



*The Canadian Association of Pharmacy in Oncology presents the*



**National Oncology Pharmacy Symposium 2010**  
***Potpourri of Oncology Pharmacy***  
**Onsite Program**

*L'Association canadienne de pharmacie en oncologie présente le*



**Symposium national sur la pharmaco-oncologie 2010**  
***Potpourri de la pharmacie en oncologie***  
**Programme**



**OCTOBER 15 TO 17, 2010 | THE FAIRMONT WINNIPEG | WINNIPEG, MANITOBA**  
**DU 15 AU 17 OCTOBRE 2010 | HÔTEL THE FAIRMONT WINNIPEG | WINNIPEG (MANITOBA)**

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### CANADIAN ASSOCIATION OF PHARMACY IN ONCOLOGY (CAPhO) L'ASSOCIATION CANADIENNE DE PHARMACIE EN ONCOLOGIE (ACPhO)

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### NOPS 2010 SECRETARIAT / SECRÉTARIAT DU SNPO 2010

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## 2010 | Welcome Message from NOPS 2010

On behalf of the members of the organizing committee, we would like to welcome you to Winnipeg for the 2010 National Oncology Pharmacy Symposium (NOPS). As you know, NOPS has become the premier annual symposium for pharmacy personnel involved in the oncology field. NOPS, along with its associated satellite symposia, provides the opportunity for pharmacy personnel to keep on top of all the newest developments. Oncology pharmacists and technicians from across the country have volunteered their time and expertise to help develop a program that we hope you will find both enjoyable and applicable to your practice. As in previous years, part of the program allows for concurrent sessions to take place focusing professional development in the areas of clinical, administrative as well as technical roles. Additionally, the organizing committee has focused some of the weekend's program on oral medications including issues of compliance, toxicity management as well as patient accessibility.

NOPS provides attendees with three days of quality education at an extremely affordable registration price. This affordability is made possible as a result of generous sponsorship in partnership with the pharmaceutical industry. Pharmaceutical industry sponsors along with other key stakeholders will have booths within the exhibit hall. We encourage attendees to visit the sponsors' booths to become familiar with their products as well as to learn about the educational material they have that may benefit your patients.

In addition to the professional development provided by the symposium, the members of the Winnipeg social committee have planned a Saturday evening event to help you unwind and relax. Be sure to join them for food, drink and merriment.

We hope you enjoy your time in Winnipeg and at NOPS.

Cheers,

Hélène Bourget-Letarte

Gabriel Gazze

Pat Trozzo

NOPS 2010 Co-chairs



Please visit us at NOPS 2010 – Booth 12

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## 2010 | Message de bienvenue du SNPO 2010

Au nom des membres du comité organisateur, nous vous souhaitons la bienvenue à Winnipeg pour le Symposium national sur la pharmaco-oncologie (SNPO) de 2010. Comme vous le savez, le SNPO est devenu le plus important congrès annuel destiné aux praticiens de la pharmacie en oncologie. Le SNPO et ses symposiums satellites offrent l'occasion au personnel du secteur pharmaceutique de se mettre au fait des toutes dernières nouveautés dans le domaine. Des pharmaciens et techniciens en oncologie de partout au pays ont contribué bénévolement, par leur travail et par leur expertise, à l'élaboration du programme de cette année, que vous trouverez, nous l'espérons, intéressant et pertinent pour votre pratique. Comme par les années passées, une période de séances simultanées a été prévue au programme pour vous permettre de perfectionner vos compétences professionnelles et d'être ainsi en mesure de mieux remplir vos différents rôles, que ce soit sur le plan clinique, administratif ou technique. Le comité organisateur a choisi de couvrir pendant la fin de semaine le grand thème des médicaments administrés par voie orale, y compris les questions de conformité, de gestion de la toxicité et d'accessibilité pour les patients.

Le SNPO offre aux participants trois jours de formation de qualité moyennant des frais d'inscription extrêmement abordables. Ce bas tarif est rendu possible grâce à la généreuse contribution des partenaires de l'industrie pharmaceutique. Les commanditaires de ce secteur ainsi que d'autres parties intéressées tiendront des stands dans le hall d'exposition. Nous vous encourageons à aller leur rendre visite pour vous familiariser avec leurs produits et pour prendre connaissance du matériel didactique qu'ils peuvent certainement mettre à votre disposition pour vous aider à mieux servir vos patients.

En plus de la formation professionnelle dont vous bénéficierez pendant le symposium, les membres du comité des activités récréatives de Winnipeg ont organisé pour vous une soirée où la détente et le divertissement seront au rendez-vous. Samedi soir, ne ratez donc pas cette occasion de bien manger, de prendre un bon verre de vin et de vous amuser en bonne compagnie.

Nous espérons que vous apprécierez votre séjour à Winnipeg et l'ensemble de votre expérience au SNPO.

Cordialement,

Hélène Bourget-Letarte

Gabriel Gazze

Pat Trozzo

**Coprésidents du SNPO 2010**



Celgene is proud to be a sponsor of the National Oncology Pharmacy Symposium 2010.

Celgene est fière de parrainer le Symposium national sur la pharmaco-oncologie 2010.

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## 2010 | Welcome Message from CAPHO / Message de bienvenue de l'ACPhO

On behalf of the Executive Committee of the Canadian Association of Pharmacy in Oncology (CAPHO), I would like to welcome you to Winnipeg for NOPS 2010.

Please join me in thanking the NOPS 2010 Organizing Committee members who have planned an outstanding program centred on the theme of "Potpourri of Oncology Pharmacy". In addition to the plenary, breakout and oral sessions, we hope you take advantage of the 10 satellite symposia offered by our sponsors, and of the social / networking sessions placed throughout the program so that you can meet up with old colleagues and make new acquaintances.

Many of the CAPHO Executives are at NOPS 2010, and will be pleased to discuss the upcoming CAPHO initiatives. I encourage you to participate in the CAPHO Annual General Meeting that is being held on Saturday from 12:00 to 13:00.

On behalf of the CAPHO Executive, we hope that you enjoy this educational event!

Au nom de l'Exécutif de l'Association canadienne de pharmacie en oncologie (ACPhO), j'aimerais vous souhaiter la bienvenue à Winnipeg à l'occasion du Symposium national sur la pharmaco-oncologie (SNPO) de 2010.

Nous devons de sincères remerciements aux membres du comité organisateur du SNPO 2010, qui nous ont préparé un programme remarquable sur le thème de cette année, « Potpourri de la pharmacie en oncologie ». En plus de la séance plénière, des ateliers et des divers exposés oraux, nous vous rappelons que dix symposiums satellites seront tenus cette année par nos commanditaires et nous vous invitons à aller y jeter un coup d'œil. De plus, veuillez noter que des séances de réseautage seront intercalées dans le programme principal pour vous permettre de renouer avec vos anciens collègues et de faire de nouvelles rencontres.

Une bonne partie des directeurs de l'ACPhO seront présents au SNPO 2010 et ils seront ravis de vous en dire plus sur les prochaines initiatives de l'organisme. Je vous recommande fortement d'assister à l'assemblée générale annuelle de l'ACPhO, qui se déroulera le samedi de midi à 13 h.

Les membres de l'Exécutif de l'ACPhO espèrent que vous apprécierez votre expérience tout au long de cet événement formatif!

**Carlo DeAngelis**

**CAPHO President / Président de l'ACPhO**



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## 2010 | Welcome Message from the Ministry of Health / Message de bienvenue du ministère de la Santé

Welcome to Winnipeg for the Canadian Association of Pharmacy in Oncology Conference.



This gathering presents valuable opportunities to network and share ideas with your cross-Canada colleagues. Your sessions will provide professional development and strengthen the teamwork necessary for an efficient, effective cancer care system.

Governments, care providers and the public agree that maintaining high quality health care is a priority. At the same time, scientific advancements continue to produce drug therapies that promote comfort, pain relief and, often, cures.

Through the professionalism and expertise of Canada's oncology pharmacists, we are making important strides in patient care. Your participation at this conference can only strengthen your contribution, while reaffirming our shared goal of health care excellence.

I encourage you to enjoy your stay in our province and continue your good work. Together, we can make an important difference.

Je vous souhaite la bienvenue à Winnipeg à l'occasion du congrès de l'Association canadienne de pharmacie en oncologie.

Cet événement vous offrira de précieuses occasions de faire du réseautage et d'échanger des idées avec vos collègues de partout au Canada. Les diverses séances vous permettront de vous perfectionner sur le plan professionnel et de renforcer l'esprit d'équipe essentiel à l'efficacité et à l'efficience de notre réseau de lutte contre le cancer.

Les gouvernements, les prestataires de soins et le public s'entendent tous pour dire qu'il est primordial de continuer d'offrir des soins de santé de grande qualité. Parallèlement, grâce aux percées scientifiques, on continue de voir apparaître des médicaments capables d'améliorer le confort des patients, de réduire leur douleur et, bien souvent, de les guérir.

Grâce au professionnalisme et à l'expertise des pharmaciens en oncologie du Canada, nous progressons à bon rythme dans le domaine des soins aux patients. Votre participation à ce congrès renforcera votre contribution, tout en réaffirmant notre but commun d'atteindre l'excellence en matière de soins de santé.

Profitez bien de votre séjour dans notre province et continuez votre bon travail, car ensemble, nous avons le pouvoir de changer les choses.

**Theresa Oswald, Minister / ministre**

**Manitoba Health / Santé Manitoba**





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## 2010 | Welcome Message from CancerCare Manitoba / Message de bienvenue de CancerCare Manitoba

On behalf of the over 800 employees as well as the Board of Directors of CancerCare Manitoba, welcome to NOPS 2010 “Potpourri of Oncology Pharmacy.” We are delighted you have joined us here in Winnipeg for this national education conference.

The role of the oncology pharmacist and pharmacy team has expanded well beyond the traditional pharmacist role of dispensing and has become a crucial component of the care of cancer patients.

Oncology pharmacy is indeed a ‘potpourri’ or medley of roles and responsibilities that include dispensing, clinical practice, administrative, education, patient safety initiatives and research. This is well reflected in the excellent program that you have created for your conference.

This national gathering would not be possible without the generous support of our colleagues and sponsors. I would also like to acknowledge the organizers and volunteers for their dedication to hosting this event and I wish everyone continued success in the years to come.

Enjoy the conference, share knowledge and network with your colleagues.

Sincerely,

**Dr. Dhali Dhaliwal MB, ChB, MD(UK), FRCP**

**President & CEO**

**CancerCare Manitoba**



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## 2010 | CAPHO / L'ACPhO

The Canadian Association of Pharmacy in Oncology (CAPHO) is the national forum for oncology pharmacy practitioners and other health care professionals interested in oncology pharmacy.

CAPHO, a voluntary organization, promotes the practice of oncology pharmacy in Canada by conducting educational events, maintaining appropriate professional practice standards, facilitating communication between oncology pharmacists and other interested health professionals, and developing oncology pharmacy as an area of specialty practice.

L'Association canadienne de pharmacie en oncologie (ACPhO) est le forum national canadien pour les praticiens de la pharmacie en oncologie et les autres professionnels de la santé qui s'intéressent à la pharmacie en oncologie.

L'ACPhO est un organisme bénévole qui fait la promotion de la pratique de la pharmacie en oncologie au Canada en organisant des événements éducatifs, en maintenant des normes de pratique professionnelle appropriées, en facilitant la communication entre les pharmaciens en oncologie et les autres professionnels de la santé intéressés et en développant la pharmacie en oncologie comme un domaine de pratique spécialisée.

## CAPHO Membership / Adhésion à l'ACPhO

We invite you to join CAPHO as a member. Visit [www.capho.org/members](http://www.capho.org/members) to learn more and to apply.

Why join? Besides being a member of an association that represents your professional interests, benefit from CAPHO's offerings:

- the online Member Forum (a discussion page where you can participate in issue discussions, pose questions, and provide answers)
- member services such as a job posting board and a distribution service
- publications
- substantially discounted registration rates for NOPS, and
- the opportunity to participate in the CAPHO awards and grants program.

Nous vous invitons à devenir membre de l'ACPhO. Pour en savoir davantage à ce sujet et pour présenter une demande d'adhésion, rendez-vous au [www.capho.org/members](http://www.capho.org/members).

Pourquoi adhérer? Parce qu'en plus de représenter les intérêts professionnels de ses membres, l'ACPhO leur offre les avantages suivants :

- un forum en ligne où ils peuvent venir discuter de questions importantes touchant leur sphère d'activité, poser des questions et fournir des réponses à leurs pairs
- des services aux membres comme un tableau d'offre d'emploi et un service de distribution
- des publications
- un rabais substantiel sur les frais d'inscription au SNPO
- la possibilité de participer au programme de prix et bourses de l'ACPhO.



## **CAPHO Awards / Prix de l'ACPhO**

### **Merit Award / Prix d'excellence**

This award consists of a certificate and a cash award of \$1000 given to a practicing oncology pharmacist(s) and/or pharmacy technician(s) and member(s) of CAPHO in recognition of a project/innovation in oncology pharmacy aimed at improving patient care and outcomes. Up to two awards may be granted. Many pharmacy departments have initiated exciting programs in their centres, and this award is aimed at recognizing them.

Ce prix, qui comprend un certificat d'excellence et une bourse de 1000 \$, sera remis à un ou plusieurs praticiens et/ou techniciens de la pharmacie en oncologie membres de l'ACPhO en reconnaissance de leurs projets ou innovations visant à améliorer les soins aux patients et les résultats qui en ont découlé dans leur sphère d'activité. Deux prix pourront être attribués au besoin. De nombreuses équipes pharmaceutiques ont instauré des programmes intéressants dans leur établissement, et ce prix a pour but de les récompenser pour leurs initiatives.

### **Poster Awards / Prix pour les affiches**

Three poster awards will be awarded in the categories of Research, Pharmacy Practice and Administration.

Trois prix seront décernés pour récompenser les concepteurs des affiches les plus réussies dans les catégories suivantes : recherche, pratique de la pharmacie et administration.



## 2010 | Thank you / Merci

### To our CAPHO Executive / Aux membres de la direction de l'ACPhO

**Carlo DeAngelis**, President / Président

**Dana Cole**, Past President / Ancienne présidente

**Marc Geirnaert**, Treasurer / Trésorier

**Ing Collins**, NCIC Representative / Représentante de l'INCC

**Rhonda Kalyn**, Education Representative / Représentante en éducation

**Colleen Olson**, Awards Committee Chair / Présidente du Comité des prix

**Betty Riddell**, Membership Committee Chair / Présidente du Comité des membres

**Christopher Ralph**, Communications Officer / Agent des communications

**Pat Trozzo**, NOPS 2010 Conference Chair / Président du SNPO 2010

**Yvonne Dresen**, Member at Large / Membre à titre particulier

**Biljana Spirovski**, Member at Large / Membre à titre particulier

### To the NOPS Planning Committee Members / Aux membres du comité de planification du SNPO

**Darryl Boehm**

Saskatchewan Cancer Agency c/o Allan Blair Cancer Centre,  
Regina, SK

**Meggie Boulet**

CHA-Enfant-Jesus Hospital, Quebec City, QC

**Hélène Bourget-Letarte**

The Ottawa Hospital Cancer Centre, Ottawa, ON

**Flay Charbonneau**

Odette Cancer Centre, Toronto, ON

**Ing Collins**

Juravinski Cancer Centre, Hamilton, ON

**Carlo DeAngelis**

Odette Cancer Centre, Sunnybrook Health Sciences Centre,  
Toronto, ON

**Scott Edwards**

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

**Gabriel Gazze**

Royal Victoria Hospital, Victoria, BC

**H. Lee Gordon**

Lethbridge Cancer Center, Alberta

**Rhonda Kalyn**

BC Cancer Agency, Centre for the Southern Interior, Kelowna, BC

**Sandy Linseman**

Grand River Regional Cancer Centre, Kitchener, ON

**Sylvia McCrudden**

Cross Cancer Institute Pharmacy, Edmonton, AB

**David Phillips**

CancerCare Manitoba, Winnipeg, MB

**Coleen Schroeder**

McGill University Health Center, Montreal, QC

**Diane Strong**

New Brunswick Cancer Network, Fredericton, NB

**Pat Trozzo**

CancerCare Manitoba and University of Manitoba, Winnipeg, MB

**Thanh Vu**

Health Canada, Burnaby, BC

### Volunteers / Bénévoles

We would like to thank those who have volunteered their time to assist NOPS 2010 attendees and organizers. We really appreciate the assistance you provide to ensure attendees have everything they need to participate effectively in NOPS 2010.





Please join us for a Satellite Symposium held in conjunction with NOPS  
at the Fairmont Winnipeg • West Ballroom

## POTPOURRI IN GI DISEASE FOR THE ONCOLOGY PHARMACIST:

News, Reviews and How To's in Pancreatic  
and Colorectal Cancer

Chair

**Flay Charbonneau, RPh, BSc (Pharm)**

Manager, Pharmacy  
Sunnybrook Odette Cancer Centre  
Clinical Specialist, Systemic Treatment  
Information Program  
Cancer Care Ontario  
Toronto, Ontario

Guest Speaker

**Kevin Zbuk, MD, FRCPC**

Assistant Professor,  
Department of Oncology,  
McMaster University  
Medical Oncologist,  
Juravinski Cancer Centre  
Hamilton, Ontario

Case Presenter

**Gabriel Gazzé, BPharm., DPH**

Oncology Pharmacist  
Royal Victoria Hospital  
Montreal, Quebec

## Agenda

Friday, October 15, 2010

- |                |  |
|----------------|--|
| <b>4:15 pm</b> | <b>Introduction and Learning Objectives</b><br>Flay Charbonneau  |
| <b>4:25 pm</b> | <b>Update in Pancreatic Cancer: Is There Hope<br/>for Improved Outcomes?</b><br>Kevin Zbuk                 |
| <b>4:45 pm</b> | <b>Case Presentation in Pancreatic Cancer</b><br>Gabriel Gazzé   |
| <b>5:00 pm</b> | <b>Optimizing Treatment for Colorectal Cancer<br/>Patients: Using Stop and Go Strategies</b><br>Kevin Zbuk |
| <b>5:20 pm</b> | <b>Case Presentation in Colorectal Cancer</b><br>Gabriel Gazzé   |
| <b>5:35 pm</b> | <b>Wrap-Up</b><br>Flay Charbonneau   |

Refreshments will be provided

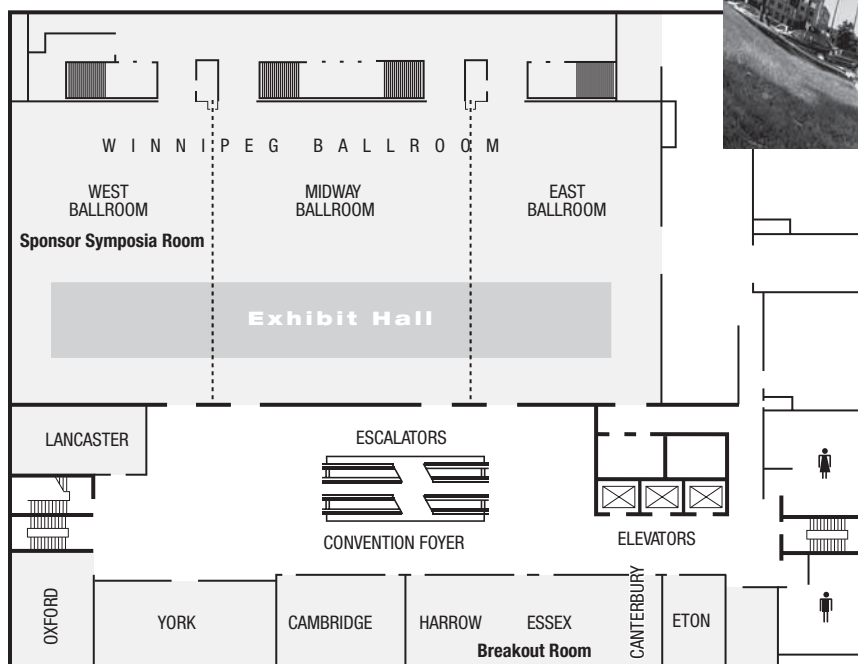


## 2010 | Hotel Floor Plan / Plan de l'hôtel

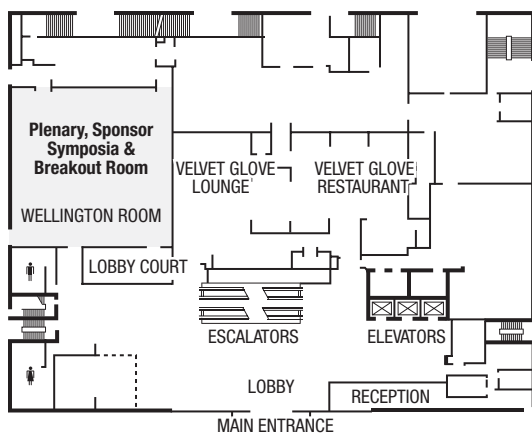
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Le congrès aura lieu au Fairmont Winnipeg.

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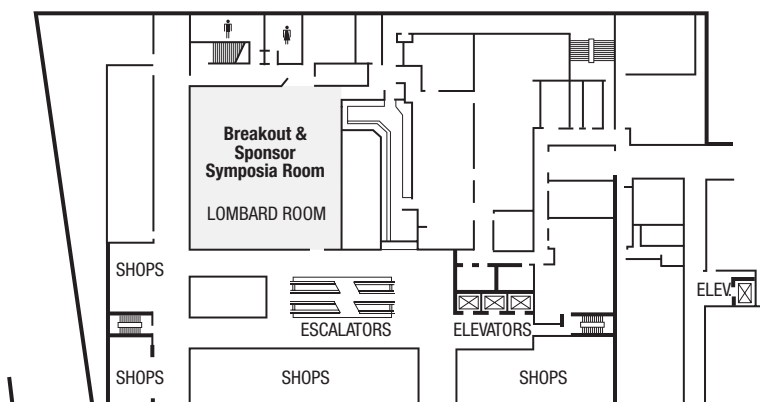
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## 2010 | Program at a Glance / Programme en bref

### FRIDAY, OCTOBER 15

**07:30 – 09:00**

**SATELLITE SYMPOSIUM:** *Bristol-Myers Squibb*  
(Wellington Ballroom, Lobby Level)

**09:15 – 10:45**

**SATELLITE SYMPOSIUM:** *Eli Lilly*  
(West Ballroom, Mezzanine Level)

**11:00 – 12:30**

**SATELLITE SYMPOSIUM:** *Celgene*  
(Wellington Ballroom, Lobby Level)

**12:45 – 14:15**

**SATELLITE SYMPOSIUM:** *Amgen Canada*  
(West Ballroom, Mezzanine Level)

**14:30 – 16:00**

**SATELLITE SYMPOSIUM:** *Carmel Pharma Canada*  
(Wellington Ballroom, Lobby Level)

**16:15 – 17:45**

**SATELLITE SYMPOSIUM:** *Sanofi Aventis*  
(West Ballroom, Mezzanine Level)

**18:00 – 19:30**

**SATELLITE SYMPOSIUM:** *Pfizer Canada*  
(Wellington Ballroom, Lobby Level)

### SATURDAY, OCTOBER 16

**06:30 – 08:00**

**SATELLITE SYMPOSIUM:** *Hoffmann – La Roche*  
(Lombard Room, Concourse Level)

**07:30 – 08:15**

**CONTINENTAL BREAKFAST**  
(Exhibit Hall, Winnipeg Ballroom, Mezzanine Level)

**08:15 – 10:25**

**PLENARY**  
(Wellington Ballroom, Lobby Level)

**10:30 – 10:50**

**COFFEE BREAK**  
(Exhibit Hall, Winnipeg Ballroom, Mezzanine Level)

**10:55 – 11:55**

**PLENARY**  
(Wellington Ballroom, Lobby Level)

**12:00 – 13:00**

**CAPhO ANNUAL GENERAL MEETING**  
(Wellington Ballroom, Lobby Level)

**13:00 – 14:00**

**LUNCH**  
(Exhibit Hall, Winnipeg Ballroom, Mezzanine Level)

**14:00 – 15:20**

**BREAKOUT#A1: TECHNICAL STREAM**  
(Lombard Room, Concourse Level)

**14:00 – 15:20**

**BREAKOUT#A2: CLINICAL STREAM**  
(Wellington Ballroom, Lobby Level)

**14:00 – 15:20**

**BREAKOUT#A3: ADMINISTRATIVE STREAM**  
(Harrow / Essex / Canterbury Room, Mezzanine Level)

**15:20 – 15:35**

**COFFEE BREAK**  
(Exhibit Hall, Winnipeg Ballroom, Mezzanine Level)

**15:35 – 16:35**

**BREAKOUT#B1: TECHNICAL STREAM**  
(Lombard Room, Concourse Level)

**15:35 – 16:35**

**BREAKOUT#B2: CLINICAL STREAM**  
(Wellington Ballroom, Lobby Level)

**15:35 – 16:35**

**BREAKOUT#B3: ADMINISTRATIVE STREAM**  
(Harrow / Essex / Canterbury Room, Mezzanine Level)

**16:35 – 18:30**

**EXHIBITS AND POSTERS VIEWING RECEPTION**  
(Exhibit Hall, Winnipeg Ballroom, Mezzanine Level)

**19:00 – 22:30**

**DINNER & ENTERTAINMENT**  
(King's Head Pub and Eatery)

### SUNDAY, OCTOBER 17

**07:00 – 8:30**

**SATELLITE SYMPOSIUM:** *Hospira Healthcare Corporation*  
(Lombard Room, Concourse Level)

**08:00 – 08:45**

**CONTINENTAL BREAKFAST**  
(Exhibit Hall, Winnipeg Ballroom, Mezzanine Level)

**08:45 – 09:15**

**ORAL SESSIONS - AWARD WINNING POSTERS**  
(Wellington Ballroom, Lobby Level)

**09:20 – 10:05**

**PLENARY**  
(Wellington Ballroom, Lobby Level)

**10:05 – 10:25**

**COFFEE BREAK**  
(Exhibit Hall, Winnipeg Ballroom, Mezzanine Level)

**10:25 – 10:55**

**PLENARY**  
(Wellington Ballroom, Lobby Level)

**11:00 – 12:20**

**PANEL**  
(Wellington Ballroom, Lobby Level)

**12:20 – 12:30**

**PLENARY AND CLOSING**  
(Wellington Ballroom, Lobby Level)

**13:00 – 14:30**

**SATELLITE SYMPOSIUM:** *Baxter Corporation Canada*  
(Lombard Room, Concourse Level)

## Registration Hours / Horaire d'inscription

Friday, October 15: 06:30 to 18:00

Saturday, October 16: 06:00 to 16:00

Sunday, October 17: 06:30 to 12:30

## Exhibit & Poster Hall Hours

## Horaire du hall d'exposition et d'affichage

Saturday, October 16: 07:30 to 18:30

Sunday, October 17: 07:30 to 13:00

## Presentations / Séances

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## 2010 | NOPS 2010 Program / Programme du SNPO 2010

### Friday, October 15 / Le vendredi 15 octobre

07:30 – 09:00

**Satellite Symposium: BRISTOL-MYERS SQUIBB** (Location: Wellington Ballroom, Lobby Level)

**THE EMPOWERED PHARMACIST: BIOLOGICS AND THEIR MANAGEMENT**

Lori Sax, Ambulatory Oncology Pharmacist, London Regional Cancer Program, London, ON

Pat Trozzo, Oncology Pharmacist, Cancer Care Manitoba, Winnipeg, MB

09:15 – 10:45

**Satellite Symposium: ELI LILLY** (Location: West Ballroom, Mezzanine Level)

**THE CHANGING FACE OF NSCLC: PUTTING IT INTO PERSPECTIVE**

Moderator: Biljana Spirovski, Pharmacist, Humber River Regional Hospital, Toronto, ON

Presenter: Barbara Melosky, Medical Oncologist, British Columbia Cancer Agency, BC

11:00 – 12:30

**Satellite Symposium: CELGENE** (Location: Wellington Ballroom, Lobby Level)

**CURRENT CANADIAN TREATMENT APPROACHES IN MULTIPLE MYELOMA AND MYELODYSPLASTIC SYNDROMES**

Chair: Gabriel Gazze, McGill University Health Centre, Royal Victoria Hospital, Montreal, QC

Speaker: Mark Brown, Clinical Pharmacist Hematology / Oncology, Hamilton Health Science Center, Hamilton, ON

12:45 – 14:15

**Satellite Symposium: AMGEN CANADA** (Location: West Ballroom, Mezzanine Level)

**PREVENTION AND TREATMENT OF FEBRILE NEUTROPENIA IN EARLY-STAGE BREAST CANCER: A CHANGING LANDSCAPE**

Program Chair: Anna Granic, Coordinator, Grand River Regional Cancer Centre, Waterloo, ON

Keynote Speaker: Susan Dent, Medical Oncologist, The Ottawa Hospital Cancer Centre, Ottawa, ON

14:30 – 16:00

**Satellite Symposium: CARMEL PHARMA CANADA** (Location: Wellington Ballroom, Lobby Level)

**RISKY BUSINESS: THE REALITY OF HEALTHCARE WORKER EXPOSURE TO HAZARDOUS DRUGS**

Moderator: Rick Abbott, Regional Pharmacy Manager, Dr. H. Bliss Murphy Cancer Centre, St. John's, NL

Faculty: Stephen Eckel, Assistant Director of Pharmacy, University of North Carolina Hospitals, USA

Raveena Ramphal, Pediatric Hematologist / Oncologist, Children's Hospital of Eastern Ontario, Ottawa, ON

Melissa McDiarmid, University of Maryland School of Medicine, Occupational Health Program, USA

16:15 – 17:45

**Satellite Symposium: SANOFI-AVENTIS** (Location: West Ballroom, Mezzanine Level)

**POTPOURRI IN GI DISEASE FOR THE ONCOLOGY PHARMACIST: NEWS, REVIEWS AND HOW TO'S IN PANCREATIC AND COLORECTAL CANCER**

Chair: Flay Charbonneau, Manager, Pharmacy, Sunnybrook Odette Cancer Centre, Toronto, ON

Guest Speaker: Kevin Zbuk, Assistant Professor, McMaster University, Hamilton, ON

Case Presenter: Gabriel Gazze, Oncology Pharmacist, Royal Victoria Hospital, Montreal, QC

18:00 – 19:30

**Satellite Symposium: PFIZER CANADA** (Location: Wellington Ballroom, Lobby Level)

Chair: Pat Trozzo, Site Manager, Pharmacy Program, CancerCare Manitoba, Clinical Assistant Professor, Faculty of Pharmacy, University of Manitoba, Winnipeg, MB

**PART 1: THE ROLE OF THE ONCOLOGY PHARMACIST IN THE TREATMENT OPTIMIZATION OF RENAL CELL CARCINOMA**

Speaker: Marc Geirnaert, Pharmacist Oncology, CancerCare Manitoba, Winnipeg, MB

**PART 2: TREATING AND PREVENTING VTE (VENOUS THROMBOEMBOLISM) IN SPECIAL CANCER POPULATIONS**

Speaker: Vi Dao, Hematologist, CancerCare Manitoba, Assistant Professor, University of Manitoba, Winnipeg, MB

FRIDAY, OCTOBER 15





SATURDAY, OCTOBER 16

## 2010 | NOPS 2010 Program / Programme du SNPO 2010

### Saturday, October 16 / Le samedi 16 octobre Continued

**06:30 – 08:00**

**Satellite Symposium: HOFFMANN – LA ROCHE** (Location: Lombard Room, Concourse Level)

#### NEW FINDINGS IN ONCOLOGY MEDICATION SAFETY

Chair: Carole Chambers, AHS Pharmacy Director, Pharmacy Services

Speakers: Rick Abbott, Regional Pharmacy Manager, Dr. H. Bliss Murphy Cancer Centre, St. John's, NL

Sylvia Hyland, Vice President and COO, ISMP Canada

**07:30 – 08:15**

**Continental Breakfast** (Location: Exhibit Hall, Winnipeg Ballroom, Mezzanine Level)

**08:15 – 08:25**

**Plenary** (Location: Wellington Ballroom, Lobby Level)

#### WELCOME AND INTRODUCTION

Presenter: Pat Trozzo, Site Manager, Pharmacy Program, CancerCare Manitoba, Clinical Assistant Professor, Faculty of Pharmacy, University of Manitoba, Winnipeg, MB

**08:30 – 09:25**

**Plenary** (Location: Wellington Ballroom, Lobby Level)

#### CANCER AND SEXUALITY: IS THERE A ROLE FOR PHARMACEUTICALS?

Presenter: Anne Katz, Clinical Nurse Specialist, Prostate Centre, CancerCare Manitoba, Winnipeg, MB

**09:30 – 10:25**

**Plenary** (Location: Wellington Ballroom, Lobby Level)

#### ADHERENCE TO ORAL CHEMOTHERAPY: NEW CHALLENGES AND ROLES FOR ONCOLOGY PHARMACISTS

Presenter: Rick Abbott, Regional Pharmacy Manager, Systemic Therapy, Eastern Health, Pharmacy Services, Dr. H. Bliss Murphy Cancer Center, St. John's, NL

**10:30 – 10:50**

**Coffee Break** (Location: Exhibit Hall, Winnipeg Ballroom, Mezzanine Level)

**10:55 – 11:55**

**Plenary** (Location: Wellington Ballroom, Lobby Level)

#### CANCER SCREENING

Presenter: Jon Tonita, Vice President Population Health, Saskatchewan Cancer Agency, Regina, SK

**12:00 – 13:00**

**CAPHO Annual General Meeting** (Location: Wellington Ballroom, Lobby Level)

**13:00 – 14:00**

**Lunch** (Location: Exhibit Hall, Winnipeg Ballroom, Mezzanine Level)

**14:00 – 15:20 Breakout#A1: Technical Stream** (Location: Lombard Room, Concourse Level)

**14:00 – 14:40**

#### PART 1: SPECIALIZED TECHNICIAN: IS THERE A SPOT FOR ME?

Presenter: Sobair Osmanzai, Pharmacy Technician, Fraser Health Authority, Surrey, BC

**14:40 – 15:20**

#### PART 2: TECHNICIAN VERIFY TECHNICIAN PROGRAM, A DECADE OF EXPERIENCE

Presenter: Sheri Dyck, Senior Pharmacist, Operations, St. Boniface Hospital, Winnipeg, MB



SATURDAY, OCTOBER 16

## 2010 | NOPS 2010 Program / Programme du SNPO 2010

### Saturday, October 16 / Le samedi 16 octobre Continued

14:00 – 15:20

**Breakout#A2: Clinical Stream** (Location: Wellington Ballroom, Lobby Level)

14:00 – 14:40

**PART 1: CURRENT AND FUTURE DIRECTIONS IN THE TREATMENT OF MULTIPLE MYELOMA**

Presenter: Chaim Shustik, Professor of Medicine at McGill University and Louis Lowenstein Chair in Hematology, Montreal, QC

14:40 – 15:20

**PART 2: COLON CANCER – HIGH RISK STAGE II / MICROSATELLITE INSTABILITY**

Presenter: Joel Gingerich, Medical Oncologist, CancerCare Manitoba, Winnipeg, MB

14:00 – 15:20

**Breakout#A3: Administrative Stream** (Location: Harrow / Essex / Canterbury Room, Mezzanine Level)

14:00 – 14:40

**PART 1: DESIGNING AN ONCOLOGY PHARMACY—A SUNNYBROOK EXPERIENCE**

Presenter: Michael Leung, Sunnybrook Odette Cancer Centre, Toronto, ON

14:40 – 15:20

**PART 2: GUIDELINES FOR IMPROVING AMBULATORY CHEMOTHERAPY PREPRINTED ORDERS - HOW THEY WERE DEVELOPED AND WHAT THEY ARE**

Presenter: Jennifer Jeon, Human Factors Analyst, University Health Network, Toronto, ON

15:20 – 15:35

**Coffee Break** (Location: Exhibit Hall, Winnipeg Ballroom, Mezzanine Level)

15:35 – 16:35

**Breakout#B1: Technical Stream** (Location: Lombard Room, Concourse Level)

**CURRENT PRACTICE STANDARDS FOR CLEANING WORK AREAS IN ONCOLOGY PHARMACIES**

Presenter: Mari Culotta-Mascioli, Coordinator I.V. and Chemotherapy Training and Certification Program, Sunnybrook Health Sciences Centre, Toronto, ON

15:35 – 16:35

**Breakout#B2: Clinical Stream** (Location: Wellington Ballroom, Lobby Level)

**SYSTEMIC THERAPY FOR GI MALIGNANCIES IN THE ELDERLY PATIENT**

Presenter: Kevin Zbuk, Assistant Professor, Department of Oncology, McMaster University, Hamilton, ON

15:35 – 16:35

**Breakout#B3: Administrative Stream** (Location: Harrow / Essex / Canterbury Room, Mezzanine Level)

**OUTLINE OF ERLS**

Presenters: Paul Perreault, Coordinator Quality & Patient Safety, CancerCare Manitoba, Winnipeg, MB  
Jodi Walker-Tweed, Unit Manager, CancerCare Manitoba, Winnipeg, MB

16:35 – 18:30

**Exhibits and Posters Viewing Reception** (Location: Exhibit Hall, Winnipeg Ballroom, Mezzanine Level)

19:00 – 22:30

**Saturday Evening Events** (King's Head Pub and Eatery)



SATURDAY, OCTOBER 16

## 2010 | NOPS 2010 Program / Programme du SNPO 2010

### Saturday Evening Events / Événements du samedi, en soirée

19:00 – 22:30

#### King's Head Pub and Eatery

After two busy days of professional development, join your fellow attendees in unwinding at the King's Head Pub. Located in the historic Exchange District, the King's Head Pub is a short distance from the Fairmont Winnipeg and has been secured for Saturday evening's dinner and fabulous party. Transportation will be available to take attendees to the pub and to return them to the hotel at the end of the evening.

The King's Crown, on the second floor of the pub overlooking the Exchange Park, is one of downtown Winnipeg's hidden gems. This lofty spot has a full bar, stage area, sound capabilities and plenty of space for up to 250 pairs of dancing feet. The King's Crown has been reserved for the NOPS attendees for the first part of the Saturday evening.

The Pub is well known for its food and drink, as it has over 25 different beers and ales on tap. They are especially famous for their English food with an Indian twist!

Attendees will have the opportunity to play billiards, throw darts as well as catch up with old friends. As part of the program for the evening, the CAPhO executive will be presenting its annual slate of awards honouring CAPhO members. After the awards ceremony, attendees will be entertained by one of Winnipeg's local bands serving up crowd favourites. So make sure to join your fellow NOPS attendees on Saturday night for a fabulous party.







## 2010 | NOPS 2010 Program / Programme du SNPO 2010

**Sunday, October 17 / Le dimanche 17 octobre**

**07:00 – 08:30**

**Satellite Symposium: HOSPIRA HEALTHCARE CORPORATION** (Location: Lombard Room, Concourse Level)

**Cytotoxic Drug Vial Contamination – How Can We Minimize the Risk?**

Presenter: Paul Sessink, Exposure Control B.V., The Netherlands

**08:00 – 08:45**

**Continental Breakfast** (Location: Exhibit Hall, Winnipeg Ballroom, Mezzanine Level)

**08:45 – 09:15**

**Oral Sessions - Award Winning Posters** (Location: Wellington Ballroom, Lobby Level)

**CAPHO Award Winning Posters in the Three Categories: Research, Pharmacy Practice and Administration**

Presenter: Colleen Olson, Awards Committee Chair

**09:20 – 10:05**

**Plenary** (Location: Wellington Ballroom, Lobby Level)

**How to Interpret Results from a Clinical Phase III Trial: Tools and Examples from a NCIC CTG Trial**

Presenter: Nathalie Letarte, Oncology Pharmacist, University of Montreal, Montreal, QC

**10:05 – 10:25**

**Coffee Break** (Location: Exhibit Hall, Winnipeg Ballroom, Mezzanine Level)

**10:25 – 10:55**

**Plenary** (Location: Wellington Ballroom, Lobby Level)

**Improving the Safety of Ambulatory IV Chemotherapy in Canada: Results of a Two-year Exploratory Study**

Presenter: Rachel White, Human Factors Specialist, University Health Network, Toronto, ON

**11:00 – 12:20**

**Panel** (Location: Wellington Ballroom, Lobby Level)

**Accessibility of Medications**

Moderator: Carlo De Angelis, Clinical Pharmacy Coordinator – Oncology, Sunnybrook Health Sciences Centre, Toronto, ON

Panelists: Kong Khoo, Vice-chair, Cancer Advocacy Coalition of Canada, BC Cancer Agency - Centre for the Southern Interior, Kelowna, BC

Danica Lister, Clinical Pharmacist, Clinical Lecturer, CancerCare Manitoba, Winnipeg, MB

Alison Chambers, Drug Reimbursement Specialist, Sunnybrook Health Sciences Centre, Toronto, ON

Betty Belanger, Pharmacist, Alberta Health Services - Cancer Care, Edmonton, AB

**12:20 – 12:30**

**Plenary** (Location: Wellington Ballroom, Lobby Level)

**Closing Remarks**

Presenters: Pat Trozzo, NOPS 2010 Conference Chair

Gabriel Gazze, NOPS 2011 Conference Chair

**13:00 – 14:30**

**Satellite Symposium: BAXTER CORPORATION CANADA** (Location: Lombard Room, Concourse Level)

**Meeting of the Minds - Pharmacy Services and Integration**

Debate Team: Rick Abbott, Regional Pharmacy Manager, Systemic Therapy, Eastern Health, Pharmacy Services, Dr. H. Bliss Murphy Cancer Center, St. John's, NL

Carole Chambers, Pharmacy Director of Cancer Services, Alberta Health Services, Edmonton, AB

Jan Oruck, Manager Pharmacy Services, Baxter CIVA

Rachel White, Human Factors Specialist, University Health Network, Toronto, ON

SUNDAY, OCTOBER 17

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## 2010 | Speaker & Session Descriptions, Saturday, October 16th Aperçu des séances et des présentateurs, samedi le 16 octobre

### ANNE KATZ

Clinical Nurse Specialist, Prostate Centre, CancerCare Manitoba, Winnipeg, MB

#### **BIOGRAPHY**

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Dr. Katz is the Sexuality Counselor at CancerCare Manitoba. She counsels individuals and couples experiencing sexual difficulties associated with cancer. She is the author of the award winning text book *Breaking the Silence on Cancer and Sexuality: A Handbook for Health Care Providers* as well as three other books for consumers on cancer and sexuality. She is an adjunct professor at the University of Manitoba.

#### **SYNOPSIS**

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##### **Cancer and Sexuality: Is There a Role for Pharmaceuticals?**

**Saturday, October 16th, 08:30-09:25 • Location: Wellington Ballroom, Lobby Level**







## 2010 | Speaker & Session Descriptions, Saturday, October 16th Aperçu des séances et des présentateurs, samedi le 16 octobre

### RICK ABBOTT

Regional Pharmacy Manager, Systemic Therapy, Eastern Health, Pharmacy Services,  
Dr. H. Bliss Murphy Cancer Center, St. John's, NL

#### BIOGRAPHY

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Rick Abbott graduated the first in MUN School of Pharmacy class in 1990. In 2002, he moved to Oncology Practice as the Pharmacy Manager for the Provincial Systemic Therapy Program of Newfoundland and Labrador. Rick is a lecturer at the MUN School of Pharmacy, serves on several national committees related to cancer care, and is a member of Health Canada's Scientific Advisory Committee for Oncology Therapies. Rick is the recipient of the James C. Quick Award for innovative pharmacy practice, the NL-CSHP award for Leadership in Pharmacy Practice and the Meritorious Service Award for his contributions to pharmacy practice in Newfoundland. He has served on the Council of the Pharmacists Association of Newfoundland for six consecutive years and this past year as President. Rick has a strong interest in outcomes-based research with a focus on improving models of pharmaceutical care and patient safety.

#### SYNOPSIS

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### Adherence to Oral Chemotherapy: New Challenges and Roles for Oncology Pharmacists

**Saturday, October 16th, 09:30-10:25 • Location: Wellington Ballroom, Lobby Level**

- Identify how oral chemotherapy marks a fundamental change in contemporary oncology practice
- Are cancer patients adherent to oral therapy? A review of the published literature
- Review the factors that influence patient adherence to oral chemotherapy
- Discuss the challenges with respect to improving adherence to oral chemotherapy
- Discuss how pharmacists can improve patient adherence to oral chemotherapy and how to incorporate it into their existing practice through resource re-allocation

This will be an interactive session that will facilitate audience participation to explore best practice models for improving adherence to oral chemotherapy.







## 2010 | Speaker & Session Descriptions, Saturday, October 16th Aperçu des séances et des présentateurs, samedi le 16 octobre

### JON TONITA

Vice President Population Health, Saskatchewan Cancer Agency, Regina, SK

#### **BIOGRAPHY**

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Dr. Jon Tonita is Vice President of the Population Health Division of the Saskatchewan Cancer Agency. He is responsible for the provincial cancer registry, epidemiology research and cancer surveillance activities associated with registry data, current provincial cancer screening programs and the development of new programs, and establishing a cancer prevention program for Saskatchewan. Dr. Tonita has a PhD in Community Health and Epidemiology from the University of Saskatchewan. His thesis was “Freely Available Prostate Specific Antigen Testing in a Population: Testing Patterns and Outcomes on Prostate Cancer. The Saskatchewan Experience”.

#### **SYNOPSIS**

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##### **Cancer Screening**

**Saturday, October 16th, 10:55–11:55 • Location: Wellington Ballroom, Lobby Level**

The presentation will review general principles of population-based cancer screening and will include updates on screening for our most common cancers including the opportunities, outcomes and challenges associated with each. Examples from Saskatchewan will be used.

##### **Objectives**

1. Discuss the diseases appropriate for screening and the criteria necessary that make screening a viable activity at the population level
2. Current state of breast cancer screening
3. Current state of cervical cancer screening
4. Current state of colorectal cancer screening
5. Current state of prostate cancer screening





## 2010 | Speaker & Session Descriptions, Saturday, October 16th Aperçu des séances et des présentateurs, samedi le 16 octobre

### **SOBAIR OSMANZAI**

Pharmacy Technician, Fraser Health Authority, Surrey, BC

#### **BIOGRAPHY**

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My name is Sobair Osmanzai. I am a pharmacy technician for the Fraser Health Authority. I attended Langara College and successfully completed my Diploma in Arts & Sciences. Unsuccessful in my attempt to attend Pharmacy school, I decided to become a pharmacy technician and pursue a career as a tech. I attended a two year diploma program at Sheridan College in Brampton, Ontario. After successfully attaining my Diploma, I moved back to Vancouver in 2003 and was employed by the Fraser Health Authority at Ridge Meadows Hospital where I then received my training under the supervision of Dr. Anita Lo to become a Specialized Pharmacy Oncology Technician (Spot).

#### **SYNOPSIS**

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##### **Part 1: Specialized Technician: Is there a SPOT for me?**

**Saturday, October 16th, 14:00–14:40 • Location: Lombard Room, Concourse Level**

The presentation will discuss the SPOT role, how this position was created, and its impact on current pharmacy practice.

##### **Objectives:**

1. Development of a new technician role
2. Framework and legislation
3. Qualification and skills
4. Responsibilities and accountabilities
5. Advantages and disadvantages







## 2010 | Speaker & Session Descriptions, Saturday, October 16th Aperçu des séances et des présentateurs, samedi le 16 octobre

### SHERI DYCK

Senior Pharmacist, Operations, St. Boniface Hospital, Winnipeg, MB

#### BIOGRAPHY

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Sheri Dyck graduated from the Faculty of Pharmacy at the University of Manitoba and went on to complete a hospital pharmacy residency program. She began her career as a staff pharmacist at St Boniface Hospital. In 2000, she led the implementation of a “Tech Check Tech” program for the department which became the standard used by other city hospitals. She continues to oversee the program at St Boniface and has collaborated with the Winnipeg Regional Health Authority and the Manitoba Pharmaceutical Association regarding “Tech Check Tech” over the years. Sheri is currently Senior Pharmacist of Operations at St Boniface Hospital.

#### SYNOPSIS

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### Part 2: Technician Verify Technician Program, A Decade of Experience

**Saturday, October 16th, 14:40–15:20 • Location: Lombard Room, Concourse Level**

The delegation of technical tasks from pharmacists to pharmacy technicians is essential. It frees pharmacists from the dispensing areas, allowing them more time to focus on direct patient care activities. A technician assuming the role of checking is an example of a technical task reassignment. The challenges and rewards of working with a “Tech Check Tech” model in a tertiary care inpatient hospital will be discussed. The evolution of the program from implementation 10 years ago to present day will be reviewed. An update and overview of the “Tech Check Tech” progress across the country will be presented. Where do we go from here? Future “Tech Check Tech” plans, such as expanding to checking cytotoxic medications, are being explored and will be shared.

#### Objectives:

Following the presentation the attendee will be able to:

1. Describe the purpose and potential scope of a “Tech Check Tech” program
2. Understand the possible processes involved in a “Tech Check Tech” validation program
3. Have an understanding of what is occurring across the country related to “Tech Check Tech”







## 2010 | Speaker & Session Descriptions, Saturday, October 16th Aperçu des séances et des présentateurs, samedi le 16 octobre

### CHAIM SHUSTIK

Professor of Medicine, Louis Lowenstein Chair in Hematology, McGill University, Montreal, QC

#### BIOGRAPHY

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Dr. Chaim Shustik, Professor of Medicine at McGill University, holds the Louis Lowenstein Chair in Hematology and Oncology. He is a physician at the Royal Victoria Hospital in Montreal and is a principal investigator of several ongoing clinical trials in multiple myeloma. He received his medical degree at the University of Toronto and fellowship training in Hematology at Tufts-New England Medical Center in Boston. He has been Chairman of the Myeloma Committee of the National Cancer Institute of Canada - Clinical Trials Group and is a member of the Scientific Advisory Committee of the International Myeloma Foundation.

#### SYNOPSIS

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### Current and Future Directions in the Treatment of Multiple Myeloma

*Saturday, October 16th, 14:00 – 14:40 • Location: Wellington Ballroom, Lobby Level*

#### Objectives

1. Review progress in the treatment of multiple myeloma in the past two decades with the advent of high dose therapy and autologous stem cell support and the introduction of novel agents
2. Review trends in improvement of quality of responses with use of novel agents as pre-transplant cytoreductive regimens and in prolongation of response duration by maintenance therapy
3. Review the results of randomized clinical trials of combination therapies with bortezomib and lenalidomide in “transplant-ineligible” or older patients
4. Review the potential role of a second-generation proteasome inhibitor and histone deacetylase inhibitors





## 2010 | Speaker & Session Descriptions, Saturday, October 16th Aperçu des séances et des présentateurs, samedi le 16 octobre

### JOEL GINGERICH

Assistant Professor, University of Manitoba, Medical Oncologist and Palliative Care Physician, CancerCare Manitoba, Winnipeg, MB

#### BIOGRAPHY

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Joel Gingerich, MD, FRCPC is an assistant professor at the University of Manitoba and works as a medical oncologist and a palliative care physician at CancerCare Manitoba in Winnipeg. He obtained his Internal Medicine training at Indiana University and subsequently completed subspecialty training in Medical Oncology and Palliative Care at the University of Manitoba. His areas of interest include gastrointestinal and genitourinary malignancies along with cancer symptom and end-of-life issues.

#### SYNOPSIS

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### Part 2: Colon Cancer – High Risk Stage II / Microsatellite Instability

**Saturday, October 16th, 14:40 – 15:20 • Location: Wellington Ballroom, Lobby Level**

The benefit of adjuvant chemotherapy in patients with stage II colon cancer is small and only recommended in those patients with high risk features. Recent evidence suggests that stage II colon cancer patients, with micro-satellite instability, do not benefit from adjuvant chemotherapy.

#### Objectives:

1. Review the natural history of stage II colon cancer
2. Identify clinical and pathologic features that are associated with a higher risk of relapse in patients with stage II colon cancer
3. Review the prognostic and predictive role of micro-satellite instability in patients with stage II colon cancer







## 2010 | Speaker & Session Descriptions, Saturday, October 16th Aperçu des séances et des présentateurs, samedi le 16 octobre

### MICHAEL LEUNG

Supervisor, Sunnybrook Odette Cancer Centre, Toronto, ON

#### BIOGRAPHY

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I received my Bachelor of Science in Pharmacy degree from the University of Toronto in 1986. After completing the hospital residency program at St. Joseph's Hospital in Hamilton, Ontario, I have worked as a hospital pharmacist, community pharmacist, and pharmacy associate. In 1991, I joined Sunnybrook Health Sciences Centre. During my years at the Sunnybrook Odette Cancer Centre, I assumed various roles including patient-focused care, clinical trial pharmacist. Currently I am the Supervisor. My achievements include the John Iazzetta award in 2007 and completion of the Rotman Management course in 2009.

#### SYNOPSIS

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##### Part 1: Designing an Oncology Pharmacy — A Sunnybrook Experience

**Saturday, October 16th, 14:00 – 14:40 • Location:** Harrow / Essex / Canterbury Room, Mezzanine Level

This presentation will review the current state of Sunnybrook Odette Cancer Centre Pharmacy layout and workload.

It will address several issues associated with designing an oncology pharmacy, such as particulate count, a biological safety cabinet, a negative pressure room, temperature control, safe handling and improvement on workflow efficiency.

What challenges/decisions will we have to make in our oncology pharmacy design with respect to USP<797> guidelines?

How can we balance the capacity need of our pharmacy with the hospital's financial constraints as well as its technical and physical difficulties?





## 2010 | Speaker & Session Descriptions, Saturday, October 16th Aperçu des séances et des présentateurs, samedi le 16 octobre

### JENNIFER JEON

Human Factors Analyst, University Health Network, Toronto, ON

#### BIOGRAPHY

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Jennifer Jeon is a human factors analyst with the Healthcare Human Factors Group at the University Health Network (UHN), Toronto. Jennifer holds a MASc and a BAsC in Systems Design Engineering from the University of Waterloo. She has been involved in various studies applying human factors methods to evaluate and design medical devices including smart infusion systems, medication dispensing kiosks and fluid warmers. She also has specialized knowledge in medication labeling and ambulatory chemotherapy safety.

#### SYNOPSIS

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### Part 2: Guidelines for Improving Ambulatory Chemotherapy Preprinted Orders - How They Were Developed and What They Are

**Saturday, October 16th, 14:40–15:20 • Location: Harrow / Essex / Canterbury Room, Mezzanine Level**

The presentation will introduce the *Guidelines for Developing Ambulatory Chemotherapy Preprinted Orders*, developed by the investigators of a research study, Improving the Safety of Ambulatory Intravenous Chemotherapy in Canada. The methods used for developing the guidelines will be described, followed by an overview of the entire document. Some of the key guidelines will be presented in detail to illustrate the format and usage of the guidelines.







## 2010 | Speaker & Session Descriptions, Saturday, October 16th Aperçu des séances et des présentateurs, samedi le 16 octobre

### MARI CULOTTA-MASCIOLI

Coordinator I.V. and Chemotherapy Training and Certification Program, Sunnybrook Health Sciences Centre, Toronto, ON

#### **BIOGRAPHY**

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Mari Culotta-Mascioli is a certified pharmacy technician at the Sunnybrook Health Sciences Centre in Toronto. She is a 1985 graduate of the Humber College Pharmacy Technician Program. She has gained extensive retail and hospital experience since her graduation and has worked both inpatient and outpatient while at Sunnybrook. She has been stationed at the Odette Cancer Centre Pharmacy at Sunnybrook since 1993 and currently holds the position of Co-ordinator of the I.V. and Chemotherapy Preparation Training and Certification Program and Safe Handling Specialist.

#### **SYNOPSIS**

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### **Current Practice Standards for Cleaning Work Areas in Oncology Pharmacies**

**Saturday, October 16th, 15:35 – 16:35 • Location: Lombard Room, Concourse Level**

#### **Objectives:**

1. To help you determine the appropriate cleaning and deactivating agents to use in your chemotherapy preparation areas
2. To provide an understanding of how chemo cleaning agents differ from regular detergent cleaning agents as do cleaning styles
3. To determine how to develop a cleaning regimen and schedule for your own chemo preparation area





## 2010 | Speaker & Session Descriptions, Saturday, October 16th Aperçu des séances et des présentateurs, samedi le 16 octobre

### KEVIN ZBUK

Assistant Professor, Department of Oncology, McMaster University, Hamilton, ON

#### BIOGRAPHY

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Dr. Kevin Zbuk is a medical oncologist at the Juravinski Cancer Centre and an assistant professor in the Department of Oncology, McMaster University. Dr. Zbuk obtained his medical degree from the University of Alberta followed by an Internal Medicine Residency at Dalhousie University (Halifax, Nova Scotia) and Medical Oncology at McMaster University. Further additional research and clinical training in Cancer Genetics took place at the Cleveland Clinic. Dr. Zbuk is the Head of the Cancer Genetics Programme at the Juravinski Cancer Centre. His Medical Oncology practice focuses on the treatment of gastrointestinal malignancies.

#### SYNOPSIS

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### Systemic Therapy for GI Malignancies in the Elderly Patient

**Saturday, October 16th, 15:35 – 16:35 • Location: Wellington Ballroom, Lobby Level**

This session will explore the complexities associated with the utilization of systemic therapy to treat GI malignancies in the elderly patient. The lecture will emphasize colorectal cancer treatment as this area has the largest evidence base. The lecture will focus on the following topics:

1. Chronologic versus Biologic age. Novel markers of aging. Why so little data in the elderly?
2. Adjuvant treatment of CRC in the elderly
3. Treatment of metastatic CRC in the elderly
4. What about biologics in the elderly?
5. Treatment of other GI malignancies in the elderly







## 2010 | Speaker & Session Descriptions, Saturday, October 16th Aperçu des séances et des présentateurs, samedi le 16 octobre

### PAUL PERREAULT

Coordinator Quality & Patient Safety, CancerCare Manitoba, Winnipeg, MB

#### **BIOGRAPHY**

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Paul Perreault has 23 years of experience in the aerospace industry where he held the position of Contracts Administrator, Machine Shop Supervisor and Project Manager. During this time, he became a certified Six Sigma Green Belt and implemented Lean Manufacturing initiatives. Prior to Paul's employment at CancerCare Manitoba two and a half years ago, he was a senior manager for Kitchen Craft cabinets. He now uses his process experience and problem solving abilities to lead or be a part of project teams that improve patient and employee safety. Paul was the Configuration Manager on the Electronic Reporting and Learning System (ERLS) project and is currently leading the medication reconciliation project at CancerCare Manitoba.

### JODI WALKER-TWEED

Unit Manager, CancerCare Manitoba, Winnipeg, MB

#### **BIOGRAPHY**

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Jodi is the Unit Manager at CancerCare Manitoba – MacCharles Site. She completed her Diploma in Business Administration in 1990 and graduated from Health Sciences School (HSC) of Nursing in 1993. She has worked as a staff nurse in Neuroscience and Cardiovascular/Thoracic Surgery. Jodi enrolled in the Adult Intensive Care Nursing Course in 1995 at the Health Sciences Center. Upon graduation, she worked as a staff nurse in the Surgical Intensive Care Unit (SICU) at HSC from 1996 to 2004. Jodi has managed outpatient clinics in a tertiary care hospital and in a community emergency department. Jodi completed her Baccalaureate of Nursing from the University of Manitoba in 1996 and is currently pursuing her Masters of Health Studies through Athabasca University.

#### **SYNOPSIS**

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##### **Outline of ERLS**

**Saturday, October 16th, 15:35 – 16:35 • Location: Harrow / Essex / Canterbury Room, Mezzanine Level**

##### **Objectives:**

1. Understand the purpose of event reporting systems and how reporting systems can support a culture of safety
2. Appreciate the organizational supports required to implement an effective ERLS
3. Be aware of how the identification of risk trends specifically associated with the dispensing and administration of medication is possible
4. Gain knowledge of how ERLS facilitates the communication of event trends and resolutions
5. Through use of a case study, understand the philosophy and process which enables ERLS to support decision making, system thinking, policy development and real improvements





## **2010 | Speaker & Session Descriptions, Sunday, October 17th** **Aperçu des séances et des présentateurs, dimanche le 17 octobre**

### **NATHALIE LETARTE**

**Oncology Pharmacist, University of Montreal, Montreal, QC**

#### ***BIOGRAPHY***

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Nathalie Letarte is an oncology pharmacist at the Centre hospitalier, University of Montreal and an assistant clinical professor at the Faculty of Pharmacy, University of Montreal. She received her Bachelor degree in Pharmacy in 1997 and her Master's degree in Pharmacy Practice in 1998, both from the University of Montreal. She has completed a fellowship in Oncology at the University of Illinois, Chicago. She has been working in Oncology for ten years and has been involved in clinical trials and with the NCIC CTG Pharmacist Network since 2003. She has chaired the Pharmacist Network Steering Group since 2008.

#### ***SYNOPSIS***

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### **How to Interpret Results from a Clinical Phase III Trial: Tools and Examples from a NCIC CTG Trial**

***Sunday, October 17th, 09:20 – 10:05 • Location: Wellington Ballroom, Lobby Level***







## 2010 | Speaker & Session Descriptions, Sunday, October 17th Aperçu des séances et des présentateurs, dimanche le 17 octobre

### RACHEL WHITE

Human Factors Specialist, University Health Network, Toronto, ON

#### BIOGRAPHY

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Rachel White is a human factors specialist with the Healthcare Human Factors Group at the University Health Network in Toronto. Rachel is passionate about making healthcare safer for patients by making environments, processes and technologies more intuitive for clinicians. She has a keen interest in integrating human factors principles into medication safety initiatives, especially those relating to chemotherapy. Through her research on independent double checking of high-risk clinical procedures, and the study *Improving the Safety of Ambulatory IV Chemotherapy in Canada*, she has gained a strong understanding and respect for the role that clinicians, especially pharmacists, play in patient care.

#### SYNOPSIS

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### Improving the Safety of Ambulatory IV Chemotherapy in Canada: Results of a Two-year Exploratory Study

**Sunday, October 17th, 10:25–10:55 • Location: Wellington Ballroom, Lobby Level**

The death of a patient due to a fluorouracil overdose, and other similar incidents, highlighted the risks of ambulatory IV chemotherapy. As a follow-up to root cause analysis of the event, a 20-month research project was funded by a number of cancer and safety agencies across Canada. The objectives were to identify safety issues in ambulatory IV chemotherapy in a wide range of environments. This presentation will provide a summary of the findings and recommendations.

#### Objectives:

- To provide participants with an overview of the rationale, methods and findings of the study *Improving the Safety of Ambulatory IV Chemotherapy in Canada*
- To disseminate recommendations for improvements to safe oncology pharmacy practice
- To stimulate an interest in future research on oncology pharmacy safety



## 2010 | NOTES



## **2010 | Speaker & Session Descriptions, Sunday, October 17th** **Aperçu des séances et des présentateurs, dimanche le 17 octobre**

### **KONG KHOO**

**Vice-chair, Cancer Advocacy Coalition of Canada, BC Cancer Agency - Centre for the Southern Interior, Kelowna, BC**

#### **BIOGRAPHY**

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Dr. Kong Khoo is a medical oncologist at BC Cancer Agency - Centre for the Southern Interior and a clinical assistant professor at the University of British Columbia. He was Medical Oncologist and Head of the Clinical Investigation Office with Cancer-Care Manitoba from 1992 to 1997. He has interest in oncology collaborative care models, tele-oncology, and cancer drug development. He has specialized interest in head and neck, sarcoma and gastro-intestinal cancers management. He is also involved in cancer advocacy as Vice-chair of the Cancer Advocacy Coalition of Canada (CACC), particularly in highlighting the large discrepancies in access to and funding of new drugs for cancer patients.

### **DANICA LISTER**

**Clinical Pharmacist, Clinical Lecturer, CancerCare Manitoba, Winnipeg, MB**

#### **BIOGRAPHY**

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Danica Lister graduated from the Faculty of Pharmacy at University of Manitoba in 2001. She went on to complete a Hospital Pharmacy Residency at the Ottawa Hospital in 2002. She obtained a Board Certification in Oncology Pharmacy in 2005. She also holds an appointment at the University of Manitoba as Clinical Lecturer at the Faculty of Pharmacy. She has worked at CancerCare Manitoba since 2002 and currently is the Clinical Pharmacist for the Provincial Oncology Drug Program. Her current roles include involvement in the Pharmacy and Therapeutics Committee, non-formulary drug request adjudication, drug utilization and clinical outcomes research, and clinical practice with the Brain Tumour Clinic.

### **ALISON CHAMBERS**

**Drug Reimbursement Specialist, Sunnybrook Health Sciences Centre, Toronto, ON**

#### **BIOGRAPHY**

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Alison Chambers has worked at the Odette Cancer Centre, Sunnybrook Health Sciences Centre, for three and half years in the capacity of Drug Reimbursement Specialist. She is a member of the organization entitled Oncology Drug Access Navigators of Ontario (ODANO). She holds a Bachelor of Arts degree from McGill University and a Bachelor of Social Work from the University of British Columbia. In terms of specialization, she assists patients seeking reimbursement for drug costs related to oncology medications.





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## 2010 | Speaker & Session Descriptions, Sunday, October 17th *Continued* Aperçu des séances et des présentateurs, dimanche le 17 octobre *Continué*

### BETTY BELANGER

Pharmacist, Alberta Health Services, Cancer Care, Edmonton, AB

#### *BIOGRAPHY*

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A graduate of the University of Alberta in 1980, I have a combined 30 years of practice in both community and hospital pharmacy. In 1999, a move into hospital pharmacy took me to the Cross Cancer Institute in Edmonton, Alberta. I have been a pharmacist with Alberta Health Services – Cancer Care (former Alberta Cancer Board) for 11 years. In that time, I have worked in a number of projects with the IV team, implementing USP 797 standards, audit trail project work and am currently on the Special Access Team and the Provincial Computer Team. I also work in ambulatory and acute care rotations three days per week.

#### *SYNOPSIS*

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### Accessibility of Medications

*Sunday, October 17th, 11:00–12:20 • Location: Wellington Ballroom, Lobby Level*

**Kong Khoo:** Over the past 5 years the Cancer Advocacy Coalition of Canada has studied the variability in access and public funding of cancer drugs in Canada in its Annual Report Card on Cancer. Particularly for new cancer drugs, where patients live in Canada would determine if they have access to and could get the drug they needed for their cancer. Inter-provincial variations and spending for cancer drugs will be reviewed. The shifting burden of cancer drugs from public payers to private insurers will be examined by province. The increasing number of new cancer drugs and expanding indications for existing cancer drugs approved by Health Canada over the past decade will be documented.

**Danica Lister:** Cancer treatments are evolving and emerging at a rapid rate. Providing optimal patient care while working with finite resources remains a challenge for all oncology pharmacy practitioners. Encompassing the principles of evidence-based decision making, stewardship, transparency and equal access, the Provincial Oncology Drug Program (PODP) at CancerCare Manitoba provides the infrastructure to enable the effective use and management of oncology drugs in Manitoba. Phase 1 of the program, which involved the incorporation of the budgets for the intravenous oncology drugs and monitoring of criteria for drug use, has facilitated a managed cancer drug system and allowed for incorporation of new initiatives within the existing envelope of funding. As part of the PODP, the Non-Formulary Drug Request process at CancerCare Manitoba serves to adjudicate requests for drugs not yet incorporated onto the formulary. The observed challenges and successes experienced by the Clinical Pharmacist involved in this review process will be discussed.

Objectives for this portion of the panel discussion will be:

1. To review the principles of the Provincial Oncology Drug Program at CancerCare Manitoba
2. To review the drug request review process at CancerCare Manitoba

**Betty Belanger:** What is the pharmacists role in supporting access to marketed drugs through compassionate programs and Special Access Drugs for patients in need?





## 2010 | NOPS EXHIBITION & POSTERS / Expositions et affiches du SNPO

### Opening Hours / Heures d'ouverture

The following events will take place in the Exhibit & Poster Hall,  
located in the Winnipeg Ballroom:

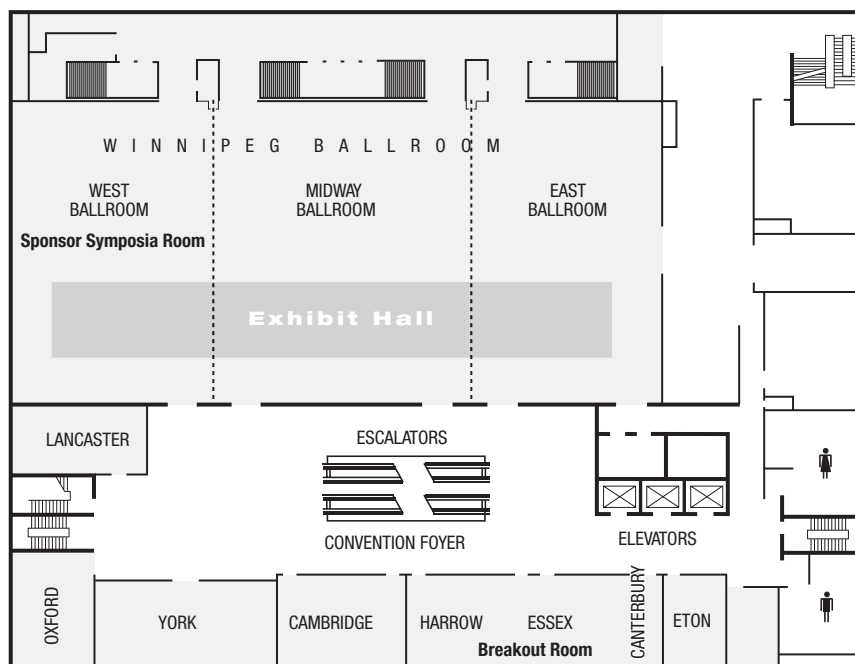
#### Saturday, October 16th

07:30: Hall Opens  
07:30 to 8:15: Breakfast  
10:30 to 10:50: Coffee Break  
13:00 to 14:00: Networking Lunch  
16:35 to 18:30:  
Exhibits and Posters Viewing  
Reception  
18:30: Hall Closes

#### Sunday, October 17th

07:30: Hall Opens  
08:00 to 08:45: Breakfast  
10:05 to 10:25: Coffee Break  
13:00: Hall Closes

#### MEZZANINE LEVEL



*Exhibitors' map on next page*



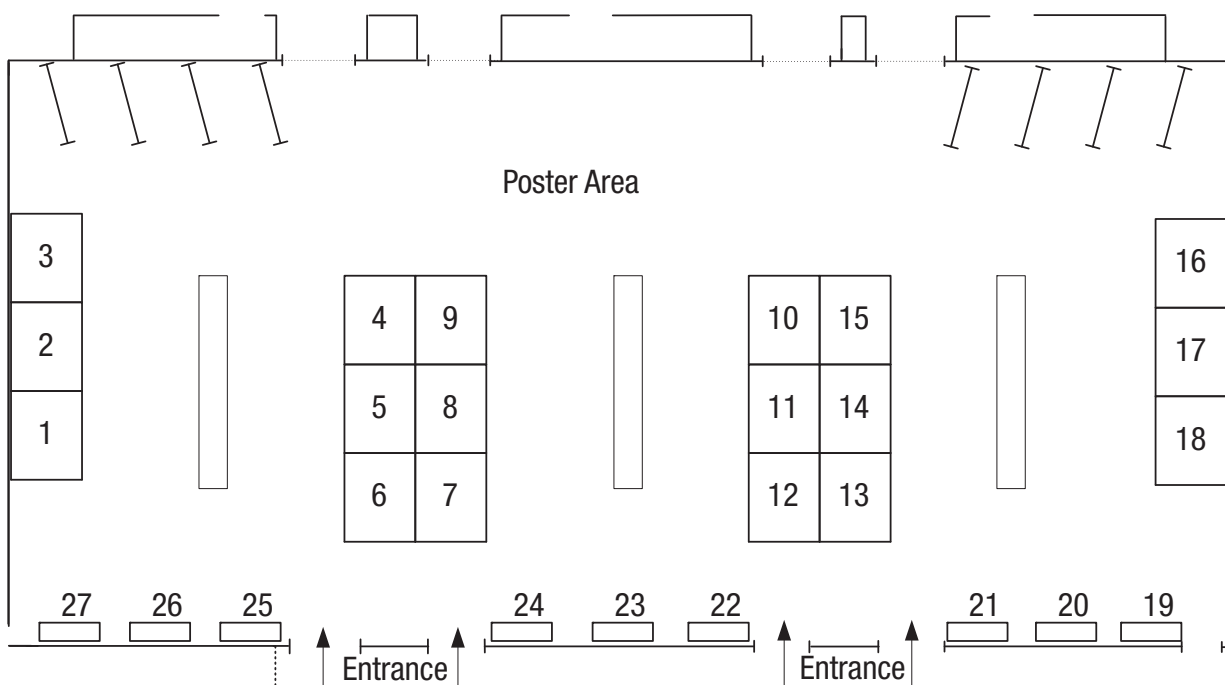


## 2010 | NOPS EXHIBITION & POSTERS / Expositions et affiches du SNPO

### Exhibitor Listing / Liste des exposants

| Company                                   | Booth number | Company                                     | Booth number |
|---|--------------|---|--------------|
| GlaxoSmithKline Canada Inc. ....          | 1 & 23       | Abraxis BioScience Canada, Inc. ....        | 14           |
| Boehringer Ingelheim (Canada) Ltd. ....   | 2            | Sanofi-Aventis .....                        | 15           |
| Novartis Pharmaceuticals Canada Inc. .... | 3            | ICU Medical, Inc. ....                      | 16           |
| Hoffmann-La Roche Ltd. ....               | 4            | McKesson Canada .....                       | 17           |
| Baxter Corporation Canada .....           | 5            | Sandoz Canada Inc. ....                     | 18           |
| Merck Frosst Canada Ltd. ....             | 6            | Intelligent Hospital Systems .....          | 19           |
| Amgen Oncology .....                      | 7            | Canadian Virtual Hospice .....              | 20           |
| Hospira Healthcare Corporation .....      | 8            | Abbott Oncology .....                       | 21           |
| Celgene .....                             | 9            | Teva Canada Ltd. ....                       | 22           |
| Eli Lilly .....                           | 10           | Ortho Biotech Oncology .....                | 24           |
| Bristol-Myers Squibb .....                | 11           | Astra Zeneca Canada Inc. ....               | 25           |
| Carmel Pharma Canada Inc. ....            | 12           | Bayer Inc. ....                             | 26           |
| Pfizer Oncology .....                     | 13           | Pharmaceutical Partners of Canada Inc. .... | 27           |

### Floor Plan / Plan d'étage





## 2010 | Poster Listing / Liste des affiches

### Research / Recherche

#### Brain Metastases in Patients with Advanced Breast Cancer: A Canadian Cost of Illness Analysis

**Background:** Brain metastases are one of the most common sites of disease recurrence in metastatic breast cancer (MBC), especially in HER-2+ patients. In this study, a cost of illness analysis was conducted to estimate the overall economic impact of treating newly diagnosed brain metastases in Canadian MBC patients.

**Methods:** The economic analysis was conducted from the Canadian health care system perspective using a three month time horizon. Estimates for treatment patterns and health care resource use were obtained from six breast medical oncologists from across Canada. The base case analysis considered direct costs for the various treatments such as WBRT, hospitalization following surgery, drug therapy for the control of seizures, palliative home care visits, medical consultations and visits, laboratory and diagnostic procedures as well as patient monitoring.

**Results:** WBRT and corticosteroids were the most common forms of initial treatment but combination therapy (e.g. WBRT + surgical resection) was also commonly used. Total direct costs for the management of brain metastases was estimated to be \$14,808 (95%CI: 10,258 to \$19,358) per patient.

**Conclusions:** Brain metastases are a debilitating and costly complication of MBC. Cost effective interventions to manage these events are needed to save health care costs and reduce patient morbidity.

#### Contact Author

George Dranitsaris, Consultant Pharmacist, Toronto, ON

#### Co-authors

Heather Ball, GlaxoSmithKline, Mississauga, ON

Roger Chai, GlaxoSmithKline, Mississauga, ON

Julia Elia-Pacitti, GlaxoSmithKline, Mississauga, ON



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## 2010 | Poster Listing / Liste des affiches

### Research / Recherche

#### **Eltrombopag or Intravenous Immunoglobulin (IVIG) As a Bridge to Splenectomy in Adults with Chronic Idiopathic Thrombocytopenic Purpura (ITP): A Canadian Economic Analysis**

**Background:** Chronic ITP in adults is a potentially serious disorder affecting 6,000 to 7,000 Canadians. Initial treatment consists of corticosteroids. In cases where corticosteroid resistance develops, splenectomy is the recommended second line therapy. In many of these patients, IVIG (1 g/kg/day for 2 days then 1 g/kg/day monthly) is often used as a bridge to surgery. Eltrombopag is a new orally administered agent that activates the thrombopoietic receptor. In this study, a cost minimization analysis was conducted to determine if eltrombopag is a cost effective alternative to IVIG when used as a bridge to splenectomy.

**Methods:** Estimates for direct medical costs were obtained from six hematologists. The analysis considered direct costs for drug therapy, outpatient pharmacy fees, medical consultations and visits, laboratory and diagnostic procedures and costs for secondary pharmacotherapy.

**Results:** Total costs for IVIG were \$24,134 for four months of therapy with drug cost contributing to 84% of the total. In contrast, total costs for eltrombopag were approximately \$14,651 for an overall savings of \$9,543 per patient.

**Conclusions:** Given its oral route of administration and cost saving potential, eltrombopag would be an economically attractive alternative to IVIG when the intent of therapy is to create a bridge to surgery.

#### **Contact Author**

George Dranitsaris, Consultant Pharmacist, Toronto, ON

#### **Co-author**

Peter Tsang, University of British Columbia, Vancouver, BC





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## 2010 | Poster Listing / Liste des affiches

### Research / Recherche

#### Evaluation of the Efficacy and Toxicity of Once Daily Gentamicin for Febrile Neutropenia in Pediatric Oncology Patients

**Objective:** To assess the efficacy and toxicity of once daily dosing of gentamicin as a component of the empirical antibiotic treatment for febrile neutropenia.

**Design:** Retrospective review of pediatric oncology patients with admitting diagnosis of febrile neutropenia between January 1st, 2005 and December 31, 2008. Clinical and theoretical efficacy was assessed. Renal toxicity was assessed by observing serum creatinine trends during treatment, while ototoxicity was assessed by looking at available audiology tests.

**Results:** A total of 168 patient charts were reviewed, which included 280 episodes of febrile neutropenia. In terms of clinical efficacy, 16.1% of attempted treatments failed and led to a modification of the antibiotic therapy. In terms of theoretical efficacy, 63.2% of episodes responded completely and rapidly to the gentamicin-piperacillin regimen, 17.1% had a partial and delayed response, and 19.7% failed therapy. Nephrotoxicity was observed in 3.9% of episodes (n=11). In 54.5% of these cases of nephrotoxicity, patients had also received vancomycin. Audiology tests were available for 9 patients, of which 44.4% (n=4) had abnormal results.

**Conclusion:** Empirical treatment with once daily gentamicin in combination with piperacillin in neutropenic fevers is effective and safe. Gentamicin was not responsible for deterioration of renal function when regular monitoring was done.

#### Contact Author

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#### Co-authors

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Jane Hilliard, Children's Hospital of Eastern Ontario, Ottawa, ON

Regis Vaillancourt, Children's Hospital of Eastern Ontario, Ottawa, ON

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## 2010 | Poster Listing / Liste des affiches

### Research / Recherche

#### **Implementation and Evaluation of a Pharmacist Managed Chemotherapy-Induced Nausea and Vomiting Algorithm in Patients Receiving Adjuvant Chemotherapy for Early Breast Cancer in an Ambulatory Outpatient Oncology Clinic**

**Objective:** To establish and implement a chemotherapy-induced nausea and vomiting (CINV) protocol and treatment algorithm based on the emetic potential of chemotherapy regimens and patient risk factors. To assess patient satisfaction and response to pharmacist implemented standard of care.

**Methods:** This study is a prospective study with a historical comparison group, looking at the control of CINV in patients treated with adjuvant chemotherapy for early breast cancer in an ambulatory oncology clinic. Patients received follow up phone calls from the pharmacist to determine control of acute and/or delayed CINV (days 2 and 4 of chemotherapy treatment). Interventions were made to control symptoms of nausea and vomiting. Patient satisfaction was assessed using a mail-in patient satisfaction survey.

**Results:** 17 patients were included in the prospective arm of this study. A total of 22 interventions were made by the pharmacist. Seven (32%) of these interventions were for supportive care of nausea and vomiting. Additional interventions were made for other chemotherapy toxicities. The majority of patients were satisfied with pharmacist intervention.

**Conclusion:** A pharmacist-initiated CINV management program can provide the opportunity for identification and management of drug therapy side effects that results in increased quality of care for patients.

#### **Contact Author**

Priscilla Gordon, The Moncton Hospital, Horizon Health Network, Moncton, NB

#### **Co-authors**

Michael LeBlanc, The Moncton Hospital, Horizon Health Network, Moncton, NB

Dominique Richard, The Moncton Hospital, Horizon Health Network, Moncton, NB





## 2010 | Poster Listing / Liste des affiches

### Research / Recherche

#### Monitoring of 5-Fluorouracil Contamination on the Outside of 5-Fluorouracil Drug Vials

**Objective:** Contamination with 5-fluorouracil (5FU) on the outside of 5FU vials was investigated. Vials tested were externally sheeted with a film.

**Design:** Three phases were monitored:

Preliminary) 10 vials by total extraction

1) 10 vials by wipe tests and total extraction

2) 90 vials by wipe tests and total extraction

In Phases 1 and 2 several parts were monitored:

-Plastic cap and aluminium part (wipe test)

-Sheeting over glass part (wipe test)

-All parts (total extraction)

Wipes and extracts were analysed with HPLC-UV.

**Results:** Preliminary phase: 5FU was detected on one vial

Phase 1: 5FU was not detected on the several parts

Phase 2: 5FU was not detected on the several parts

**Conclusion:** In the preliminary phase, contamination was found on one vial. Therefore, the method was improved in phase 1, to allow testing of several parts of the vials (cap, sheeting and all parts). Contamination was not found and confirmed in the large scale study in phase 2. The decontamination procedure in combination with external sheeting is effective in the production of vials without contamination on the outside. Contamination with cytotoxic drugs on the outside of vials implies a potential risk for exposure of healthcare workers.

#### Contact Author

Paul Sessink, Exposure Control B.V., Wijchen, The Netherlands



## 2010 | Poster Listing / Liste des affiches

### Research / Recherche

#### Accuracy of Patient Medication Lists in Breast, Prostate, Colorectal and Lung Cancer Patients at an Ambulatory Oncology Centre

**Objective:** Few studies demonstrate the importance of obtaining a Best Possible Medication History (BPMH) in the outpatient oncology setting. Our primary objective was to investigate the accuracy of standard of care medication lists (SCMLs) in an ambulatory oncology setting.

**Design:** Outpatients with breast, prostate, colorectal or lung cancer receiving chemotherapy for the first time, were included in this prospective cohort study. Current standard of care creates three medication lists: the Electronic Patient Record (EPR), Nursing Assessment Form (NAF) and Pharmacy Care Plan (PCP). The BPMH was compared with SCMLs to determine the percentage of lists with  $\geq 1$  medication discrepancy (MD).

**Results:** Fifty nine patients were enrolled. Eighty two percent, 83% and 82% of SCMLs from the EPR, NAF and PCP had  $\geq 1$  MD, respectively; omissions being the most common. The BPMH was more accurate than all SCMLs ( $p < 0.0001$ ).

**Conclusion:** Current methods of obtaining SCMLs in the ambulatory oncology setting produce inaccurate lists. A BPMH must be created in a structured manner and updated on a centralized system to improve accuracy, efficiency, and patient safety.

#### Contact Author

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#### Co-Authors

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Carlo De Angelis, Odette Cancer Centre - Sunnybrook Hospital, Toronto, ON

Yoo-Joung Ko, Odette Cancer Centre - Sunnybrook Hospital, Toronto, ON



## 2010 | Poster Listing / Liste des affiches

### Administration

#### Standardizing Regimen Taxonomy in the Cancer Care Ontario (CCO) Drug Formulary

**Objective:** To establish standard rules in nomenclature for chemotherapy regimens to improve consistency, patient safety, data quality, standardization of practice and support evolving clinical practice.

**Design:** An environmental scan was performed for regimen taxonomy from other cancer institutions. An algorithm to aid decision making was developed based on this information and inconsistencies on the CCO website listings. A working group methodically progressed through the decision points and made recommendations for a standardized approach to regimen naming, accommodating historical preferences and data reporting requirements.

**Results:** The group established guiding principles for addressing disease site, treatment intent, drug nomenclature, regimen name format, abbreviations and other regimen information. These recommendations were applied to existing CCO regimens to test for usability.

**Conclusion:** Standardizing regimen taxonomy will support safety, data collection, information transfer and organizing website content. A KTE strategy will be developed and implemented to support incorporation of new taxonomy into the CCO Drug Formulary.

#### Contact Author

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#### Co-authors

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Jill Craven, London Regional Cancer Centre, London, ON  
Sherrie Hertz, Cancer Care Ontario, Toronto, ON



## 2010 | Poster Listing / Liste des affiches

### Administration

#### Improving Pharmacy Capacity for Chemotherapy Compounding Through an Outsourcing Initiative

**Background:** In recent years chemotherapy unit activity has increased 7% annually. Designed for 5000, 18,500 visits are expected in 2010/11. Pharmacy personnel have increased, but space and equipment limitations prevent further staff additions to meet demand. Purchase of outsourced compounded supportive medications has reduced workload.

#### Objectives:

- 1) Explore feasibility of outsourcing compounded chemotherapy preparations.
- 2) Evaluate staff satisfaction with outsourced compounded chemotherapy products and
- 3) Evaluate chemotherapy dispensary productivity.

**Design:** Drugs deemed most time consuming to prepare were identified and monthly usage quantified. Products with extended stability once prepared were considered. Three products were sourced from Baxter: stock solutions of cyclophosphamide or gemcitabine in viaflex bags, containing 4g of drug and dose-banded prefilled 46hr infusors of 5-fluorouracil.

**Results:** The logistics of outsourcing cytotoxic products is feasible, but diligent monitoring of expiry dates and utilization are critical. Incremental costs are reasonable, but will require reassessment if additional space capacity permits hiring of new staff. Staff satisfaction is high with this initiative.

**Conclusion:** We successfully entered into a partnership with industry to support chemotherapy preparation and were able to increase throughput without increasing staff. Additional products, such as 7-day infusors of 5-fluorouracil will be outsourced, once dose bands can be established.

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## 2010 | Poster Listing / Liste des affiches

### Administration

#### Demistifying Workload Measurement

**Background:** Workload measurement systems (WMS) serve two main purposes. First, it is a management tool providing systematic quantification. Second, it will produce data to permit national and peer group comparisons. The WMS implemented at CancerCare Manitoba (outpatient clinic) is designed from Management Information Systems (MIS) Guidelines which focuses primarily on inpatient setting.

**Objective:** Implement a WMS in the ambulatory oncology setting that is designed to assist in justifying staffing levels, measuring performance and resource allocation and other reporting requests from Ministries of Health.

**Design:** Timed the production of admixtures and triage time in specific regimens. A report was created to show each regimen prepared based on each certain timeline. The average times per regimen can then be linked to this report to calculate pharmacy workload.

**Results:** Admixing timing varied from 9 to 36 minutes/regimen. With more frequent uses of complex regimens, the current WMS of 20 minutes/regimen no longer reflects the time taken to prepare these regimens.

**Conclusion:** The Pharmacy at CancerCare Manitoba has identified a WMS that reflects the time taken to prepare admixtures. This project will be expanded to other areas of the centre thereby creating a collaborative WMS in an ambulatory setting.

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## 2010 | Poster Listing / Liste des affiches

### Administration

#### Online Self-Learning Program for Cancer Chemotherapy Order Verification

**Objective:** In Nova Scotia, there is no consistent training or competency assessment for pharmacists who verify chemotherapy orders. NSCC Online and CCNS partnered to develop and pilot a standard curriculum for knowledge and skills needed for pharmacists to safely verify chemotherapy orders. This course is intended to become a provincial standard for health care organizations involved with chemotherapy delivery.

**Design:** An asynchronous on-line program was designed. Four knowledge and skill competencies were used to guide course development:

1. Basic cancer biology, systemic therapy and common adverse effects. (20%)
2. Chemotherapy order verification skills. (35%)
3. Prevention and management of chemotherapy toxicities. (25%)
4. Medication error prevention with chemotherapy. (20%)

The course is based on a single case study of a patient with follicular lymphoma. There are narrated presentations for each topic. The self-learning modules are followed by 6 web-board assignments relating the case to the topic contents. Responses include demonstration of knowledge and application to the participant's practice site.

**Results:** The pilot phase includes participant evaluations and suggestions for course improvement.

**Conclusions:** The course is designed for easy self-learning of content and demonstration of skills using online learning techniques.

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## 2010 | Poster Listing / Liste des affiches

### Administration

#### Applying the National Chemotherapy Preprinted Order (PPO) Recommendations

**Objective:** The national study “Improving the Safety of Chemotherapy” identified a set of recommendations for PPOs, based upon human factors principles. The national PPO recommendations were applied to the PPOs in current use across Nova Scotia.

**Design:** The Model for Improvement was used as a research design. In a series of Plan „<sup>3</sup> Do „<sup>3</sup> Study „<sup>3</sup> Act (PDSA) cycles, different methods were used to test sample PPOs. Improvements were made at the end of each cycle and the revised PPO versions were retested. The research design allowed for both quantitative and qualitative.

**Results:** PPOs in current use were modified using the national recommendations. These draft PPOs were reviewed in fictitious scenarios, and evaluated with a standard questionnaire. Revised PPOs were retested in the field, side-by-side, with the current PPO versions. Qualitative evaluations were made in the real time of patient treatment, with participant comments and responses to specific questions at each process step (ordering chemo, verification steps, drug preparation, and drug administration). Field notes were carefully reviewed for common themes and specific suggestions for the PPOs.

**Conclusions:** The revised format will be applied to the remaining of PPOs used across Nova Scotia.

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## 2010 | Poster Listing / Liste des affiches

### Administration

#### The Impact of the Implementation of a Gynecologic Oncology Clinical Pharmacist Program

##### Objectives:

1. To quantitatively determine interventions made by gynecologic oncology clinical pharmacists (GOCP).
2. To perform subset analysis to identify common trends in clinical pharmacy patient management.
3. To measure impact of initiating such a program defining a framework for future practice.

**Design:** Retrospective cohort, reviewing pharmacy notes made by GOCPs. Interventions made were assigned to one of seven categories to show where specific impact was made. Physician involvement and implementation and method of intervention were also documented.

**Results:** There were 3.06 interventions per patient (n=36). Of all interventions 48.0% were Toxicity Management, 14.5% were Drug Interaction, and 4.5% represented Changes in Cancer Therapy (dose reduction, delays, and cessation of therapy). Non-Chemotherapy related interventions accounted for 19.1%. Other categories included Primary (9.1%), Drug Information (2.7%) and Other (2.1%). Just over a third of interventions (33.6%) required consultation with a physician. Of these, 43 % resulted in a newly written prescription. There was a 98% uptake by physicians of pharmacist suggestions and interventions.

**Conclusion:** The impact of the involvement of the clinical pharmacist within this program proved to be significant. This should serve as a framework for future endeavors in clinical pharmacy practice.

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## 2010 | Poster Listing / Liste des affiches

### Administration

#### Implementation of a Pharmacy Technician Coordinated Compassionate Drug Access Program in an Ambulatory Cancer Center

**Objective:** To describe the establishment of a Compassionate Drug Access Program in an ambulatory cancer care center that reduces financial hardship for cancer patients and provides cost savings to the Cancer Center .

**Program Design:** When patient's treatment is established, medical insurance information is attained by multi-disciplinary health care members. This is presented to the pharmacy technician who coordinates coverage of the drug through necessary drug companies or government entities.

**Outcome Measures:** Number of patients who received full compassionate drug coverage in our last fiscal year, number of drug requests, cumulative savings and response from the health care team.

**Results:** Between April 1, 2009 and March 30, 2010, we procured compassionate medication totalling \$389,107.59, for 77 patients who had no insurance or didn't qualify for coverage. Time period for receiving medication was from two days to four weeks. During this same period, we were able to save the Cancer Center a total of \$76,501.36 for 215 Xeloda patients.

**Conclusion:** This program has been financially beneficial to patients and to the Cancer Center . Procuring compassionate medication in a timely fashion, helps ease financial hardship for these patients.

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## 2010 | Poster Listing / Liste des affiches

### Pharmacy Practice / Pratique de la pharmacie

#### Sing Media Fills to Evaluate Robotic Compounding of Sterile Preparations

**Objective:** To validate sterile compounding in the Robotic IV Automation robot (RIVA™) using TSB media fills.

**Design:** A robust media fill protocol was conducted in a production RIVA™ at Intelligent Hospital Systems (IHS), Winnipeg, Canada in November, 2008. The RIVA™ ISO 5 cell was operated in an ISO 8 buffer area during compounding. Liquid TSB-2X with color tracer was diluted with sterile saline using RIVA's compounding functions: reconstitution; fluid transfer to syringes or bags; and further dilution in syringes. A statistically valid 3000 compounded sterile preparations (CSP) were produced during a 9-day, 9-cycle run with 9 operators loading/unloading the cell. All CSPs were stored at 25 degrees C and examined at specific intervals for 14 days post compounding for microbial growth.

**Results:** No CSPs were found to be contaminated during the study period resulting in a contamination rate of less than 0.1% with a 95% confidence level. CSPs stored beyond the 14-day period, showed no growth indicating appropriate caps/seals. The TSB was challenged at the 6 month mark and documented to support growth, validating extended shelf life.

**Conclusion:** The RIVA™ robot effectively compounds sterile preparations with no bacterial contamination even when positioned in a non-ISO 7 environment.

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## 2010 | Poster Listing / Liste des affiches

### Pharmacy Practice / Pratique de la pharmacie

#### **Determining the Safety And Feasibility of Safety Engineered Medical Sharps in the Preparation of Chemotherapy Admixtures**

**Objective:** To demonstrate the potential of Safety Engineered Medical Sharps (SEMS) in causing healthcare worker exposure to cytotoxic agents during routine aseptic preparation procedures.

**Methods:** We conducted an overview of needle safe legislation (Ontario, 2008). We then performed a comparative study to determine the occurrence of leakage using 6 SEMS currently available in Canada. These devices were used to perform typical manipulations involved in preparing hazardous drugs (rituximab, trastuzumab, bevacizumab and albumen bound paclitaxel).

**Results:** During testing with antineoplastic agents there was leakage (4/6 devices) and further testing was conducted using fluorescein. The 18 gauge blunt needle caused leakage during all manipulations. The BD Eclipse™ and Hypodermic Needle-Pro® EDGE™ devices leaked during recapping. The PhaSeal® Injector™ and Recapping Device with non-safety needles did not leak during any of the manipulations.

**Conclusion:** Exposure of cytotoxics from spills, leaks, and droplets were experienced with four government mandated SEMS. This indicates selection of appropriate needles for use in chemotherapy preparation may require special consideration and exemption from government legislated SEMS products.

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## 2010 | Poster Listing / Liste des affiches

### Pharmacy Practice / Pratique de la pharmacie

#### British Columbia Cancer Agency Systematic Approach to Oral Chemotherapy Order Verification and Documentation

**Background:** Oral chemotherapy and targeted therapy can be as toxic as parenteral chemotherapy and requires the same verification and documentation safety procedures as all other routes of administration. This increases the complexity of order verification and processing within the outpatient dispensary has presented several challenges for the oncology pharmacist: frequent interruptions, time pressures, multiple priorities, limited access to patient chart, increased documentation.

**Objective:** To describe the systematic process developed at the BC Cancer Agency for verifying and documenting oral chemotherapy in its outpatient dispensaries.

**Design:** As the frequency and complexity of oral chemotherapy orders presenting to the outpatient dispensary increased, systems and processes were adapted to accommodate the changing nature of the oncology orders received.

**Results:** Procedures were developed to ensure the safe dispensing of oral chemotherapy and targeted therapies. Processes were developed to allow for full access to the patient chart during order verification, checking and documentation of all required laboratory values, maintaining appropriate timing of doses for dual-modality therapy, easing patient medication compliance and allowing adequate time for patient counselling.

**Conclusion:** A systematic approach to dispensing oral chemotherapy is required to ensure appropriate order verification and documentation. The process developed at the BC Cancer Agency is described.

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## 2010 | Poster Listing / Liste des affiches

### Pharmacy Practice / Pratique de la pharmacie

#### An Evaluation of Adherence to Oral Chemotherapy within an Ambulatory Oncology Center

**Objective:** To evaluate the adherence of oncology patients taking oral chemotherapy in an outpatient setting and compare the adherence rates to the current literature.

**Design:** A series of call backs were carried out to contact current oral chemotherapy patients. Oral chemotherapy included the following medications: Erlotinib, Temozolamide, Sunitinib, Sorafenib and Lapatinib with Capecitabine. Once contacted the patients were asked a series of three questions to identify how compliant they were with their medication.

**Results:** A small sample of 23 oral chemotherapy patients was used. A total of 6 patients were non-compliant with their medication providing for a 74% compliance rate. Compliance ranged from missing one dose to 14 doses over the duration of their chemotherapy regimen.

**Conclusion:** Approximately 52% of all chemotherapy drugs reviewed by the Joint Oncology Drug Review are being developed for the oral route of administration. Prescribing oral chemotherapy removes nurse supervised administration from the standard of care leading to reduced compliance in the patient population. Consequently there is a need for the oncology pharmacist to provide proper education and follow-up with all oral chemotherapy patients to ensure a high rate of compliance.

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## 2010 | Poster Listing / Liste des affiches

### Pharmacy Practice / Pratique de la pharmacie

#### Description of an Anaemia Monitoring Service using an Internet Based Clinical Support Tool in an Ambulatory Oncology Centre: Oncology Symptom Control and Information Resource (OSCIR) – Year 1

**Objective:** Implementation of an internet based clinical support tool for management of anaemic oncology patients in an ambulatory setting is described.

**Background/Methods:** Anaemia is commonly present in the oncology population. Apart from cancer and chemotherapy, other factors, such as nutritional deficiencies and blood loss, can also contribute to this condition. There is limited experience with internet based clinical decision support tools for anaemia management in the oncology population. The Oncology Symptom Control and Information Resource (OSCIR) was piloted in a limited number of cancer diagnoses at the Odette Cancer Centre in order to provide clinical management to anaemic oncology patients.

**Results:** OSCIR receives electronic patient data such as demographic information, laboratory values, and appointments from existing systems. Standardized clinical assessment tools allow users to document patient symptoms. Clinical decision support algorithms are present to help guide practice. Documentation includes sections for patient progress, medication and medical history, cancer related therapies, interventions, and scheduling. To date 107 patients have been followed for anaemia and other treatment related side effects.

**Conclusions:** Systematic assessment of potentially reversible causes of anaemia is required for implementation of appropriate anaemia management strategies in oncology patients. Analysis of data is ongoing.

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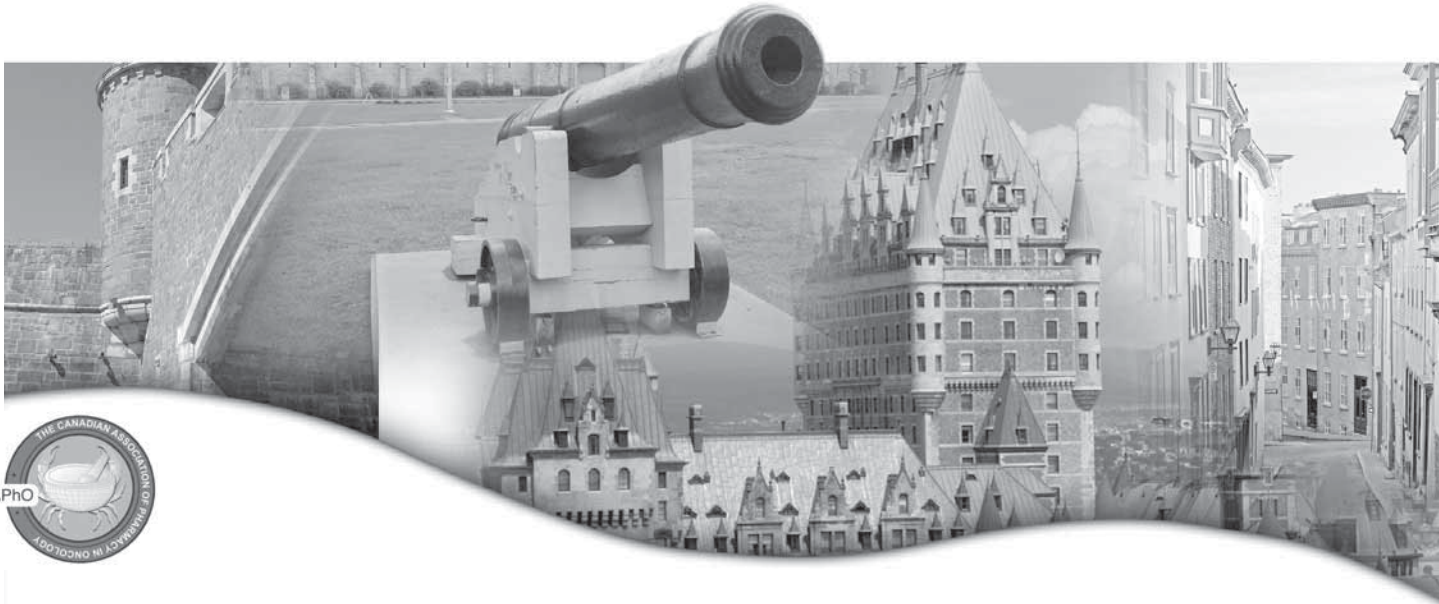
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## 2011 National Oncology Pharmacy Symposium / Symposium National Sur La Pharmaco-Oncologie 2011 [www.capho.org](http://www.capho.org)

*Join us in Quebec for NOPS 2011 / Venez à Québec pour le NOPS 2011*

*November 4 to 6, 2011 / Le 4 au 6 novembre 2011*

Planning has already begun for NOPS 2011 which will be hosted in Quebec City. The symposium will be held at the luxurious and historic Fairmont Le Château Frontenac. The Fairmont is located in the heart of the Old City, rich in cultural heritage, history and splendid views of the Saint Lawrence River. Meandering around Quebec City will be a memorable experience where you will have the sensation of going back to a different time; walking on the cobble-stone streets, you will find yourself embraced by an architecture that goes back hundreds of years.

Quebec City is known for its hospitality, pride in its history, great food and many festivals. During the cold months in February, the city warms up to the traditional and world renowned Carnival. Quebec City is also known for its cultural activities with its many museums, being very close to beautiful sites such as Charlevoix and the Ile d'Orléans, as well as great skiing at Mont Sainte-Anne.

We hope to see you in great numbers in the beautiful City of Quebec for NOPS 2011. Mark your calendars for a great symposium!

La planification et l'organisation ont déjà débutés pour NOPS 2011 qui aura lieu à la ville de Québec. Les dates du congrès seront du 4 au 6 novembre 2011. Le congrès se tiendra au très luxueux et historique Fairmont Le Château Frontenac. Le Fairmont est situé au cœur de la vieille ville, lieu très riche en héritage culturel, en histoire et possède des vues splendides du fleuve Saint-Laurent. Une promenade dans la ville du Québec est toujours une expérience mémorable qui nous transporte à une autre époque; vous serez émerveillés en faisant une promenade parmi les vieilles rues de pierre par une architecture qui date de plusieurs centaines d'années.

La ville de Québec est reconnue pour son hospitalité, la fierté de son histoire, des restaurants magnifiques et plusieurs festivals. Durant le mois très froid de février, la ville se réchauffe lors de son festival traditionnel et mondialement reconnue du Carnaval. La ville de Québec est également reconnue pour ses activités culturelles avec ses multiples musées. Elle est également très proche de sites superbes tels que Charlevoix, l'Ile d'Orléans et Mont Saint-Anne pour du ski exceptionnel.

Nous espérons vous voir en très grand nombre à la charmante ville de Québec pour NOPS 2011. A bientôt!

**Gabriel Gazze, NOPS 2011 Co-chair / Coprésident du SNPO 2011**



