



cancernet



Editor's note

Tēnā koutou katoa.
Welcome to the

May 2021 edition of **Cancernet**.

Another 3 months whizzes by and here we are nearly half way through the year. Time truly does seem to get shorter as you get older and a little scary as one seems to be hurtling toward the tail end of a nursing career.

Reflecting on the current environment I am very humbled observing the commitment and energy that cancer nurses continue to demonstrate.

Keeping up professional development hours to not only satisfy nursing council requirements for our practising certificates has been particularly difficult as conferences and study leave have been cancelled for a variety of reasons. **Cancernet** provides lots of resources that are available to do this from the comfort of your own home.

This feature also introduces our two newest members and another "One minute with" piece from a cancer colleague.

Keep cosy this winter.

Jane Wright
Cancernet Editor

 Article kindly reproduced with permission from
Ian Powell, *Business Desk* - published: Tuesday 8 June, 2021

Will attempted health pay freeze lead to industrial cold war?

On May 5, public service minister Chris Hipkins announced that public servants earning more than \$60,000 would only be offered pay increases under special circumstances for the next three years.

Further, there would be no pay increases for those earning more than \$100,000. Pay increases would only apply to those earning less than \$60,000.

Despite denials to the contrary this was a state sector pay freeze. The mechanism was the public service and finance ministers giving "guidance" to the employers of public servants which includes district health boards (DHBs). But this guidance is the kind of guidance you have when there is no guidance; for district health boards and other state sector employers these are instructions.

Weak explanations

The government's explanation was that it was necessary to keep a lid on public debt, which had skyrocketed during covid-19 to pay for expensive, but necessary, measures like the wage subsidy. This argument was weak given the admission there was no estimate of how much money would be saved by the freeze and the subsequent release of the Crown accounts which revealed the government's financial books were \$5.2 billion better off

than forecast in December.

A second explanation, primarily from within social media, connected the freeze with the further announcement later in the week of the government's intention to legislate for fair pay agreements to provide industry sector based minimum employment standards. The argument was that the freeze announcement would blunt the effectiveness of public opposition to fair pay agreements (FPA) from business and employer organisations. This is overly speculative.

Wider context: nurses

Instead, the government's pay freeze should be seen in the context of the wider collective bargaining environment in DHBs. The numerical predominance and status of nurses makes the multi-employer collective agreement (MECA) negotiated by the NZ Nurses Organisation (NZNO) pivotal. It doesn't determine but influences subsequent negotiations with other unions.

2018 was a fractious time for MECA negotiations between DHBs and the NZNO, including national strikes. There was much pent-up anger among many nurses after nearly a decade of disappointing negotiations and failure to address safe staffing concerns. While ratified by members it wasn't by a strong



majority. Many nurses, including those who voted for ratification, felt devalued by both the negotiating process and outcome. The MECA expired on 31 July 2020.

NZNO has learnt much from this challenging experience taking on board the lessons for its latest negotiations. It can't afford to be perceived as a soft touch for the government. Consequently, its bargaining process is more membership-led than previous negotiations.

After around 10 months of negotiations the parties are still far apart. For a settlement of around two years, NZNO is seeking a 17% salary increase compared with a 1.38% offer

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Release of the first **Lung Cancer Quality Improvement Report**



The Lung Cancer Quality Improvement Report by Te Aho o Te Kahu, the Cancer Control Agency aims to provide information to help District Health Boards deliver consistent, high-quality cancer care.

Lung cancer is the leading cause of cancer death in Aotearoa, New Zealand. It is also a disease which contributes to inequities within the health system, with mortality rates three to four times higher for Māori than non-Māori.

The purpose of the report is to analyse data from District Health Boards (DHBs) against eight quality performance indicators (QPIs) to identify disparities in care and variation in outcomes.

“Lung cancer is a deadly disease in New Zealand, with 1,800 Kiwis dying of lung cancer each year,” Te Aho o Te Kahu chief executive Professor Diana Sarfati says.

“We expect the results of the QPI report to drive improvements and reduce inequities for people diagnosed with lung cancer.”

Understanding variation in care is an important first step in improving outcomes for people. This involves comparing both warranted and unwarranted variation between DHBs.

Here is the Executive Summary – click on the link to read the full report...

EXECUTIVE SUMMARY

In this report, we present the first results from our investigation into the use of the Ministry of Health’s national collections to calculate district health board (DHB) performance against quality performance indicators (QPIs) for people diagnosed with lung cancer.

We expect these results to drive improvements in care and outcomes and reduce inequities for people diagnosed with lung cancer.

The primary audience for this report includes those who deliver care to people with lung cancer and manage the delivery of health services. This report will support Te Aho o Te Kahu Cancer Control Agency in developing and prioritising its work programme.

Eight QPIs are presented in this report. All QPIs showed geographic variation in cancer services and outcomes. There is also variation in access and outcomes for different ethnic and age groups. Several of the QPI results are poorer than those experienced in many of our Organisation for Economic Co-operation and Development (OECD) counterparts.

Further investigation of the QPIs is needed at a DHB level to understand the variation between DHBs, particularly with regard to those DHBs presenting as outliers from this initial investigation. The results of further investigations will present opportunities to reduce inequalities, improve health services and care pathways, validate and improve local data collections and encourage collaborative learning between DHBs.

Tumour stage and patient performance status are not currently available in national data collections, and we urge readers to take this factor into account when interpreting the results described in this report.

Lung cancer priorities highlighted in this report align with the four outcomes outlined in the New Zealand Cancer Action Plan 2019–2029, Te Mahere mō te Mate Pukupuku o Aotearoa 2019–2020 (Ministry of Health 2019b) and its strategies for implementation.

 **[Read the full report here...](#)**

Will attempted health pay freeze led to industrial cold war? *continued from front page*

from the DHBs. Nurses’ sense of being undervalued has intensified with the belief that the government, which calls the bargaining shots (DHBs are their facemasks), is failing to negotiate in good faith. It was unsurprising that NZNO’s membership ballot delivered a strong mandate for a national strike on 9 June. The government’s pay freeze ‘guidelines’ compounded the undervaluing and didn’t do its credibility with nurses any favours.

Strike strategy

The strike itself is part of a gradual escalation strategy commencing with eight hours from 11am to 7pm. As much as possible the focus is on inconveniencing DHBs rather than patients and delivering a strong public message to the government. It could have easily been a 24-hour strike but the shorter strike time is a warning of subsequent escalation to more and longer strikes.

Patients themselves should not be at risk. There is an obligation in law for life preserving services agreements to be agreed by NZNO and DHBs, including the number of nurses who will be available to work in the event of risk of harm to patients. Work on this is well underway. Further, NZNO has also committed to nurses being available for covid-19 vaccinations during the strike.

Potential gamechanger

There is a potential game-breaker, however. An important part of the previous MECA settlement was a joint commitment to reach agreement over the implementation of pay equity in DHB nurses remuneration. Progress has been frustratingly slow to the extent that a big part of NZNO’s 17% salary claim was to address pay equity.

The government has it within its power to tangibly speed up the resolution of nursing pay equity either away from or at the negotiating table. If this happened then much of the heat and the gap between the parties would significantly reduce. But this would require a level of adroitness from the government it hasn’t achieved recently.

The government’s most likely reason for its pay freeze announcement was to affect the level of the salary increase in the nursing MECA negotiations by reducing expectations which would then flow on to subsequent negotiations with other health sector unions. It backfired and its position is now morphing into attempted pay restraint.

But unless the government ups its adroitness by promptly addressing pay equity, the freeze will become an industrial cold war in which its credibility with all health professionals and the public will be the biggest casualty.

Ian Powell, Business Desk



Report from the chair

A belated but heartfelt Happy International Nurses Day for May 12th! Take some time to reflect on what an incredible job you and your colleagues do daily. I believe every nurse I meet has the best intentions to deliver the best care they can to the patients they meet and for many nurses cancer nursing is a passion. Everyone is committed in their own way to the job we do. Not infrequently we receive thanks and praise from the patient or their whanau and today I thank you for the work you do and continue to do under challenging circumstances on behalf of the CNC committee.

I welcomed Lynda Dagg in our last Cancernet and now also Nadine Gray from Wellington to the CNC committee. Both are on secondments until our BGM in October and can choose to put forward their names for formal election if they wish. Since welcoming them both we have had a further resignation from the committee from Fiona Sayer, our treasurer. This was due to family reasons and we wish her the best for the future. She has made a wonderful contribution to the committee and I have appreciated her bright and positive approach.

Since writing this in May we have had a further resignation due to personal reasons, Jane Wright our Cancernet Editor. So our apologies for this now arriving in your inbox in June! We wish Jane the best and also thank her for her

contribution to the committee.

As Jane resigned just prior to our May meeting we took the opportunity to select two of the applicants for secondment. In our August issue we will feature them – welcome to Tracey King, the nursing team leader at St Georges Cancer Care Centre in Christchurch and Stella Williams, CNC/CNC – Māori at Waitemata DHB.

In fact, all current committee members who wish to stay on need to be voted on again by you. In saying that, my time on the committee will be finishing in October (having done over 4 years on the committee) and therefore there will be vacant committee positions available. I welcome your email if you wish to know more about being on the committee.

In regard to our successful remit on review of the constitution I am the representative for the Constitution Review Advisory Group and work is progressing on employing the independent reviewer. I will endeavour to keep you all updated on progress as I can and appreciate your support of this especially important process of constitutional review.

Work on the National Antineoplastic Standards for Cytotoxic Drug Administration continues, and we hope to have a survey out in near future.

I apologise about results for the member survey, we are behind in having these out

to you given the resignations and change in committee but will endeavour to do this.

With the release of our position statement on safe handling of monoclonal antibodies in 2020 we have been engaged with the Office of the Chief Nurse this year. This has resulted in the bringing together of parties, including a CNC representative, to look at producing a national body of work on safe handling of monoclonal antibodies for all nurses as it highlighted some disparity. We look forward to contributing to this.

We continue our planning work for our BGM and symposium which will be held in Rotorua. It will be run alongside the NZSO conference again this year on Friday 22nd October. We are pleased to announce our keynote speaker is Dr Patsy Yates. Our focus for the nursing session will be on the End of Life Choice bill and assisted dying. Please be thinking of topics you can submit as posters – now open for submission. We also aim to celebrate our 25th anniversary and hope that you will consider joining us for this special occasion.

I hope you enjoy this edition of Cancernet, please be in touch with us as we with your feedback or any issues you would like us to take forward.

Sarah Ellery
Chairperson - CNC

The CNC committee invites all members to join us on our Facebook group...



Ask questions, share thoughts, ideas, research, innovative practice, or concerns. Click the 'Join Group' button and one of our lovely Admins will add you. Easy as that! Hope to see you there!

[Visit the CNC Facebook page...](#)

RECENT POSTS...

This is a rather excellent webinar from our colleagues at the CNSA.....
Our affiliation with Cancer Nurses Society Australia (CNSA) has provided the opportunity to view the following webinar for NZ cancer nurses.
In our changing health system the information provides sound research and rationale for why nurses are so important in the cancer care pathway.



Introducing our new CNC committee members



Nadine Gray

**Te Whakatōhea
(MHsc, BN, RN)**

Nadine hails from the small coastal town on Ōpōtiki in the Eastern Bay of Plenty. She grew up amongst a whānau of nurses and teachers, including her mother, Janet Maloney-Moni, was the first Māori NP in Aotearoa.

Nadine is a registered comprehensive nurse of more than 20 years with advanced practice in emergency nursing, education, Māori health, and Māori workforce development. Nadine has provided leadership across a number of Māori workforce projects and is passionate about ensuring that whānau Māori are achieving equitable outcomes in health and education systems.

Her current role is equity-focused as Māori Clinical Nurse Specialist in Cancer Care Coordination at CCDHB, Wellington. This role ensures that Māori patients across all CCDHB cancer services have the choice of Kaupapa Māori support to navigate the HSCAN pathway.

Nadine also supports clinical teams to ensure the principles of Te Ao Māori are embedded in practice. Most recently, Nadine completed a Kaupapa Māori research project with Te Whare Wānanga O Awanuiāraangi that explored the privileging of mātauranga Māori and strengthening of cultural identity in nursing education. The research objective of the study was to generate insight into factors that support Māori student engagement, retention and success in an undergraduate health science programme located in a whare wānanga.



Lynda Dagg

**Charge Nurse Manager for
Southern Blood and Cancer Service,
Southern District Health Board**

The Southern District Health Board (SDHB) is the southernmost DHB which covers the largest geographical area of 62,356 sq km. The population of the SDHB is estimated to be 308,410 which is predicted to increase by 5.3% over the next 15 years, with approximately 60% of the population living in the two main cities of Dunedin and Invercargill. The rest live in rural areas.

Dunedin is one of 6 regional cancer centres within NZ. There is a base hospital in Dunedin which provides tertiary/specialist services, with Invercargill Hospital providing secondary care. Service delivery is supported by rural hospitals. Chemotherapy and supportive therapies are administered in three rural sites (Oamaru, Dunstan, and Balclutha). The service provides outpatients appointments and chemotherapy treatment across the district, radiotherapy is delivered at Dunedin Hospital only. A 14-bed specialised oncology ward is located at Dunedin Hospital. The ward has planned and acute admissions. The palliative care advisory service is a primarily nurse-led service which provides specialist palliative support for cancer and non-cancer patients at Southern.

I am based at the Dunedin Hospital, and manage the district-wide cancer nursing team. This includes inpatient and outpatient nursing staff in Dunedin, outpatients Invercargill cancer nursing staff and have an overview of the three rural centres (Balclutha, Oamaru and Dunstan). I have worked in a variety of roles within the SBCS over the last 22 years, from ward nurse, outpatient nurse, Chemotherapy Nurse Coordinator, CNS (IV), Oncology District Nurse, ACNM and currently the CNM. I have previously been a member of the NZNO Cancer Nurses Committee and am excited about returning and being involved in providing excellence in cancer nursing care across Aotearoa New Zealand. One of my many passions in cancer nursing is providing a safe environment for the administration of cancer treatments.

ONLINE WEBINAR

What really matters? Critical attributes of cancer care coordination in a complex world

CNSA is proud to present tonight's webinar in collaboration with the Clinical Oncology Society of Australia

Distinguished Professor Patsy Yates

Professor Mei Krishnasamy

Tuesday 30 March | 1 CPD Point
7:00 - 8:00pm AEST

in collaboration with Clinical Oncology Society of Australia

What really matters? Critical attributes of cancer care coordination in a complex world **on Vimeo**

Our affiliation with Cancer Nurses Society Australia (CNSA) has provided the opportunity to view the following webinar for New Zealand cancer nurses.

In our changing health system the information provides sound research and rationale for why nurses are so important in the cancer care pathway.

Many of you will be familiar with the work of Mei Krishnasamy and Patsy Yates, cancer nursing leaders from Australia.

This webinar will examine the critical skills and attributes of Cancer Care Coordinators, acknowledging their work across multiple systems, with diverse caseloads across a range of environments.

Drawing on recent research relating to the characteristics of expert cancer nurses, and the need for advanced assessment skills and principles of emotional intelligence, participants will gain an understanding of the evolving attributes required of cancer care coordinators and will be challenged to embrace professional and personal development strategies to advance/progress in the role.

New Zealand Society for Oncology Conference 2021



28 – 30 October, Rotorua www.nzsoncology.org.nz

Early bird registration open now!
Call for abstracts open now!

Cancer Nurses College are looking forward to co-hosting alongside New Zealand Society for Oncology (NZNO) the Oncology Conference 2021, being held at the Distinction Hotel and Conference Centre, Rotorua, 28-30 October 2021.

We are also celebrating 25 years of the Cancer Nurses College, and will celebrate with a glass of wine with our medical colleagues at the beginning of the poster viewing session at the end of the first day, Friday 29th. The call for poster abstracts is out.

A brief synopsis of the programme: Nurses are joining with medical colleagues on Thursday 28th October to attend tumour stream Specialist Interest Groups (SIGs), within each group there will be discussions about issues pertinent to the particular tumour stream.

On Friday and Saturday, the joint medical and nursing programme looks very interesting and exciting, covering a range of topics including targeted therapies, a strong trials theme, patient survivorship and burnout in oncology.

The nursing stream have a stand-alone session discussing the implications of the recently passed end of life bill which is due

for implementation in the final quarter of this year. We are really fortunate to have as our keynote speaker, Professor Patsy Yates. Patsy is a registered nurse with extensive experience as a leader in education and research in the health sector – particularly cancer, palliative and aged care. She is the current president of the International Society of Nurses in Cancer Care. She will be discussing the Australian experience of assisted death.

We hope this stand-alone nursing session will provoke conversations and dialogue about all aspects of palliative care. As well as practical information about implementation of end of life bill and answers to questions that nurses may have about their role in supporting patients with a terminal diagnosis who are considering assisted death.

You are invited to enjoy lunch with your colleagues at the Cancer Nurses College General Meeting on Friday 29th. Then we hope you will stay and party the evening away at the conference dinner on Saturday 30th.

We look forward to seeing you there!

 **More information and registration is available via the NZNO website**

Call for abstracts - Key dates

- Abstracts open NOW
- Abstracts closed: Monday 2 August 2021
- Acceptance notification: mid August 2021
- Presenters must be registered by: 1 September 2021

NZSO oral presentations

If your abstract is accepted as an oral presentation you will be allocated a place in the NZSO programme. You will be advised of your allocated presentation time at the time of abstract acceptance notification.

PHARMAC Emerging Researcher Awards

There are two awards of \$3,000. One for clinical and one for bio-medical. If you would like to be considered for one of these awards please select this presentation type during the submission process.

Poster presentations

If your abstract is accepted as a poster, you will be required to produce a poster to be displayed within the exhibition. There will be a dedicated poster session allocated in the programme. More information on the format will be provided soon.

Publication of abstracts

Accepted abstracts will be posted on the conference website and published in the conference app. By submitting your abstract you agree to this condition.

Registration

All presenters are required to register and pay to attend the conference. Registration opens in May and presenters must be registered by 1 September.

For further information contact:

Mandy Train | Project Lead | Conference Innovators
T: +64 3 379 0390 | mandy@conference.nz



1
MINUTE
WITH:

Introducing and connecting us with nursing colleagues from across Aotearoa/New Zealand - whānauगतanga in action.

Janine Briggs-Canavan

Bone Marrow Transplant Donor Coordinator
Nurse Specialist, Haematology Department,
Auckland Hospital.

What does your job involve?

When a patient needs a bone marrow transplant I organise tissue-typing their siblings, parents and/or children to find the best possible match for them. These days families live all over the world, so some families I have to locate live in very obscure places! Once the best match is identified I organise and oversee their medical workup, extensive donor education, as well as monitor them closely through their stem cell collection process, whether it is via a peripheral stem cell collection process, or in theatre under general anaesthetic. I am part of the theatre team that extract the bone marrow.

What attracted you to working in this field?

Working with donors is a complete about-turn from working with patients. Patients start off unwell and as nurses we are trained to assist them to get better. But donors start off completely well, have multiple invasive tests and can potentially become unwell or have side effects through the donor process. So it is immensely challenging to manage and protect them throughout their donor process, balancing the tests requested by the transplant team against the donor's best interests and advocating for them, especially when much of the family focus is on the recipient. Donors can find the process physically and emotionally exhausting, so it is my role to support them through the donor process as seamlessly as possible with the outcome as a positive experience.

What made you smile at work today?

An email from one of my teenage donors who donated to her Dad, thanking me for helping her.

What's your favourite part of your job?

Donor assessments, as I get to engage with the donor one-on-one and really learn who they are as people, instead of just "the donor for patient X".

Who is your nursing hero and why?

Any nurse out there who is working AND doing post-graduate study...

If you didn't need the money but wanted to work anyway what would you be doing?

Making costumes for TV and films.

If a nursing skill could be gifted to you, and you 'got it' in an instant, what would you choose?

Confidence with public speaking.



What three pieces of nursing equipment would you take to a desert island?

Torch, scissors and micropore tape. Both nursing and raft-building equipment.

Do you have a favourite charity that you wish more people knew about?

Kidscan.

What sound do you love?

My two teenage boys laughing together.

Name something new that you've tried recently that you'd love to try again.

Salted sticky date pudding – best dessert ever!

If you could have any superpower what would it be?

That every family has enough good food on their tables.

What is the best book that you have ever read?

"The Other Boleyn Girl" by Philippa Gregory.



1
MINUTE
WITH:

Introducing and connecting us with nursing colleagues from across Aotearoa/New Zealand – whānau/ngātanga in action.

Karen Middleton

Lung Cancer Clinical Nurse Specialist
Respiratory Medicine, Waikato DHB

What does your job involve?

My role involves providing a single point of contact for patients and their whanau in both inpatient and outpatient settings when they have been informed that they may have a lung cancer. We provide support, education, symptom control and advice, and provide co-ordinated continuity of care and act as an advocate for an equitable patient pathway. We are always striving to find innovative ways to further develop and improve our service and work collaboratively with multidisciplinary team members and NGOs.

What attracted you to working in this field?

I have worked in the area of oncology and haematology for over 20 years and have always enjoyed this setting. Despite the negative connotation that cancer has, my experience is that there can be a lot of positive outcomes. I also enjoy working alongside patients and whanau to help navigate them through the sometimes tortuous journey and by doing this I get to know them and build up rapport to gain trust and strive to make a difference. I am also very fortunate that I am in a job share position so our patients can have continuity of care.

What made you smile at work today?

The patients and whanau that we come into daily contact with are often faced with difficult circumstances. I work in a shared office with some amazing CNSs and we are known to enjoy some dark humour. I have definitely smiled at work today after sharing humour with my colleagues but unfortunately is not politically appropriate to repeat here.

What's your favourite part of your job?

I have always been a 'people' person and enjoy working with others. My most favourite part of my job is knowing that I have made a difference.

If you didn't need the money but wanted to work anyway what would you be doing?

Even if I didn't need to work I can imagine that I would be volunteering at my children's schools and also at Cancer Society or Hospice. There is only so much shopping and housework that I can do, so I would still like to contribute to my community.

What three pieces of nursing equipment would you take to a desert island?

My warped sense of humour, a first aid kit (with plasters, scissors, antihistamines, paracetamol and

insect repellent) and a large supply of oral antibiotics.

What sound do you love?

My favourite sound is basically anything to do with water ie the sound of the ocean, a river, a waterfall. I find it a very soothing, refreshing and calming sound and would love to live by the beach.

Name something new that you've tried recently that you'd love to try again.

I usually wake up and spend the day running from place to place and it doesn't stop as I lead a very busy work, family and social life. For exercise I tend to gravitate to cardio workouts like power walking and Zumba. However, I tried Yin Yoga for the first time last week which my sister encouraged me to attend. Yin Yoga is a more slow paced style of yoga and surprisingly I enjoyed it. It was a much slower and meditative exercise and I walked out feeling immensely relaxed and ready to face my day. Definitely doing it again.

What is the best book that you have ever read?

I have read some amazing books in my time. Some of the best books I have read have been based on fact. One of my more recent books was The Tattooist of Auschwitz by NZ author Heather Morris which is based on a true story. Despite the brutality, hatred and evil, this book was also about love, compassion, hope, courage and resilience. It is a true story of survival and shows it is hard to know what we are capable of until we are tested.

eviQ - A free resource of evidence-based, consensus-driven cancer treatment protocols and information.

eviQ is an Australian Government, freely available online resource of cancer treatment protocols developed by multidisciplinary teams of cancer specialists. With a goal to improve patient outcomes and reduce treatment variation, eviQ provides evidence-based information to support health professionals in the delivery of cancer treatments available at the time treatment decisions are being made.

eviQ is increasingly being used by cancer health professionals in New Zealand as a guide to inform best practice through its treatment protocols and educational resources. Here are some of the latest educational resources available from eviQ...

Rapid learning

Malignant Pleural Effusion (MPE)

MPE are a complication of advanced cancer that can contribute to poor quality of life and significant morbidity. Identification and effective management of MPE are key in maintaining quality of life for people with cancer.

[View the module, case studies and further learning here...](#)

Clinical resources

[Oral Mucositis and stomatitis](#)

[Acute graft versus host disease \(aGVHD\)](#)

[Chronic graft versus host disease \(cGVHD\)](#)

Rapid learning

- Malignant Pleural Effusion (MPE)
- Metastatic spinal cord compression (MSCC)
- Pancreatic cancer
- Tumour lysis syndrome (TLS)
- Managing cardiac devices in radiation oncology practice
- Hypofractionated radiation therapy
- Hypercalcaemia of malignancy (HCM)
- Syndrome of inappropriate antidiuretic hormone secretion (SIADH)
- COVID-19 and Personal Protective Equipment
- Disseminated Intravascular Coagulation (DIC)
- Superior vena cava obstruction (SVCO)
- Ask me anything: radiation therapy
- Melanoma: changes across the care pathway
- Mastering patient education
- Lung cancer: advancements in treatment and care

education.eviq.org.au

Welcome to eviQ Education

Free, evidence-based cancer eLearning resources for health professionals.

[Find out more](#)

Feature Resources

- [Antineoplastic Drug Administration Course](#) (15.75hrs)
- [Best practice management of lung cancer](#) (2.25hrs)
- [Oncology basics](#) (4.5hrs) - This course is designed to support

Cancer conversations

Cancer Conversations is an after-hours online forum where we bring the latest information and emerging evidence from key cancer conferences to life with expert speakers from across the state. You can also check out our past Cancer Conversations for insights on the latest developments in practice changing cancer research, treatment and care.

6 Jul 2021 **Treatment updates from ASCO - Upper GI**

3 Aug 2021 **Treatment updates from ASCO - Colorectal**

19 Oct 2021 **Treatment updates from the European Society Medical Oncology - Prostate**

1 Feb 2022 **Treatment updates from the Annual San Antonio Breast Cancer Symposium**

1 Mar 2022 **Treatment updates from the American Society of Haematology meeting**

[Register for the upcoming conversations and access past conversations](#)

RESEARCH REVIEW™

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AJCN - The Australian Journal of Cancer Nursing

The Australian Journal of Cancer Nursing (AJCN) is now available via an electronic platform allowing for greater international exposure through GoogleScholar, EbscoHost, InforMIT and other search engines/indexing services.



The latest issue (May 2021) includes:

- Rituximab administration guidelines for the haematology patient: a critical literature review
- 'Bridge of Support': evaluation of an acute care peer support model for women with breast or a gynaecological cancer
- Evaluation of the novice registered nurse in developing capability in the clinical setting of oncology
- Oncology nurses' scope of practice in the identification, treatment and management of cancer-related lymphoedema: a scoping review

MEMBER BENEFITS

- CNSA ANNUAL CONGRESS
- KNOWLEDGE SHARING PLATFORM
- SPECIALIST PRACTICE NETWORKS
- ONLINE EDUCATION PORTAL
- LOCAL EDUCATION EVENTS
- ACADEMIC JOURNAL (AJCN)
- REGULAR NEWS AND UPDATES
- LOCAL + NATIONAL ADVOCACY



ISNCC Cancer Care Global Classroom

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ISNCC, in collaboration with Continulus, is making world-expert lectures accessible and convenient for all Cancer Care Nurses globally. Access at a time, pace and place that suits you, without the time, cost, hassle or environmental impact of travel. Plus, each lecture comes with a certificate and 1 CPD point or 1 CEU.

Watch live or recorded; take notes; ask questions; download the slides; discuss in the forums

FREE CALL OR TEXT ANY TIME

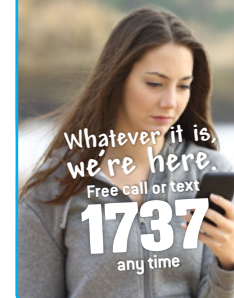
WE'RE HERE

Free call or text 1737 any time, 24 hours a day
You'll get to talk to (or text with) a trained counsellor.
Our service is completely free.

Are you feeling anxious or just need someone to talk to?
Call or text 1737

Are you feeling down or a bit overwhelmed?
Call or text 1737

Do you know someone who is feeling out-of-sorts, or depressed, or is having a hard time?
Let them know they can call or text 1737



NEED TO TALK? 1737 is funded by the Ministry of Health and available throughout New Zealand
Designed by CCNY, Timaru, for South Canterbury DHB.

Free resources available from ONS

ONS provides hundreds of online resources to help you learn more about the oncology nursing profession, and delivering quality cancer care.

Explore Resources


ONS provides hundreds of online resources to help you learn more about the oncology nursing profession, and delivering quality cancer care.

Explore by Topic Explore by Goal

Browse topic-driven educational offerings, publications, tools, and practice resources by using the filters below.

Topic	Goal	Source
<ul style="list-style-type: none"> Advocacy and Policy Cancer Treatments Cancer Types Care Setting Coordination of Care Nursing Roles and Professional Practice Oncologic Emergencies Patient Populations Patients and Caregivers Phases of Care Prevention, Screening and Diagnosis Survivorship Symptoms and Side Effects 	<ul style="list-style-type: none"> Earn Contact Hours Enhance My Career Find Patient and Family Resources Get Clinical Support and Guidance Improve Quality and Safety Learn Cancer Care Prepare for a Career in Oncology Nursing Prepare for Certification Use Evidence Based Practice (EBP) 	<ul style="list-style-type: none"> Articles Assessment Tools Books Clinical Practice Resources Competencies Courses Learning Libraries Podcasts Position Statements Standards Symptom Interventions and Guidelines Videos Webinars

Recent webinars

 **Corticosteroids and the implications of long-term immunosuppression (recorded webinar)**


Recent podcasts

FREE ON SPOTIFY!

 **What will the future of cancer care look like in 2029?**

 **Manage cancer-related constipation with ONS Guidelines**

Articles

 **New roles in oncology nurse navigation**



CONNECTING ONCOLOGY RESOURCES AND EDUCATION

A VIRTUAL CONFERENCE

Mark your calendar for ONS Bridge 2021

ONS Bridge is a virtual conference designed to connect you to resources and education at your convenience through a mix of live and on-demand content. Occurring in September 9, 14, and 16, 2021, ONS Bridge will feature three days of top-notch educational sessions led by experts in the field, the ability to earn more than 20 contact hours, opportunities to network and learn at industry events, a virtual exhibit hall, and on-demand offerings.



News, views, and advocacy from the Oncology Nursing Society



Important dates for your diary...

11 JUNE, 2021 | CHRISTCHURCH

South Island NET Nurse Workshop

Unicorn Foundation NZ are thrilled to have the support to provide an extensive programme filled with guest specialists who will present on topics such as; different types of NETs, pathology and diagnosing NETs, various case presentations on pancreatic, pheo/para and lung NETs, updates on PRRT in NZ and patient stories.



[Click here for more information](#)

14- 16 OCTOBER, 2021 | BRISBANE, AUSTRALIA

Australasian International Breast Conference

A comprehensive joint congress of the Australasian Society for Breast Disease (ASBD), World Congress on Controversies in Breast Cancer (CoBrCa) and Breast Surgeons of Australia and New Zealand (BreastSurgANZ), dealing with controversial issues in breast diseases including presentations, debates and discussions.



[Click here for more information](#)

17 - 19 JUNE, 2021 | BRISBANE, AUSTRALIA

Cancer Nurses Society of Australia 23rd Annual Congress

In 2021, we are returning to Brisbane for our 23rd Annual Congress. The theme for congress is *Precision Care Everywhere*, and will include a conference program full of plenary sessions, panel discussions, workshops, posters and more.



[Click here for more information](#)

28 - 30 OCTOBER, 2021 | ROTORUA

NZ Society for Oncology Conference

Our conference program includes a range of esteemed international and national speakers with virtual and in-person speakership sessions, clinical and scientific poster and oral presentations, and networking opportunities for collaborative research.



[Click here for more information](#)

9 - 10 SEPTEMBER, 2021 | VIRTUAL PROGRAM

Sydney Cancer Conference 2021

Bridging research and practice - The virtual program will feature all areas of cancer research - basic biomedical, public health, clinical and psychosocial - making the latest information and research available to researchers, clinicians, students, consumers and members of the public alike.



[Click here for more information](#)

17 - 19 NOVEMBER, 2021 | VIRTUAL PROGRAM

5th Asian Oncology Nursing Society Conference

During this 3-day conference, prominent nursing experts, scholars and leaders of oncology nursing will share insights and perspectives on patient care experience as well as innovative research from their respective countries, with the ultimate goal of mutual learning and growth to improve the quality of care for cancer patients.



[Click here for more information](#)

15 - 16 SEPTEMBER, 2021

TE PAPA TONGAREWA, WELLINGTON NZNO Conference and AGM

Conference open to NZNO members and non-member nurses, health professionals, and anyone with an interest in nursing. AGM is open to NZNO members.



[Click here for more information](#)

19 - 20 NOVEMBER, 2021 | SYDNEY, AUSTRALIA

Australasian Melanoma Conference

Hosted by Melanoma Institute Australia, bringing together clinicians and researchers from across Australia, New Zealand and beyond to discuss exciting advancements in melanoma from ground-breaking discoveries to practice-changing clinical management.



[Click here for more information](#)



GUIDELINES FOR CONTRIBUTING TO CANCERNET...

Why contribute? Why publish?

- To share knowledge
- To advance your field of practice
- To disseminate key findings or opinions
- To contribute to policy debates

Introduction

Cancernet is a newsletter that is published three times a year by the New Zealand Nurses Organisation Cancer Nurses College. Cancernet aims to inform and encourage nurses managing people with cancer to share opinion, resources, clinical practice and continuing professional development.

Types of articles

All types of articles are welcomed and can include;

- *Opinion*
- *Clinical practice*
- *Case studies*
- *Continuing practice development*
- *Literature review*
- *Advanced study write-ups (e.g. BSc or MSc)*

Submitting your work

- Articles should be submitted in Microsoft Word via email to cancernursesnz@gmail.com
- Acknowledgement of receipt of your submission will then
- Acknowledgement of receipt of your submission will be sent by email.

Word count

Opinion articles should be between 700-1000 words long. However, clinical-based articles and literature reviews and advanced study articles, these can range from between 1,500 and 3,500 words, including references.

Illustrative and images

Authors must obtain permission for the use of illustrative material or images and ensure that this material is labelled and captioned.

Referencing

A recognised referencing system to be used. If the reference list is long, the reference list is available on request from the author.



THE CANCER NURSES COLLEGE 2021 COMMITTEE

L-R: Mary-Ann Hamilton, Lynda Dagg, Sarah Ellery, Jane Wright (resigned), Nadine Gray, Kate Whytock, Rosie Howard. Absent Fiona Sayer.

Email: cancernursesnz@gmail.com

Sarah Ellery
027 502 7534
Chairperson

Lynda Dagg
027 215 0102
Vice-Chair

Kate Whytock
027 603 1043
Secretary
Correspondence

Nadine Gray
027 244 0852
Editor/
Consultations

Mary-Ann Hamilton
021 870 733
Treasurer/SIGS

Rosie Howard
021 893 970
Consultations/
Submissions/
Website

Fiona Sayer
027 200 1923
Education
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If you have an interesting article, case study, publication or event you would like published, please email us (Attention: CancerNet Editors), and we will include if appropriate. Email us at:

 cancernursesnz@gmail.com