-11-86

Informal caregivers of people with advanced cancer: Their role and experience. Ugalde, A.^{1,2}, Krishnasamy, M.^{1,2}, Schofield, P.^{1,2}

¹Peter MacCallum Cancer Centre, East Melbourne, Victoria, Australia. ²University of Melbourne, Parkville, Victoria, Australia

Informal caregivers of people with advanced cancer take on an extensive role in meeting the needs of the patient, however they experience significant psychological distress and unmet needs in their role. The literature indicates that there are numerous negative consequences of providing care. Importantly, there are also positive aspects of care provision.

There is a lack of appropriate instruments tailored for advanced cancer caregivers, which results in a poor understanding of the experience of caregivers. Self-efficacy, described as task-specific confidence, is an important construct, as it relates to whether caregivers feel they are providing good care. In other groups, this has been linked to improved psychological outcomes.

This study aimed to develop a new instrument to measure caregiver self-efficacy to better understand the role and experience of caregivers. This study adopted qualitative methodology to generate codes to construct the new questionnaire. The qualitative data indicated that caregivers have a lack of recognition of the caregiving role, they experience a loss of self-identity and they feel unable to take a break from caregiving.

From this data, a new instrument was constructed and piloted in a sample of health professionals and caregivers. The result was a 50- item draft instrument named the Caregiver Self-Efficacy Scale (CaSES). The draft CaSES was administered to a large sample of caregivers for field testing. Ninety four caregivers completed the CaSES with other instruments in order to establish the psychometric properties. The CaSES was found to be a reliable and valid measure of caregiver self-efficacy.

This study aimed to develop a measure to assess self-efficacy in caregivers and this was achieved with the 21-item CaSES with established psychometric properties. However, of equal importance is what was learnt about caregivers over the course of this study. Caregivers take on a role that is varied with patient need, however with this can come psychological morbidity, unmet needs and ongoing impact after patient death. This research indicated that care provision extends beyond physical caregiving tasks, also including emotional aspects, such as maintaining a good relationship with the care recipient, keeping family informed, taking a break and providing emotional support. Clinical and research implications of these results are presented.

World Federation of Haemophilia Congress (WFH)



**Andrew Atkins is a Clinical Practice Consultant at the Haemophilia Centre, Royal Adelaide Hospital.
Andrew.Atkins@health.sa.gov.au**

A nursing perspective—*Andrew Atkins*

It was always going to be good! 'The World Federation of Hemophilia (WFH) Congress' in Paris in July was a thoroughly enjoyable event, and the 5,500 participants all seemed to enjoy the presentations and the city from the Opening Ceremony on. Especially for Australians, the experience of combining lectures with stepping out and soaking up the Parisian culture was totally unique. What can I say – the café's, the architecture and monuments, the Champs Elysees, patisseries, champagne, the Eiffel Tower – it all made for a special Congress.

As usual for these large conferences, there was a broad range of presentations each day to choose from, and making that choice before the day began is always a good idea. It was apparently the largest WFH Congress held yet, and it seemed believable. The attendees included patients, doctors, nurses, carers, physio, scientist, surgeons, and researches all mixing together for a common cause to learn and share their knowledge.

Despite having at least 50 Australian haemophilia health professionals at this congress, it was easy not to see your colleagues for days at a time. The Congress is a great forum for providing a deeper understanding of bleeding disorders and their management, whether from the viewpoint of a person living with a bleeding disorder or of a health professional.

Nurse's workshop

For the different health professions, separate workshops were held the day before the start of the Congress, e.g. nurses, orthopaedic, psychosocial, laboratory, genetics plus more. These provide a rare opportunity for professions from the same field around the world to sit in a room together and discuss issues that affect each group similarly. Amongst other things, the nurses considered topics such as joint examinations, nursing research, and heard of planned projects for written resources funded by the WFH.

Personalised Prophylaxis - *Peter Collins*

One presentation at the Congress that gained my interest (amongst many) was by Dr Peter Collins (Cardiff, UK), who discussed the usefulness of personalising a prophylaxis regime. It is well known that prophylaxis hinders the natural process of haemophilia-related joint disease, and so one of the major conclusions of past studies has been to start prophylaxis early to prevent joint disease. Keeping factor though levels above 1% for as long a period as possible is one rationale for prophylaxis, and this is often achieved by using a simple weight-based regimen.

An alternative is to tailor the prophylaxis according to the individual's needs at the time, using pharmaco-kinetic (PK) studies (or half-life studies), and collaboration between the individual, his family and the HTC. Prophylaxis regimens differ for toddlers, teens, young adults and older adults, and as an individual's circumstances change over time, a prophylaxis regime should change to reflect this. Therefore it makes sense that the dosage of prophylaxis, or the frequency, or the timing of administration, will differ over time. A prophylaxis regimen of three times per week may be a common prescription, but may not be the best one for the individual at a particular time, and PK studies may reveal that another dose given at different time points may be more appropriate to suit the person's current needs.

So, all in all, a great conference that was well worth attending, and we look forward to hosting the next Congress on home turf for the first time, in Melbourne, 2014.

World Federation of Haemophilia Congress (WFH)



Vanessa Minor is the Haemophilia Nurse at The Canberra Hospital.

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Gene Therapy—*Vanessa Minor*

For me, the most exciting news from this haemophilia conference came from the gene therapy area.

Scientists in this field have been working hard since the early 80's and are now beginning to reap the rewards for their efforts within Haemophilia B gene therapy research. Human trials began in London. All subjects had the diagnosis of severe haemophilia B with no history of inhibitors or viruses. To date, 6 out of the 8 patients have been able to come off their prophylaxis therapy. The remaining 2 still continue with prophylaxis but have decreased their factor replacement usage and have reported less bleeds. In fact one patient has maintained his new biological factor level between 8% – 12 %! This changes his diagnosis from 'severe' haemophilia to 'mild' haemophilia.

One of Gene therapy's main obstacles are vectors. The quality of the vectors have improved significantly overtime. With this trial in London using new redesigned vectors called AAV8; the trials have been showing great promise for the future of Haemophilia B. This vector, AAV8, has the ability to accomplish its work in the liver but without triggering any major immune responses. As human immune systems are sensitive, this is an exciting development in haemophilia.

Please note that not all subjects have received the same dosage. According to (Tuddenham, 2012) the original trial reopened in March 2012 and is currently concentrating on treating 30 plus subjects at high dose levels. Interestingly, the high liver enzymes which were reported in the trial have responded well to a short course of prednisolone.

Researchers at the WFH congress talked about expanding the option regarding the delivery method for the gene to other possible sites in the body like skeletal muscles and endothelial cells. Currently the only method used is intravenously. Early days but interesting possibilities!

At the end of the conference, there was a mini debate comparing the arguments for gene therapy against the arguments for long acting Factor IX replacement therapy.

If gene therapy is successful, the benefits will be life changing and possibly lifelong. Living a life without haemophilia bleeds, factor replacement therapy, pain, hospital, surgery or infection would be an amazing achievement for the haemophilia community. However with the benefits comes the risk's. The drawbacks of course to gene therapy are infection, rejection, antibody development and unknown long term effects. We must also keep in mind that patient's with positive inhibitor status have not been invited onto the trial.

The argument then for 'long acting factor products' is, a proven safe and effective product which may only require administration once a month. This could mean less venepuncture, less factor product usage and high trough levels throughout the month, decreasing clinical visits/hospitalisation and improved quality of life.

In summary, patients with Haemophilia B have expanding treatment options on the horizon, and the choice will be theirs to make. While the Haemophilia B gene is an easier gene to work with, we only hope that such progress will also be possible at some point in Haemophilia A studies.

The conference has been beneficial to me and a great resource. It has inspired and encouraged me in all areas of my nursing practice. The 'World Federation of Hemophilia congress' has given me an even deeper commitment, focus and knowledge development in the bleeding disorder field. Following the conference I thought, what vision this group has and the obstacle's that were endured along the way to get to where they are now. Now I realise that this field of medicine is very much a leader in the field of chronic disease care.

Transfusion Update 2012

Wednesday 9th – Friday 11th May
SMC Conference Centre, Sydney

Transfusion Update is a 3 day conference organised by the Australian Red Cross Blood Service (ARCBS) which has been running annually for over 10 years. The conference is endorsed by the Australian Royal College of Nursing and full attendance attracts 18 CNE points, however it is possible to register daily and the programme is available ahead of the conference. The conference is appropriate for nurses, clinicians and scientists involved in any aspect of blood management and there was a great turn out for each day. For this year's programme please click on the following link: <http://www.transfusion.com.au/sites/default/files/TU12%20Preliminary%20Program%20FINAL.pdf>

This year the guest speakers were Dr Harvey Klein from the USA and Dr Paul Giangrande from the UK who provided great insight into what our peers are doing overseas. As a transfusion nurse it was great to hear up to date research and innovations in haemovigilance and patient blood management and the presenters certainly provided delegates with great topics for discussion. It is also important to note, as with any conference, that it is a great opportunity for networking and showcasing of our skills and ideas. Majority of the presentations from the conference can be downloaded from the ARCBS website at the following link: http://www.transfusion.com.au/iTransfuse/transfusion_update

The ARCBS website is a fantastic resource. The link above takes you to their news, events and library section which has a great range of resources suitable for staff education particularly the fact sheets and the podcasts.

Next year the conference is due to be held in Brisbane in June. Please contact Nicole Gregory for further information, registrations usually open in February:

Phone: (08) 8112 1303 or Email: ngregory@redcrossblood.org.au


Elizabeth McGill (A/CNC Transfusion Medicine at POWH) Elizabeth.McGill@sesiahs.health.nsw.gov.au

Hope to see you there next year!



Australian Red Cross
BLOOD SERVICE

Educational Opportunities



CANCER AND HAEMATOLOGY NURSING

IMPROVING OUTCOMES FOR SURVIVAL AND OPTIMAL RECOVERY FOR CANCER PATIENTS

Specialist education for nurses who work in all areas of cancer and haematology nursing

The Sydney Nursing School offers the Cancer and Haematology Nursing coursework program at both graduate certificate and master's level. Applications are open now – closing 1st December 2012. If you are considering further specialist education why not contact the course coordinator to find out more.

Shannon Philip, course coordinator. T: 02 9351 0542 E: Shannon.philip@sydney.edu.au

More information about the course is available on the website at:

http://sydney.edu.au/nursing/course_information/specialty_courses/cancer_haematology/cancer_haematology_m.shtml



The College of Nursing offers a variety of graduate certificates and short courses for cancer and haematology nurses. A variety of courses via distant education are also available.

Applications are open so why not search their website to find out if they have a course to suite your needs or contact them directly at:

The College of Nursing
 Locked Bag 3030, BURWOOD NSW 1805
 T: (02) 9745 750
 O F: (02) 9745 7501 E: csc@nursing.edu.au www.nursing.edu.au

Events Planner	National & International Conferences
October 28 th – 31 st	HAA Joint Scientific Meeting Melbourne VIC http://www.fcconventions.com.au/HAA2012/
November 13 th – 15 th	COSA – IPOS Conference. Impact through Translation: Cancer Research Informing Practice. Brisbane QLD http://www.cosa.org.au/asm/asm.html
December 8 th – 11 th	American Society of Haematology (ASH) Atlanta USA. http://www.hematology.org/Meetings/Annual-Meeting/7077.aspx
July 1 st – 3 rd 2013	New Zealand Society for Oncology Conference Dunedin NZ. www.nzsoncology.org.nz

Educational Opportunities



**The Royal Melbourne Hospital BMT Short Course
13th & 14th November 2012. Open to all nurses
working in BMT / Haematology**

www.rmh.mh.org.au – Nursing Education

The RMH BMT short course is being held on Tuesday 13th & Wednesday 14th November this year. This is an advanced 2 day course aimed at nurses working within Haematology or BMT, wishing to increase or update their knowledge base. Speakers include Consultant Haematologists, Clinical Nurses, & Allied Health practitioners. This course is a fantastic opportunity to network with nurses from various institutions nationwide. Topics include History of BMT, Clinical Indications, Complications, and Supportive Care.

For registration queries, please contact shortcourse@mh.org.au

Course coordinators are Chelsea Victor and Linda Repic. If you would like to find out more about the course please get in touch with us.

E: Chelsea.victor@mh.org.au or E: Linda.repic@mh.org.au



Action at Austin

Here in the North-Eastern metropolitan area of Melbourne is Austin Health. This health service encompasses 980 beds across three campuses. The Clinical Haematology service provides a range of inpatient and outpatient services for both malignant and non-

malignant haematological disorders (and includes autologous but not allogeneic transplantation) and is a referral site for a number of regional hospitals in Victoria. In late 2010 two clinical nurse consultant positions were developed. These included a BMT coordinator position and a haematology nurse consultant. These roles provide care coordination, education and supportive care to patients and families. The roles also provide an educational resource for nursing and allied health staff and have lifted the profile of advance nurse practice roles in haematology. The role of the BMT coordinator has developed to include a nurse-led clinic where new referrals are seen, pre BMT education is conducted along with post discharge follow up. A late effects program is also being planned.

Nursing-led Research – How to be inspired to start researching

One exciting recent development is a successful grant application to run a professional development activity within cancer services. I and the cancer nurse educator here are holding a workshop for cancer nurses titled: Nursing-led Research-How to be inspired to start researching. This is being held on the 19th November and if anyone is interested in attending please email me directly and I can forward you the details.

Lastly one should mention the opening of the Olivia Newton- John Cancer and Wellness Centre. The centre will eventually house all cancer related services for Austin Health and is developing in a wonderful caring environment for both patients and staff. You even see Olivia every now and then!

Rosie Hoyt, BMT Coordinator, Austin Health - rosemary.hoyt@austin.org.au

Educational Opportunities



Update regarding the Cancer Institute NSW ADAC: Antineoplastic Drug Administration Course

eviQEd is a program of the Cancer Institute NSW responsible for developing point of care education courses and modules for cancer health care clinicians. The recent release of the antineoplastic drug administration course (ADAC) by eviQEd has seen widespread interest from health care facilities across Australia. ADAC was developed for Registered Nurses to guide skill development in the safe handling and administration of antineoplastic drugs.

ADAC is a blended learning program with eLearning, a workshop, supervised clinical workplace learning and competence assessment. The course offers evidence based, standardised content and consists of 8 modules:

1. Handling antineoplastic drugs and related waste safely
2. Administering oral antineoplastic drugs
3. Understanding how antineoplastic drugs work
4. Reviewing prescriptions and protocols
5. Assessing patients
6. Educating the patient and carer
7. Administering intravenous antineoplastic drugs
8. Preventing and managing extravasation of antineoplastic drugs

The elearning component of each module consists of an eLearning guide and eQuiz. The eLearning guide is context specific and versions have been developed for medical oncology and haematology. A version for nurses caring for paediatric patients is also under development with plans to develop a course to assist community nurses provide effective care for outpatients receiving chemotherapy. As it is the responsibility of health care facilities to implement ADAC, a Facilitator's Guide is provided for educators/workplace facilitators to support students undertaking modules, to assess clinical skills of students and to conduct the face to face workshop.

The Cancer Institute NSW has effective governance structures with review by education and clinical advisory panels/ individuals embedded in the process. eviQEd provides course materials and health care organisations deliver the course.

For more information www.eviQ.org.au or contact the Project Coordinator: Karen.Cooper@cancerinstitute.org.au.

Survivorship Conference 2013

The Flinders Centre for Innovation in Cancer, Survivorship Conference will bring together cancer clinicians, researchers, policy advisors and survivors from Australia and the world to share their insights into the most exciting developments in the field of



cancer survivorship. The scientific programme will feature contributions from:

- Professor Patti Ganz, Director of Cancer Prevention & Control, Jonsson Comprehensive Cancer Centre, UCLA, USA
- Dr Lee Jones, Scientific Director of Cancer Survivorship, Duke Cancer Institute, USA
- Representatives from LIVESTRONG Lance Armstrong Foundation
- As well as many national speakers including: Professor Bogda Koczwara, Southern Adelaide Health Service; Associate Professor Michael Jefford, Peter MacCallum Cancer Survivorship Centre; Professor Afaf Girgis, University of NSW and representatives of Cancer Voices South Australia.

Abstract deadline: November 23, 2012

Early-bird deadline : December 7, 2012

For more information or to register for the meeting please visit www.fcic.org.au

If you would like to be kept up to date with conference developments please contact Alexis Miall alexis@asnevents.net.au

Educational Opportunities



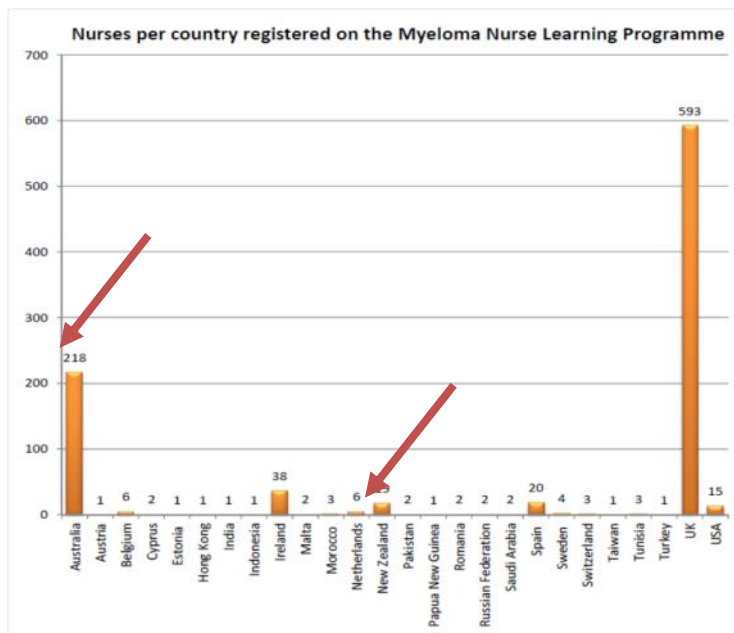
Myeloma Nurse Learning Programme[©]

Launched in March 2010, the Myeloma Nurse Learning Programme (MNL) now has over 950 nurses registered from the UK and across the world. The Programme is a unique online learning resource developed for haematology and oncology nurses with a particular interest in myeloma. It provides nurses with both summative and reflective learning opportunities in an interactive environment, using audio and visual animations to enhance the learning experience. The Programme offers nurses a comprehensive overview of myeloma and explains the complexity and individual nature of the cancer, it provides a step-by-step learning experience with each module building on and enhancing the previous section. Although developed in the UK, the Programme is very general to the treatment and care of myeloma and does not specifically focus on the UK health system or UK practice ensuring it is suitable for an international audience.

Accreditation

With the help of the Myeloma Foundation of Australia Inc, the Programme has been accredited by the Royal College of Nursing Australia (RCNA) and upon completion, nurses in Australia and New Zealand will receive 170 RCNA Continuing Nurse Education (CNE) points as part of the RCNA Life Long Learning Program (3LP).

The Programme is also credit-rated by Edinburgh Napier University and accredited by the European Oncology Nursing Society (EONS). Over 220 nurses from Australia and New Zealand are registered on the Programme, which is the largest number of nurses outside of the UK.



The Myeloma Academy™

The MNL is one of many nurse-specific learning resources developed by Myeloma UK, which can be accessed through the Myeloma Academy www.myeloma-academy.org.uk

Launched last year, the Myeloma Academy provides nurses with access to a unique range of tailored resources and tools, which aim to support nurses in their role, keep them abreast of myeloma specific nursing policy and ensure that nurses are equipped with the knowledge, tools and skills to deliver excellent treatment and care to myeloma patients. There are already over 50 nurses from Australia and New Zealand registered on the Myeloma Academy.

For more information about any of our nurse resources, please contact Myeloma UK at

mnp@myeloma.org.uk or call +44 (0)131 557 3332.

Lois Lobban. Healthcare Professional Programs Myeloma UK.

Focus on Clinical Trials

Welcome to another installment of the Clinical Trials Focus. Last issue we introduced you to the wonderful and often complex world of clinical trials by explaining 'What a clinical trial is, the different phases of clinical trials, how clinical trials are run, and how to find what clinical trials are available for your patients'.

Clinical trials not only determine how well new treatments work, but also provide a unique opportunity for additional research. Patients who participate in clinical trials almost universally choose to donate blood, bone marrow or other tumour samples (collectively known as 'biospecimens') for use in laboratory research. This research allows scientists to establish relationships between the individual biological characteristics of biospecimens and how well patients respond to specific treatments, allowing clinicians to better predict which patients will benefit from particular treatments. Other research focuses on gaining better understanding of blood cancers, required for the development of highly specific and sensitive diagnostic and monitoring tests and new treatments.

So, in saying this, the aim of this issue is to delve deeper into the Investigator-initiated clinical trials group known as the Australasian Leukaemia and Lymphoma Group (ALLG), and introduce you to the ALLG Tissue Bank.



Who are the ALLG?

The Australasian Leukaemia and Lymphoma Group (ALLG) is the only not-for-profit, collaborative clinical research group in Australian and New Zealand dedicated to designing and conducting independent clinical trials for the treatment of blood cancers. The ALLG membership comprises of 323 members (clinicians and scientists) and 295 associate members (research nurses and data managers who manage ALLG trials) from hospitals and institutions across Australia and New Zealand.

What does the ALLG do?

The ALLG provides the infrastructure and governance necessary for Australian and New Zealand clinicians and scientists to work together to conduct multi-disciplinary clinical research into blood cancers. The ALLG designs and conducts investigator-initiated clinical trials in all blood cancers, such as leukaemia, lymphoma, myeloma and myelodysplastic syndromes. By conducting multi-site, collaborative clinical trials, ALLG researchers play a pivotal role in influencing blood cancer treatment practice worldwide and improving outcomes for people suffering from these diseases.

What is the ALLG Tissue Bank?

The National Leukaemia and Lymphoma Tissue Bank (NLLTB) is Australia's only national biobank dedicated to managing the collection, processing, storage and distribution of biospecimens for blood cancer research. Established in 2002 by the ALLG in partnership with the Leukaemia Foundation, the NLLTB is a state-of-the-art facility located at the Princess Alexandra Hospital in Brisbane, Australia.

The NLLTB is a crucial resource for blood cancer research in Australia because it bridges the gap between clinical trials and laboratory-based research. By linking clinical and laboratory research, the NLLTB has exponentially accelerated blood cancer research discovery and the development of new and more effective treatments for these diseases.

What does the ALLG Tissue Bank do?

Patients who participate in ALLG clinical trials have an opportunity to donate blood, tumour, or other tissue to the ALLG NLLTB for further research. Biospecimens donated by patients who participate in ALLG clinical trials or are treated at ALLG-affiliated hospitals are stored at the NLLTB before distribution for laboratory research conducted by scientists. The collection and handling of biospecimens from hospital to bench-top is a highly coordinated and controlled process. NLLTB personnel work closely with clinicians, scientists and hospital staff to ensure that the precious biospecimens donated by patients are collected, transported, catalogued and stored appropriately to maintain their integrity.

The ALLG Tissue Bank plays a crucial role in research into leukaemia and other blood cancers by assisting our understanding of:

- The biological processes that lead to the development of these cancers
- Why some patients respond differently to others when given the same treatments
- What treatment strategies will be more effective for patients with these diseases

Focus on Clinical Trials (cont)

For additional information regarding the ALLG, please refer to: <http://www1.petermac.org/allg/NewSite/>

For additional information regarding the NLLTB, please refer to: <http://www.leukaemia.org.au/web/research/tissuebank.php>

For information regarding access to biospecimens for research projects through the NLLTB, please refer to: <http://www.nhmrc.gov.au/files/nhmrc/file/grants/types/granttype/access/marilton.pdf>



If you would like to contribute to the Clinical Trials Focus, or have any topics you would like us to cover in this section, please do not hesitate to contact us.

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Rebecca Meti. Clinical Trials Nurse-Haematology, RPA, Sydney. E: rebecca.meti@sswahs.nsw.gov.au

EdCaN: Cancer Education



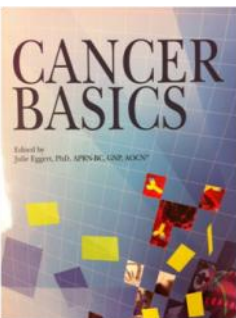
Members of the EdCaN project team were recently lucky enough to attend CNSA's Winter Congress in beautiful Hobart. It was a great opportunity to catch up with our cancer nursing colleagues, and also to hear your feedback about the EdCaN resources. We also co-presented a pre-congress workshop with the team from eviQEd, on assessing competency in the workplace, and this session sparked a lot of interest. Those of you who are familiar with the EdCaN learning resources may be interested to know that all of the EdCaN supporting modules and case based learning resources are currently being updated. This means that new information is being added, and all existing information is double checked as being correct. You may be particularly interested to revisit the haematology-focused resources, and check out what's new in them:

- Two case based learning resources, on : [Ellie, a 4-year old with acute lymphoblastic leukaemia](#), and [Arthur, an 84-year old with Non-Hodgkin's Lymphoma](#)
- An overview of the [Fundamentals of haematopoietic stem cell transplantation](#).

These learning resources contain a number of learning activities, 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. These videos are often a great conversation starter; I often play them when presenting in-services, and I find they really engage my colleagues.

As always, if you would like to learn more about using EdCaN, you can contact the team on edcanpsgc@qut.edu.au. We've also recently launched a [Feedback](#) button on the EdCaN website, which you can use for any questions or comments you might like to make. My tenure with EdCaN is coming to an end, so this will likely be my last newsletter contribution for the team. It has been an absolute pleasure working on this project and it's been great to get to know so many members of the wider cancer nursing community! Kylie Ash will continue to work on the project, and can be contacted directly on k.ash@qut.edu.au.

Shannon Pike, Nurse Educator: T: 07 3138 0135, s.pike@qut.edu.au



New to Cancer, Haematology Nursing? – Why not take a look at this new book from ONS Publishing – 'Cancer Basics' <http://www.ons.org/>

Cancer Basics is a comprehensive cancer nursing text book produced by the Oncology Nursing Society (ONS) and aimed at those new to cancer and haematology nursing. Chapters cover a wide range of subject areas from the biology of cancer, epidemiology, and risk factors through to pharmacogenomics, therapy options, toxicity management and survivorship. It covers all cancers including haematological cancers and would be a great resource for any cancer or haematology nurse. Available from the ONS website or your local medical book store.

The Editor.

Focus on Paediatrics

A Participants Experience on the Speciality Transition Program (STP)

As part of my new graduate year at Sydney Children's Hospital (SCH) I completed a six month rotation on the inpatient Haematology/Oncology ward. During this time my interest in this complex speciality was definitely sparked!

As luck would have it at the completion of my first year as a RN I was offered a position within the Paediatric Haematology/Oncology Speciality Transition Program (STP) the first of its kind available to staff at SCH.

The aim of the program itself is to assist us in developing a greater understanding of paediatric Haematology/Oncology and in pushing us to learn why it is we do what we do.

I and six other nurses have embarked on this journey – and whilst several are still relatively new to nursing in general, others have years of experience in other areas and have taken the opportunity to make the move into this often daunting speciality.

As part of the STP we each complete an eight week rotation on the day unit for Haematology/Oncology kids. This rotation allowed me the opportunity to meet and work alongside CNCs and develop a 'whole picture' approach to each family's journey.

It was whilst spending time within the outpatient setting that I was given the opportunity to work alongside the Haematology CNC and in doing so I began to get my head around the chronic nature of haematological disorders. I became involved in the education of patients and families and witnessed the lifelong dedication required to manage conditions such as Thalassaemia, haemophilia and sickle cell anaemia.

Working primarily in an inpatient environment it is often easy to forget the chronic nature of these haematology disorders – with children being admitted only occasionally for crisis management or procedures. This often leads to the haematology side of things being overshadowed by the oncological, especially in regards to ongoing staff education.

Whilst working with the Haematology CNC, I was able to attend an off-site clinic in Campbelltown Hospital with the Paediatric Haematologist Dr Sue Russell. Outside of the STP program I would never have been offered this opportunity, and I can honestly say it was one of the highlights of my rotation. During the clinic I met many families, each impacted by a different haematological disorder. I sat in on appointments and consults and learnt of the emotional impact these disorders can have on patients and the commitment required for them to stay well and healthy. Being given the opportunity to discuss and ask questions helped me develop my understanding and encouraged my interest in haematology.

The STP program commenced in April this year, and already I feel it is playing an important role in developing interest, understanding and knowledge in Paediatric Haematology and Oncology. I feel programs such as this will help entice nurses into this complex speciality and will in turn provide patients and families with confident and knowledgeable assistance.

Erin Baker, R/N Sydney Children's Hospital. Erin.Baker@sesiahs.health.nsw.gov.au

Support Transition Program (STP) in Paediatric Haematology/Oncology

In April 2012 Sydney Children's Hospital (SCH) commenced a Support Transition Program (STP) in Paediatric Haematology/Oncology. The original program was written in 2010 by Children's Hospital at Westmead (CHW) with the first group commencing there in early 2011. It was hoped to run the course at both hospitals this year however only SCH was able to proceed with 7 participants.

In order to run the program at SCH it was necessary to re contextualise certain aspects of the curriculum as well as include a section concerned with Blood and Marrow Transplantation (BMT). The latter is a routine caseload component of the inpatient ward at SCH and difficult to separate from a patient allocation perspective. It was also decided to include an eight week rotation for each participant into the Haematology/Oncology Day Unit (C2N). The STP participants are required to complete a variety of clinical competencies and written exercises over a twelve month period that include BMT, Fever and Neutropenia, Professional Boundaries, Professional Relationships, Care of the Dying Child, Interpretation of Blood Results in Haematology and Oncology diseases, Mucositis Grading and Cytotoxic Administration. Throughout the year participants attend study days to facilitate mutual exchange of ideas and learning. Formal clinical supervision each month is also an additional component.

Focus on Paediatrics (cont)



The eight week rotation into the Haematology/Oncology Day Unit allows the STP participants to not only gain an understanding of the outpatient side of Haematology/Oncology but it is also when participants are given the opportunity to learn about the varying CNC roles within Children's Cancer Centre and Blood Disorders (CCC&BD) such as Long Term Follow Up (LTFU), Community Outreach (both Rural and Metropolitan), Neuro-Oncology, BMT and Haematology/Apheresis. Each of the participants spend time with these CNCs while in the Haematology/Oncology Day Unit whether it be going to clinics, attending case meetings, going out on school visits or accompanying the CNC on outlying hospital clinics. This experience is proving to be invaluable.

This year the main Haematology focus has been on malignant haematology. It would be great in the future if the course could add a larger section on non-malignant haematology as these patients are part of the caseload seen within CCC&BD both as inpatients and outpatients.

Catherine Ferguson. Clinical Nurse Educator, Sydney Children's Hospital.

Catherine.Ferguson@sesiahs.health.nsw.gov.au

New to Haematology - experience's of a paediatric nurse new to our tribe!

(Grainne Dunne interviews Tamara Coates)

So tell us a little about the unit you have started to work on?

The unit I'm currently working on is both a haematology and oncology day unit at the Sydney Children's Hospital Randwick, Sydney. It is a fast paced unit which has provided me with a variety of challenges since I started working there 4 months ago.

Tell us a little about your previous nursing experience?

My nursing background is predominately in paediatric nursing although I did spend 3 years in general adult nursing when first qualified. The 10 years of paediatric nursing was in general medical and surgical with very little exposure to children with cancer. My experience with haematology has also been limited. I had nursed patients with haemophilia and knew there were factor VIII replacement products available to aid these patients, but that was about the sum of my knowledge!

So how have you found paediatric haematology so far?

Since working on this haematology/oncology day unit I have began to learn how complex haemophilia really is. The range of factor VIII products for example, my patients are nearly all on a different factor replacement product such as Xyntha and Re-combinate to name just a few. I've also learnt about the importance of checking pre and post haemophilia factor levels, which are required to measure each patient's biological consumption of their factor replacement therapy.

What other type of haematology patients are you looking after?

Other children I care for are those with Thalassaemia who require regular blood transfusions throughout the course of their life; mostly 4 weekly. As an outsider to haematology I initially thought it was as simple as administering 4 weekly transfusions - "ok, have some blood and see you in a month". Now I appreciate it is much more in depth than that. I've learnt over the past couple of months the importance of measuring ferritin levels and to manage iron chelation to reduce the risk of iron build up in various organs and tissues of the body. I've learnt that chelation can be managed using oral drugs such as Exjade or some children have overnight infusions of sub-cut Desferal to help remove excess iron.

What aspects of paediatric haematology have you found challenging?

While I'm still coming to terms with how we manage children with chronic inherited diseases such as Thalassaemia and Haemophilia, I am learning so much which I find both challenging and interesting at the same time. Another very challenging aspect of paediatric haematology is that the parents and patients seem to have a greater knowledge and understanding of their disease than I do! I've learnt quickly the importance of educating myself to this new area of paediatrics and our haematology CNC has been an invaluable resource for me, taking the time to explain in simple terms what the diseases are and the rationale for the nursing care we give daily.

Any final words?

Since working on this unit I've lost count of how many blood product transfusions I've administered. If I've learnt one thing, it's the importance and value of blood donors to our patient group. So my final words are "please give blood if you are able".

Grainne.Dunne@sesiahs.health.nsw.gov.au or Tamara.Coates@sesiahs.health.nsw.gov.au



<http://yourhealthyeatingfood.blogspot.com.au/2011/04/all-important-nutrition-for-kids.html>

Focus on Transfusion



Two new resources for nurses :

'Pack Check' and 'Flippin' Blood' second edition

www.transfusion.com.au

Two new education resources for nurses have just become available; Pack Check, created by Australian Red Cross Blood Service and the second edition of Flippin' Blood, produced by BloodSafe and the Blood Service.

Pack Check is downloadable from transfusion.com.au – helps teach the correct method for checking a blood component pack before transfusion. The second print edition of Flippin' Blood, a bedside flip chart guide to transfusion practice, is being distributed via Blood Service Transfusion Nurses in the coming weeks.

Pack Check

Correct patient identification remains one of the most prevalent – and preventable – hazards of transfusion. The 2011 UK Serious Hazards of Transfusion (SHOT) Report shows identification of the correct patient as a key issue in transfusion and reinforces its importance as a key clinical skill.

Created by the National Medical Education Unit at the Blood Service, 'Pack Check' is suitable for nurses and students, either to teach or reinforce good transfusion practice. The package contains educator notes as well as learning scenarios and materials for educators to set their own exercises. It is easy to read and follow, with clearly marked instructions and guidelines for each activity.

Students are interactively involved in the learning scenarios. The activities emulate bedside practice, including reading the patient case study, checking the blood component pack and then answering questions to reinforce knowledge and the importance of correct identification and matching of the product and the patient.

Pack Check is now available in the library section of the Blood Service site for health professionals at: <http://www.transfusion.com.au/library>. It can be laminated and kept as a resource in medical learning environments so that it may be re-used by teachers and students.

Flippin' Blood

The second edition of Flippin' Blood is also in the process of release. It is a clear and easy-to-use flip chart guide to transfusion practice, designed to give nurses information at the bedside, as it is needed. General transfusion practice and equipment is explained, with correct procedure and precautions highlighted to guide people who may not regularly transfuse blood products and components to step through the procedure safely and with confidence.

The new edition of Flippin' Blood reflects changes in products and practice (in accordance with the second edition of the Australian and New Zealand Society for Blood Transfusion Guidelines for the Administration of Blood Product).

If you still have a first edition of Flippin' Blood, please be assured it is still accurate and continuing to use it as a guide will not cause harm to a patient. The second edition provides additional and updated information. The second edition of Flippin' Blood will be distributed by transfusion nurses in the coming weeks.

Lucy Bellomarino. Communications Assistant. National Medical Education Unit. E: LBellomarino@redcrossblood.org.au

News from the regional groups

New Zealand (North Island)

The lower North Island continues to have a successful 2012 with our education programme. We have had four education evenings this year so far, split between Wellington and Palmerston North. There are two more education evenings planned for the rest of the year (see attached table for further details). There continues to be an enthusiastic response to these meetings with an average of around 25 attendees coming along on each evening. The education evenings wouldn't be possible without sponsorship. We have been well supported by Gilead, Bayer and Janssen so far this year. Upcoming education evenings for 2012 are as follows:

Date	Location	Topic
24th October	Wellington	Lymphoma
28th November	Palmerston North	New Oral Anticoagulants

The local committee will meet soon to plan the education sessions for 2013. If anyone has any suggestions for topics or any other ideas, please get in touch. Please also get in touch if you would like further information about any of these meetings.

Catherine Wood, BMT Coordinator Wellington Hospital: catherine.Wood@ccdhb.org.nz

Western Australia

The WA HSNZ nursing group has had 2 education sessions this year. The first session was on CML and had great feedback. The inclusion of a patient and her perspective was very well received.

The second education session was held down in Rockingham (50km's south of Perth) in July. This was an evening session with 3 presenters. Multiple Myeloma, Von Willebrands disease and Lymphoma were the topics discussed. This evening had 26 attendees and the feedback from the evening was positive. We invited allied health to our evening and their attendance was outstanding. We are fortunate to have sponsorship from pharmaceutical companies so our guests don't go home hungry.

Our nursing database is constantly expanding which is pleasing. Nurses interested in haematology are looking for interesting topics and we are planning our next education session soon with their comments in mind. If there are any nurses who are not currently receiving education session invites from me and would like to please email me. Our next education session will be in October/November.

Cassi Lawrence, Cancer Nurse Coordinator – Haematology, WA Cancer & Palliative Care Network:
cassi.lawrence@health.wa.gov.au

Tasmania

CNSA Winter Congress was held in Hobart in July. Unfortunately I didn't attend but by all accounts it was a great success. I know how hard Louise Nicholson and her committee worked to bring it all together, congratulations!

The MOU between CNSA and HSNZ Nurses Group was announced at congress and we look forward to collaborating together on educational and social events for nurses in the state. Cancer Centres in Tasmania combine both Medical Oncology and Haematology, so all our nurses are multi-skilled. This collaboration provides us with an excellent opportunity to work together toward excellent care for all our patients.

The HSNZ Tasmanian group is currently working on a plan for educational events next year and looking for sponsors. A Haematology Study Day was recently held at Calvary Health Care in Hobart, which provides both inpatient and outpatient cancer services for the private sector. Pleasingly, membership of the HSNZ Nurses Group is slowly growing.

Gillian Sheldon-Collins, BMT Coordinator, Royal Hobart Hospital: Gillian.sheldoncollins@dhhs.tas.gov.au

News from the regional groups

Victoria

The HSANZ Victorian nurses group continue to grow in numbers. We are so fortunate to have representation from both metropolitan and regional nurses at our meetings. We have had 3 educational evenings this year. Most recently Tracy King and Prof. Kate White, from the CINSW came to Melbourne and presented on 'Supportive care management in myeloma'. Our plan is to have an educational evening post HSA on 'Highlights of HSA' either in late 2012 or early 2013.

The Vic group are also proud to announce that they have offered 2 conference grants to attend HSA, Melbourne. The successful recipients are Lindsey Scudder – junior haematology nurse recipient and Cindy Bryant – rural haematology nurse recipient. Well done ladies and thanks for your great applications!

See you in Melbourne and please don't hesitate to contact me if you have any queries.

Yvonne Panek-Hudson, Allograft NP. Peter MacCallum Hspt, Melbourne:: yvonne.panek-hudson@petermac.org

New South Wales

HSANZ partnered with Celgene to host a series of meetings on Supportive Care in Myeloma. Prof Kate White (Prof Cancer Nursing Sydney Nursing School and lead of our Cancer Nursing Research Unit) and I teamed up to deliver the sessions. After a brief trip to Melbourne to join Yvonne and the Victorian group we moved to Canberra and then on to Sydney. It was wonderful to finally visit Canberra on behalf of HSANZ NG and meet some of the nurses working there. It was quite a privilege to spend an evening talking about supportive care in myeloma in the restaurant at Old Parliament House looking up the lawn to New Parliament House. Kate and I discussed the role of nurses in informing and educating patients and their families and promoting self management skills. We also covered clinical aspects of managing toxicities of anti-myeloma therapies. The Sydney meeting on 30th August was a repeat performance of the Canberra meeting with over 80 nurses joining us. This was an extra meeting for Sydney so thank you Celgene for the opportunity to deliver another educational event. I couldn't think of a more worthwhile topic to cover!

The last planned meeting of the year for NSW is in Sydney on 15th November. We are lucky to have Prof Ken Bradstock as our speaker, he will be updating us to the role of Haploidentical transplants. A poster advertising the event will be circulated nearer the date. Work is underway in planning the meetings for 2013.

Tracy King, Clinical Research Fellow (CNRU), Myeloma CNC RPAH Sydney: tracy.king@sswahs.nsw.gov.au

South Australia / Northern Territory

It's hard to believe that September is already upon us...just a few short months until another year has flown by! Upcoming events in South Australia include the HSANZ Adelaide Blood Club's 16th Annual Scientific Meeting Weekend. It is being held from the 14th to 16th of September in Victor Harbour. This should prove a stimulating weekend with presentations from laboratory, clinical, malignant and non-malignant haematology as well as (for the first time) a supportive care stream. Topics include fertility preservation, presented by Sally Reid from Fertility SA as well as survivorship and sexual health post Allograft, presented by Yvonne Panek-Hudson, Allograft NP at the Peter MacCallum Hospital.

The HSANZ Nurses Group will have one more session for the year in Adelaide, following the HAA conference in Melbourne. This will be a highlights from HAA evening, so please keep an eye out for more details closer to November.

Also, a reminder, if you have an interest in getting more involved in the organisation of the HSANZ Nurses Group it would be great to hear from you. There are plenty of rewards, not least of which include getting to network with colleagues around the state, country and across the Tasman Sea! Feel free to contact me (or any of the National Council Members - see back page for contact details) to discuss more.

Allan Hayward, Program Manager . Youth Cancer Service SA/NT: allan.hayward@health.sa.gov.au

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