



# cancernet



## Co-editor's note

**Kia ora koutou. Meri Kirihimete Merry Christmas to you all! Welcome to this December Christmas edition of Cancernet.**

We hope you are all keeping well and things are not too hectic for you in the run up to Christmas.

Firstly we must apologise for the delay in getting this edition out to you all of Cancernet. Certainly this has been a very busy year for us all! We definitely hope to get back on track from here on with our quarterly newsletters. We have had a recent shake-up of our committee team.

Sadly our Chair Mary-Ann has sadly had to step down from the committee along with our secretary Katie Whytock who has completed her full term on the committee. It is a great loss to us to lose both Mary-Ann and Katie from the committee but we wish them both well with their future endeavours. We will miss them a lot and their incredible contribution they have given to the college.

We have recruited three new members over the last month. These are Becky Upston and Ranjini Carrington, both from Christchurch, and Celia Ryan from Nelson. We also have Kelsey Tay from Christchurch and Laura Ledger from Hawkes Bay who have been with us for

longer since around June last year but we have not yet had a chance to introduce them to you in Cancernet until now. In this edition, we introduce the new team to you.

We have assigned roles/portfolios to all members and some roles been redistributed. Shelley has taken over as Chair and we are very pleased to have her in this position. She brings a wealth of oncology and leadership experience and more recently has taken up post as an Associate Director of Nursing in Ambulatory Care at Nelson Marlborough. I have now taken up the role of Secretary and have handed over the future reins of editor for Cancernet and Facebook communications over to Kelsey and Ranjini who are very excited to be taking this on.

Now with a full committee team on board we are looking forward to working on some new and exciting projects!

We hope you enjoy this edition of Cancernet and wish you and your loved ones a very Merry Christmas and best wishes for the new year.

**Katherine King & Kelsey Tay**  
**Cancernet Co-editors**

## NZNO AGM and conference

**Laura Ledger and Katherine King attended the NZNO AGM and Conference back in September. This was held at Te Papa in Wellington. It spanned three days and was an action-packed agenda, with the AGM and also Colleges and Sections day.**

This presented a great opportunity to meet the other colleges and sections within NZNO providing a great insight into what others are working on. As an NZNO member, we would just like to remind you that you can be a member of up to three colleges and sections so we would encourage you to take up this opportunity and ensure you are signed up to three, as this can provide professional development opportunities and particularly is very useful for networking. The NZNO conference is also a great event to attend and recommend this to nurses as a date to put in your diaries for 2023.

The key theme of the AGM and Conference was talking further about how to achieve NZNO's overall aim - Maranga Mai!

A full day of the annual conference was set aside to focus on the campaign and included a hikoi to Parliament to support a celebration of the 50th anniversary of the Maori language



Every nurse everywhere

petition - te petihana reo Maori. You may have heard about this latest current NZNO campaign. Maranga Mai' means 'Rise Up!' and is an NZNO campaign calling for NZNO members, whatever sector they work in, to come together and take united action. This is to address the political and resourcing commitments required to deal with the nursing shortage crisis permanently.

**These "Five Fixes" form the charter of demands for the campaign:**

1. **Te Tiriti o Waitangi actualised within NZNO and across the health system**
2. **More nurses across the health sector**
3. **Pay and conditions that meet nurses' value and expectations**
4. **More people training to be nurses (in NZ)**
5. **More Māori and Pasifika nurses**

 [Read more about the Maranga Mai campaign here](#)

### IN THIS ISSUE:

Chair's report	2
New CNC Committee members	3
Cure our ovarian cancer	4
The compelling case for cancer rehabilitation	7

**Meri Kirihimete!**



## Report from the chair

### Kia ora koutou.

Just like the rest of health, the CNC committee has been experiencing change and workload pressures and I find myself writing to you today as the new chair of the Cancer Nurses College committee.

I have taken over from Mary-Ann Hamilton who has sadly had to step down from the committee. Mary-Ann has been on the committee for 2+ years and intends to continue on as a CNC member but is taking a much deserved break to spend more time with family. Mary-Ann has left behind big boots to fill and I will strive to honour and continue the good mahi Mary-Ann has handed over. Talking to Mary-Ann, her most fondest memories have been as a CNC committee member successfully advocating for a cancer nurse rep for Te Aho o Te Kahu (TAoTK) and then being nominated by CNC to TAoTK Clinical Assembly and later the Cancer Agency Covid Agile Response Team (CACART) advocating for patients and nurses and representing national cancer nursing issues. She also reflects back proudly on the strong nursing voice the CNC was able to contribute to He Mahere Ratonga Mate Pukupuku Cancer Services Planning Report 2022 and the poster that reflects the significant work the CNC has achieved over 25 years as the college has gone from strength to strength.

Unfortunately, I must also update members that our Secretary Katie Whytock has stepped down from the committee having come to the end of her term. Katie has been Secretary since 2020 for several years and has most certainly been the glue holding the CNC committee together through this turbulent Covid time. Katie's fondest memories from her time on the committee was the hosting of the ICCN conference September 2018, the role of Vice Secretary 2019, CNC/NZSO 2019 conference committee member. Her tenor also included CNC input into the National

Cancer Action Plan and a monoclonal antibody position statement. Katie loved working among the expertise of the committee members and advocating for NZ cancer nursing at a national level.

I first met Mary-Ann and Katie as Cancer Nurse Coordinators back in 2013 and have always admired both of them for their huge advocacy around equity for Maori and vulnerable populations. They will both be sorely missed and on behalf of the CNC I would like to thank them both for their support, commitment and dedication which has no doubt contributed to the continued success of the CNC. I wish them well for their future endeavours.

With the end of an era, there always comes change and looking to the future there is much on the horizon. The committee is now full of many new faces and I especially would like to welcome Celia Ryan who is a Senior Oncology Nurse from Nelson, Ranjini Mariam who is a Research Nurse Coordinator from Christchurch and Becky Upston who is a CNS in Oncology from Christchurch also. With such a significant number of new committee members it will be a great opportunity to harness an abundance of new energy!

As a committee we met face to face in Wellington in November for the first time for all committee members. The last face to face meeting was back in 2021. Whilst in Wellington we had the opportunity to meet up with past committee members and made the most of the opportunity to ensure we picked up the mantle correctly. As a new team to took the time to truly understand how we fit in with this new normal; the restrictions may have been lifted but Covid has certainly left a major mark and this coupled with workforce shortages has meant we will need to do things differently. Our annual planning is underway and we look forward to sharing this with you in due course. Despite all of the current pressures I do feel hopeful

that Mate pukupuku | People with cancer has been identified as a top priority in the recently released Te Pae Tata: interim New Zealand Health Plan. And with this in mind, the committee will continue strong advocacy of having nursing representation at local, regional and national levels where service level change and the improvement in equity and outcomes is being discussed.

Within a week of taking on the chair position I was offered a temporary position as the Associate Director of Nursing – Ambulatory Care at Nelson Marlborough. I was nervous about how this would fit with my role of chair, having originally been a Clinical Nurse Specialist and lead in Oncology, however since taking on my new role I am now realising the opportunities. I am now gaining insight into public health, breast and cervical screening, HPV immunisations, smokefree services, district nursing, rural oncology, needs assessment services the list goes on! When I really think about it there are so many services that interface with cancer and with this in mind I would like to try and broaden our membership reach to ensure we can be as inclusive as possible within our membership.

### So, can I ask one favour of you all?...

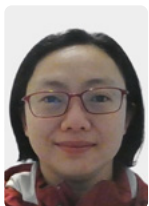
Please forward a copy of this CancerNet to at least one nursing friend or colleague who doesn't work in a service traditionally associated with Cancer Services or Oncology. We could impact cancer equity and outcomes if we can link with potential members from every touch point of the health system. With a wider membership, the broader the scope of the nursing voice and a greater opportunity to share information. Now wouldn't that be cool!

**Kahore taku toa i te toa takitahi, He toa takitini.**

**We cannot succeed without the support around us.**

**Hei konā mai  
Shelley Shea**

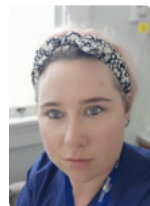
# INTRODUCING OUR new CNC committee members



## Kelsey Tay

*My name is Kelsey Tay and I am one of the recent new CNC committee, joining in July this year. I am very excited to be part of this great team.*

*I am originally from Singapore and have been living in NZ since 2009. I am passionate about oncology nursing and have worked as both a medical and radiation oncology nurse in both Singapore and NZ for an extended period of time. I love to deliver holistic and person-centred care and, I truly believed that cancer nursing requires a holistic approach. Currently, I am a nursing lecturer at Ara Institute of Canterbury Ltd, City Campus, mentoring nursing students during their clinical placement. In addition, I am a health lecturer at Future Skills Academy, teaching healthcare assistants and support workers online. I am always very keen on mentoring nursing students and healthcare assistants in developing critical, thinking nursing skills and knowledge. Besides, I am employed as a marker for Massey University, marking undergraduate and postgraduate nursing papers. In 2015, I graduated from the University of Auckland with a postgraduate diploma in advanced nursing (oncology and palliative care). In 2021, I received a Master of Nursing (Distinction) from Massey University. I am currently pursuing my Doctor of Health Sciences degree, with my research project focusing on a contextual review and analysis of national cervical screening policies in NZ, Malaysia, People's Republic of China, Republic of Korea, and Singapore. I am eager to identify knowledge gaps in oncology practice to promote health equity throughout NZ. In my spare time, I enjoyed outdoor tramping to stay fit and healthy. I loved visiting art galleries and museums with my children. I adored animals, particularly cats. I adopted cats from the SPCA and enjoyed spending time attempting to understand their behaviour. I am hoping to travel back to Singapore to visit my family soon. I look forward to networking with more cancer nurses and inspiring one another in developing excellence in oncology nursing within Aotearoa New Zealand.*



## Laura Ledger

*Hi, my name is Laura and I work as a Clinical Nurse Manager in Sunny Hawkes Bay. I've been a chemotherapy-trained nurse since 2014, working in both*

*inpatient and outpatient Haematology/ oncology in the midlands in the UK.*

*My last job prior to leaving the UK was in a senior nurse role as a clinical nurse specialist for haematology. I moved to New Zealand almost 2 years ago – and I love the lifestyle here. I have moved here with my husband and three little people. I'm looking to provide the college with experience that has been gained for my time in the United Kingdom. I hope I can provide all cancer nurses with the best possible support from the cancer nurses college to allow everyone to be able to do their jobs well and provide the best support for the patients during the hardest time.*



## Celia Ryan

*I am currently employed as a Specialty Clinical Nurse in Oncology at NMDHB. I have worked in oncology for seven years now, the last five as an SCN.*

*I have also recently started working as a rural oncology nurse which I believe adds a unique perspective to the service. Prior to that I have worked in medical and surgical nursing including HDU and in quality improvement. I believe that being more involved in a National forum specialising in oncology is vital to keeping up to date with the best practice nationally, particularly as we move into becoming Te Whatu Ora. I am looking forward to working with the committee and bringing a rural perspective to identify the challenges, benefits and limitations of providing excellent service to those areas.*



## Ranjini Carrington

*I have been living and working in New Zealand since 2009. I grew up in Libya, North Africa and then moved to India where I completed my nursing training. I have been working in cancer care since 2017. More recently, I have moved to Christchurch where I have joined the Christchurch Oncology Research Unit.*

*With over 15 years of nursing experience in various aspects of nursing, including teaching and end-of-life care, I hope to help develop, for nurses across New Zealand, opportunities to demonstrate leadership in addressing cancer care needs and reaching targets through education, policy, practice, and research.*



## Becky Upston

*I joined the CNC committee in September this year, and are very excited for this opportunity to be part of the committee. I am currently a Clinical Nurse Specialist in Medical oncology outpatients at Christchurch Hospital. This is one of five new roles that was developed to assist the increasing oncological*

*demands to our hospital setting and offer added support to our patient population. My role consists of conducting nurse-led clinics, currently focusing on "on treatment reviews" for patients who have metastatic melanoma and adjuvant colorectal cancer. I also support patients in-between their clinic appointments as needed, empowering patients with their own care/cancer journey while offering added support in what can be very stressful and upsetting times.*

*Prior to starting my currently role I worked in oncology research as a clinical nurse specialist at a private research facility conducting and coordinating clinical trials. I returned to the public setting for my "dream" job of running nurse-led clinics in an outpatient setting. All together I have over 16 years' experience working in oncology clinical trials, including overseas, with over 18 years of oncology experience.*

*I have recently completed my post graduate diploma in Health Science and are planning on completing my Prescribing Practicum next year. Although studying adds some pressure to life, I have gained skills and knowledge which enable me to better support my patients and colleagues within my practice. Outside of work and study, I am married with two primary school aged children, a dog who thinks he is human and two cats that think they are dogs. We enjoy travelling around New Zealand and overseas (when we can), spending time with friends and family, playing sports and outdoor adventures. I am really excited to be joining the committee. I am looking forward to contributing to the positive growth of cancer nurses with in Aotearoa.*





Jane Ludemann is the founder of Cure Our Ovarian Cancer - New Zealand's dedicated ovarian cancer charity. Cure Our Ovarian Cancer works to improve ovarian cancer survival and help people living with the disease through education, advocacy, support and research.

On September 20th 2022 they presented a written submission to Parliament's Health Select Committee calling for changes to improve diagnosis, treatment and survival. The submission includes a recommendation for ovarian cancer symptoms education to be included in the national cervical screening programme.

Ovarian cancer is the leading cause of gynaecological cancer death in New Zealand. As the least survivable women's cancer (36% at five years), it kills at least as many women/people as all of the other gynaecological cancers combined and more women than the road toll.

Cervical cancer, has received significant attention and resourcing due to its status as one of the most preventable cancers in the world. In contrast, ovarian cancer is much less known, with surveys from the UK and Australia suggesting that many of the public mistakenly assume it is detected by a cervical smear.

Ovarian cancer is an umbrella term for a collection cancer sub-types that can form in the fallopian tube, ovary and peritoneum. Each subtype is a unique cancer - differing in demographics, development, treatment response and underlying biology. The most common subtype is high-grade serous carcinoma which accounts for at least two-thirds of diagnoses. Endometrioid, clear cell, low-grade serous, mucinous, germ cell and sex-cord stromal account for the majority of the rest.

Although presentation is more common in primary care, emergency and gynaecology, the non-specific nature of symptoms mean it's possible for women to present to a variety of specialties.

### Symptoms

Ovarian cancer typically presents with one or more vague abdominal symptoms. It is common to experience at least one of: abdominal and pelvic pain/discomfort, increased abdominal size/bloating, change in bowel habits, early satiety and fatigue. But other symptoms including urinary frequency/urgency, abnormal vaginal bleeding, painful intercourse, unexplained weight change and indigestion are also possible.

Many of the symptoms overlap with more common, less serious conditions. Ovarian cancer should always be considered as a possibility if symptom(s) occur frequently and are persistent (lasting longer than 2-4 weeks), particularly if they are new, unusual or worsening.

### Misdiagnosis

Misdiagnosis is unfortunately common with symptoms often misattributed to irritable bowel syndrome, other gastrointestinal disorders, ovarian cysts, urinary tract infections, menopause and even stress or depression.

### Testing

Though attempts at population-based screening have so far been unsuccessful - ovarian cancer can be detected in symptomatic women with a combination of a pelvic exam, CA-125 blood test and transvaginal ultrasound.

A normal pelvic exam does not exclude ovarian cancer but an abnormal result will likely lead to a patient being prioritised for an ultrasound scan. CA-125 can also be raised by non-cancerous conditions and may be normal - this is more likely when the cancer is early, or the person is younger than 45 years of age. If the CA-125 test and ultrasound are normal but symptoms persist, the CA-125 is often repeated 4 to 12 weeks later.

### Main risk factors

**Age:** Ovarian cancer is much more common in the post-menopausal population. However, it is worth noting that one in eight cases occur in NZ women younger than 45 years.

**Family history:** Approximately one in ten ovarian cancers are hereditary. Both BRCA1 and BRCA2 mutations (breast and ovarian), and HNPCC (Lynch Syndrome) (colorectal and

**OVARIAN CANCER IS EASY TO MISS BUT HARD TO TREAT**

Talk to your doctor if you experience any of the following for two weeks or longer, particularly if they are unusual or worsening:

- Bloating
- Eating less and feeling fuller
- Abdominal/pelvic/back pain
- Needing to pee more/urgently
- Bowel habit changes

Also: Indigestion, Painful intercourse, Fatigue, Menstrual irregularities, Unexplained Weight Change

Ovarian cancer can be found with one or more of the following tests:

- A Pelvic Exam
- A CA-125 Blood Test
- A Transvaginal Ultrasound (TVUS)\*

\*If other tests are normal a TVUS may not be funded. See your doctor if symptoms persist.

**EARLY DIAGNOSIS IS IMPORTANT**  
Help stop ovarian cancer: [ovariancancer.org.nz](http://ovariancancer.org.nz)

CURE OUR OVARIAN CANCER

[Click here to download a PDF of this poster](#)

other cancers) can significantly increase the risk of ovarian cancer by up to 44%. If someone is found to be at high risk, prophylactic surgery can significantly reduce that risk.

**Fallopian tube surgery:** Because most serous ovarian cancers originate from the fallopian tube opportunistic salpingectomy (surgical removal of the fallopian tubes) significantly reduces an individual's risk of ovarian cancer.

### New Zealand context

New Zealand's survival rates lag behind Australia with just 36.3% of women/people with ovarian cancer surviving five



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years compared to 43.2% in Australia. This likely relates to differences in time to diagnosis, funded treatment and clinical trials access.

Public awareness is low. In 2020 Cure Our Ovarian Cancer conducted a survey of over 60 women/people with ovarian cancer in New Zealand and found that one-third had never heard of ovarian cancer before their diagnosis, while 90% were unable to name any symptoms. In addition almost one-third reported waiting six months or longer before bringing their symptoms to the attention of a health professional.

Diagnosis can be difficult. In the same survey once they presented to a doctor, they had to visit on average three to five times before being receiving testing for ovarian cancer. Half reported that it took longer than three months to receive a diagnosis.

The reasons for these delays are multifold. Delayed presentation could relate to patients doubting the validity of their concerns. Many New Zealanders report that they felt like a hypochondriac at some stage prior to their diagnosis with ovarian cancer.

In addition, there is significant variation in the rate of CA-125 blood tests being ordered and in ultrasound wait times across the country. Official Information Act requests of District Health Boards show that relative to population, some regions are ordering CA-125 tests at a rate less than ten times than that of others. In addition, the threshold for receiving an ultrasound also varies significantly by location. Private ultrasound referral is almost always the quickest option if cost is not an issue.

Improvements in ovarian cancer's survival rates have been hampered by a relative lack of research funding globally and within New Zealand. A recent report by Te Aho o Te Kahu (The Cancer Control Agency) noted that ovarian cancer had received the least funding of all cancers funded by the Health Research Council since 2000.

## Conclusions

Ovarian cancer is an important but under-addressed cause of female cancer death in New Zealand. Survival could be improved with greater attention to diagnosis and improved government funding of treatments, clinical trials and research. Both government and health professionals including nurses, have a role to play in improving outcomes. The value of education, advocacy and validation of patient experience should not be under-estimated.

**Jane Ludemann**

**Founder, Cure Our Ovarian Cancer**



[cureourovariancancer.org](http://cureourovariancancer.org)

## EXPRESSIONS OF INTEREST OPEN TO JOIN Medical Oncology Working Group + Haematology Working Group



**There is a vacancy on both the Medical Oncology Working Group (MOWG) and Haematology Working Group (HOWG) for a nurse representative. The working groups have a valuable role acting as a clinical advisory group to Te Aho o Te Kahu. This is an exciting opportunity for nurses working within the medical oncology or haematology arena to join either of these national groups.**

### MOWG and HOWG have a mandate to provide expert clinical advice on:

- achievement against the Faster Cancer Treatment health target, including monitoring performance and advising on relevant clinical and service delivery issues related to achieving the health target
- specific areas that relate to cancer treatment, for example existing clinical effectiveness, service improvement, service development, treatment guidelines, service standards
- technology change for cancer treatment as part of the Cancer Programme's horizon scanning function
- any other specific areas as requested by the Cancer Programme Leadership Board or the Cancer Services team.

### Membership includes:

- Clinical leaders/directors or their representatives
- oncology nurse representatives
- a consumer representative
- a service centre manager.

Each working group meets for a day meeting up to four times a year in Wellington - virtual attendance is possible although face-to-face medium is preferred. If you are passionate about nursing and excellence in cancer care and would like this opportunity to contribute towards shaping our future service delivery we would welcome your expression of interest.

Please provide a cover letter and resume for consideration by the Cancer Nurses College committee prior to 06 January 2023.  
Email [cancernursesnz@gmail.com](mailto:cancernursesnz@gmail.com)

## Seeking contributions from nurses...



The Global Power of Oncology Nursing (GPON) Committee is seeking for nursing contribution about Climate Change: Impact on Oncology Nursing through engaging stories, presentations from oncology nurses in Aotearoa, New Zealand. GPON vision is to universal health coverage, including financial risk protection, access to quality essential healthcare services and access to safe, effective, quality and essential care throughout globally. Professor Annie Young from the GPON committee is seeking for expression of interest to start a steering group in NZ.

**If anyone is interested in knowing more about nursing contributions in a global context, please feel free to email Kelsey Tay (CNC Committee) at [kta93@uclive.ac.nz](mailto:kta93@uclive.ac.nz).**




1  
MINUTE  
WITH:

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

## Marisa Letoa Chu Ling

Clinical Nurse Specialist Pasifika Cancer Care Coordinator, Waitemata Health New Zealand, Cancer Services

### What does your job involve?

I am a Clinical Nurse Specialist, Pacific Cancer Coordinator at Waitemata Health New Zealand. This role works with other Clinical Nurse Specialists responsible for their cancer tumour streams and I provide cancer care coordination for Pacific cancer patients. I offer Pacific cultural advice and support the patient, whanau and wider cancer service team. I work alongside the fast cancer trackers, Pacific Health, Pacific navigator, Psychologists, social workers, MDM teams, clerical & clinical staff. The Waitemata region serves the North Shore, Rodney and West Auckland areas and it has the largest population amongst the 20 DHBS in NZ. I cover all the Pacific patients with high suspicion of cancer (HSC) over the Waitemata region.

My main aim is to see what are barriers may hinder Pacific patients from attending their hospital appointments? Recognise that and be their support person to bridge that gap and help lessen those disparities for Pacific people.

I have been in the role since June 2022 and the major barriers I have seen are transport, finances, and poor health literacy. All Pacific patients with HSC will be supported from the time they come onto the 62 & 31 day list until their first treatment.

I absolutely love this job where it gives you

autonomy to make this role your own. You have to be quite flexible and be able to “think outside of the square” where no two days are the same. This role is challenging but very rewarding. I became a nurse to help Pacific people in my community and I am living my dream job.

### What attracted you to working in this field?

I studied nursing so I could help improve health outcomes for Maori and Pacific people. I didn't have a specific area that I wanted to specialise in – I just wanted to go where the need was. This opportunity came at the right time so I applied and got the job. I'm very new to Cancer, so I have been learning a lot over the last few months. The team here at Cancer Services Waitemata Health have been nothing but supportive since I started – such a great environment to work in.

### What's your favourite part of your job?

Walking alongside a patient and helping them navigate the hospital system. Breaking down their misconceptions of what cancer is? And also helping them navigate their own spiritual journey with themselves and whanau. It feels great when you know you have made a difference.

### What made you smile at work today?

The sun rising while driving to work and a nice cup of coffee to start the day.

### Who is your nursing hero?

Dr Rhona Winnington, one of my lecturers at Auckland University of Technology. She believed in me when I didn't. There were so many barriers that could have stopped me from finishing my Masters, but it was her support and words of encouragement that help me finish strong. I aspire to be like Dr Winnington and hope that one day I can help other Pacific students through their nursing journey.

### What book has been all-time favourite read?

The book I'm currently reading is “The School for Good Mothers” by Jessamine Chan. It's about a single mother named Frida who is trying to keep up with the demands of her office job and raising an 18-month-old daughter after her husband leaves her for a younger woman. It starts with Frida experiencing lack of sleep causing her to leave her baby home alone for two hours. Frida then wakes up in a facility with other mothers deemed as “failures” by the state. It's a great story about Frida and her personal struggles. Interesting read.

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

I'd be working in this position.

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

I tried some Korean food recently with a friend. Definitely something I would love to try again but with my whole family.

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

I would choose patience. I need a lot of that.

### What sound do you love?

Sounds of summer: BBQs, music, waves crashing, laughter and cicadas.

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

YWAM Ships Aotearoa is an amazing organisation that travels to remote Pacific communities to empower healthy futures. It serves as a dental, medical, surgical, pharmaceutical and classroom facility. They have mission trips from 2 weeks - 2 years.

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

The pyxis machine, first aid kit and a watch.

### If you could have any superpower what would it be?

If I had a superpower, I would love to fly so I can fly over Auckland traffic and save time and money. No car insurance, traffic jams or hike in petrol prices. Now that's what I call living the dream!



# The compelling case for cancer rehabilitation

**PINC & STEEL Certified Oncology Physiotherapists have been supporting people affected by cancer throughout New Zealand since 2005. Our focus is on each individual's needs and what is important to them throughout their treatment and survivorship. No two cancer rehab pathways are exactly the same. Our Oncology Physiotherapists are in a unique position to be able to spend time addressing the concerns and side effects affecting the day-to-day life of each person.**

The PINC & STEEL oncology certification training ensures certified Physiotherapists are comfortable and competent with assessing, educating and working with people with early stage or advanced cancer. Supporting people to maintain and optimise their health and to move and exercise safely at every stage of treatment or disease progression. It is an ongoing process as physical and emotional health changes throughout the cancer care pathway.

Many people affected by cancer unfortunately face a fragmented, difficult and long healthcare journey from diagnosis through to end of care and into survivorship. There are a myriad of things people require support to ensure they live and function as well as possible both during and after cancer treatment.

We recognise Oncology Nurses play a very important role in advocating for the needs of their patients and are hugely valued referrers to rehab services worldwide. Physiotherapists who work closely with oncology nurses report better patient experiences and health outcomes; ensuring less uncertainty and fear, less distress from symptoms and better mental and physical quality of life.

Timely proactive referrals for any

individual with any type of cancer reduces suffering. Small deteriorations in function, particularly in older adults or those with comorbidities demonstrate a disproportionate reduction in the capacity for independent living. It is easier to maintain function than to regain once this has been lost. Addressing patient concerns, monitoring emerging complications with the oncology team and implementing proactive activity programmes are an important part of the role of Oncology Physiotherapists.

## So when would you refer to a PINC & STEEL Cancer Rehabilitation therapist?

- Reduced mobility
- Balance problems
- Potential post op complications
- Deconditioning and loss of muscle mass
- No energy/ fatigue
- Any pains/aches/numbness/tingling/swollen areas.
- Joint stiffness
- Reduced function
- Return to work planning
- CIPN
- Risk of Lymphoedema
- Bladder/bowel dysfunction



- Scar discomfort
- Difficulty managing side effects
- Struggling to manage household tasks or get back into activities they enjoy.

Cancer-related fatigue is one of the most common side effects of cancer and its treatment. Fatigue can impose many challenges on the lives of people affected by significantly interfering with their ability to live fully; they do less, may find it hard to concentrate and focus on tasks or have poor memory. Fatigue may lead to reduced working hours, less engagement in social activities or depression. If an individual is referred to an Oncology Physiotherapist for fatigue management including assessment of possible contributors, pacing strategies, restorative and breathing therapies and exercise interventions, the cycle of fatigue can be managed and health status improved.

There is robust evidence for the role of physical activity in managing fatigue, but it needs to invigorate not wear the patient out. An Oncology Physiotherapist can stage an exercise plan to the individual.

Peripheral neuropathy, another common side effect of cancer treatment, leads to altered sensation in the feet and altered balance. When falling becomes a risk, a patient's functional status, independence and chance of hospital admission is elevated. This functional decline, dependency and symptom burden has been identified as one of the greatest contributors to lower quality of life. We can help with that.

Rehabilitation, with consideration for the patient's functional presentation may prevent the vicious cycle of impaired muscle strength, low physical activity, fatigue and further reduction in functional

## The compelling case for cancer rehabilitation continued from previous page...

status, which can lead to long-term health impairments. These are the aspects of “living well” where participation in cancer rehabilitation can offer the biggest impacts.

### Referral procedure

We have made it easier than ever to refer for PINC & STEEL Cancer Rehabilitation. With a dedicated patient navigator, improved and stable funding streams mean we have funding options available for all.

**1** Go to: [www.pincandsteel.com/referral](http://www.pincandsteel.com/referral)

**2** Complete the online referral form



**3** Click 'SUBMIT'

The online referral will be directed to the appropriate physiotherapist (based on location). They will contact the patient to make arrangements for an initial assessment.

The ‘one-click’ referral system means that we now triage the referral to the appropriate clinician in the right geographical area. If your client lives in a rural location, we have online options available, including group NEXT STEPS exercise classes. If a specific impairment requires specialised training, such as pelvic health or lymphoedema, your request on the form means our patient navigator can match to an appropriately skilled physiotherapist. This means that once a referral is received, we try to partner with your client to find care appropriate to their needs.

 [www.pincandsteel.com/referral-form](http://www.pincandsteel.com/referral-form)

The PINC & STEEL Foundation supports over 3000 individuals per year to participate in Cancer Rehabilitation programmes in New Zealand. Many more individuals self fund or are supported through rehabilitation by their insurance companies.

If people don't get rehabilitated after cancer it can affect their ability to work, their families, their physical, emotional and social wellbeing and their long-term health. Cancer rehabilitation and exercise can reduce side effects of the disease and debilitating cancer treatments, and can improve functional ability, quality of life and ultimately, survival.

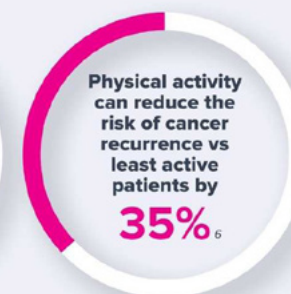
Referral for cancer rehabilitation is appropriate at all stages of the cancer continuum; effective at the point of diagnosis for prehabilitation to improve outcomes for surgery or chemotherapy, during treatment or is suitable after any type of cancer surgery or treatment and accommodates all ages, fitness levels and mobility.

More than just exercise prescription, cancer rehabilitation programmes leverage the experience of the therapist and include individualised sessions, where services may include manual physiotherapy, scar management, breathing pattern retraining, functional guidance and exercise prescription. Each of these therapeutic interventions aim to help navigate the difficult world of cancer treatment and recovery or acceptance while partnering with the individual to help overcome the barriers to an active life.

Rehabilitation programmes often progress onto group exercise classes through our small group targeted classes and Next Steps cardiovascular and resistance exercise classes.

What is the bottom line for clinical practice? Avoid inactivity. Some exercise is better than none, more is better than less. All cancer patients should be encouraged to meet the guidelines of 150 minutes of moderate intensity cardiovascular exercise per week plus at least two resistance-based exercise sessions.

Oncology Physiotherapists are perfectly positioned to help patients meet these guidelines. Fear, anxiety and feelings of loss of control are all part of the picture when dealing with a cancer diagnosis and being able to



In the last 10 years more than 2500 randomised controlled exercise trials in cancer have been published and there is more evidence on the benefits of exercise oncology to become the standard of care than for heart disease. <sup>4</sup>



Yet one to two thirds of people living with or beyond cancer are completely inactive. <sup>5</sup>

**44 million**

cancer survivors worldwide <sup>1</sup>

**18.1 million**

new diagnoses yearly <sup>1</sup>

70% of those diagnosed are struggling with physical side effects between 1-10 years after treatment. <sup>2</sup>

empower patients and reassure them as to the safety of activity is what makes this such a rewarding area to work in.

 [www.pincandsteel.com](http://www.pincandsteel.com)





# CANCER SOCIETY Supportive Care Service

**The Cancer Society delivers valued and key support for people experiencing cancer and their whānau across Aotearoa. This article is an introduction to our supportive care service. It describes what we currently offer and makes mention of our new Model of Care where we hope to grow and expand our service by collaborating with other providers to enable equity of access and consistency in availability of services.**

New Zealand has a growing and aging population and a consequence of that is an increase in the incidence of cancer. In addition, thanks to improvements in treatment, people are living longer with and beyond cancer. Each year, approximately 25,000 people are diagnosed with cancer in Aotearoa and almost 3,000 of those are Māori, who are

twenty percent more likely to develop cancer and twice as likely to die from cancer (The State of Cancer in New Zealand 2020, p6). The number of new cancer diagnoses in New Zealand is expected to double by 2040 (MoH, 2019). While this places significant demand on cancer services across the continuum – diagnostic, surgical, radiation, chemotherapy, it also impacts those services outside of what is traditionally seen as treatment i.e., community-based supportive care.

The Cancer Society supportive care service provides navigation, advocacy and practical support to people who are diagnosed with cancer and their whānau. The Cancer Society has identified this service as a unique point of difference from other cancer services in Aotearoa as

it covers all cancers, and access to various types of support is available from the start of the journey with cancer, through diagnosis and treatment and on into survivorship.

The components of care the Cancer Society provides align well with evidence of what effective support should include. The evidence points to a range of components that make up effective support including financial support and emotional support, as well as support with relationships, self-worth, fatigue, coping skills and psychosocial issues.

Our experienced health professionals including registered nurses, social workers and counsellors/psychologists make up the supportive care teams who will meet with those experiencing cancer either face to face or via Zoom.

They support individuals experiencing cancer and their whānau by:

- creating opportunities to discuss each person's situation and that of their whānau, as they face a period of change and uncertainty
- providing information/education, support and guidance on things like medication side effects and impacts, and assistance with communicating with the others involved in their care.
- walking alongside the whole whānau in providing time to listen and to ensure they have the things they need in their kete to enable them to harness their own strengths and resources
- assisting clients to navigate their cancer experience by working with other providers to make the journey as smooth as possible
- convening support groups where

people can talk about their journey, learn from others on a similar path and find comfort in what can sometimes feel like a lonely space

At a practical level we offer: (these are not all available everywhere at this stage)

- counselling,
- transportation,
- accommodation while undergoing treatment away from home,
- information and guidance on where to get access to other forms of practical support
- meals and
- massage therapy.

We are well supported by an amazing, trained volunteer workforce in delivering some of these forms of support.

The Cancer Society has recently undertaken research into how we might grow the reach of our supportive care services and in doing that achieve more equitable availability and access. At present not all services are available everywhere, so we are working on identifying the services that are most valued by our clients and developing a new Model of Care that offers multiple entry points, choices to support self-care and offerings that support the whole whānau. We also want to partner with a range of providers, in particular Māori/Iwi and Pasifika service providers to ensure clients have access to the most appropriate care for them.

We are not quite there yet so more of that story in the next article.

In the interim, if you have a patient you think could benefit from our supportive care service give us a call on our

**Cancer Information Helpline 0800 226 237.**

## Online educational resources

With COVID, we have missed many face-to-face workshops and learning has increasingly moved to online delivery. There are a range of different organisations that provide online learning. We have listed a few of these that may be of interest to your clinical role to explore further.

### The Australasian Society for Breast Disease (ASBD)

ASBD is a multidisciplinary society for health professionals promoting the prevention, diagnosis, treatment and research aspects of breast disease. ASBD is a great resource for nurses wanting to learn more about breast cancer. Annual membership is \$99. There are three online modules:

1. Breast Surgery 101
2. Lymphoedema
3. Pathology fundamentals

ASBD also release webinars throughout the year.

 [www.asbd.org.au](http://www.asbd.org.au)


### Breast Cancer Foundation NZ

Breast Cancer Foundation have available a range of recorded webinars. These are primarily targeted at patients and are a helpful resource to recommend to breast cancer patients. However, they can also be very informative for nurses to learn more about recommendations around breast cancer issues. There are webinars on many different topics featuring patient insights and oncologist speakers. These webinars are completely free.

 [More information on the patient information events](#)

### EVIQ (Australia, NSW)

EVIQ is a great resource for cancer nurses. Produced in Australia, it contains evidence-based protocols and clinical information supporting safe oncology care.

 [education.eviq.org.au](http://education.eviq.org.au)

There is a Rapid Learning series available containing modules on clinical emergencies such as superior vena cava syndrome, to aspects of care such as survivorship. It also includes quizzes to test your learning.


 [EVIQ Rapid Learning series](#)

EVIQ now also features a collection of Covid-19 resources specific to cancer patients.

### ESMO-European Society for Medical Oncology

ESMO is a professional organisation for medical oncology over 25,000 members spanning more than 160 countries globally.

OncologyPRO is the home of their education resource suite where you'll find webinars, eLearning modules, factsheets, journals and an e-library. Members can also download e-books and attend Congress.

 [OncologyPRO | Educational Portal for Oncologists](#)

### European Oncology Nursing Society (EONS)

EONS is committed to strengthening the cancer nursing profession through developing leadership skills, providing education opportunities and advocating for cancer nursing.

 [Further information here](#)

### eCALD Courses and Resources

eCALD run a series of online modules to equip learners with the knowledge and skills to work with migrant and refugee patients from Asian, Middle Eastern, Latin American or African backgrounds. All CALD courses are CME/CNE/MOPS accredited. These courses are designed to complement existing Māori and Pacific cultural competency training programmes.

 [Further information here](#)

### ONCO ASSIST

ONCO ASSIST is an app you can download onto your phone. It is completely free. It contains information on CTCAE toxicities, AJCC/TNM staging, drug info and interaction checker, ECOG score, other useful formulas, and lots more. A must-have app! Search for 'onco assist' and download.


## Financial assistance for professional development

If you have been a member of the Cancer Nurses College for a minimum of 2 years, you can access financial support for education. Available is the **CNC Education Grant (maximum grant of \$750) and the CNC Roche scholarship (\$2000).**

The Roche scholarship must be used for postgraduate study, whereas the CNC education grant can be used for cancer nursing-related workshops. You can only apply for one form of funding.

 [Further information and how to apply here](#)

There are also some grants available from the **Nursing Education Research Foundation.**

 [Further information about the grants available from the Nursing Education Research Foundation](#)

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



*Stay informed on upcoming opportunities for professional development + 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...](#)



# Would you like to contribute an article for publication in Cancernet?

## If so, we would love to hear from you!

### 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...

- 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](mailto: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.





# Important dates for your diary

Click on the titles below to link to relevant website...

## San Antonio Breast Cancer Symposium 2022

San Antonio, USA  
December 6-10, 2022

## Australian Lung Cancer Conference 2023

Gold Coast, Australia  
February 15-17, 2023

## 6th National Cancer Survivorship Conference

Adelaide Convention Centre  
March 9-10, 2023

## Cancer Nurses College Conference & BGM

Ellerslie Novotel, Auckland  
March 17, 2023

## ESMO Sarcoma and Rare Cancers Annual Congress

Lugano, Switzerland  
March 20-22, 2023

## SGO Annual Meeting on Women's Cancer

Tampa, Florida  
March 25-28, 2023

## ESMO Breast Cancer Annual Conference

Berlin, Germany  
May 11-23, 2023

## 19th National Nurse Education Conference

Sea World Resort,  
Gold Coast, Queensland  
June 7-9, 2023

## 17th International Conference on Malignant Lymphoma

Lugano, Switzerland  
June 13-17, 2023

## 3rd International Indigenous Health & Wellbeing Conference

Cairns, Australia  
June 14-16, 2023

## MASCC/JASCC/ISOO Annual Meeting 2023

Nara, Japan  
June 22-24, 2023

## 12th Nursing, Healthcare & Patient Safety Conference

Dubai, UAE  
July 25-27, 2023

## 6th Asian Oncology Nursing Society Conference

Bali, Indonesia  
August 2-3, 2023

## IPOS 2023 World Congress

Milan, Italy  
August 31 - September 1, 2023

## 2023 Oceanic Palliative Care Conference

Sydney, Australia  
September 12-15, 2023

## ICCN 2023 International Conference on Cancer Nursing

Glasgow, United Kingdom  
September 29 - October 2, 2023

## 35th Annual Conference - CANO/ACIO

Niagara Falls, Ontario  
October 20-23, 2023

## ESMO Congress 2023

Madrid, Spain  
October 20-24, 2023

## THE CANCER NURSES COLLEGE 2023 COMMITTEE



L-R: Celia Ryan, Ranjini Carrington, Kelsey Tay, Shelley Shea, Laura Ledger, Katherine King, Anne Brinkman (Professional Nursing Advisor), Becky Upston. Absent: Robyn Segedin (inset).

**Shelley Shea**  
Chair

**Robyn Segedin**  
Education Grants and  
Vice Chair

**Katherine King**  
Secretary

**Celia Ryan**  
Vice Secretary/Consultations/  
Working Groups and  
Special Interest Groups

**Laura Ledger**  
Treasurer

**Becky Upston**  
Vice Treasurer

**Kelsey Tay**  
Cancernet and Facebook  
communications

**Ranjini Carrington**  
Cancernet and Facebook  
communications

## CNC 25-year celebratory posters still available!

Kia ora everyone. In 2021, the Cancer Nurses College celebrated 25 years as a section, which then became a college. These 25 years have been summarised and collated into a laminated poster to celebrate the professional growth over this time. We are giving away these posters (A3 size) free of charge to members to display around their workplace, such as on notice boards, staff rooms, and high visibility areas. If you would like to distribute some around your workplace we would love to hear from you. Please contact us directly at [cancernursesnz@gmail.com](mailto:cancernursesnz@gmail.com). When requesting please include your name, position, work area, postal address, number of posters, and where you intend to display them. Thank you!



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](mailto:cancernursesnz@gmail.com)