Cancer Nurses College
NEW ZEALAND NURSES ORGANISATION

COMMUNICATING & NETWORKING FOR HAEMATOLOGY & ONCOLOGY NURSES ACROSS NEW ZEALAND

MAY 2018

cancernet

Editors' note

Kia ora kotou and welcome to the May edition of the Cancernet.

Much has been happening nationally in the realm of cancer nursing and nursing in general and one must acknowledge the current MECA negotiations and possibility of strike action that will affect us all.

The focus of this addition is on events affecting cancer nurses specifically.

Two of our committee members have been involved with the Ministry of Health sponsored Biotherapies working group and the Closed System Transfer Devices working group and have provided an update on progress.

The End of Life Bill has sparked a lot of debate recently. The committee were asked to provide a submission on the bill and have included a copy of our feedback in the Cancernet.

In this addition we profile Rosie Howard who is the first Nurse Practitioner (NP) working in adult haematology New Zealand.

Finally Sarah Ellery one of our committee members recently attended the National Comprehensive Cancer Network (NCCN) conference in the States and has provided feedback on this event.

Just a reminder the International Conference on Cancer Nursing (ICCN) is being held in Auckland in September and the committee will be considering all applications for funding to attend ICCN at the next meeting on the 24th of May – so please get your application in within the next week.

We hope you enjoy this issue and welcome any feedback, ideas for content or contributions, which can be sent to cancernursesnz@gmail.com

Your Cancernet editors

Kirstin Unahi and Sarah Ellery (acting)

Closed IV Systems
a necessity or not?

Closed IV systems for the delivery of antineoplastic medication have been the subject of discussion in nursing for many years now and these systems are widely used in hospitals internationally. Manufacturers have published literature around the value of implementing a fully closed system transfer device and overseas there has been literature published suggesting that there is risk of exposure to nurses handling antineoplastic medication long term.

Therefore the purpose of a fully closed IV system is designed to protect nurses administering hazardous drugs by reducing exposure and therefore decreasing the mutagenic, teratogenic and carcinogenic risk. There has been an independent Cochrane review completed assessing individual closed IV systems to assess their worth. These guidelines have just been released and the working group are yet to consider the findings in relation to evidence that has already been compiled.

Definition of a closed system transfer device

The National Institute for Occupational Safety and Health (NIOSH 2001) define a closed system transfer device as "a closed system drug transfer device is equipment that mechanically prohibits the transfer of environmental contaminants into the system and the escape of hazardous drug or vapour concentrations outside the system".

A fully closed IV system consists of a transfer device or 'spike' into the bag of antineoplastic medication and the IV giving set attached to it to make a complete system with the aim of reducing exposure to hazardous drugs. The spike is attached in a compounding facility. The spike is the key to the system being completely closed as the device has a double membrane which eliminates transfer of fluid and aerosols.

Update on current work around closed systems

In 2016 the Ministry of Health (MoH) released the National Nursing Standards for Antineoplastic Drug Administration in New Zealand. These standards were developed by a working group of cancer nurses nationally and endorsed by the Medical Oncology Working Group (MOWG - a clinical advisory group to the MoH. As a result of the publication of these standards the Central Cancer Network (CCN) initiated an impact assessment against the standards. The assessment identified DHBs were not meeting standard 6.2 "Closed system administration sets will be used to minimise drug exposure." The NZNO Cancer Nurses College (CNC) felt further investigation was required. A working group was formed in collaboration with the Central Cancer Network. The group has a project leader and was supported

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In this issue:

Report from the chair

Welcome to this edition of Cancernet.

I am sure I am not alone in thinking the year started with a hiss and a roar and is still showing no sign of letting up! Sadly for those affected by cancer, such is our work.

I am constantly humbled to see the care and kindness nurses and our healthcare colleagues show, often in quite stressful situations. I think it is also a reflection of the faster cancer treatment programme, that we don't see a "target" but a person whose life will be forever changed and who needs "care" as timely as possible.

I recently attended the Cancer Nurse Coordinators forum in Wellington. What a wonderful network of enthusiastic nurses who have been extremely fortunate to have the guidance of Natalie James as lead. From June 2018, the funding for these roles is being devolved to the DHBs. I only attended one day to speak about the work of the College, but the presentations I did hear were great.

According to latest Ministry of Health figures, more than 23,000 people are diagnosed and more than 9500 people died from cancer each year, representing 31 per cent of all deaths recorded in NZ. I know there is a lot of pressure on services with resources and staff often stretched. As nurses we are facing possible strike action so that our voice may be heard.

The Health Minister David Clark has tasked the Ministry of Health to prepare a new strategy to improve cancer care. The Government's clear priority is to improve equity of health outcomes, especially for Māori and Pacific Peoples; and to have the whole health system working together more effectively to improve well-being.

We have invited Dr Clark to attend our next committee meeting to discuss the plan and cancer nursing. Unfortunately he is unavailable but we will try again! The Cancer Team are currently talking to the sector and we will be engaging with them to discuss cancer nursing and improving cancer outcomes and care.

Of interest, tumour standards are being redeveloped to reflect a person-centred standard of care which spans the cancer continuum and underpins the focus on equity. We will also see the development of person reported outcome measures which will be used to monitor performance. As the initial tumour standards were not always measurable and therefore publically reportable, quality indicators are being developed. The outcomes and measures will be meaningful and will support quality, safety and continuous improvement.

The National Survivorship Consensus Statement draft has been sent out widely for feedback and is due in late May. I welcome your thoughts.
This partnered project was undertaken with the Cancer Society and Midcentral Cancer Network. The finalised statement will be circulated by the end of June. With respect to next steps, the Ministry Cancer Services Team are currently scoping what is required to develop and implement a survivorship model of care and how they will work with the sector to deliver this, using the consensus statement as a foundation for the work. We would like to thank the members of the project and advisory teams for their contributions to this important piece of work.

We do try to keep you updated by email from the College via NZNO. I also hope you are enjoying the Snippets Newsletter which is being sent out monthly. I am sure within there is an article of value for you!

With regards to the ICCN conference in September, there may be a call for late abstracts so if you were unable to get it done, there may still be time so watch your emails.

Enjoy this edition of the Cancernet and kind regards to you all.

Judy Warren
Chairperson, NZNO CNC

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by Karen Sangster, the Chief Nurse Advisor. The members of the group came from various health backgrounds including two representatives from Pharmac.

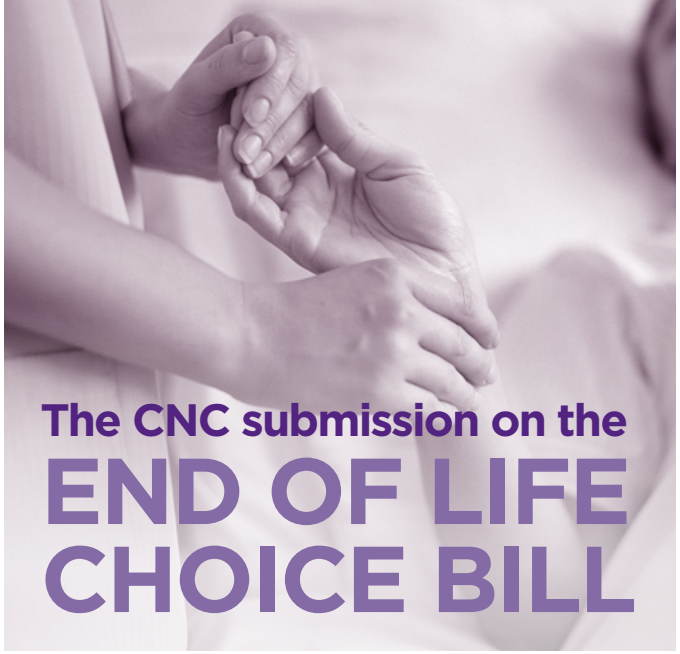
The aim of the working group was to collect data from the DHB's across NZ to ascertain if closed IV systems were in use. Additionally data was collected around the use of PPE and how risk to the health of nurses was managed. Over a period of a year this data was collected, collated and submitted to MOWG who then made a number of recommendations including one to Worksafe asking for a review date of Health & Safety Legislation to assure appropriate protection is defined around the administration of Antineoplastic Medication including Conjugated Monoclonal Antibodies.

MOWG also recommended development of guidelines for all staff handling antineoplastic medication. This includes compounding, waste and spill and use of PPE is mandatory. The final document from this working group was released in December 2017.
From this project data released showed 7 DHBs used a completely closed IV system including the bag spiked. Currently The National Institute for Occupational Safety and Health (NIOSH) are undertaking an assessment of the validity and effectiveness of the closed IV systems that are currently in use and this will provide valuable data in relation to the procurement of these devices.

Conclusion

In summary it has become clearer from the CNC and CCN project there is more awareness around the need to protect nurses and some DHB's are using completely closed systems to deliver antineoplastic medications. However the cost of implementing a completely closed system is prohibitive to some DHB's in the current environment of staff shortages, lack of resources and money. An opportunity to lower the cost may exist since procurement has moved to the Pharmac National Contracting Procurement process and is under the infusion and transfusion category of medical devices. It is important for us all to remember that closed IV systems protect the nurse but must not replace the use of PPE endorsed by the workplace but be included as standard practice with PPE. Currently work continues on the updating of standards for National Nursing Standards for Antineoplastic Drug Administration.

Sharron Ellis, CNS, Medical Day Unit, Christchuch Hospital



The CNC submission on the END OF LIFE CHOICE BILL

David Seymour MP introduced the End of Life (EoL) Choice Bill in Parliament in June 2017. It passed the first reading in December 2017. Public submissions were taken until March 6th 2018 regarding the bill and it now sits within the select committee process. 34,000 submissions were received so processing these may take some time.

The EoL Choice Bill will significantly affect nurses. The Cancer Nurses College put forward a submission on the EoL Choice Bill on behalf of members. In this submission we took no position on being for or against assisted dying as this is a very personal position for each of us to consider. However, we felt it important to raise the profile of nurses' involvement in this process at a professional level which has been largely ignored within the Bill.

Included here is the submission:

Thank you for the opportunity to provide comment on the above document. The Cancer Nurses College NZNO advises as follows: -

As nurses caring for people with cancer it is a part of our daily working life that we encounter people with a life limiting illness. Many of us will at some time, and likely more than once, encounter a person, or their family, who express their wish the illness was over or ask us in some form or other about assisted dying or euthanasia. These situations are difficult for nurses to encounter for many reasons.

The moral premise nursing is based on is that of caring and the belief that nurses have a commitment to do good. Nurses are bound by our Code of Ethics with foundation principles of autonomy, beneficence, non-maleficence, justice, confidentiality, veracity, fidelity and professionalism. Nurses also have a right to choose to live by their own values, as long as those values do not compromise the care of the client (NZNO Code of Ethics, 2010).

Nurses form and maintain unique relationships considering the diversity of all people they encounter while balancing and maintaining the moral and ethical principles above. Nurses play a unique and vital role in health care and the End of Life Choice Bill affects each and every one.

We do not put forward a position of for or against the bill. We do wish to identify a number of issues which require consideration as this bill moves through process to be accepted or not.

The bill is currently physician centred. Nurse Practitioners (NPs) in Canada may be legally involved in the process of assisted dying.
There are currently NP's practising autonomously in adult oncology, adult haematology, children's haematology/oncology, palliative care and primary health. There are likely to be more in the future.
The bill identifies the attending Medical Practitioner as the persons medical practitioner, however not all patients in New Zealand will have a Medical Practitioner, they may have a Nurse Practitioner as their primary clinician. These roles practice under a legal scope which provides as much autonomy to practice as a Medical Practitioner, including prescribing rights, and therefore it is likely they will be asked about the process being proposed at some point in time. Currently the wording in the bill does not allow NP's to undertake the required discussion with their patient as they are not Medical Practitioners. We would support the wording being reconsidered to include NP's.

It remains unclear in the bill currently what the role of Registered and Enrolled Nurses is in being involved in the process outlined in the bill. There is a mention of other health professionals only twice without any detail given. It is highly likely nurses may be involved in the provision of health services for a person considering physician assisted dying at some point in time. Given the nature of the nursing role it is often a nurse who is present and caring for someone when they pass away. We would support further work being undertaken with the introduction of the bill, if it is successful, in considering the role of other health professionals in this process. This work could include more specific information on the implications and ramifications of a nurse being involved and present in this process if they should choose to be.

Lastly New Zealand is experiencing increasing demand for palliative care services with an aging population. If successful, the End of Life Choice Bill and subsequent changes to legislation will further impact on demand of those services. We believe palliative care services need to be boosted significantly to deal with this and the current existing demands which are not sufficiently resourced.

We appreciate the opportunity to submit our comments on this bill which will alter the delivery of cancer care in New Zealand if introduced.

If you are unfamiliar with what is being proposed in the EoL Choice Bill - click here for more information on the parliament website

Sarah Ellery – CNC Committee Member responsible for submissions/consultation and Nurse Practitioner Oncology CDHB.

23rd NCCN ANNUAL CONFERENCE 2018
Improving the Quality, Effectiveness, & Efficiency of Cancer Care™
March 22 - 24, 2018 | Rosen Shingle Creek | Orlando, Florida

CONFERENCE REPORT

I had the opportunity in March to attend the National Comprehensive Cancer Network (NCCN) Nursing Programme and Annual Conference in Orlando Florida. Every topic on the nursing agenda was of interest and provided some useful insights and thought-provoking information.

The first presentation was on Improving Quality of Care for Lesbian, Gay, Bisexual, and Transgender (LGBT) Patients. This was a topic that had only more recently come to my attention through release of an ASCO guideline on strategies to reduce disparity among sexual and gender minority populations. Key information gained from this were resources for further reading - National Geographic January 2017 had a focus on gender identity, Seminars in Oncology Nursing has more recently (Volume 34, issue 1, February 2018) dedicated an entire issue to this topic in the cancer setting. Given the larger population in the US there is an extensive LGBT cancer network. In the presenter's place of work, staff can choose to attend training around LGBT needs and then have the option of having a rainbow coloured banner on the bottom of their name badge which alerts LGBT patients that this staff member is a safe person to approach.

Key message – health professionals often say "we treat everyone equally" when really, we should be treating everyone as the individual they are.

A presentation on substance abuse focused on opiate use and alcohol (USA has a major opiate abuse crisis occurring). This nurse presenter has a clinic resource she uses with patients which demonstrates healthy limits for alcohol intake which looked useful. Additionally, her key point was to focus on behaviour rather than volume of alcohol taken. It did make me reflect on local resources available which are scarce and to whom should we refer.

A presentation on oral treatments in kidney cancer was of interest to me. Largely it highlighted the difference in access to drugs between NZ and USA. Our first line funded treatment is currently limited to sunitinib or pazopanib. But alongside access I also considered the use of these drugs in clinical practice based on evidence which at times did not appear extensive and raises the question – just because you can access a drug should you use it if robust evidence is limited, does one phase II trial, as an example, constitute robust evidence?

Managing cardiovascular toxicities associated with TKI therapy was then presented. This presenter's key message was the heart is the most important thing to look after - if it is not beating then we do not have a patient with cancer to treat (how true)! She also gave an overview of interventions for toxicity such as diarrhoea – loperamide and interestingly probiotics, mucositis – "magic mouthwash" of which there seem to be several versions, hand foot syndrome – emollients or urea cream, anorexia – use of megestrol/dronabinal as appetite stimulants and fatigue. And a plug to watch for CYP3A4 interactions with TKI's and other medications.

An excellent presentation on managing hypersensitivity reactions followed. Interestingly this nurses experience was with severe oxaliplatin reactions happening commonly which is in opposition to my experience.
Due to the incidence, her treatment centre increase premedication from cycle 7 onward. I was interested in her observation of patients who develop a high level of nausea and vomiting during the treatment – could this be an infusion reaction.

Those with BRCA1 or 2 mutations react more frequently as do those with multiple allergies. Apart from use of different drugs prior to a re-challenge, management was similar. This centre used desensitisation protocols more

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CONFERENCE REPORT

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frequently than we do in our centre.

Safe handling of hazardous drugs presentation was given by the editor of the ONS publication. Her passion and high level of knowledge on this topic was obvious. Later in the year ONS will be releasing the latest version of the Chemotherapy and Biotherapy book, however its name will have changed to Chemotherapy and Immunotherapy to incorporate information on the newer immune checkpoint inhibitor (ICPI) class of drugs.

Key message – one person not taking correct action with safe handling or using PPE contaminates the environment – and therefore puts everyone at risk.

Key message – Fully closed systems (including spikes) may maintain sterility of the product (if put in at production stage) and therefore extend life span of the drug.

This could be a useful argument to use with management in the bid for fully closed systems. Of note - NIOSH are developing a testing protocol for CSTDs which is in draft currently – this could see some products disappear from the market if they don't meet the requirements – a space to watch.

The nursing programme concluded with a nurse's experience at setting up a CAR T cell programme in her treatment centre. This evolving novel treatment costs patients around $US 500,000.

CAR T cell therapy received FDA approval for use in children and adults based on a key trial in each

population – ELIANA trial for children with ALL and ZUMA1 for adults with DLBCL (however there are three trials in each population which have been undertaken).

Toxicities are different again to those we already manage. Cytokine release syndrome (CRS), neurotoxicity (encephalopathies) and infection due to lack of B cells are the most common toxicities. Interesting points include, high disease burden equals high risk of CRS, tocilizumab (anti IL-6 receptor agent) is used to treat CRS, dexamethasone is not used upfront to treat CRS as it may be toxic/fatal to the T cells reintroduced with therapy.

During the main conference I attended a presentation on direct oral anti-coagulants (DOACs) in the management of venous thromboembolism (VTE). The oral drugs discussed in the management of VTE included rivaroxaban which has now just had the special authority criteria removed from it and is now fully funded. Currently our practice largely remains with the use of enoxaparin for cancer related VTE as first line treatment.

Attending was valuable as I gained multiple gems of information and a better understanding of topics such as ICPI toxicities and CAR T cell therapy. However, I was conscious throughout of the differences in how our two health systems operate and aware that in my treatment centre we do not utilise the NCCN management guidelines.

A study published in the BMJ recently by Waggner et al (2018), "Frequency and level of evidence used in recommendations by the National Comprehensive Cancer Network guidelines beyond approvals of the US Food and Drug Administration: retrospective observational study" added to my experience of this conference and reflection on what I was hearing. And while I am not suggesting such guidelines are not useful it is always wise to consider how robust the information is you are being given and the perspective (i.e. different health model) it comes from.

I am grateful my employer and department supported me in attending this conference. The conference was well supported by both medical and nursing professionals from around the USA. While I learnt new information on the newer aspects of cancer treatment attending such a conference is always also reassuring that we are all on a similar page, we are not behind the times in how we manage our patients and in some instances we are ahead of the US in our approach to care.

Sarah Ellery
Nurse Practitioner Oncology, CDHB

HAEMATOLOGY NURSE PRACTITIONER *Rosie Howard*

The following article is a profile of Rosie Howard, the first Nurse Practitioner (NP) working in the area of adult haematology to qualify in New Zealand.

I qualified as a NP in March 2017 and took up post in June 2017 as a Nurse Practitioner (NP) in Haematology at Auckland District Health Board (ADHB).

I emigrated to NZ ten years ago and have worked in Haematology/ Oncology for the past 23 years, both in the UK and New Zealand. Having held a number of senior roles in both areas, ultimately it was my fascination for malignant haematology that led me to focus on Haematology nursing. I have always tried to ensure my involvement at both a local (Cancer network/wider hospital context) and national (MoH, Department of Health (UK)) level promoting and representing Haematology and Haematology nursing.

I was sure early on in my career that I wanted to remain on a clinical nursing pathway. When I arrived in NZ I knew I needed to complete my Masters study (I never completed my studies in UK due to twins!) and was fortunate to be in a position to do this at a time when Health Work Force New Zealand introduced the first Nurse Practitioner Training Programme.

I am in the process of developing my NP role to establish and clinically lead the post Bone Marrow Transplant late effects programme for adults transplanted in Auckland, and ultimately have a programme that is formatted the same across the three NZ allograft centres.

The journey to NP has been challenging, frustrating, enjoyable, and tiring but ultimately rewarding. Late effects post cancer treatments is an advancing area of speciality for the future; current cancer treatments are changing and improving, consequently we are seeing increased survivorship with people living longer but developing side effects of treatments. These side effects are well documented in the post allograft setting. I am excited to be involved in shaping the future for service provision and development in this area.

UPDATE ON THE **Monoclonal Antibody Working Group**

The New Zealand Nurses Organisation (NZNO) Cancer Nurses College has recognised the need to establish national guidelines on the safe handling and administration of monoclonal antibodies.

Monoclonal antibody drugs have historically been considered a subcategory of antineoplastic drugs and handled with the same precautions. However some evidence now suggests this may not be necessary due to the structure of these drugs. A number of international organisations have developed guidelines on the safe handling of monoclonal antibodies by healthcare professionals.

A working group was convened in New Zealand by the Compounding Nutrition Oncology special interest group (CNO SIG) of the New Zealand Hospital Pharmacist Association (NZHPA). This group met in November 2016, and began working in sub-groups that included definition and classification, preparation/administration /disposal, toxicity management, and management of disposal.

Work commenced within these subgroups. Draft information was submitted and collation of this began. The vastness of the topic was much larger than anticipated and there has been much discussion about the combining of information.

At this present time the group has made no further progress and the lead pharmacist is in discussion with the NZ Hospital Pharmacists Association to ascertain a clear direction for the group.

The CNC will continue to be involved in discussions and if/when the working party continues work on this topic.

Fiona J Sayer

The theme is: Global Actions: Working Towards Unity and Excellence in Cancer Care

Early registration closes:
23 July

The International Society of Nurses in Cancer Care (ISNCC) is pleased to announce the 2018 International Conference on Cancer Nursing (ICCN 2018) from Sunday 23 September to Wednesday 26 September 2018 at the SKYCITY Auckland Convention Centre, Auckland, NZ.

ICCN is the world's premiere meeting for leaders, and future leaders, in cancer nursing research and practice. Our conference provides you with the opportunity to engage with leaders in cancer nursing from around the globe and to participate in the conversations that will shape cancer nursing research and translate evidence-based cancer nursing education, practice and research into patient-centered care.

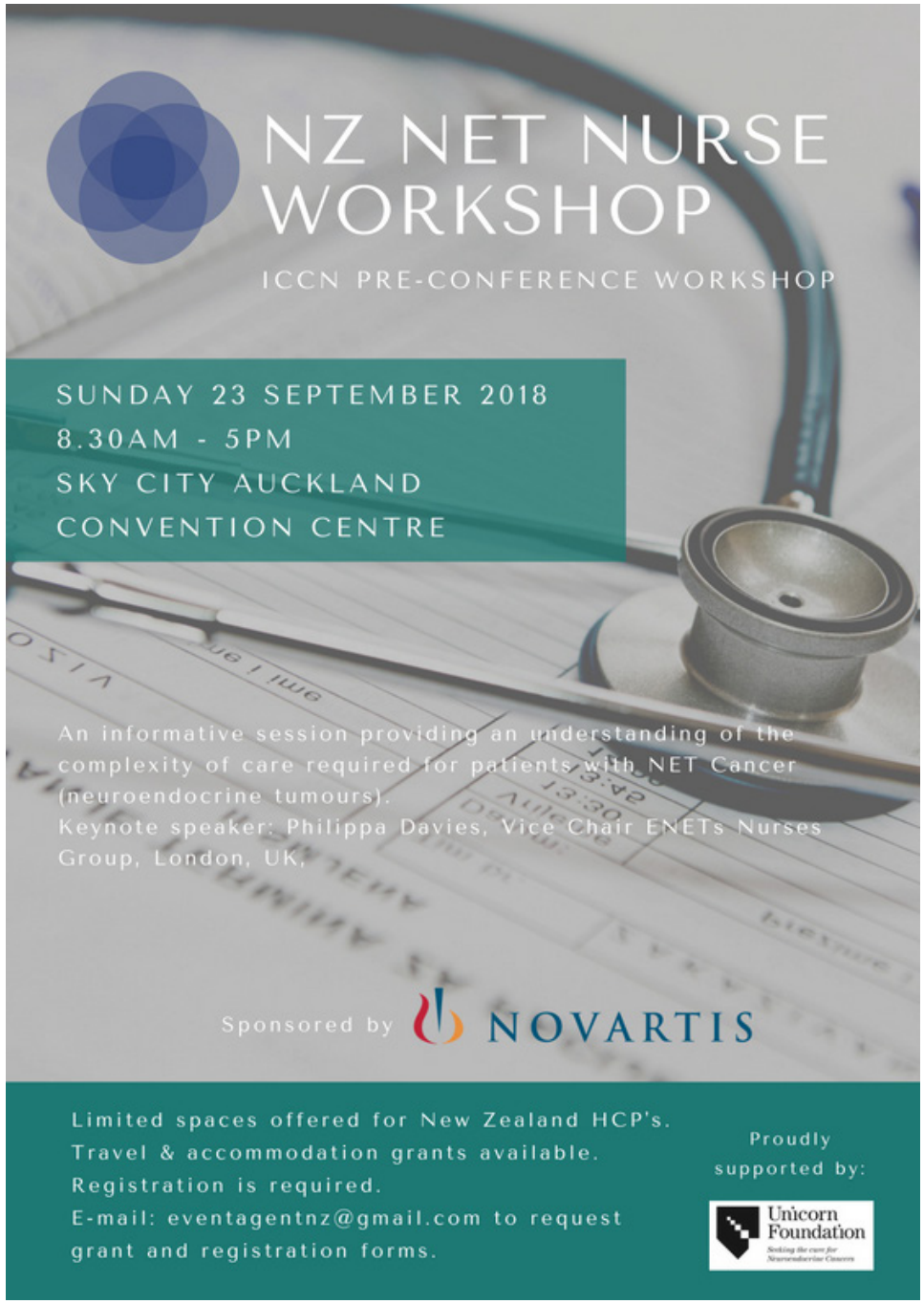
All of this will be offered in style in Auckland, New Zealand, where you will share lively, innovative discussions with new and existing friends and colleagues.

We look forward to seeing you here!

The learning objectives are:

1. **Discuss innovative ways for merging evidence and practice.**
2. **Engage practitioners and oncology nursing leaders in discourse around the global challenges in cancer care.**
3. **Provide and facilitate opportunities for nurses to network and collaborate to support innovative cancer nursing education, practice and research.**



Funding options to attend conferences or courses

Funding to attend conferences or courses is becoming increasingly hard to source. Apart from your local DHB, here are some funding options that you may not have thought of. To apply for funding you need to be organised with many groups having funding rounds and deadlines throughout the year.

- *For members, the NZNO offers several funding streams. These include NERF, Florence Nightingale, Thomas Tippet award, just to name a few. For further information including criteria and closing dates:*

Visit the Scholarships section on the NZNO website

- *Roche provides individual "Roche Education Grants" to nurses working in the fields of Oncology and/or Haematology to support their attendance at appropriate medical education events paid for in 2018. The key goal for these grants is to support nurses in accessing continuing education opportunities in their field of expertise and to share the information gained with their colleagues.*

Visit the Grants & Awards section on the NZNO website

- *The Genesis Oncology Trust has various award rounds throughout the year to support health professionals working within cancer care to attend courses or conferences. For further information on criteria and closing dates go to:*

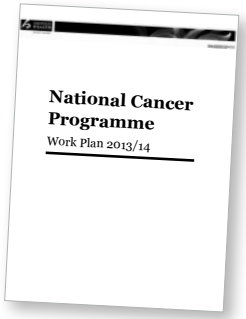
Visit the Grant Application section on Genesis Oncology website

- *The Blood Cancer NZ and the Cancer Society offer grants for health professionals to attend conferences or courses. They usually have funding rounds. For further information contact the Cancer Society or Leukaemia and Blood Cancer NZ.*

If you are aware of other funding streams that are available and you want to publicise them, please contact us on cancernursesnz@gmail.com

National Cancer Programme update

The Ministry leads a national work programme which provides a strategic focus for cancer control and for system-wide improvements across the spectrum of cancer services.



Keep up to date on the National Cancer Programme

Online cancer learning

www.cancernursing.org

www.cancerlearning.gov.au/build/edcan_learning_resources.php

www.ons.org

www.isncc.org

www.eviq.org.au

www.nccn.org

The Cancer Nurses College committee **INVITES ALL MEMBERS** to join us on the new 'Cancer Nurses College NZNO' Facebook Group.

Ask questions, share thoughts, ideas, research, innovative practice, or concerns.

Click here to visit the page...

Click the 'Join Group' button and one of our lovely Admins will add you. Easy as that! Hope to see you there!

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 (e.g. BSc or MSc) write-ups*

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 labeled 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 diary dates

23rd-25th May 2018, Utrecht, Netherlands
18th International Conference on Integrated Care
Find out more information

21st-23rd June 201, Brisbane
Cancer Nurses Society Annual Congress
Find out more information

15th-18th August 2018, Sydney
World Congress on Cancer of the Skin
Find out more information

24th-25th August 2018, Queenstown
New Zealand Society for Oncology (NZSO) Conference
Find out more information

23rd-26th September 2018, Auckland
International Society of Nurses in Cancer Care ICCN Conference
Find out more information

2nd-3rd November 2018, Auckland
Melanoma Summit 2018
Find out more information

The 2017-18 Cancer Nurses College **COMMITTEE**

Back row left to right: *Felicity Drumm, Joseph Mundava, Sarah Ellery, Moira Gillespie*
Front row left to right: *Fiona Sayer, Judy Warren, Kirstin Unahi*

We welcome contributions to Cancernet. Interesting stories, notices and photos relevant to our nursing community are always appreciated. Email us at
cancernursesnz@gmail.com

Cancer Nurses College badges are now available for purchase for $8 each.

They can be purchased from CNC committee members or by emailing the committee on *cancernursesnz@gmail.com* and using internet banking.

Cancer nurses **committee**

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