The official opening of the Cancer Control Agency

The new independent Cancer Control Agency formally opened today at 133 Molesworth Street. Prime Minister Jacinda Ardern and Minister of Health David Clark marked the occasion by announcing the membership of the Advisory Council that will be supporting the Agency.

“Today’s official opening marks the start of a new era for cancer care in New Zealand. The Cancer Control Agency will play a critical role in ensuring all New Zealanders get world-class cancer care, no matter who they are or where they live,” Jacinda Ardern said.

“Improving cancer survival rates in New Zealand is a long term challenge that the Agency will play a big part in helping to turn around. “I’m pleased to announce that Professor Diana Sarfati has been appointed by the State Services Commission as interim Chief Executive to lead the Agency.

“Professor Sarfati has spent the past three months laying the ground work for the Agency as interim National Director of Cancer Control. I know she will bring the same skill, dedication and depth of knowledge to her new role.

Membership of the Advisory Council

• Dr Ashley Bloomfield – Director General of Health
• Dr Nina Scott (Ngāpuhi, Ngāti Whātua) – public health physician and chair of Hei Āhuru Mōwai, the National Māori Cancer Leadership Group.
• Dr Richard Sullivan - Deputy Chief Medical Officer at Auckland Hospital, Director Cancer and Blood Directorate, Director Cancer Outcomes Auckland District Health Board and the Director of the Northern Cancer Network.
• Dr Chris Jackson – medical director of the Cancer Society, medical oncologist and senior lecturer at the University of Otago.
• Shelley Campbell (Ngāti Hine) - CEO of the Waikato Bay of Plenty Cancer Society, Shelley is a life member of the Halberg Foundation, Board member of Enrich, Te Pou, and Le Va.
• Professor David Tipene-Leach (Pōrangahau, Ngāti Kere, Ngāti Manuhiri) - general practitioner and public health physician, David was appointed Professor of Māori and Indigenous Research at EIT in early 2017. He was made a Member of the New Zealand Order of Merit for services to Māori and health in 2018.
• Ailsa Claire - Chief Executive of Auckland District Health Board and lead CEO for Cancer, Chair of the Cancer Health Information Strategy Group and Chair of the Northern Region Cancer Governance Group.
The Cancer Control Agency (the Agency) is a departmental agency that will provide strong national leadership for, and oversight of, cancer control in NZ.

The Agency is a real opportunity to accelerate the work already being done to improve cancer outcomes in NZ.

The Agency will drive the implementation of the Cancer Action Plan, which focuses on equity and delivering nationally consistent services for all New Zealanders, no matter who they are or where they live.

Professor Diana Sarfati has been appointed Interim Chief Executive of the Cancer Control Agency and will lead the work outlined in the Cancer Action Plan. Professor Sarfati will report directly to the Minister of Health.

Professor Sarfati’s strong leadership and deep understanding of the cancer landscape will be instrumental in addressing challenges, such as equity.

Key priorities for the Agency include providing strong accountability, coordination of various agencies involved in cancer, and working to implement the Cancer Action Plan.

As we establish the Agency, we will work alongside the current four regional networks to identify how we refocus our energy and resources to set the new direction for consistency and local innovation.

Cancer networks play a vital role in leading consistency of cancer care across the country while maintaining local innovation. A nationwide pool of resources will provide experience and knowledge to better inform outcomes, reduce duplication and remove barriers to information sharing and knowledge development.

We will continue our existing relationships with the Adolescent and Youth and Child Cancer networks, who deliver national programmes of work.

The Agency is working closely with people impacted by cancer, including their whānau and healthcare professionals. We’re also actively working with Māori and Pacific leaders to ensure that they inform the work of the Agency and how we can best engage with them to meet their needs.

An Interim Cancer Control Agency Advisory Council has been established to support, provide advice to, and oversee the leadership of the Agency.

The Ministry of Health will continue to have a key role in cancer, including prevention, equity and improvement.

Q&A

What is the Cancer Control Agency?

The Cancer Control Agency is a departmental agency hosted by the Ministry of Health, which will provide strong national leadership for, and oversight of, cancer control. The Agency will operate independently, and the Chief Executive will be accountable directly to the Minister of Health.

What is the new governance structure?

An Interim Cancer Control Agency Council has been established to support the leadership and ongoing direction of cancer control in NZ. Professor Diana Sarfati has been appointed the interim Chief Executive of the Agency and will be responsible for delivering the outcomes identified in the Cancer Action Plan.

The Agency is establishing five teams to deliver to the commitment areas defined in the Cancer Action Plan:

1. Equity
2. Treatment, Quality & Standardisation
3. Data, Information & Reporting
4. Patient-Centred Care
5. Prioritisation, Innovation & Research.

What does the Agency structure look like?

The Agency is led by the Chief Executive, and the initial structure will consist of approximately 18 staff. This will grow to about 40 FTEs as the Agency develops its priority work programme and as the budget for the Agency is confirmed.

How are you engaging with the regional network on the future direction of the Agency?

As we establish the Agency, we will work alongside the current four regional networks to identify how we refocus our energy and resources to set the new direction for consistency and local innovation.

Cancer networks play a vital role in leading consistency of cancer care across the country while maintaining local innovation. A nationwide pool of resources will provide experience and knowledge to better inform outcomes, reduce duplication and remove barriers to information sharing and knowledge development.

We will continue our existing relationships with the Adolescent and Youth and Child Cancer networks, who deliver national programmes of work.

continued on the next page...
How will this cancer agency help people?
The Agency will drive the implementation of the Cancer Action Plan, which focuses on equity and delivering nationally consistent services for all New Zealanders, no matter who they are or where they live.

The Agency will provide strong leadership and accountability, and will work to address the challenges, including improving equity, in an independent role.

Key priorities for the Agency include providing strong accountability, coordination of various agencies involved in cancer, and working to implement the Cancer Action Plan.

Does this mean the Ministry of Health won’t have any responsibility for cancer anymore?
The Ministry will continue to have a key role in cancer across the entire continuum from prevention through to living well with and beyond cancer. The Agency will maintain strong connections with other Ministry teams supporting cancer prevention, treatment and care.

The Agency will be hosted by the Ministry of Health, providing strong accountability, coordinating the various agencies involved with cancer, and working to address challenges including equity.

Is this an admission that the Ministry of Health has been ineffective in dealing with cancer?
No. Addressing cancer is a collaborative responsibility between a number of Government agencies, including the Ministry of Health, non-government organisations, communities and health system partners.

The Agency has the mandate to coordinate across all of these groups to ensure nationally consistent services are available to New Zealanders. This national coordination is consistent with cancer care models of other comparable countries.

Who will lead the cancer agency? How was this decision made?
Professor Diana Sarfati was appointed Interim National Director of Cancer Control by the Director General of Health in September 2019 and has been appointed the Interim Chief Executive role on 1 December 2019. Professor Sarfati has been working to implement the Cancer Action Plan since her appointment started.

How have people with cancer and their whānau been considered in setting up this agency?
The Cancer Action Plan makes it clear we need to work together to find solutions, which means all New Zealanders can help shape and strengthen the plan.

The Ministry ran a comprehensive consultation process in September and October 2019 to get feedback from people on the draft Cancer Action Plan. Feedback has been used to develop the final version, which will be launched by the end of 2019.

We want to thank everyone who has shared their feedback and stories about cancer control in New Zealand.

How was the workforce considered in setting up this agency and Cancer Action Plan?
The health workforce is critical to the success of the Cancer Action Plan.

We know the workforce face a number of challenges. We also know that we need to enhance the workforce and identify ways to work better together.

A strong, sustainable health workforce is one of our critical priorities.

We want to continue engaging with the workforce - and people impacted by cancer - about what we could do differently, or better, and how we should prioritise this.

What should we know about the Cancer Action Plan?
The Cancer Action Plan is a system-wide approach that covers the full spectrum of cancer control, from prevention and screening to treatment and palliative care. This is the first Cancer Action Plan that focuses more broadly than just treatment.

The Plan demonstrates a commitment to ensuring all New Zealanders living with cancer have access to high quality care, no matter who they are or where they live.

The plan will steer New Zealand’s cancer control for the next decade and has a strong focus on achieving equity for all New Zealanders. The plan also has a strong emphasis on working in partnership with Māori.

The Agency is actively working with Māori leaders, Pacific leaders and Consumer groups to start a conversation on how we can best engage with them longer term to improve outcomes.
From Fiona Fagg...

I was fortunate, with the help of an NZNO Cancer Nurse College grant, to be able to attend the Nurses Programme of the New Zealand Society for Oncology conference, Friday 25th October.

Wellington put on two beautiful days of sunshine to showcase the iconic waterfront setting and cement a valuable learning experience. I want to mention some of the presentations which resonated most strongly with me as a registered nurse working in an outpatient oncology setting.

Dr Jason Gurney is an Epidemiologist from Otago with many strings to his bow in the field of research into Māori health and inequalities. His session entitled “Hard Facts and Home Truths: Inequities in cancer incidence, mortality and survival for Māori” demonstrated exactly that. Sessions with many graphs and statistics often make nurses’ eyes glaze over, but not so with Dr Gurney. He finished his talk with hope for the future which carried over into the following panel discussion.

Panel discussions often have the audience feeling mostly sympathy for those made to sit up front like rabbits in headlights and awkwardly try to speak to the topics put to them. The panel however gave passionate insight into the awareness there is regarding research inequities and also demonstrated to us that there is hope for future outcomes for Māori. This needs to be remembered by all of us – from those involved in trials and research, primary health providers, oncologists planning treatments, to nurses working with their patients. All of us can help make a difference.

My real focus for the conference had always been Dr Rose Liu’s presentations on skin toxicities and treatment in EGFRi therapies, and she didn’t disappoint. Dr Liu runs oncologic dermatology clinics based at Westmead Hospital in Sydney. EGFRi therapies are increasingly used and funded, which increases the corresponding skin toxicity issues for many people. This would indicate as increasing need for dermatology expertise in oncology teams – both medical and nursing. Dr Liu provided the blueprint for care, discussing anatomy and physiology, to symptom recognition, and management plans. Much of what she said was not new, but she was clear and straightforward in her approach. Her take-home message for everyone was principally not to think of, or call these toxicities, rashes. These are specific papulopustular eruptions with specific assessment features and treatment requirements.

I have a particular interest in, and focus on, oral cancer treatments, and because I have seen some very severe skin reactions I came away feeling much more secure in the knowledge that I have and the advice that I give these patients and more confident to share this knowledge with my colleagues. I plan to provide extra resources for patients and colleagues to support best care for people experiencing these toxicities. Who knew the ideal bleach solution for paronychia is 5ml of 5-6% household bleach to 2.5L of water, or equal parts water and white vinegar. Another little gem of information!

This was an excellently managed and run day for oncology nurses with very worthwhile topics of interest for reflection and to support practice. I would again like to thank the Cancer Nurses College and NZNO for making my attendance possible.
Reports from the 2019 NZSO Conference
Continued from Previous Page...

From Anne Liggins...

I was fortunate to receive a CNC grant to attend NZSO this year, and would like to share a few of the highlights. As a nurse coordinator in the Cancer and Blood Research Trials Unit at Waikato Hospital, I found the research and practice-based presentations very useful and relevant to my role.

It was a great privilege to hear Professor Ron Jones speak about the forgotten women in the ‘unfortunate experiment’; the unethical observation of women with cervical cancer at National Women’s Hospital. Professor Jones was a whistle-blower who put his career on the line to fight for the rights and lives of cervical cancer patients, at great personal cost. I am very keen to read his book “Doctors in Denial”, and would encourage others to read his account of an incredible piece of New Zealand’s medical history. Professor Jones’ moving presentation concluded with a lengthy standing ovation and many teary eyes.

Professor Mei Krishnasamy spoke about the $1M grant she has received to develop a Cancer Nursing Research Innovation Hub within the Victorian Comprehensive Cancer Centre in Melbourne. The research hub offers an amazing opportunity to support and promote nurse-led cancer research. This is especially important for qualitative research that addresses patient needs in a holistic and comprehensive way that often lacks the attention and funding given to medical research.

Breaking off into the nurses’ stream we heard Tess Ostapowicz, a research nurse from the Malaghan Institute, present the initiation of the CAR T-cell study. This study is a fantastic opportunity for patients with relapsed and refractory B-cell lymphoma who have no other treatment options, to receive chimeric antigen receptor T-cells manufactured locally at the Malaghan Institute. Another presentation on the CAR T-cell study was given the following day by Dr Rob Weinkove, clinical director at the Malaghan Institute, adding further scientific depth to the previous day’s learning.

Two other presentations I gained a lot from were given by Dr Rose Liu from Westmead Hospital, on skin toxicities associated with anti-EGFR therapies and optimal skin management. Dr Liu reviews and treats patients in a dermo-oncology clinic; an important role given the frequency of treatment-related skin toxicities amongst cancer patients. I found her presentation perfectly pitched for cancer nurses, giving a refresher on the anatomy and physiology of skin toxicities along with a very simple guide to determining whether or not a rash is caused by an anti-EGFR agent, and the appropriate management of these skin toxicities.

NZSO and the Cancer Nurses College conference are always a great opportunity to network with colleagues from other DHBs. I was surprised at the small turnout of nurses this year, and would encourage nurses to attend in the future.

Both Dr Rose Liu and Prof Mel Krishnasamy have kindly allowed us access to their slides from their presentations at conference.

- Skin toxicities associated with anti-EGFR therapies
- Optimal skin management of patients on anti-EGFR therapies
- Building a novel model of nurse-led, follow-up care for people affected by multiple myeloma one project at a time.

Click here to view their slide presentations via the NZSO programme

Prof. Ron Jones at NZSO

For many who attended the New Zealand Society of Oncology (NZSO) conference in Wellington the highlight was Prof. Ron Jones’s presentation - Doctors in Denial: The forgotten women in the ‘unfortunate experiment’.

He took us all on a most authentic journey through a sentinel event, the realities of why informed consent is so essential and the long reaching human perspectives and health penalties for the women who endured the real consequences of this health and research history event.

As Prof Jones presented his keynote speech you could hear a pin drop. In between the multiple subconscious gasps, palpable bewilderment and the rustle for tissues, there was profound sadness at how this could have happened such a short time ago in our own history and with the realization how important it is to forever be uncomfortable with the truth, so it is never forgotten or rewritten.

It forced us to confront the nature of power and bullying, the personal and professional risks where whistle blowing may be the last resort to advocate for patient safety and our own inherent duty to tell and expose the truth, particularly within each of our professional mandates.

It was clear Prof Jones was deeply affected by his part both personally and professionally and we marvel at the strength, motivation and resilience in such a humble man. If you were unable to attend you may like to read some more of his reflections so please do access his book or see this taster via this North & South article...

North & South article
Background:
While a cancer diagnosis is challenging for anyone, the AYA patient population generally have little, if any previous experience with managing such a major life-changing event and as such may be more likely to experience anxiety, among depression and a lack of confidence than older patient cohorts. Their heightened developmental stage for privacy and autonomy may also make them less likely to seek support and information or to express their worries to others.

Vision:
To create an age-appropriate interactive resource designed specifically for adolescents and young adults (AYA) newly diagnosed with cancer. Patient feedback revealed, that in order to provide information, acknowledgement, measurement and practical guidance and to act as something of a roadmap with which to traverse the messy, challenging terrain of cancer treatment it is important to have any previous experience with managing such a major life- changing event and as such may be more likely to seek support and information or to express their worries to others.

Content & Production:
Initial development began with conversations between long time AYA patient Petra Korotou, the AYA cancer Specialist Nurse at OCCC and a highly talented volunteer, Ana Matias whose experience in communication and publishing was invaluable.

The AYA patients, past and present were then invited to complete a short survey to engage in a one-on-one interview to inform the content and format of the booklet. Five key content areas were identified and these became the “chapters” of STUFF. Direct quotes from these interviews appear throughout the booklet to highlight the cancers commonly experienced by AYA and provide inspiration and reassurance.

The title “STUFF” is a play on words - Ngā mea mea mau ki a mō - was chosen to reflect the messy mix of issues facing this special patient group and to ever away from more medically focused resources. Special thanks to AYA Luna Hone for her Te Reo Maori translation of the chapter headings.

Why develop a video?

- Video resources are viewed more than once.
- Patients and families have easier access to technology.
- Written resources developed and updated.
- Patients and families have easier access to technology.
- Health literacy of the patient/family- using simple language but still using correct terminology.
- Integration a video into the booklet to highlight the concerns commonly experienced by AYAs and to provide useful resources. STUFF – was chosen to reflect the messy mix of issues facing this special patient group and to ever away from more medically focused resources. Special thanks to AYA Luna Hone for her Te Reo Maori translation of the chapter headings.

Outcome and Future Possibilities:
STUFF has been well-received by AYAs and would naturally lend itself to being produced in a digital format in the future. It is currently being edited for use on Canterbury DHB and may also prove useful for those working with adolescents and young adults diagnosed with other significant or chronic health issues.

Acknowledgements:
The fully-fledged version of STUFF was produced with a raft of generous contributions from the funders (Christchurch Hospital Foundation), designers (Blues, prints and paper merchants). But most importantly of course the young AYA cancer patients and survivors who gave their time, energy and wisdom to help make the booklet the best it could possibly be.

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The process – how to improve the balance
- Isolation, collegiality and developed a similar value. They shared this with patients starting treatment. Access is obtained from Canterbury DHB website and can be viewed starting treatment. Access is obtained from Canterbury DHB website and can be viewed
- Conical review and participation. Existing resources and new ones evaluated to ensure consumer and service group representatives to check that it was fit for purpose.
- The hearing impaired
- Printed resources developed and updated.
- Written resources developed and updated.

Project design

- Factors that were considered while developing the content we wanted to share
- Health literacy of the patient/family- using simple language but still using correct terminology.
- Content and format of the booklet. Five key content areas were identified and these became the “chapters” of STUFF. Direct quotes from these interviews appear throughout the booklet to highlight the cancers commonly experienced by AYA and provide inspiration and reassurance.

Results

- Increased number of people being diagnosed and living with cancer
- Cancer is becoming a chronic health condition
- Patient is often the best authority on their treatment
- Maximise response to treatment
- Our current practice is not sustainable
- Consumer and service group representatives to check that it was fit for purpose.
- The hearing impaired
- The fully-fledged version of STUFF was produced with a raft of generous contributions from the funders (Christchurch Hospital Foundation), designers (Blues, prints and paper merchants). But most importantly of course the young AYA cancer patients and survivors who gave their time, energy and wisdom to help make the booklet the best it could possibly be.

The process – how to improve the balance
- Isolation, collegiality and developed a similar value. They shared this with patients starting treatment. Access is obtained from Canterbury DHB website and can be viewed
- Review how our patient education is delivered by nursing staff to utilise the use of the video.
- Provide staffing across service using updated resources.

Future goals

- Consider holding appropriate seminars to meet needs of specific patient groups.
- To RN.
- The hearing impaired
- For those who English is a second language.
- Review updated process to see if we can increase capacity of chemotherapy education sessions with resources available.

Acknowledgements

- Surgery is often a key aspect of the treatment
- Improved QOL
- Supportive management is a key aspect of the treatment
- Multi disciplinary team review and participation. Existing resources and new ones evaluated to ensure consumer and service group representatives to check that it was fit for purpose.
- Funding obtained from Trust fund
- Local production company engaged to tell our story.

Improving the patient experience one resource at a time
Browyn Perry, CNS
Canterbury Regional Cancer and Haematology Service, Christchurch Hospital, Canterbury District Health Board

STUFF - a creative approach to providing key information and guidance to newly diagnosed adolescent and young adult (AYA) cancer patients
Liz Sommer RN
Wellington Regional Hospital Blood and Cancer Centre, New Zealand
AYA Cancer Network Aotearoa, New Zealand
The Process

The PHR is offered to our patients at the online led education session prior to their first chemotherapy.\footnote{Key explanations is given about the format of the booklet together with an overview information regarding recording and using the booklet.} The PHR is designed to be a user-friendly, comprehensive booklet containing the key education information regarding the chemotherapy cycle. It is presented in a visually appealing format that is easy to understand and use. The booklet is printed on durable, high-quality paper to ensure longevity and durability.

Outcomes

The PHR is distributed to all patients attending the chemotherapy education session. It is delivered in a face-to-face manner, ensuring that all patients receive the booklet and have an opportunity to ask questions. The PHR is designed to be interactive, with space for patients to record their own thoughts and feedback. The booklet is available in both digital and hard copy formats, allowing patients to choose the option that best suits their needs.

Results

The feedback received from the patients has been overwhelmingly positive. They have found the booklet to be a valuable resource that has enhanced their understanding of the chemotherapy treatment and its implications. Patients have reported that the PHR has helped them to feel more informed and prepared for their treatment, reducing anxiety and improving their overall experience. The feedback from healthcare professionals has also been positive, with nurses and doctors commenting on the value of the PHR in supporting patient education and communication. The PHR has been well received by both patients and healthcare professionals, demonstrating the importance of patient-centred care in oncology treatment.
Report from the chair

Tēnā koutou katoa

It’s hard to believe it’s nearly Christmas already. It has been a busy year in the world of cancer nursing.

As many of you will be aware the college has just had our Biannual General Meeting (BGM) in conjunction with the New Zealand Society for Oncology (NZSO) conference. A huge amount of work went into this from the organising committee and I would like to say a most sincere thank you to our nurse representatives Cathy Teague and Kate Whytock (current CNC vice secretary) who arranged the nursing programme. It would be fair to say this was a resounding success.

The speakers were fantastic, personal highlights for me included:

• **Prof Mei Krishnasamy**, Chair in Cancer Nursing in the Department of Nursing at the University of Melbourne, Research and Education Lead for Nursing for the Victorian Comprehensive Cancer Centre and Director of the Academic Nursing Unit at the Peter MacCallum Cancer Centre in Melbourne, who spoke on building capability for nurse-led research across Australia and New Zealand;

• **Dr Rose Liu**, Department of Dermatology, Westmead Hospital, Sydney, New South Wales, who spoke on Skin toxicities associated with anti-EGFR therapies and led a workshop on assessment and optimal skin management of patients on anti-EGFR therapies.

• Last but not least **Professor Ron Jones**, author of ‘Doctors in Denial: The forgotten women in the ‘unfortunate experiment’, who was the whistle blower that lead to the 1988 Cartwright Inquiry.

The BGM itself was fairly brief with no remits or unexpected items for discussion this year. Elections were held electronically prior to the meeting, as this was the first time the college received more nominations than committee vacancies. It was good to see electronic voting in action. Although voting participation was not high it was reflective of the national trends within NZNO.

It is also heartening to see increased interest in cancer nursing leadership at a national level. I am pleased to say all of the standing members of the college committee were voted back on.

I would like to welcome our newest committee member **Maarie Hutana** from Canterbury District Health Board, who will be joining us from our February 2020 meeting.

We also said goodbye to **Felicity Drumm** who is standing down, she has held various portfolios in her time on the committee and she will be sorely missed.

Special thanks to our hard-working committee member **Kate Whytock** who was part of the organising committee for the NZSO conference and ensured a robust excellent nursing stream programme.

Submissions on the New Zealand Cancer Action Plan 2019-2029 have closed and the Interim Cancer Control Agency Board has been announced. The Board will oversee the finalisation and implementation of the Cancer Action Plan and the establishment of the recently established Cancer Control Agency, one of the key priority actions in the Plan.

The Cancer Nurse College committee were disappointed nursing representative was not included on the board, however we will continue to advocate for nursing representation at all levels of the cancer programme. Finally I would wish you all a safe and restful Christmas season.

Nga mihi

Kirstin Wagteveld (Unahi)
Chairperson - CNC

Cancer Nurses Conference 2021
Expression of Interest

The Cancer Nurses College Committee are calling for expressions from interest from regional cancer nursing groups to host the CNC Conference 2021 and form a hosting committee.

This will be a significant milestone event - 25 years from the inaugural Cancer Nurses College (previously Section) AGM.

**PLEASE NOTE**

• The CNC BGM is a requirement to be held during this conference.

• A seeding grant is provided by CNC which is returned to the CNC operating account on completion of the conference.

• Conference profit is shared equally with CNC and the hosting conference committee to support regional nursing cancer education.

• Your submission should include proposed dates, venue, organizing committee members, conference theme with equity related lens/agenda items, potential speakers/topics (and additional local attractions/benefits).

Please submit a brief proposal to the CNC committee by 30th January 2020 to cancernursesnz@gmail.com
Self-management for people living with long-term conditions

Thank you to the Cancer Nurses College for the education grant.

I work as a Cancer Support Nurse Specialist for Cancer Society Auckland Northland where I work with a team of nurses who are both community-based and who work at Domain Lodge in Information Services. Our role is to visit clients at home recently diagnosed with cancer or undergoing chemotherapy or radiation therapy. We offer support and information about cancer and cancer treatments, help to manage symptoms or treatment side-effects and offer emotional support and understanding.

I used the grant towards post-graduate study at The University of Auckland. I chose to complete Self-management for Living with Long-term Conditions such as, for example, cancer. I chose this paper as it was focussed on learning new skills to strengthen my ability to assess and support client's self-management along with improving patient-centred goal setting and planning skills. The paper was structured around six study days, two Flinders care plans and two assignments. I have discussed the highlights of the course below.

I found completing the Flinders care plans beneficial and interesting. The Flinders programme was developed by Flinders University in Australia. It is a healthcare provider and client to work together to undertake a holistic, structured assessment of self-management behaviours. Further, it allows a collaborative approach to identify key problems, issues and goals the client wants to focus. These form the basis of a summary care plan that captures actions and anticipated issues for the following twelve months.

To complete the care plans I interviewed two of my current clients. They both felt that it was beneficial for their self-management and the care plan enabled me to ask them questions other than purely clinically based. For example, about their emotional and spiritual well-being and managing the impact of their diagnosis on social aspects of their life. These are not the types of questions I normally ask, and the patient may have felt uncomfortable with me asking these types of questions directly if not for the understanding of this being holistic and collaborative. After completion we received a Flinders Certificate of Competence.

As part of the second assignment I completed a clinical audit by interviewing ten clients who access oncology services in Auckland using the Patient Assessment of Chronic Illness Care (PACIC) and ten Cancer Society Auckland Northland Cancer Support Nurse Specialists (CSNS) by using the Modified Patient Assessment of Chronic Illness Care (MPACIC). PACIC was developed to assess clients who live with a long-term condition from their perspective with regards to the quality of care that they receive and how that can influence their self-management behaviours and client-centred outcomes. MPACIC aims to measure care delivery from the viewpoint of the health care provider. This audit was interesting and reinforced that the CSNS plays an important role supporting clients living with cancer. I intend to share the audit results and learnings with my colleagues and the PACIC and MPACIC tools can be used for further audits.

During one of the study days we discussed motivational interviewing. Motivational interviewing is a collaborative conversational approach to behaviour change that is designed to strengthen a client’s commitment to, and motivation for, change. It is designed to help someone move from feeling ambivalent about needing to change a behaviour, to believing they need to change the behaviour, to believing they can change the behaviour. This was a good reminder of how to support the client’s self-efficacy. We spent time discussing mindfulness, again a reminder that, as nurses, if we do not know how to look after ourselves, we are unable to look after others.

I enjoyed completing this paper and look forward to implementing new skills and resource tools with the aim of benefiting the clients I visit. Finally, I look forward to sharing knowledge with my colleagues.

Tanja Rogers
Some research units in NZ will be adopting this format when developing their own. A dedicated study coordinator workshop was held a day before the start of the main meeting. This workshop focused on a wide range of topics by experts in the field such as safety reporting, serious breaches, GCP/Protocol and risk-based monitoring. Pancreatic cancer was also a focus at this meeting and I learnt a lot from Dr Matt Burge who spoke about gastro-intestinal-related issues. I also had the opportunity to tour the South Australian Health and Medical Research Institute, which is not far from Adelaide Hospital. This makes it easy for collaborative research to take place. The tour included a lecture on translational research, presented by Dr Susan Woods and A/Prof Dan Worthley. I found of particular importance, the study coordinator workshop and also the joint consumer/study coordinator forum was very valuable. Dr Claudia Rutherford presented on quality of life and survivorship of patients with colorectal cancer. Dr Rutherford also presented a colorectal survivorship model, that includes symptoms, physical functioning, lifestyle behaviour, financial toxicity, physical functioning and supportive healthcare. There was also an interactive consumer and clinician presentation by Mr Grant Baker and Mr Andy Phay. They spoke about initiatives that are patient-focused such as telehealth, apps that explain clinical trials, remind patients on when to take medications and scheduling systems. More of these apps are in development and will become part of trials. It was an opportunity to discuss the challenges and success stories of various trial centres in the Australasian region.

Prof Jobin spoke at the opening plenary session that was entitled “Rare cancers: How can we do better”. His presentation was very interesting and focused on the predictive power of microbiota, microbiota diversity, impact on the treatment of some cancer such as pancreatic and predicting patient outcomes.
Having never previously attended a NET study I took the opportunity to extend my limited NET knowledge with the overall aim of becoming more confident in dealing with NET patients. The NOVARTIS Nurses Workshop provided valuable learning covering pathological and radiological diagnoses and a range of treatment options.

Of particular interest was Prof. Chris Hemmings presentation on staging and grading of NETs which demonstrates the histopathological challenges of making a NET diagnosis. The presence of chromogranin A, synaptophysin expression in tissue, and 5-hydroxyindoleacetic acid (5-HIAA) in urine are diagnostic. Mitotic count and Ki67 index are proliferative markers which determine grade.

Dr Dean Harris’s whirlwind of evidence-based options for medical oncology highlighted how limited the options are for NET patients in the publicly funded arena and demonstrated how NETs can be viewed as an emerging disease process. The endocrinology session led by Dr Veronica Boyle highlighted some of the challenges of endocrine testing for both patient and nurse. Developing an understanding of the scope of disease presentation and symptoms has significantly broadened my knowledge for clinical practice.

The most valuable learning I found to be the PRRT patient presentations. The lack of support for these patients due to self-funded travel to Peter Mac in Melbourne really highlighted the importance of a key person to navigate their care and someone to provide crucial, on-going support. The broad spectrum of symptoms resulting from secretory substances significantly affects quality of life, even in the presence of indolent tumour growth.

The take away message is that NETs are a heterogeneous group of diseases that present with a wide range of symptoms, requiring a variety of diagnostic tests and similarly broad range of treatment options. Secretary substances can have significant impact on quality of life and require on-going management.

Libby Rea Brownlee
Oncology Nurse Specialist | GI team
Regional Cancer & Blood Service, Auckland Hospital

Since the study day there has been exciting news...

For those patients requiring PRRT (Peptide Receptor Radionuclide Therapy) it seems there is strong support from the MOH to provide this service in New Zealand and the wheels are in motion exploring how this may be achieved. In the interim funding is potentially available through the MOH treatment fund. Patients require discussion at the national NET MDT meeting and have a supporting letter from the chairperson to enable access to the treatment funds.

To keep up to date with what’s happening in the NET world Avril Hull and others do a superb job as administrators of a closed Facebook page for health professionals interested in education, training and updates related to neuroendocrine cancer in NZ. The page is called NZ NET Cancer Nurses and HCP.

Also advocating for those with NET cancer is the Unicorn Foundation, a registered charity aiming to provide support and information to patients, families and medical professionals involved in the treatment for Neuroendocrine Tumours/Cancer (NET Cancer).

The National Cervical Screening Programme (NCSP) will be changing the recommended starting age for cervical screening from 20 to 25 years in 2019. A new media campaign is being created for 25 to 29 year old women to raise awareness of the importance of cervical screening and inform them of the change to the screening start age. The campaign concepts have tested well with consumers and sector audiences and a final concept is being developed. The campaign is planned to go live nationwide during February next year, and will be supported by a provider toolkit from early 2020.

Practitioners: Please see the key findings of the cervical screening research key findings here... or the cheat sheets pages 4-7.

Human papillomavirus (HPV) Immunisation messaging

It is important to remember that HPV causes 99 percent of cervical cancers and persistent HPV infection is the most important risk factor in developing cervical cancer. For this reason the NCSP, along with the Ministry’s Immunisations team, actively encourages the promotion of Human papillomavirus (HPV) immunisations to young women and men. Even if individuals have previously been exposed to the HPV virus, the vaccine can offer a level of protection against cervical cancer. Regular cervical screening continues to be a vital part of cervical cancer prevention.

Practice point: Remember to incorporate cancer prevention messages in your relevant patient and whanau cohorts.

This is one very important way to change our cervical cancer outcomes: prevention, prevention, prevention!
CanBead was founded in 2010 by courageous woman Sarah Clifford. Sarah was diagnosed with melanoma in 2008 and while undergoing treatment in Christchurch in February 2010 she was given jewellery making supplies from a friend.

During her 28 days of radiation treatment, she created and wore a different necklace each day. This process provided not only an excellent distraction and fun but also a great sense of purpose and accomplishment.

Sarah knew by starting beading workshops that she could help so many others in similar situations. Since then CanBead has become The CanInspire Charitable Trust and has added CanTackle to the list of services.

CanInspire prides itself on being able to share its free of charge services to those experiencing illness, trauma and loss and to those who support them.

- **CanBead** is our jewellery making workshop which is a great way for our participants to spend a few hours creating something unique and sharing time with others in similar situations.
- **CanTackle** is our fly-fishing workshop which teaches our participants the art of creating fishing flies, learning casting, and getting out on the water to give it a go.

Because we work with host agencies in our different regions, we suggest that if you wish to attend a workshop to get in touch with us and we can direct you to the closest agency.

Create - Support - Inspire: these three words are the motto of CanInspire and we hope that every one of our previous and new participants feels the joy our workshops can bring.

CanInspire has reached thousands of people and will continue spreading joy in the future.

**Learn more about CanInspire**

Kylie Curwood
CanBead National Coordinator
Dear ISNCC Full Member,

The International Society of Nurses in Cancer Care are calling for nominations to the Board of Directors. Please see below for more information and should you have any questions feel free to reach out.

CALL FOR NOMINATIONS

Election to the ISNCC Board of Directors 2020 Executive & Portfolio Positions

ISNCC is seeking nominations from individuals interested in opportunities to be involved in ISNCC at the Board level. Individuals with experience working with ISNCC or within national cancer nursing societies with experience relevant to the advertised portfolios are encouraged to nominate.

Nominees will need a good command of written and spoken English, access to electronic and telephone communication and be prepared to travel at least annually for Board of Directors meetings. Nominators must be a member of a national cancer nursing society in his/her country or, if no cancer nursing society in that country, a member of a national nursing society, or regional/international oncology nursing society (e.g. EONS, AONS, ISNCC), and working in the field of cancer nursing. Self-nominations are eligible.

Official voting on the nominated directors will take place after the nominations deadline by full members of ISNCC. These positions will commence on July 1st, 2020.

Open Executive Positions

• President-elect
• Treasurer-Secretary

Open Portfolio Positions

• Conference Management Committee Chair
• Policy and Advocacy Committee Chair

For more detailed information and nominations form please click on the links below.

> Nominations Information
> Nominations Form

Should you have any questions about this I invite you to contact me at info@isncc.org.

Leya Duigu, Association Manager
International Society for Nurses in Cancer Care

Call For Expressions of Interest (Nurse Authors)

Apply to receive editorial support to publish your manuscript!

The ISNCC Editorial Assistance Program (EAP) is a new program that aims to mobilize volunteers to provide editorial support to authors from a non-English speaking background in preparation of their manuscript towards submission to a peer-reviewed journal. This initiative forms part of ISNCC’s efforts to enhance knowledge dissemination at a global level.

ISNCC is accepting applications from prospective nurse authors for the initial pilot trial of the program in 2020. Prospective authors need to have a manuscript related to cancer control currently in progress.

Eligibility criteria for the author:
• Be a nurse and member or global citizen of ISNCC;
• Be from a low- to middle-income country as defined by the World Bank;
• Reside in a country or region where English is not the primary language;
• Be able to submit a partially or fully complete draft of the manuscript as part of the application;
• The content of the manuscript must be directly related to cancer control.
• For research or quality improvement project reports, the project must be completed prior to applying for the program.
• Be committed to complete the manuscript over a period of 3-6 months.

> To express interest fill in this Online Form
and email your draft manuscript to Professor Ray Chan email: Raymond.Chan@qut.edu.au.

Expression of interest applications without a draft manuscript will not be considered.

Deadline for Expressions of Interest is 31st January 2020.
"Need to talk? 1737" is the national mental health and addictions helpline

1737 is a free and confidential service that connects people with a trained mental health and addictions counsellor. It is available any time 24 hours a day, 7 days a week, 365 days a year by text or phone call.

More information is available at www.1737.org.nz.

What can someone call about?

Anyone feeling stressed, anxious, worried, depressed, needing advice on mental health or addictions issues can call or text.

Who answers the calls?

Calls are answered by trained counsellors who use proven behavioural support techniques.

1737 is run as part of the National Telehealth Service. The same trained mental health professionals who currently respond to calls, texts, webchat and emails across the existing National Telehealth Service mental health and addiction helplines (depression, gambling and alcohol drug helplines), support people who call or text 1737.

What does the service provide?

- When someone texts or calls 1737 a counsellor will work with the person to develop a care plan. This could include referral to another service, additional counselling or providing information and support.
- Brief intervention counselling services (primary counselling services where alternative counselling services are not available).
- Transfer and signposting to other services (eg. face-to-face service providers).

Is the service confidential?

Yes, 1737 is completely confidential. People can remain anonymous if they wish. However, if it becomes clear that someone is at risk of harm, it may be necessary for Police or ambulance services to be contacted.

Is 1737 the helpline name?

Yes, the full name is "Need to talk? 1737" (with the question mark included). The extended version is: "Need to talk? Free call or text 1737 for support from a trained counsellor, any time."

Why the number 1737?

This new service has been designed with in-depth input from Kiwis. Research showed us that some people found 0800 numbers difficult to remember. 1737 is a short and easy to remember number.

What is the National Telehealth Service?

The National Telehealth Service was established in 2015. Integrated services include Healthline, Quitline, Alcohol Drug, Gambling, Poisons, Immunisation, Depression helpline, and The Early Mental Health Response service and the national mental health and addictions helpline Need to talk? 1737.

1600 contacts are made to the service every day. Over 270 frontline staff work on the National Telehealth Services, from five contact centres and from home offices across New Zealand.

All services are available 24/7, with interpreters available in over 40 languages.

A national telehealth service delivered by Homecare Medical.
Research Review
New Zealand

Research Review publications bring the best of 10,000 global medical journals to your inbox every issue with commentary from New Zealand experts. All you have to do is register. Oncology specific research information is available in the following...

Medical Oncology
- Breast Cancer
- Colorectal Oncology
- Immuno-Oncology
- Lung Cancer
- Renal Oncology

Haematology
- Haematology
- Lymphoma and Leukaemia
- Multiple Myeloma

Māori Health
- Māori Health Review

Free resources available from ONS on safe handling of cytotoxic drugs

Clinical questions and answers FREE!

Should nurses administer and care for patients receiving chemotherapy while pregnant, breastfeeding, or trying to conceive?

What safe-handling precautions need to be used with chemotherapy, biotherapy, and immunotherapy?

What are medical surveillance recommendations for those who administer chemotherapy and biotherapy?

Should sterile or nonsterile barrier precautions (e.g. gown, gloves, mask, sterile drape) be used when handling VADs?

Toolkits FREE!
- Safe Handling of Checkpoint Inhibitors
- Safe Handling of Oncolytic Viruses
- Toolkit for Safe Handling of Hazardous Drugs for Nurses in Oncology
- Oral Chemo Guide

Standards and position statement FREE!
- ASCO/ONS Chemotherapy Administration Safety Standards
- Ensuring Healthcare Worker Safety When Handling Hazardous Drugs

Video FREE!
- The Risk of Handling Hazardous Drugs While Pregnant

Book
- Safe Handling of Hazardous Drugs (Third Edition). Download a free sample chapter
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 labelled and captioned.

Referencing
A recognised referencing system to be used.

For patients with specific cancers - where’s a good place to start?
cancerinfo.co.nz
A GENTLE REMINDER TO PLEASE REMEMBER TO invite your traditional and non-traditional cancer colleagues to become Cancer Nurse College members i.e. Nurses who are NZNO members who work with cancer patients in any context i.e. emergency department nurses, medical and surgical nurses, mental health nurses and community and primary care nurses, who all share our work as cancer nurses. It’s easy and it’s free and you can belong to up to three colleges and sections. Stronger together – Kotahitanga.

Join Cancer Nurses College

Cancer Nurses College badges are now available for purchase for $8 each. They can be purchased from the CNC committee or by emailing us on cancernursesnz@gmail.com and using internet banking.

The Cancer Nurses College 2020-21 COMMITTEE

Jane Wright, Sarah Ellery, Rosie Howard, Kirstin Unahi, Katie Whytock, Mary-Ann Hamilton, Anne Brinkman, Fiona Sayer, Maarie Hutana

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

Click here to visit the page...