

The Canadian Association of Pharmacy in Oncology presents the

National Oncology Pharmacy Symposium
The Dollars and Sense of Quality Cancer Care
Onsite Program







2006 | Message from the Co-Chairs

On behalf of the conference organising committee, it is our pleasure to welcome you, the oncology pharmacists, to Montreal for CAPhO's annual cancer conference – the National Oncology Pharmacy Symposium (NOPS) 2006.

Oncology pharmacy practice is consistently a challenge. Over the next years, the prevalence of different cancer and the soaring costs to treat them will dominate much of our practice. Numerous new treatments, as well as additional indications for existing therapies, continue to enter the Canadian marketplace. Statistics tell us that there are nearly twice as many biotechnology medications for cancer or cancer-related conditions in the pipeline than all other drugs for all other disease states. This trend isn't likely to slow any time soon. So how can we, as oncology pharmacists, face the challenge of providing adequate and up-to-date treatment for our patients while managing the problems that come with these effective but high-cost medications? Under the charming ambiance of Montreal in the autumn, the theme for NOPS 2006 is "The Dollars and Sense of Quality Cancer Care" and will try to answer those burning questions in our practices.

The oncology pharmacists are a diverse group of practitioners – from highly trained individuals who ply their trade in specialised areas, to those who contribute occasional but important input into the pharmaceutical care of cancer patients. We hope to offer something useful, interesting – and perhaps enlightening – to each of you at this conference. And yes, please take these great opportunities to meet and network with your colleagues across the nation.

NOPS 2006 would not be possible without the enthusiasm and dedication of the organising committee. As you can see from the membership, we have pharmacists from across the country who volunteered their time for this conference. We sincerely hope that you will have a great experience over your weekend in Montreal and if so, perhaps join the committee for NOPS 2007 by contacting one of us or the CAPhO executive. Finally, we would like to thank the generous support of our pharmaceutical sponsors and invite you to visit their displays over the weekend.

True knowledge, as they say, cannot be taught, and the best teachers are the students themselves. We salute all of you who have made the effort to come to NOPS 2006 for continuing education in oncology pharmacy.

Yours sincerely,

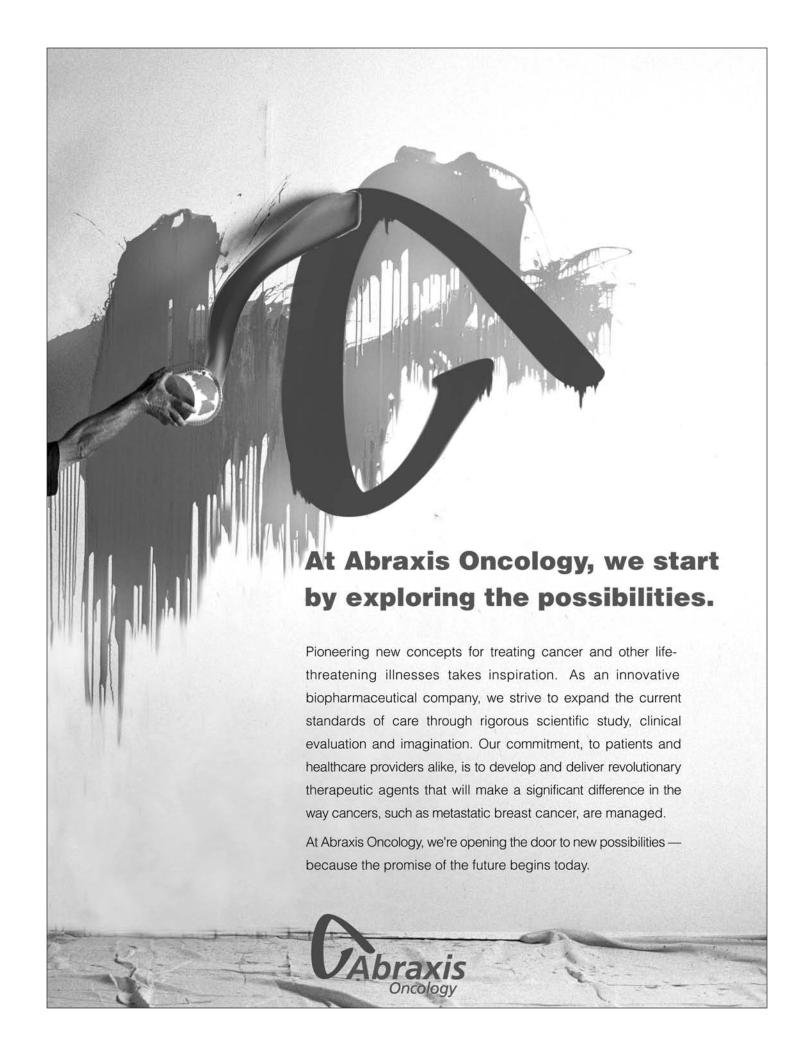
Martin Franco

NOPS 2006 Co-Chairs

Victoria Kyritsis

Victaer Kynths

Larry Broadfield





2006 | Message du comité exécutif du NOPS

Au nom du comité organisateur, c'est avec un immense plaisir que nous vous accueillons chèr(e)s collègues pharmacien(ne)s oeuvrant dans le domaine de l'oncologie à la conférence annuelle de l'Association Canadienne de Pharmacie en Oncologie (ACPhO): National Oncology Pharmacy Symposium (NOPS), édition 2006.

La pratique de la pharmacie en oncologie est constamment un défi. Au cours des prochaines années notre pratique sera intimement influencée par la prévalence des différents cancers et l'expansion du coût des traitements de chimiothérapie. Grâce à la recherche scientifique et à l'innovation biotechnologique, de nouvelles thérapies ainsi que de nouvelles indications de traitement seront approuvées et ainsi accessible au marché Canadien. Comment, à titre de pharmacien(ne)s en oncologie, allons-nous faire face au défi de traiter adéquatement et efficacement nos patients tout en gérant les nouvelles problématiques reliées à ces nouveaux et coûteux traitements?

C'est donc sous le charme du décor automnal de Montréal et sous le thème "The Dollars and Sense of Quality Cancer Care" que l'édition du NOPS 2006 tentera de répondre à ces différents aspects de notre pratique. Notre objectif est de vous transmettre des connaissances utiles, enrichissantes et nouvelles. En tant que pharmacien(ne)s oeuvrant dans le domaine de l'oncologie, nous sommes appelé(e)s à participer activement au sein de divers groupes de pratique. Et c'est dans cette optique que nous espérons que vous serez en mesure d'appliquer quotidiennement les différents sujets abordés durant ce symposium. Profitez également de cette opportunité pour rencontrer et partager vos expériences avec vos collèges pharmacien(ne)s provenant de toutes les régions du Canada.

La réalisation du NOPS 2006 est possible grâce à la collaboration, l'enthousiasme et le dévouement du comité organisateur et de ces différents membres qui y consacrent temps et énergie.

Nous espérons sincèrement que l'expérience de cette fin de semaine vous sera profitable et sera ainsi une source de motivation pour participer à l'organisation de l'édition 2007 du NOPS. Le cas échant, contactez un des membres du présent comité organisateur ou du comité exécutif de l'ACPhO.

Nous tenons également à souligner la contribution de l'industrie pharmaceutique qui a permis la réalisation de ce symposium. Nous vous invitons, au cours du week-end, à visiter les kiosques des compagnies participantes.

En conclusion, nous saluons les efforts de chacun d'entre vous qui êtes venus en grand nombre au NOPS 2006 pour parfaire votre éducation continue en oncologie.

Sincèrement,

Martin Franco

NOPS 2006 Co-Chairs

Victoria Kyritsis

Victaer Kynths

Larry Broadfield

Amgen Oncology

Cordially Invites You to Attend a Satellite Symposium

The Emerging Role of Cytokines in Cancer Management

Presented at The National Oncology Pharmacy Symposium 2006

Chair:

Lucie Surprenant, B Pharm, MSc, BCOP

Oncology Pharmacist, St. Mary's Hospital Center, Montréal, Québec

Faculty:

Scott Edwards, B.Sc. (Pharm), Pharm. D.

Clinical Pharmacy Specialist (Eastern Health), Dr. H. Bliss Murphy Cancer Centre, St. John's, Newfoundland

William Hryniuk, MD, FRCPC

Chairman, Cancer Advocacy Coalition of Canada & Medical Director, CAREpath Inc., Hamilton, Ontario

Kathy Vu, B.Sc.Pharm, ACPR

Clinical Pharmacy Practitioner - Haematology/Oncology, St. Michael's Hospital, Toronto, Ontario

Friday, October 13, 2006 7:00pm - 9:30pm Hyatt Regency Montréal









2006 | CAPhO Welcome Message and Message du Bienvenue de CAPhO

On behalf of the Executive committee of the Canadian Association of Pharmacy in Oncology and the NOPS organizing committee, I would like to welcome you to our annual professional meeting in Montreal.

Since last year, the Executive committee of CAPhO has decided that it was about time that NOPS be moved around the country in order to reach as many oncology pharmacists as possible. Last years' meeting in Vancouver was a success and we would like to continue this tradition. Over the upcoming years, NOPS will be held in the following cities:

2007 | Halifax 2008 | Toronto 2009 | Calgary

This is a special year for CAPhO because it is our 10th year as a growing professional association. We have 10 big candles to blow out and I wish many more years of growth and success to the membership, the Executive committee and the NOPS organizing committee.

Once again, the NOPS organizing committee has surpassed itself in creating a fantastic educational program. We are also pleased to welcome several of our industry partners, who are sponsoring the event, as well as many very interesting Satellite symposiums. We hope that you will find the time to network with your colleagues from around the country, while at the same time learning all the most up to date oncology pharmacy information.

Many of the CAPhO executive members will be present and will be pleased to discuss the upcoming CAPhO initiatives. On behalf of the CAPhO Executive, we hope that you enjoy this educational event and we are looking forward to seeing you there!

Au nom du Comité exécutif de l'Association Canadienne de la Pharmacie en Oncologie et du Comité organisateur du NOPS, j'aimerais vous souhaiter la bienvenue à Montréal pour notre congrès annuel.

Depuis l'année dernière, le Comité Exécutif de CAPhO a décidé qu'il serait grand temps que le NOPS se déplace dans plusieurs villes du Canada afin de rejoindre une plus grande population de pharmaciens qui travaillent en oncologie. L'année dernière, le NOPS s'est tenu à Vancouver a été un véritable succès et nous aimerions continuer cette nouvelle tradition. Durant les prochaines années, le NOPS aura lieu dans les villes qui suivent :

2007 | Halifax 2008 | Toronto 2009 | Calgary

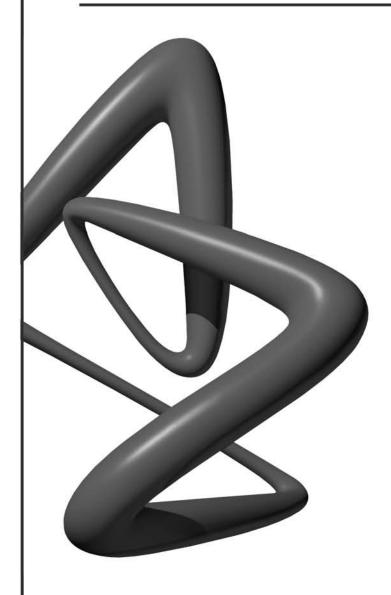
Cette année CAPhO fêtera ses 10 ans. Nous aimerions souhaiter encore beaucoup d'années de croissance en tant qu'association professionnelle et de succès à tous ses membres, au Comité exécutif et au comité organisateur du NOPS.

Le comité organisateur du NOPS s'est, encore un fois, surpassé pour nous fournir un programme éducatif de très grande qualité. Nous sommes très contents de souhaiter la bienvenue à plusieurs de nos partenaires de l'industrie pharmaceutique qui commandite le NOPS et également de très intéressants Symposiums satellites. Nous espérons que vous trouverez le temps de revoir vos collègues tout en ayant l'occasion de parfaire vos connaissances à propos des nouveautés de la pharmacie oncologique.

Plusieurs membres du Comité exécutif de CAPhO seront présents pour discuter des projets et des nouveautés de votre association. Au nom du Comité Exécutif de CAPhO, nous espérons que vous allez prendre plaisir à cet événement éducatif et nous espérons vous voir là en grand nombre!

Gabriel Gazzé CAPhO President 2006-2007

THE NATIONAL ONCOLOGY PHARMACY SYMPOSIUM (NOPS) 2006 WAS MADE POSSIBLE THANKS IN PART TO THE SUPPORT OF ASTRAZENECA CANADA INC.



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2006 | Thank you to our CAPhO Executive/ Merci au Comité Exécutif de CAPhO

Dana Cole

Prince George Regional Hosptial, Prince George, BC

George Dranitsaris

Self-Employed, Toronto, ON

Gabriel Gazzé

MUHC Royal Victoria Hospital, Montreal, QC

Kathy Gesy

Saskatchewan Cancer Agency, Saskatoon, SK

Lynne Nakashima

BC Cancer Agency, Vancouver, BC

Colleen Olson

Saskatoon Cancer Centre, Saskatoon, SK

Kim Stefaniuk

CancerCare Ontario, Toronto, ON

Tim VanHelvert

NHS - St. Catharines General Site, St.Catherine's, ON

Susan Walisser

BC Cancer Agency - Vancouver Is Centre, Victoria, BC

John Wiernikowski

McMaster Children's Hospital, 3F Clinic, Hamilton, ON

2006 | Thank you to the NOPS Planning Committee Members

Venetia Bourrier

CancerCare Manitoba, Winnipeg, MB

Larry Broadfield

CancerCare Nova Scotia, Halifax, NS

Flay Charbonneau

Sunnybrook Regional Cancer Centre, Toronto, ON

Roxanne Dobish

Cross Cancer Institute Pharmacy, Edmonton, AB

Nadia Drouin

Hôpital Hôtel-Dieu de Lévis, Québec, QC

Scott Edwards

Dr. H. Bliss Murphy Cancer Centre, St.John's, NL

Martin Franco

Hôpital Maisonneuve-Rosemont, Montréal, QC

Victoria Kyritsis

British Columbia Cancer Agency, Vancouver, BC

Sandy Linseman

Grand River Regional Cancer Centre, Kitchener, ON

Kimberley Stefaniuk

Princess Margaret Hospital, Toronto, ON

Pat Trozzo

CancerCare Manitoba, Winnipeg, MB

Thanh Vu

Health Canada, Burnaby, BC

Susan Walisser

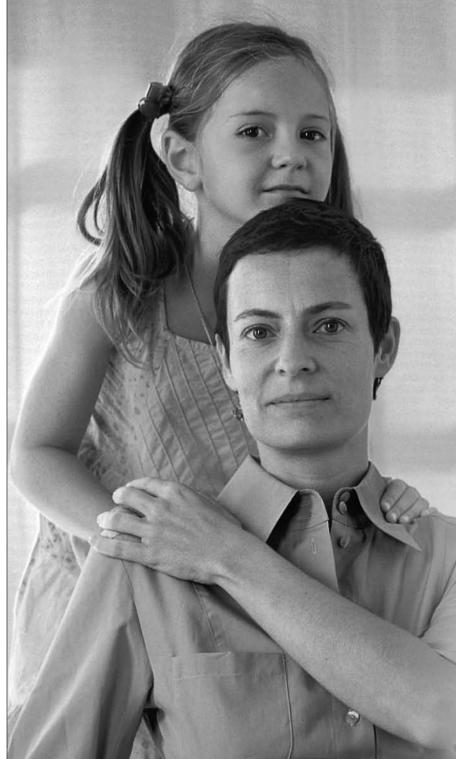
British Columbia Cancer Agency, Victoria, BC

Fighting Cancer (BAYER)



Extending Life

Science For A Better Life



Last year around 149,000 new cases of cancer and 69,500 deaths occurred in Canada - making cancer the leading cause of premature or early death.

Improving diagnosis and finding more effective treatments of this pervasive disease are major challenges for the coming decades.

Bayer HealthCare is working tirelessly to improve both cancer diagnosis and the monitoring of cancer therapy.

In addition, Bayer scientists are currently working on ways to inhibit the growth of tumor cells. Helping to extend life when it is at its most precious. www.bayerhealth.com

The New Bayer:

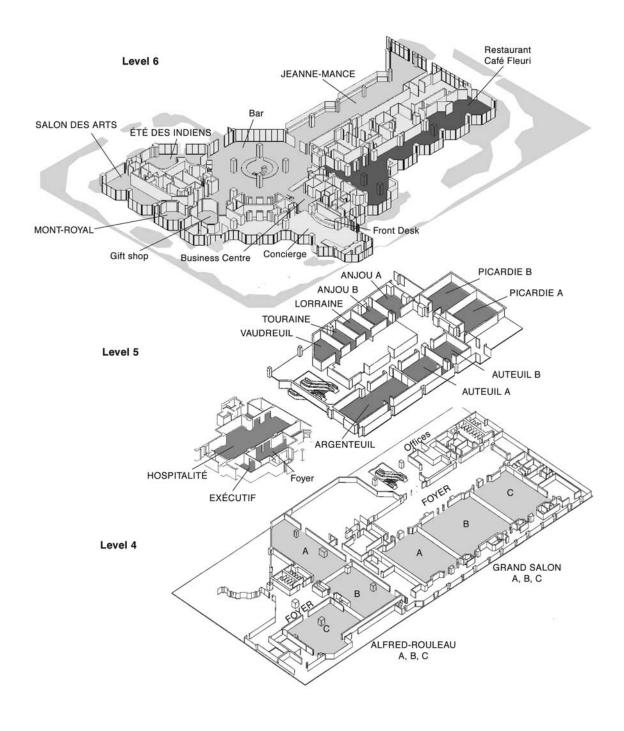
CropScience

MaterialScience

HealthCare



2006 | Hyatt Montreal Floorplan





BERLEX CANADA INC. IS PROUD TO BE A PARTNER IN SUPPORTING THE NATIONAL ONCOLOGY PHARMACY SYMPOSIUM (NOPS) 2006



FRIDAY, OCTOBER 13

07:30 - 10:00 (Alfred Rouleau B) SATELLITE SYMPOSIUM

Ortho Biotech Canada

VELCADE: NEW DEVELOPMENTS IN THE TREATMENT OF MULTIPLE MYELOMA

10:30 - 13:00 (Alfred Rouleau C) SATELLITE SYMPOSIUM

Berlex Canada Inc.

ALEMTUZUMAB: CHARTING A NEW COURSE IN B-CLL THERAPY: "A PATIENT CENTRIC APPROACH"

13:30 - 16:00 (Alfred Rouleau B)

SATELLITE SYMPOSIUM

Hoffman La Roche **CELLING THE FUTURE: MOLECULAR BIOLOGY 101**

16:30 - 19:00 (Alfred Rouleau C)

SATELLITE SYMPOSIUM

Pfizer Canada Inc.

RECENT ADVANCES IN RENAL CELL CANCER AND GIST

19:30 - 22:00 (Alfred Rouleau B)

SATELLITE SYMPOSIUM

Amgen Oncology

THE EMERGING ROLE OF CYTOKINES IN CANCER MANAGEMENT

SATURDAY, OCTOBER 14

06:30 - 08:00 (Argenteuil) SATELLITE SYMPOSIUM

Baver Inc.

ADVANCES IN THE TREATMENT OF RENAL CELL CARCINOMA

07:30 - 08:15 (Grand Salons B & C) **NOPS CONTINENTAL BREAKFAST**

08:15 - 08:25 (Grand Salon A) WELCOME AND INTRODUCTION

08:30 - 09:00 (Grand Salon A) PLENARY SESSION

AN ETHICAL AND SOCIAL PERSPECTIVE OF ONCOLOGY DRUG USE - HOW TO MAINTAIN A QUALITY OF CARE AND TREATMENT ACCESSIBILITY WITH **VERTIGINOUS INCREASES IN DRUG COST?** **09:05 - 09:50** (Grand Salon A) **COPING WITH THE COSTS** OF NEW CANCER THERAPIES

09:55 - 10:25 (Grand Salon A) SHOULD WE USE ANTI-BACTERIAL PROPHYLAXIS IN ONCOLOGY PATIENTS?

10:25 - 10:55 (Grand Salons B & C) BREAK

11:00 - 11:45 (Grand Salon A) HAVE CAPHO STANDARDS OF PRACTICE MADE A DIFFERENCE?

11:50 - 12:35 (Grand Salon A) TECH CHECK TECH - IT MAKES SENSE!

12:35 - 13:15 (Grand Salon A) CAPHO ANNUAL GENERAL MEETING

13:15 - 14:05 (Grand Salons B & C) NETWORKING LUNCH

14:30 - 15:30

BREAKOUT #A1 (Alfred Rouleau C) DRUG PRICES: THE ROLE OF THE PATENTED MEDICINES PRICES REVIEW BOARD (PMPRB)

BREAKOUT #A2 (Alfred Rouleau B) ARE EFFICACY AND SAFETY ENOUGH IN 2006? ADDING \$ TO THE RESEARCH **EQUATION**

BREAKOUT #A3 (Alfred Rouleau A) KETAMINE AS PAIN CONTROL THERAPY IN CANCER AND TERMINALLY ILL PATIENTS

15:35 - 16:35

BREAKOUT #B1 (Alfred Rouleau A) AN UPDATE IN CHRONIC LYMPHOCYTIC LEUKEMIA TREATMENT

BREAKOUT #B2 (Alfred Rouleau B) USING TECHNOLOGY AND ONLINE COMPUTER SCIENCES TO IMPROVE ONCOLOGY PHARMACEUTICAL CARE: A WEB-BASED DOCUMENTATION PROGRAM

BREAKOUT #B3 (Alfred Rouleau C) PRICING PHARMACEUTICALS IN A GLOBAL MARKETPLACE

16:35 - 18:30 (Grand Salons B & C) WINE AND CHEESE RECEPTION **POSTER & EXHIBIT VIEWING** Sponsored by Abraxis Oncology Canada **Poster Award Winner Nominations**

SUNDAY, OCTOBER 15

06:30 - 08:00 (Alfred Rouleau A)

SATELLITE SYMPOSIUM

AstraZeneca Canada Inc.

A NEW ERA OF HORMONE THERAPY FOR **EARLY BREAST CANCER: HOW ONCOLOGY** PHARMACISTS CAN HELP MAXIMIZE POSITIVE PATIENT OUTCOMES

08:00 - 08:40 (Grand Salons B & C) NOPS CONTINENTAL BREAKFAST

08:45 - 09:15 (Grand Salon A) **ORAL SESSIONS** AWARD WINNING POSTERS

09:20 - 10:05 (Grand Salon A) LENALIDONMIDE (REVLIMID), A NEW TREATMENT OPTION IN MYELODYSPLASTIC SYNDROME AND MULTIPLE MYELOMA

10:05 - 10:25 (Grand Salons B & C) BREAK

10:25 - 10:50 (Grand Salon A) INTRAPERITONEAL CHEMOTHERAPY FOR OVARIAN CANCER

10:55 - 12:20 (Grand Salon A) PANEL SESSION

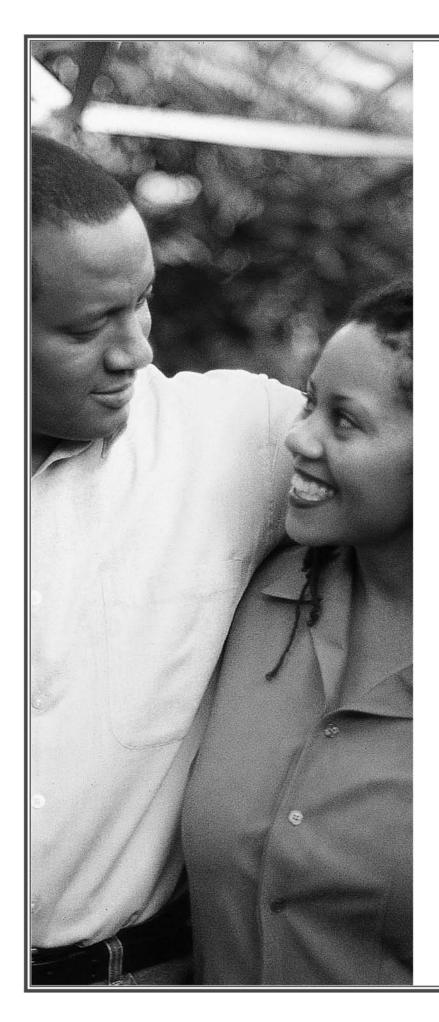
THE PHARMACIST'S ROLE: ASSURING THE **QUALITY OF CARE WHILE CONTROLLING** DRUG COST AND HEALTHCARE SPENDING

12:20 - 12:30 (Grand Salon A) **CLOSING REMARKS**

12:30 - 14:30 (Alfred Rouleau A)

ACCREDITED WORKSHOP

Abraxis Oncoloav **OPTIMIZING CLINICAL OUTCOMES** IN METASTATIC BREAST CANCER





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2006 | FRIDAY, OCTOBER 13 SCHEDULE

07:30 - 10:00

SATELLITE SYMPOSIUM: ORTHO BIOTECH CANADA (Location: Alfred Rouleau B)

VELCADE: NEW DEVELOPMENTS IN THE TREATMENT OF MULTIPLE MYELOMA

Dr. Sagar Lonial, Assistant Professor of Hematology and Oncology, Emory University, Atlanta, GA

10:30 - 13:00

SATELLITE SYMPOSIUM: BERLEX CANADA INC. (Location: Alfred Rouleau C)

ALEMTUZUMAB: CHARTING A NEW COURSE IN B-CLL THERAPY: "A PATIENT CENTRIC APPROACH"

Marc Geirnaert, BSc(Pharm), Pharmacist Oncology, CancerCare Manitoba

Wally Watral, BSc(Pharm), PharmD, Clinical Pharmacist Manitoba Blood and Marrow Transplant Program & Clinical Pharmacy Practice Leader CancerCare Manitoba

Moderator: Venetia Bourrier, BSc(Pharm) FCSHP, Director, Provincial Oncology Drug Program, CancerCare Manitoba

13:30 - 16:00

SATELLITE SYMPOSIUM: HOFFMAN LA ROCHE (Location: Alfred Rouleau B)

CELLING THE FUTURE: MOLECULAR BIOLOGY 101

Lucie Surprenant, BCOP, St. Mary's Hospital, Montreal

Moderator: Gabrielle Gazzé, Oncology Pharmacist, Royal Victoria Hospital, Montreal

16:30 - 19:00

SATELLITE SYMPOSIUM: PFIZER CANADA INC. (Location: Alfred Rouleau C)

RECENT ADVANCES IN RENAL CELL CANCER AND GIST

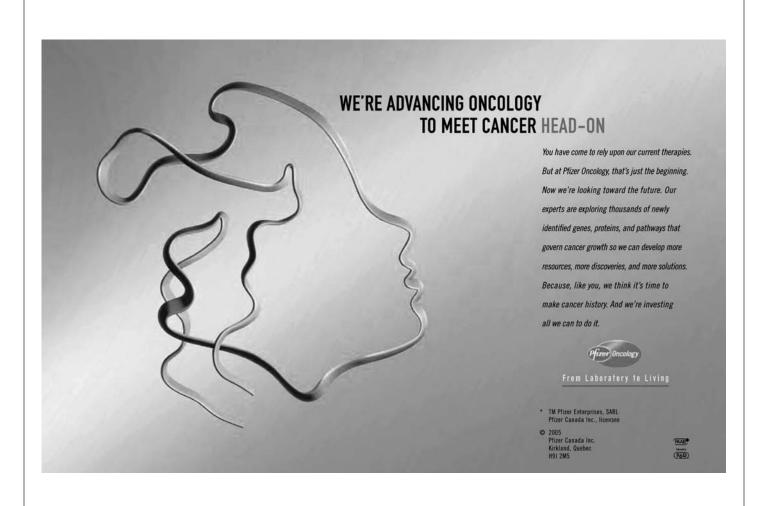
Christian Kollmannsberger, MD Denis Soulières, MD, MSc, FRCPC

19:30 - 22:00

SATELLITE SYMPOSIUM: AMGEN ONCOLOGY (Location: Alfred Rouleau B)

THE EMERGING ROLE OF CYTOKINES IN CANCER MANAGEMENT

Dr. William Hryniuk





2006 | SATURDAY, OCTOBER 14 SCHEDULE

06:30 - 08:00

SATELLITE SYMPOSIUM BAYER INC. (Location: Argenteuil)
ADVANCES IN THE TREATMENT OF RENAL CELL CARCINOMA
Dr. D. Quinn, MBBS, PhD, FRACP, Medical Oncologist

07:30 - 08:15

CONTINENTAL BREAKFAST FOR NOPS (Location: Grand Salons B & C)

08:15 - 08:25

WELCOME AND INTRODUCTION (Location: Grand Salon A)
Martin Franco, Hôpital Maisonneuve-Rosemont, Montréal, QC
Larry Broadfield, Manager of Systemic Therapy Program, Cancer Care Nova Scotia
Victoria Kyritsis, British Columbia Cancer Agency, Vancouver, BC

08:30 - 09:00

PLENARY SESSION (Location: Grand Salon A)

AN ETHICAL AND SOCIAL PERSPECTIVE OF ONCOLOGY DRUG USE - HOW TO MAINTAIN A QUALITY OF CARE AND TREATMENT ACCESSIBILITY WITH VERTIGINOUS INCREASES IN DRUG COST?

Jean-Francois Bussières, Pharmacy Department Manager, Hôtel-Dieu-De-Québec du CHUQ

09:05 - 09:50

COPING WITH THE COSTS OF NEW CANCER THERAPIES (Location: Grand Salon A)

Dr Susan O'Reilly, VP CancerCare BC, Provincial Systemic Therapy Program, BC Cancer Agency, Vancouver Centre

09:55 - 10:25 (Location: Grand Salon A)

SHOULD WE USE ANTI-BACTERIAL PROPHYLAXIS IN ONCOLOGY PATIENTS?

Walter Watral, Pharmacy Department, CancerCare Manitoba

10:25 - 10:55

BREAK (Location: Grand Salons B & C)

11:00 - 11:45 (Location: Grand Salon A)

HAVE CAPHO STANDARDS OF PRACTICE MADE A DIFFERENCE?

Larry Broadfield, Manager of Systemic Therapy Program, Cancer Care Nova Scotia

11:50 - 12:35 (Location: Grand Salon A)

TECH CHECK TECH - IT MAKES SENSE!

Sandra Kagoma, Manager of Pharmaceutical Services, Juravinski Cancer Centre

12:35 - 13:15

CAPhO ANNUAL GENERAL MEETING (Location: Grand Salon A)

13:15 - 14:05

LUNCH (Location: Grand Salons B & C)



An investment in research is an investment in hope.

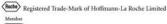
Roche is a leader in the research and development of pharmaceutical and diagnostic solutions that look beyond today's horizons and make a profound difference in people's lives.

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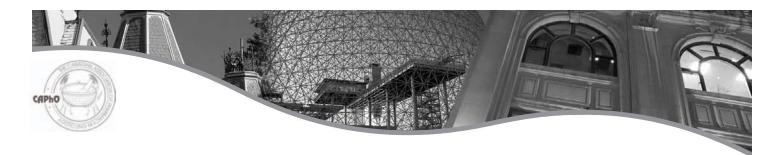


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2006 | SATURDAY, OCTOBER 14 SCHEDULE

14:30 - 15:30

BREAKOUT #A1 (Alfred Rouleau C)

DRUG PRICES: THE ROLE OF THE PATENTED MEDICINES PRICES REVIEW BOARD (PMPRB)

Maria Gutschi, Scientific Officer, Patented Medicine Prices Review Board

14:30 - 15:30 Continued

BREAKOUT #A2 (Location: Alfred Rouleau B)

ARE EFFICACY AND SAFETY ENOUGH IN 2006? ADDING \$ TO THE RESEARCH EQUATION

Carole Chambers, Director of Pharmacy, Alberta Cancer Board

BREAKOUT #A3 (Location: Alfred Rouleau A)

KETAMINE AS PAIN CONTROL THERAPY IN CANCER AND TERMINALLY ILL PATIENTS

Mélanie Simard, Pharmacist, Hôtel-Dieu-De-Québec du CHUQ

15:35 - 16:35

BREAKOUT #B1 (Location: Alfred Rouleau A)

AN UPDATE IN CHRONIC LYMPHOCYTIC LEUKEMIA TREATMENT

Barbara Vadnais, Pharmacist, Hôpital Maisonneuve-Rosemont

BREAKOUT #B2 (Location: Alfred Rouleau B)

USING TECHNOLOGY AND ONLINE COMPUTER SCIENCES TO IMPROVE ONCOLOGY PHARMACEUTICAL CARE:

A WEB-BASED DOCUMENTATION PROGRAM

Carlo De Angelis, Clinical Pharmacy Coordinator, Pharmacy Department, Sunnybrook & Women's Health Sciences Centre

BREAKOUT #B3 (Location: Alfred Rouleau C)

PRICING PHARMACEUTICALS IN A GLOBAL MARKETPLACE

Dave Tremblay, Patient Access Manager, Astra Zeneca Canada Inc.

16:35 – 18:30 (Location: Grand Salons B & C)

WINE AND CHEESE, POSTER AND EXHIBIT VIEWING

Sponsored by Abraxis Oncology Canada

Poster Award Winner Nominations





Novartis Oncology

is proud to support the

National Oncology Pharmacy Symposium 2006





2006 | SUNDAY, OCTOBER 15 SCHEDULE

06:30 - 08:00

SATELLITE SYMPOSIUM ASTRAZENECA CANADA INC. (Location: Alfred Rouleau A)
A NEW ERA OF HORMONE THERAPY FOR EARLY BREAST CANCER:
HOW ONCOLOGY PHARMACISTS CAN HELP MAXIMIZE POSITIVE PATIENT OUTCOMES
Jana Bajcar, BScPhm, MScPhm, EdD, FCSHP
Shail Verma, MD, FRCPC

08:00 - 08:40

CONTINENTAL BREAKFAST FOR NOPS (Location: Grand Salons B & C)

08:45 - 09:15

ORAL SESSIONS - AWARD WINNING POSTERS (Location: Grand Salon A)

CAPhO Award Winning Poster Honorable Mention Poster Junior Investigator Poster

09:20 - 10:05 (Location: Grand Salon A)

LENALIDOMIDE (REVLIMID), A NEW TREATMENT OPTION IN MYELODYSPLASTIC SYNDROME AND MULTIPLE MYELOMA

Pierre Laneuville, Associate Professor (GFT-U), Department of Medicine and Oncology, McGill University

10:05 - 10:25

BREAK (Location: Grand Salons B & C)

10:25 – 10:50 (Location: Grand Salon A)

INTRAPERITONEAL CHEMOTHERAPY FOR OVARIAN CANCER Dr. Robert Lotocki, Gynecologic Oncologist, CancerCare Manitoba

10:55 - 12:20

PANEL SESSION (Location: Grand Salon A)

THE PHARMACIST'S ROLE: ASSURING THE QUALITY OF CARE WHILE CONTROLLING DRUG COST AND HEALTHCARE SPENDING Suzanne Taylor, Pharmaeconomics Pharmacist, BC Cancer Agency Debbie Milliken, CancerCare Ontario Kathy Gesy, Saskatchewan Cancer Foundation Sean Hopkins, Ottawa Regional Cancer Centre

12:20 - 12:30

CLOSING REMARKS (Location: Grand Salon A)

12:30 - 14:30

ACCREDITED WORKSHOP: ABRAXIS ONCOLOGY CANADA (Location: Alfred Rouleau A)

OPTIMIZING CLINICAL OUTCOMES IN METASTATIC BREAST CANCER

Dr. Susan Dent, Ottawa Regional Cancer Center Sean Hopkins, Ottawa Regional Cancer Center



2006 NOPS ANNUAL GENERAL MEETING NOTES	
2000 NOI 3 ANNOAE GENERAL PILLTING NOTES	



JEAN-FRANCOIS BUSSIÈRES

Pharmacy Department Manager, Hotel Dieu De Québec du CHUQ

BIOGRAPHY

Jean-Francois Bussières is head of the Pharmacy Department at the Saint Justine Hospital in Montreal, Quebec.

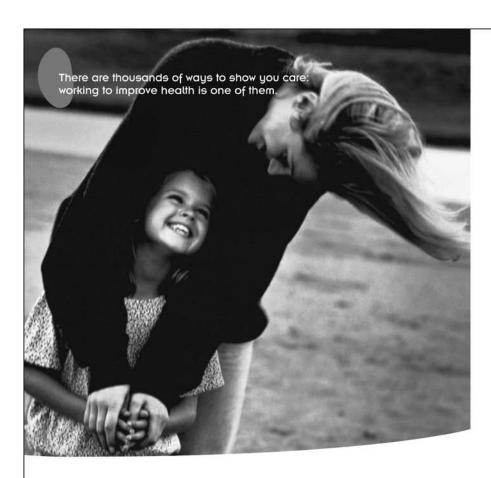
SYNOPSIS

AN ETHICAL AND SOCIAL PERSPECTIVE OF ONCOLOGY DRUG USE - HOW TO MAINTAIN A QUALITY OF CARE AND TREATMENT ACCESSIBILITY WITH VERTIGINOUS INCREASES IN DRUG COST?

Saturday, October 14th, 08:30 - 09:00

Ten Questions:

- · What do ethics have to do with patient care?
- Are drugs ordinary goods?
- What is a fair drug price?
- Is cancer more important than other diseases?
- What is evidence-based practice?
- Who should pay for continuing education?
- How should patients be informed about drug therapy?
- Should drug access be special?
- · What is evidence-based consent?
- · Can pharmacy be a model of ethics in oncology practice?





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DR. SUSAN O'REILLY

VP CancerCare BC, Provincial Systemic Therapy Program, BC Cancer Agency, Vancouver Centre

BIOGRAPHY

Susan O'Reilly, MB, BCH, BAO, BA, BSC, FRCPC, FRCPI, is the Vice President of Cancer Care and Head, Division of Medical Oncology in the Department of Medicine at the University of British Columbia. Dr. O'Reilly is responsible for treatment policies, guidelines and the provincial oncology drug budget and for all clinical programs and clinical research at BCCA. She remains responsible for all medical oncology services in the four BC Cancer Agency centres and 20 community oncology cancer centers. Dr. O'Reilly continues to practice as a medical oncologist, specializing in breast cancer. She also has a background experience in conducting clinical trials in lymphoma and gynecological cancers. Dr. O'Reilly is the chair of the Canadian Association of Provincial Cancer Agencies Systemic Advisory Committee; she has chaired the Systemic Advisory Committee for the Canadian Strategy for Cancer Control.

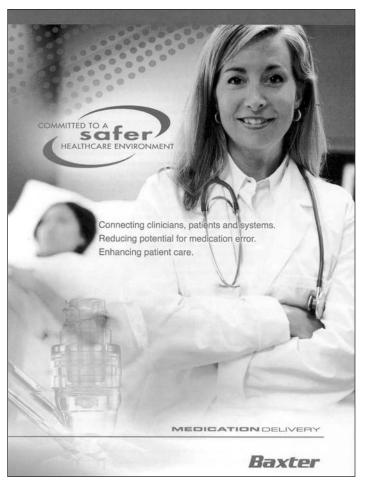
SYNOPSIS

COPING WITH THE COSTS OF NEW CANCER THERAPIES

Saturday, October 14th, 09:05 - 09:50

Where Do We Set the Bar for Funding and who gets to decide?

- · Cancer experts
- · Academic or government health policy experts, ethicists, politicians
- Patients and advocates
- Public











WALTER WATRAL

Pharmacy Department, CancerCare Manitoba

BIOGRAPHY

After graduating from the University of Manitoba with a bachelor's degree in pharmacy in 1990, I began practice in the inpatient satellite pharmacy of the newly established Manitoba Blood and Marrow (MBMT) program housed at the Health Sciences Center, Winnipeg, Manitoba. In 1999, while continuing to be a full time member of the inpatient BMT pharmacy team I began a Doctor of Pharmacy Program offered through the University of Minnesota, graduating in 2004. In 2005, I joined CancerCare Manitoba as the Outpatient Clinical Pharmacist for the MBMT program as well as the Clinical Practice Leader for CCMB Pharmacy.

SYNOPSIS

SHOULD WE USE ANTI-BACTERIAL PROPHYLAXIS IN ONCOLOGY PATIENTS?

Saturday, October 14th, 09:55 - 10:25

The management of infections in oncology patients has substantially improved over the last 3 decades. Despite this, infectious complications continue to pose an enormous challenge to clinicians caring for oncology patient. Investigators have attempted to extend the benefits of early empiric therapy by administering prophylactic antibiotics. Results of these studies have been mixed and there continues to be significant controversy and uncertainty about the prophylactic use of antibiotics. Concern over side effects and the emergence of resistant organisms have added to the debate.



LARRY BROADFIELD

Manager of Systemic Therapy Program with Cancer Care Nova Scotia, Cancer Care Nova Scotia

BIOGRAPHY

Larry Broadfield is Manager of the provincial Systemic Therapy Program with Cancer Care Nova Scotia (CCNS). Responsible for the creation and management of this new provincial program, Larry has developed and maintained a Systemic Therapy Manual for Cancer Treatment. In close collaboration with Cancer Site Teams, the Guidelines Resource Team, and various other health care professionals, Larry is very active in development of guidelines for individual new drugs, as well as cancer disease management and symptom management. Larry is also the Clinical Co-ordinator for the oncology clinical pharmacists and co-ordinator of pharmacy support for oncology clinical trials at the QEII Health Sciences Centre in Halifax, and practices clinical pharmacy on consultation with the Palliative Care Team at the same site.

SYNOPSIS

HAVE CAPHO STANDARDS OF PRACTICE MADE A DIFFERENCE?

Saturday, October 14th, 11:00 - 11:45

In October 2004, the Canadian Association of Pharmacy in Oncology released the first version of the "Standards of Practice for Oncology Pharmacy in Canada". This landmark release was the first comprehensive set of practice standards addressing the scope of oncology pharmacy practice, including oncology pharmacy administration, drug distribution, occupational safe handling, and clinical oncology pharmacy practice. It is intended to serve as a blueprint for current practice and future development in this field.

Now, two years later, how well do oncology pharmacy services across Canada comply with these comprehensive guidelines? The author has conducted a national survey in the summer of 2006 to measure compliance. Results of the survey will be released at this presentation. Strengths and weaknesses of oncology pharmacy practice will be discussed with some thoughts on areas for improvement by the oncology pharmacy community. Finally, we shall consider oncology pharmacy workload and resources across Canada in context of the Standards.



SANDRA KAGOMA

Manager of Pharmaceutical Services, Henderson Hospital and Ambulatory and Juravinski Cancer Centre

BIOGRAPHY

Sandra presently works at the Hamilton Health Science Corporation in Hamilton, Ontario Canada. She is the Manager of Pharmaceutical Services for the in-patient pharmacy at the Henderson Hospital and ambulatory, and retail pharmacies at the Juravinski Cancer Centre.

Sandra obtained her pharmacy degree from the University of Toronto in 1993 and an MBA with a specialty in Health Care Management from the University of Phoenix in 2005.

She is proud of the following work related programs which were initiated under her leadership with the pharmacy team: Cardiac Discharge Counseling Program (CDC); Self Administered Medication Program (SAM) for the Obstetric and Gynecology Unit; and the Pre-Administration Medication Program (PAM) for the short stay surgical patients. Together with a project manager, two pharmacists and a local software vendor they developed the Regional Cancer Program Formulary Software (RECAP-FS). The software is trademarked by McMaster University.

She maintains licensure with the Ontario College of Pharmacists and affiliation with a number of professional associations.

SYNOPSIS

TECH CHECK TECH - IT MAKES SENSE!

Saturday, October 14th, 11:50 - 12:35

This presentation will describe the experience of the Tech check Tech program for chemotherapy at the Juravinski Cancer Centre in Hamilton, Ontario. It will provide the evidence to show why it makes sense from a financial and workload standpoint to delegate the checking of pharmaceutical products to technicians in controlled environments such as hospitals. There is also evidence to support that technicians who are well trained to perform this function do as well as or even better than pharmacists in preventing medication error near misses.



L.MARIA GUTSCHI

Scientific Officer, Patented Medicine Prices Review Board

BIOGRAPHY

Maria is currently a Scientific Officer with the Patented Medicine Prices Review board in Ottawa, a quasi-judicial body which regulates the prices of patented medicines in Canada.

Maria obtained her PharmD degree in 1985 from Wayne State University and her Bachelors degree in Pharmacy from the University of Toronto in 1982. She has worked in community pharmacy and in teaching hospitals and was the Pharmacy Clinical Services Manager and Residency Coordinator at The Ottawa Hospital, Civic Campus. Maria has also worked in government providing formulary management for Health Canada First Nations and Inuit Branch. Currently, Maria maintains her clinical skills as the Lipid Clinic Pharmacist at the Canadian Forces Health Support Unit in Ottawa where she provides advances in pharmaceutical care in the area of lipid management to military members.

SYNOPSIS

DRUG PRICES: THE ROLE OF THE PATENTED MEDICINES PRICES REVIEW BOARD (PMPRB)

Saturday, October 14th, 14:30 - 15:30

In this presentation, the role of the PMPRB with respect to drug pricing will be discussed. The PMPRB and the Patent Act will be briefly reviewed as well as the PMPRB Guidelines, which are used by Board Staff in order to determine if a proposed drug price is excessive. Emphasis will be given to the scientific procedures used in the Guidelines by Board Staff and its expert committee. These Guidelines are the basis for categorization and subsequent price tests of new medicines. International pricing of drugs, as it applies to PMPRB will also be discussed.

Presentation Objections:

- Understand the purpose and mandate of PMPRB
- Discuss the scientific procedures and guidelines used by the PMPRB in order to categorize and determine comparators to a new medicine
- Understand the price review process used by PMPRB



CAROLE R. CHAMBERS Director of Pharmacy, Alberta Cancer Board

BIOGRAPHY

Carole is the Director of Pharmacy, Alberta Cancer Board, with adjunct appointments at two universities and has served on the NCIC Working group on economic evaluations within clinical trials since it began. Carole is well published with over 26 peer reviewed publications. During this past year she received the Distinguished Service Award from our Canadian Association of Pharmacy in Oncology and an Achievement Award by the International Society of Oncology Pharmacists for sustained contributions to innovative practices in oncology pharmacy. Carole was elected to the position of President Elect with ISOPP in 2006.

SYNOPSIS

ARE EFFICACY AND SAFETY ENOUGH IN 2006? ADDING \$ TO THE RESEARCH EQUATION

Saturday, October 14th, 14:30 - 15:30

The National Cancer Institute of Canada (NCIC) created a working group to look into incorporating economic evaluations within clinical trials. Objectives for this session are:

- understand the purpose of the NCIC working group on economic evaluations
- · explore the relationship between clinical trials and pharmacoeconomic evaluations
- review the current criteria for incorporating an economic evaluation within a clinical trial



MÉLANIE SIMARD

Pharmacist, Hôtel-Dieu-De-Québec du CHUQ

BIOGRAPHY

Education:

Bachelors in Pharmacy and Masters Degree in Hospital Pharmacy at Université Laval in Quebec; Law certificate in progress at Université Laval in Quebec.

Fields:

General Oncology and Bone Marrow Transplant Unit at L'Hotel-Dieu de Quebec as well as Palliative Care for oncology patients at La Maison Michel-Sarrazin, a hospice for terminal cancer patients in Quebec City.

SYNOPSIS

KETAMINE AS PAIN CONTROL THERAPY IN CANCER AND TERMINALLY ILL PATIENTS

Saturday, October 14, 14:30 - 15:30

Ketamine is an anesthetic agent which has gained popularity over the past few years given its interesting activity in treating neuropathic pain in cancer patients. In this presentation, light will be shed on ketamine's interesting mechanism of action, its dosage and administration, its efficacy in treating pain and the way to manage its side effects.



BARBARA VADNAIS, B.PHARM., M. SC., BCOP Pharmacist, Hôpital Maisonneuve-Rosemont

BIOGRAPHY

Barbara Vadnais received her Bachelor of Pharmacy and Master degree at the University of Montréal. She is also a Board Certified Oncology Pharmacist. Her area of specialty and clinical practice is Hematology-Oncology and Bone Marrow Transplantation at Maisonneuve-Rosemont Hospital in Montréal. Since 2002, she is an invited professor in Bone Marrow Transplantation at the University of Montréal. Barbara is currently the president of the Québec Oncology Pharmacist Association.

SYNOPSIS

AN UPDATE IN CHRONIC LYMPHOCYTIC LEUKEMIA TREATMENT

Saturday, October 14th, 15:35 - 16:35

- · Describe the clinical entity of CLL and its incidence
- Review the classification and the prognostic factors of CLL
- Identify and describe the pharmacology of agents (chemotherapy antibody) and treatment modality (bone marrow transplantation) used in the treatment of CLL
- Recognize appropriate treatment based on the particular patient condition, prognostic factors, clinical experience and evidence-based medicine (EBM) literature
- Discuss the safety aspects and issues regarding the treatment of CLL



DR. CARLO DE ANGELIS, PHARMD

Clinical Pharmacy Coordinator – Oncology, Sunnybrook and Women's College Health Sciences Centre; Associate Professor, Clinical Pharmacy, Faculty of Pharmacy, University of Toronto; Pharmacy Owner, Panacea Pharmacy

BIOGRAPHY

Carlo De Angelis received his Bachelor of Pharmacy from the University of Toronto in 1981. He did his Hospital Pharmacy Residency at Sunnybrook and Women's College health Sciences Centre in 1982; and he received his Doctorate of Pharmacy from the State University of New York at Buffalo in 1984. Carlo specializes in cancer treatment symptom prevention and management; education and training in Oncology Pharmacy Practice; and, practice based research to support Oncology Clinical Pharmacy activities.

SYNOPSIS

USING TECHNOLOGY AND ONLINE COMPUTER SCIENCES TO IMPROVE ONCOLOGY PHARMACEUTICAL CARE: A WEB-BASED DOCUMENTATION PROGRAM

Saturday, October 14th, 15:35 - 16:35

At the end of this workshop the attendee will be able to:

- Discuss the provision of Pharmaceutical Care in a the specialty practice environment of Oncology
- Discuss the importance of documenting treatment related side effects in cancer patients.
- · Identify key components required for the appropriate documentation of treatment related side effects

The principle focus of research in oncology continues to be the development of strategies for the prevention, detection and treatment of cancer. However, the realization of the outcomes of this research requires the successful adoption of these new treatment modalities into clinical practice. From the Pharmacist's perspective at the patient – caregiver interface, the ability to assess and manage treatment related side effects at the point of care greatly increases the likelihood that the patient will receive the planned treatment as prescribed. Thus one of our main clinical objectives should be to ensure that strategies to prevent, minimize or manage treatment related side effects are implemented in a prospective and timely manner. Critical components required for realizing this goal include: access to tools which allow the pharmacists to assess patients' needs and symptom experience in a systematic and consistent manner; credible evidence based information to make recommendations which best meet the patient's needs, the ability to communicate changes in therapy to all members of the patient's care team and tracking of patient outcomes. It is desirable to have the patient's information reside in one location which is readily accessible by all members of the patient's care team to facilitate the review of past experiences and plan for future prevention and treatment strategies as the patient progresses through therapy.

While documentation of our interaction with the patient on pre-printed paper forms is a standard of care in many institutions, it does not adequately satisfy the above-mentioned needs. It is inefficient, does not allow for standardized patient assessment of multiple signs and symptoms, is cumbersome and does not facilitate communication between members of the care team, including the patient. To better satisfy and meet the needs of all members of the patient's care team we propose the development and use of the Oncology Symptom Control and Information Resource (OSCIR); an electronic database which will allow for the real time capture of the patient's symptom experience at the point of care. The OSCIR program will be demonstrated as part of the presentation.



DAVID TREMBLAY

Patient Access Manager, Astra Zeneca Canada Inc.

BIOGRAPHY

Dave Tremblay holds a Bachelor of Science degree from the University of North Dakota (1979). Over the past 22 years, Dave has held various positions in Pharmaceutical Businesses, the last 10 in reimbursement.

SYNOPSIS

PRICING PHARMACEUTICALS IN A GLOBAL MARKETPLACE

Saturday, October 14th, 15:35 - 16:35

Factors Impacting International Prices PMPRB:

- How Canadian Prices compare to Other Countries
- European Price Controls
- International Reference Pricing
- US Price Differentials
- US/ Cda Parallel Trade



PIERRE LANEUVILLE

Associate Professor (GFT-U), Department of Medicine and Oncology, McGill University

BIOGRAPHY

Dr. Pierre Laneuville is an Associate Professor (GFT-U) in the Department of Medicine and Oncology at McGill University and the former Head of Hematology for the McGill University Health Center.

Dr. Laneuville obtained an Honours B.Sc. at McMaster University, his medical degree at the University of Ottawa, trained in internal Medicine at McGill University, and completed his hematology sub-specialty and research training with Dr. B.A. Cooper at the Royal Victoria Hospital and McGill University from 1985 to 1989. He then joined the staff and faculty at the Royal Victoria Hospital and McGill University and has focused his clinical and laboratory research activities on hematological malignancies.

SYNOPSIS

LENALIDOMIDE (REVLIMID), A NEW TREATMENT OPTION IN MYELODYSPLASTIC SYNDROME AND MULTIPLE MYELOMA

Sunday, October 15th, 09:20 - 10:05

Synopsis to be provided onsite.



2006 | NOPS SPEAKER

DR. ROBERT LOTOCKI

Gynecologic Oncologist, CancerCare Manitoba

BIOGRAPHY

Dr Robert Lotocki is a graduate in obstetrics and gynecology from the University of Manitoba. He completed further subspecialty training in Gynecologic Oncology at Johns Hopkins, McMaster University as well as the University of Manitoba.

Dr Robert Lotocki is a practicing Gynecologic Oncologist at Cancer Care Manitoba. He is a professor in the Department of Obstetrics and Gynecology, University of Manitoba.

He is a past President of the Society of Gynecologic Oncologists of Canada (GOC). Currently he is the medical director of the Manitoba Cervical Cancer Screening Program (MCCSP). He is the head of Gynecology at the St Boniface General Hospital.

SYNOPSIS

INTRAPERITONEAL CHEMOTHERAPY FOR OVARIAN CANCER

Sunday, October 15th, 10:25 - 10:50

The National Cancer Institute in the United States has recently issued a clinical announcement supporting the use of intraperitoneal chemotherapy in this subset of ovarian cancer patients. The Society of Gynecologic Oncologists of Canada (GOC) supports the use of intraperitoneal chemotherapy in optimally debulked stage three ovarian cancer patients. GOC and its partners in comprehensive cancer centres in Canada will develop a strategy to implement this care for our patients.

Intraperitoneal chemotherapy is particularly appealing as the disease is most often confined to the intraperitoneal cavity and the pharmacokinetic studies suggest an advantage to the prolonged exposure of the drug to the tumor. However, there are treatments complexities limiting adoption by the oncology community, arising primarily from the presence of an intraperitoneal catheter which may lead to short term potentially severe toxicities including infection, hemorrhage, bowel perforation, obstruction, pain, inadequate drug distribution. The new data confirms that intraperitoneal therapy can provide improved outcomes for patients with small-volume or no visible residual disease and an intact peritoneal cavity. The Society of Gynecologic Oncologists of Canada is committed to support availability of this therapeutic option to appropriate candidates under optimal and safe conditions.

Objectives:

- · Provide an overview of IP chemotherapy
- Define risks/benefits of IP chemotherapy
- Define problems to institute IP chemotherapy



2006 | NOPS PANEL SESSION

THE PHARMACIST'S ROLE: ASSURING THE QUALITY OF CARE WHILE CONTROLLING DRUG COST AND HEALTHCARE SPENDING

Sunday, October 15th, 10:55 - 12:20

PANELISTS

SUZANNE C. MALFAIR TAYLOR, BSC(PHARM), PHARMD, BCPS, FCSHP Pharmacoeconomics Pharmacist, BC Cancer Agency

Suzanne (Malfair) Taylor works as Pharmacoeconomics Pharmacist at the BC Cancer Agency in Vancouver and as Clinical Associate Professor with the University of British Columbia Faculty of Pharmaceutical Sciences. She received her BSc(Pharm) and PharmD from UBC, completed a hospital pharmacy residency at Vancouver General Hospital, holds a Health Care Management Level 1 certificate from BCIT, Board Certification in Pharmacotherapy, and a Fellowship with CSHP.

She is a member of several pharmacy and oncology organizations, including CAPhO and is currently president of CCCP. Outside of drugs, she enjoys aerobics, boating, curling, and spending time with her husband: Cliff, dog: Bailey, and 2 little daughters: Jensen (4yr) and Chelsea (2yr).

DEBBIE MILLIKEN

CancerCare Ontario

Debbie Milliken graduated from the University of Toronto Faculty of Pharmacy with a Bachelor of Science in Pharmacy in 1988 and completed a Residency in Hospital Pharmacy at Kingston General Hospital in 1989. She is a registered pharmacist with Ontario College of Pharmacists.

Debbie started her career as a hospital pharmacist at Markham Stouffville Hospital where she participated in the development and implementation of medication-related systems and policies prior to and following the hospital's opening. She also served in leadership positions such as Manager, Drug Utilization and Professional Practice Representative for Pharmacy under a programmanaged structure.

Debbie joined the pharmaceutical industry in 1997 and worked in both sales and reimbursement strategy for SmithKline Beecham and GlaxoSmithKline. During her time in the pharmaceutical industry, Debbie worked in a variety of therapeutic areas including oncology.

She joined Cancer Care Ontario in 2002 were she has managed the New Drug Funding Program since that time. She is currently the program director for the New Drug Funding Program.

Debbie is a member various professional associations, such as the Canadian Society of Hospital Pharmacists (CSHP), the Ontario Pharmacists Association, the Canadian Pharmacists Association of Pharmacists in Oncology, and the American Society of Health-System Pharmacists. She has been awarded the Ontario Branch CSHP Douglas J Stewart Award for excellence in hospital pharmacy administration.

Debbie continues to practice as a registered pharmacist on a casual basis at Markham Stouffville Hospital.

... Panelists continued on next page



2006 | NOPS PANEL SESSION

THE PHARMACIST'S ROLE: ASSURING THE QUALITY OF CARE WHILE CONTROLLING DRUG COST AND HEALTHCARE SPENDING

Sunday, October 15th, 10:55 - 12:20

PANELISTS

KATHY GESY

Saskatchewan Cancer Foundation

Kathy received her BSP and MSc degrees from the University of Saskatchewan. She completed her Hospital Pharmacy Residency program at Royal University Hospital. Kathy's career has involved practicing as a pharmacist at Royal University Hospital, teaching undergraduates at the University and conducting various national research initiatives.

Kathy has practiced at the Saskatoon Cancer Centre since 1988 and is currently the Manager of Pharmacy Services for the Saskatchewan Cancer Agency. Administratively, she is responsible for oncology drug funding submissions, managing the provincial oncology drug budget and overseeing pharmacy and drug policy. Kathy maintains a clinical oncology pharmacy practice at the Saskatoon Cancer Centre and actively participates in oncology drug education for students, staff and the community.

SEAN HOPKINS

Ottawa Regional Cancer Centre

Biography to be provided onsite.



SEVERE DIARRHEA IN PATIENTS WITH ADVANCED COLORECTAL CANCER (CRC) RECEIVING FOLFOX OR FOLFIRI CHEMOTHERAPY: THE DEVELOPMENT OF A RISK PREDICTION TOOL

George Dranitsaris¹, Amil Shah², Biljana Spirovski³, Mark Vincent⁴

¹Consultant Pharmacist ²British Columbia Cancer Centre ³Humber River Regional Cancer Centre ⁴London Regional Cancer Centre

Background: FOLFOX and FOLFIRI chemotherapy can be associated with severe diarrhea. In this study, the development of a prediction risk model for grade III/IV diarrhea is described.

Methods: The medical records of 200 CRC patients who had received FOLFOX or FOLFIRI in three Canadian cancer centres were reviewed. Clinical and biochemistry parameters that could potentially be associated with diarrhea were abstracted. Multivariable logistic regression techniques were applied to develop the final risk model. A risk scoring system, ranging from 0 to 15 was then created.

Results: Predictors for severe diarrhea included existing comorbidity, performance status, elevated baseline bilirubin, resection of the primary, FOLFOX chemotherapy, metastatic or advanced loco-regional disease and treatment in the summer months. An overall risk score of \geq 7 was identified as being the optimal cut off to maximize both the sensitivity (61.4%) and specificity (89.6%) of the prediction tool. Patients with a score of \geq 7 would be considered at high risk for severe diarrhea.

Discussion: We developed a prediction tool for severe diarrhea following FOLFOX or FOLFIRI chemotherapy. To make the model available for easy use and access, we have incorporated it on to our risk prediction website: www.PredictPatientEvents.com. Prospective validation is also being planned.



CORRELATION BETWEEN CUMULATIVE ANTHRACYCLINE DOSES AND PLASMA LEVELS OF NATRIURETIC PEPTIDES

Christine Hamel^{1,2}, Jean Bournival¹, Martin Darveau¹, Paul Poirier^{2,3}

¹Department of Pharmacy, Hôtel-Dieu de Lévis ²Faculty of Pharmacy, Laval University ³Department of Cardiology, Laval Hospital

Study Objective: To describe the effect of anthracyclines on type-B natriuretic peptides (nt-pro-BNP) and troponin I plasma levels and to correlate the levels of nt-pro-BNP with echocardiographic parameters in patients receiving anthracycline-based chemotherapy.

Design: During a prospective study, nt-pro-BNP and troponin I assays were performed for each chemotherapy cycle. Cardiac echography performed by a cardiologist were obtained for each patient and the following parameters were studied: left ventricular ejection fraction (LVEF), a systolic function indicator and E/A ratio (early to atrial peak velocity ratio), a diastolic function indicator.

Results: Nine patients were included in the study. There was no significant correlation between cumulative anthracycline dose and nt-pro-BNP plasma levels (coefficient of correlation (R) = 0,21, p = 0,583). Furthermore, there was no significant correlation between LVEF and nt-pro-BNP levels (R = 0,167, p = 0,624). However, there was a trend toward a significant correlation between E/A ratio and nt-pro-BNP levels (R= 0,623, p = 0,0545). Finally, there was no relation between cumulative anthracycline doses and troponin I levels

Conclusions: This study could not identify any correlation between natriuretic peptides and cumulative anthracycline doses nor LVEF. However, a correlation could exist between natriuretic peptides and diastolic function. Nt-pro-BNP could be a useful biochemical marker in the future for the early detection of diastolic dysfunction caused by anthracyclines.



SASKATCHEWAN CANCER AGENCY (SCA) REIMBURSEMENT PILOT PROJECT

K Gesy¹, C Olson¹, A Krislock², K Briggs², E Karakochuk², C Atchison³

¹Saskatchewan Cancer Agency ²University of Saskatoon, Pharmacy Students ³Amgen Canada Inc.

Study Objective: The SCA provides 100% funding for many out-patient pharmaceutical/biotechnology products. As newer drugs become available, it is becoming difficult for the SCA to continue to obtain adequate funding to provide the highest standard of care to patients. A reimbursement project was initiated to prospectively assess patients for private insurance drug coverage (January-May 2006).

Design: Fourth-year pharmacy students, completing their structured practice experiences program, assessed consenting chemotherapy patients at the Saskatoon Cancer Centre for private insurance.

Results: 40% (63/157) of patients have private insurance drug coverage. Fifteen percent (24/157) have private insurance that mimics the Saskatchewan Prescription Drug Plan (SPDP), with most including drugs listed as Exceptional Drug Status. Many plans have co-payments (28/63, 44%), deductibles (32/63, 51%), or co-payments/deductibles (11/63, 17%). Fewer plans have annual (10/63, 16%) and/or lifetime (5/63, 8%) maximums. Gross family income was not found to be a predictor of private insurance. Time to complete assessments was minimal (average: 7.98 and 15.39 minutes for patients without and with private insurance drug coverage, respectively).

Conclusions: The SCA would benefit in implementing a formal process for assessing patients for private insurance. Accessing private insurance would reduce the SCA's drug expenditure by shifting some drug costs to the private sector. Since 38% (24/63) of plans mimic the provincial formulary, there is greater probability of private insurance access if drugs are listed by the SPDP. Utilizing the multi-payer environment will result in greater opportunity for the SCA to fund innovative products in the future.



REGIONAL CANCER PROGRAM FORMULARY GOES HI-TECH

Michelle Goulbourne¹, Sandra Kagoma², Sharon Meeke²

¹Department of Health Policy, Management and Evaluation, Faculty of Medicine, University of Toronto ²Pharmacy Department at the Juravinski Cancer Centre at Hamilton Health Sciences

Cancer Centre formularies contain information used to standardize treatment and minimize medication errors. Unfortunately, once printed they are soon out of date as regimen details change over time. This poster depicts the patient centric vision of cancer care which directed the creation of the Regional Cancer Program Formulary Software (RECAP-FS) and discusses role the software plays in helping provide consistent equitable high quality care.

The process of developing RECAP-FS has enhanced the capacity of pharmacy staff so that they are technologically ready to embrace the role of providers of e-health information. It facilitates the timely dissemination of clinical information by generating preformatted formulary pages and treatment summaries with the click of a button. In providing Pharmacy services with an efficient way to share regimen information, it has increased local and regional access to the latest treatment information.

Using the software to generate online treatment information such as the Regional Cancer Program e-Book Formulary has allowed the Juravinski Cancer Centre (JCC) to share evidence based best practices with patients, students, and clinical staff within the global oncology community. Regional e-Health initiatives can have a positive global impact. This potential needs to be considered and incorporated into project goals.



INNOVATION FOR SUSTAINABLE QUALITY PHARMACEUTICAL CARE: THE ROLE OF ELECTRONIC FORMULARIES IN CREATING VALUE

Michelle Goulbourne¹, Sandra Kagoma²

¹Department of Health Policy, Management and Evaluation, Faculty of Medicine, University of Toronto ²Pharmacy Department at the Juravinski Cancer Centre at Hamilton Health Sciences

The journey towards achieving quality is as much about process as it is about outcomes. The creation of standardized regimens and a software to enhance access and operational efficiency is a preventative measure which reduces costs associated with errors, repeated information checking, auditing and other costs associated with our failure to get it right the first time.

A year after its formal implementation at Hamilton Health Sciences evaluations suggest that the Regional Cancer Program Formulary Software (RECAP-FS®) plays a key role in helping to provide consistent equitable high quality care, reduces informational errors, optimizes resource utilization and cost, and helps healthcare teams work more effectively to enhance patient safety and outcomes.

A key factor in the success of this initiative has been the usability of the RECAP-FS® suite of products. This poster will describe the RECAP-FS® products and user ratings, the implementation strategy and results of our multi-dimensional evaluation.

Technological innovations such as RECAP-FS® can facilitate the development of positive and sustainable changes in the culture and practice of health professionals. Changes at the cultural level, that see staff regularly access and use formulary resources, have a positive impact on patient safety and the quality of patient care.



A PILOT STUDY OF A RAPID INFUSION OF RITUXIMAB

K Vu, P Gross, D Dotten Haematology/Oncology, St. Michael's Hospital

Rituximab is a monoclonal antibody often used in the treatment of CD20 positive, Non-Hodgkin's Lymphoma. Rituximab may cause an infusion-related reaction more commonly associated with the first infusion. Due to the potential for the infusion-related reaction, the dose of rituximab is infused slowly (titrated) over a period of four to six hours depending on the dose. This significantly impacts the number of patietns able to receive treatment due to the lost of treatment opportunity while the chair is occupied for the length of the infusion.

Study Objective: To investigate the incidence of infusion-related reactions of a rapid infusion protocol of rituximab over 90 to 120 minutes in those patietns who did not have an infusion-related reaction on their first treatment.

Design: This was a prospective pilot study looking at all patients who tolerated their first infusion of rituximab and who received their subsequent doses between July 14 to September 15, 2006.

Results: Fourteen infusion events were recorded. There were no infusion-related reactions observed. The maximum concentration infused was 1.76mg/mL and the minimum concentration was 1.16mg/mL.

Conclusions: The rapid infusion of rituximab over 90 to 120 minutes did not result in an increased risk of infusion-related reactions compared to the standard titration protocol.



STABILITY OF BORTEZOMIB VIALS RECONSTITUTED WITH 0.9% SODIUM CHLORIDE AT 4C AND ROOM TEMPERATURE (23C)

Scott E Walker^{1,2}, Debbie Milliken³, Shirley Law¹

¹Department of Pharmacy, Sunnybrook Health Sciences Centre, ²University of Toronto ³Cancer Care Ontario

Rationale: The bortezomib product monograph indicates that reconstituted vials may be stored for up to 3 hours in a syringe, but total storage time must not exceed 8 hours. It was the intent of this study to evaluate the stability of a1 mg/mL solution of bortezomib.

Methods: On study day 0, 8 – 3.5 mg vials were reconstituted with 3.5 mL of 0.9% sodium chloride. 4 vials of were stored at room temperature and 4 were stored in the refrigerator. Concentration and physical inspection were completed on each solution on study days 0, 1, 3, 7, 10, 14, 21, 28, 35 and 42. Bortezomib concentrations were determined by a validated, stability-indicating, liquid chromatographic method.

Results: During the study period, the average absolute deviation from the known concentration for standards and QC samples averaged less than 4% and analytical replicate error within a day (CV) averaged less than 2%. During the 42-day study period all solutions remained clear and colorless and retained more than 90% of the initial concentration.

Conclusions: We conclude that 3.5-mg vials of bortezomib reconstituted with 3.5 mL of 0.9% sodium chloride are physically and chemically stable for up to 42 days at 4C or room temperature.



IRINOTECAN STABILITY IN VIALS FOLLOWING PUNCTURE WHEN STORED AT 23C OR 4C

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Study Objective: The objective of this study is to evaluate the stability of the 25 mL - 20-mg/mL solution of irinotecan in the original manufacturer's vial following puncture and storage at 4C and 23C.

Design: On study day 0, the nitrogen in the headspace in each of 8 – 20-mg/mL vials was flushed with 40 mL of room air. Four vials of were stored at room temperature and four were stored in the refrigerator. Concentration and physical inspection were completed on each solution on study days 0, 2, 3, 4, 7, 9, 11 and 14. Irinotecan concentrations were determined by a validated, stability-indicating, liquid chromatographic method.

Results: All solutions remained clear and colourless. During the study period all solutions retained more than 90% of the initial concentration. The average absolute deviation from the known concentration for standards and QC samples averaged less than 4% and analytical reproducibility within a day (CV) averaged less than 2%.

Conclusions: We conclude that the 25 mL - 20-mg/mL vials of irinotecan are chemically stable for up to 14 days at 4C or 23C under ambient fluorescent lighting and displacement of the nitrogen with room air, which typically occurs with multiple punctures and withdrawals.



COST-EFFECTIVENESS OF SORAFENIB VERSUS BEST SUPPORTIVE CARE IN ADVANCED RENAL CELL CARCINOMA

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Background: Sorafenib is an oral multi kinase inhibitor that targets tumour cell proliferation and tumour angiogenesis. In the TARGETs study (phase III trial), sorafenib plus best supportive care (BSC) significantly prolonged progression-free survival (PFS) compared with BSC alone (P<0.000001) in patients with advanced renal cell carcinoma (RCC). The objective of this study was to evaluate the cost-effectiveness of sorafenib plus

Methods: A Markov model was developed to project the lifetime survival and costs associated with the two treatment groups. The model tracked patients with advanced RCC through three disease states – PFS, progression, and death. Resource utilization included drug, drug administration, physician visits, monitoring, and adverse events. Costs and survival benefits were discounted annually at 5%.

Results: The incremental cost-effectiveness ratio (ICER) of sorafenib plus BSC versus BSC alone over a lifetime horizon was \$36,046/LYG. Probabilistic sensitivity analyses showed that the results were moderately sensitive to the clinical variables and less sensitive to the cost variables, yielding ICERs below \$100,000/LYG in most cases.

Conclusions: Sorafenib is cost effective with an ICER of \$36,046/LYG which is below the suggested cost effectiveness threshold of \$100,000/QALY (\$Can 1992) or \$130,860/QALY (\$Can 2006).



COST OF ILLNESS OF RENAL CELL CARCINOMA IN CANADA

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Background: Renal cell carcinoma (RCC) is the most common form of kidney cancer. RCC patients have limited treatment options and low survival rates. Despite its importance, data on the economic burden of RCC are limited.

Methods: A prevalence-based approach was used to estimate the aggregate annual societal cost burden of RCC in Canada. Key relationships represented in the model include the annual number of patients treated for RCC by age group and cancer stage; utilization of cancer treatments; unit costs; work-days missed, and wage rates.

Results: The annual prevalence of RCC in Canada was estimated to be 17,845 cases in 2005. The associated annual burden of RCC (Canadian \$2005) was approximately \$357 million (\$19,981 per patient). Health-care costs and lost productivity accounted for 65.6% (\$234 million) and 34.4% (\$123 million) of the total, respectively. Reflecting its higher prevalence, the total cost associated with Stage II RCC accounted for the greatest share (67%) followed by Stage I, Stage III, and Stage IV RCC, at 19.8%, 11.6% and -1.6%, respectively.

Conclusions: The economic burden of RCC in Canada is substantial. Interventions to reduce the prevalence of RCC have the potential to yield considerable economic benefits.



THE EVALUATION AND IMPLEMENTATION OF A PROCESS TO IDENTIFY PATIENTS ELIGIBLE FOR AN AROMATASE INHIBITOR IN THE ADJUVANT TREATMENT OF POSTMENOPAUSAL HORMONE SENSITIVE BREAST CANCER PATIENTS IN NEWFOUNDLAND AND LABRADOR (NL)

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Rationale: The current ASCO guidelines recommend that hormone sensitive postmenopausal (HSP) breast cancer patients should receive an aromatase inhibitor (AI) at some point in their treatment plan. Three accepted treatment plans are 1) an upfront AI for 5 years 2) switching to an AI after 2-3 years of Tamoxifen or 3) an AI for 3-5 years after 5 years of Tamoxifen ("extended adjuvant"). Fifty percent of breast cancer patients develop a recurrence after five years of Tamoxifen (1).

Objective: Our Center made a decision to develop a process that will identify and initiate an AI in the extended adjuvant setting for HSP breast cancer patients. In the near future, this process could also be used to identify patients finishing 2-3 years of Tamoxifen and offered a switch to an AI. We are currently identifying patients currently on tamoxifen for five years and including those who were receiving tamoxifen up to one-year post treatment.

Study Design & Methods: Patient files who are estrogen receptor (ER) positive and/or progesterone receptor (PR) positive were found and pulled by flagging them in our Center's patient database (OPIS database). A research assistant, clinical pharmacist and medical oncologist ("AI Review Team") reviewed the corresponding charts at separate times. This systematic review narrowed the number of patients who would be eligible to receive an AI based on life expectancy and recurrence risk. Once considered eligible the patient's family physician was contacted by the medical oncologist to further screen the patient. This provided the necessary information for the AI review team to decide whether the patient would be contacted and offered an appointment with the medical oncologist. After a balanced discussion with the medical oncologist of the pros and cons of an AI in the extended adjuvant setting, the patient would make a decision of whether to take an AI upon completion of Tamoxifen.

Results: This project is ongoing however, 465 charts have been reviewed; 96 patients, or 20.6% of the total eligible population, have the potential to receive an AI in the extended adjuvant setting; 24 patients have already initiated therapy.

Conclusions: We conclude this to be a successful benefit for patients based on the current ASCO guidelines. By implementing this review, patients who are lost to follow-up with their general practitioner are able to continue with extended adjuvant therapy. This provides the patient with the opportunity to reduce the risk of recurrence and disease free survival. The simple design of this chart review promotes its use in other therapeutic settings.



THE IMPACT OF A MEDICATION RECONCILIATION PROGRAM ON AN AMBULATORY ONCOLOGY CLINIC

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Rationale: As the definition explains, medication reconciliation "[Is] a process for obtaining and documenting a complete and accurate list of a patients current medications including drug name, dosage, frequency and route of administration- upon admission and comparing this list to the physicians admission, transfer and/or discharge orders to identify and resolve discrepancies." In accordance with the "Safer Healthcare Now" campaign, the clinical pharmacist can identify the intentional and unintentional discrepancies that may exist within patients prescribed medications. This will enhance the standard of care, reduce healthcare expenditures by reducing the number of adverse drug events (ADEs) that may or may not occur at patient transition points (i.e. admission, transfer, and discharge).

Objective: Our center made a decision to initiate medication reconciliation for all new patients receiving Intra Venous (I.V.) chemotherapy between May 2006 and August 2006. This process will result in an accurate list of prescribed medications, over the counter medications (OTCs), and herbal products. This is being carried out to reduce ADEs and improve the accuracy of the current medications listed within the patient's chart.

Study Design & Method: Three pharmacy students formed the Medication Reconciliation Review Team (MRRT). Each morning the new admissions to the chemo suite were identified using the OPIS patient database (the cancer centers patient database). In consult with the chemotherapy nurses the MRRT would consult the patients using the Best Possible Medication History (BPMH) form. The form prompted a series of questions extracting the most accurate list of prescribed medications, OTCs and herbal products that the patient was taking along with the contact information for the patient's retail pharmacy. After consulting with each new admission the information was cross-referenced with the patient's retail pharmacy allowing the clinical pharmacist to review the patients most accurate list of medication. All drug-drug and herbal-drug interactions were checked for ADEs or Drug Interactions (DI s). Upon identifying a drug-drug or herbal-drug interaction the medical oncologist was contacted along with the patient to either remove one or more prescribed medications, OTCs or herbal products from this patient's MRPA form.

Results: 100 patients were recruited from the ambulatory oncology clinic. Upon review 100.0% of patients had an inaccuracy or omission (Herbals 17%, OTCs 79%). Of the 640 medications reconciled 582 had an inaccuracy or an omission.

Conclusions: The implementation of the MRRT has significantly impacted the standard of care received by cancer patients within an ambulatory clinic. By completing the BPMH form, patients are assured the efficacy of their chemotherapy treatment. It also reduces the potential for cycle interruptions during chemotherapy treatment by removing drugs or herbal products that may have an impending reaction.



BEVACIZUMAB PATIENT MANAGEMENT GUIDELINES

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Purpose: To provide oncology pharmacists with a tool for educating their peers on the management of side effects associated with bevacizumab.

Design: Bevacizumab is a newly launched treatment for metastatic colorectal cancer with a unique mechanism of action. To ensure ease of use in the clinic, oncology pharmacists from across Canada met in February 2006 to identify baseline assessments and monitoring requirements while patients are receiving treatment with bevacizumab. Based on a thorough review of the product monograph and the literature, the group identified the following as having specific monitoring requirements while a patient is receiving treatment with bevacizumab:

- Hypertension
- Proteinuria
- Bleeding
- Wound healing complications
- Gastrointestinal perforation
- Venous thromboembolic events
- Arterial thromboembolic events
- Reversible posterior leukoencephalopathy syndrome (RPLS)

Results: Collaborative efforts from Canadian oncology pharmacists resulted in the development of a slide kit that outlines practical steps for managing bevacizumab-related side effects. A case study and key points for assessment, side-effect management as well as education requirements for the healthcare team and patients are included. For example, attendees will learn that in managing hypertension, a patient's blood pressure and cardiac medication should be assessed prior to each treatment with bevacizumab.

Conclusions: The recommendations provided in the slide kit serve as a guide for pharmacists across Canada to follow when initiating bevacizumab therapy. The slide kit is a practical tool for use by oncology pharmacists when conducting education sessions at their hospital.

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ÉVALUATION DES MANIPULATIONS DES ANTINÉOPLASIQUES D'UNE PHARMACIE SATELLITE D'ONCOLOGIE.

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Le cancer est une maladie à forte fréquence dont l'incidence augmente au Canada. Comme la chimiothérapie est souvent une des premières options envisagées pour le traitement du cancer, les antinéoplasiques seront plus utilisés dans le futur, d'où un plus grand nombre de manipulations par le personnel hospitalier. En raison de la nature même de ces agents, des effets aigus reliés au contact direct et des effets à long terme sont à craindre si des mesures préventives de protection ne sont pas appliquées.

L'objectif principal de cette étude est d'évaluer si, en général, les pratiques de travail à la pharmacie satellite d'oncologie de L'Hôtel-Dieu de Québec du Centre Hospitalier Universitaire de Québec sont en accord avec les recommandations américaines et canadiennes sur les mesures protectrices lors de la manipulation de produits dangereux, dont les antinéoplasiques.

Deux objectifs secondaires ont été fixés, soit :

- 1) d'évaluer le niveau de conformité lors de la réception, de la préparation (excluant les techniques sous hotte), de la distribution et du transport des antinéoplasiques, ainsi que de la gestion des déchets, et
- 2) de comparer la conformité obtenue avant et après une formation du personnel.

Le devis utilisé est une étude évaluative pré-test/post-test sans groupe de comparaison. Les manipulations observées lors des semaines du 7 novembre 2005 et du 16 janvier 2006 ont été inclues dans l'étude. La formation du personnel s'est tenue les 10 et 11 janvier 2006.

Les résultats de l'étude montrent que certaines recommandations étaient suivies à un niveau satisfaisant avant la formation du personnel, mais que la formation a permis une amélioration de plusieurs recommandations et ce, de façon statistiquement significative dans plusieurs cas. Par exemple, lors de la préparation des antinéoplasiques, il est recommandé que les produits conditionnés soient placés dans un sac hermétique de type ZiplocMD. Ceci n'était effectué avant la formation que dans une proportion de 30%, alors qu'après la formation cela l'était dans plus de 90% des cas (p<0.0001). Un autre résultat positif a été observé pour le port de gants lors des activités de préparation hors de la hotte stérile (p<0.0001) et la conservation des médicaments dans un sac hermétique épais lors du transport vers les unités de soins et la salle de traitement (p<0.0001).

Cependant, il faut mentionner que la deuxième période de collecte de données a été effectuée immédiatement après la formation. Il est donc probable que l'impact de cette formation soit surévalué en raison d'une rétention élevée des notions acquises par le personnel. C'est pourquoi une mise à jour périodique pourrait s'avérer nécessaire afin de permettre au personnel de se remémorer les mesures protectrices préconisées. Cette intervention est d'ailleurs fortement suggérée par les associations américaines et canadiennes. La réalisation d'une nouvelle étude quelques mois après la formation apparaît souhaitable pour évaluer la rétention des notions de sécurité par le personnel. Cette étude pourrait fournir des indications sur la fréquence des formations à donner.

Mots-clés: Antinéoplasiques, mesures protectrices, manipulations, exposition occupationnelle.





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