



cancernet



Editor's note

Tēnā koutou katoa.
Welcome to the
September edition
of Cancernet.



Well spring is here as seen in the lovely display of daffodils in the photo above. Note: the handcrafted ones my lovely friend made promoting the Cancer Society's annual daffodil day appeal.

Life continues to be disrupted for many people and we send out thoughts and best wishes to our colleagues affected by the lockdowns. This issue is a little light on content given the pressure that we have all been under to maintain our ever-increasing workloads however it is a pleasure to showcase the research carried out by two nurses working in oncology in Christchurch. I would encourage you to go to the link to read the full study report. Remember if any members or your colleagues are involved in nursing research

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Update from Te Aho o Te Kahu

CHIEF EXECUTIVE: PROFESSOR DIANA SARFATI

Tēnā koutou katoa,

One year ago, the Prime Minister announced the establishment of a cancer control agency in New Zealand. As I reflect on this 'unprecedented' year, I am immensely proud of my team. It is no small feat to set up an agency from scratch in the middle of a global pandemic. I am also humbled by the determination of cancer nurses, doctors, researchers, volunteers and support staff, among many others, who have worked tirelessly to manage the impacts of COVID-19 and better the lives of people affected by cancer.

Ehara taku toa i te toa takitahi, engari he toa takitini.
Success is not mine alone, it is the work of many people.

Expressions of Interest in Consumer Reference Group

We have received many Expressions of Interest for our Consumer Reference Group. This group will focus on identifying practical, creative, person-centred solutions to the problems facing people affected by cancer and sharing them with me. I am looking forward to the establishment of the group and working with them to improve outcomes for people living with cancer.

COVID-19 Resurgence

Tuesday 11 August saw a return of COVID-19 to NZ communities. Te Aho o Te Kahu

rapidly refreshed cancer treatment guidance, thanks to our working groups, and we supported DHBs to continue delivering cancer treatment under all Alert Levels. Early indications are the impact of the August lockdown on cancer surgeries in the wider Auckland region has been minimal. I would like to acknowledge all those involved for their determination to continue delivering essential cancer treatments.

In April, our Equity team led a stocktake of Patient Transport and Accommodation services available during lockdown. This work has been developed over the last month, culminating in the production of information sheets on Patient Transport and Accommodation Services for affected regions. This has been a great opportunity for Te Aho o Te Kahu to work directly with people on the ground in each region to improve the experiences of people living with cancer.

COVID-19 catch-up in full swing

In August we released the third report in our series looking at the impact of COVID-19 on cancer services. The report shows there was a substantial increase in new cancer registrations and diagnostic procedures in June compared to May 2020. This report shows that we are catching up on cancer registrations from the lockdown



period. The overall number of diagnostic procedures and new cancer registrations in 2020 remains lower than 2019. Cancer treatment services continue to be delivered at pre-COVID volumes. The COVID and Cancer Report to end July has recently been circulated to DHBs and will shortly be loaded here...

 reports.teaho.govt.nz

Updated Polyp Surveillance Guidance out now

In a joint initiative with the National Screening Unit, working through the National Bowel Cancer Working Group, we have released updated guidance for Polyp Surveillance to DHBs. This advice brings us in line with international best practice and means that, for some groups, the interval between procedures can be extended and for others,

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at lower risk of bowel cancer, follow-up can now be a recommendation to participate in the bowel screening programme. I am excited about the impact this will have on colonoscopy waiting lists.

Cancer Society receives Govt funding boost

It was announced last week that the Cancer Society is to receive one-off government funding of up to \$650,000 to help them continue delivering their essential accommodation and support services at increased COVID alert levels. This is wonderful news for people living with cancer and I would like to acknowledge the essential work the Cancer Society has been doing to provide transport and accommodation during the COVID-19 resurgence. We worked closely with the Ministry of Health, the Minister's Office and the Cancer Society to get this across the line and I would like to thank everyone who contributed to making this happen.

Telehealth Webinar

Also in August, Dr Chris Jackson, Medical Director of the Cancer Society NZ, successfully facilitated our first national cancer webinar on telehealth during COVID-19. Experts from

New Zealand and Australia came together to discuss their experiences and the challenges and opportunities ahead. There were 200+ registrations and feedback has been very positive.



[View the webinar](#)

Neuroendocrine cancer treatment in Auckland

We are working with ADHB, the Ministry of Health, PHARMAC and the Unicorn Foundation NZ to have PRRT, Peptide Receptor Radionuclide Therapy, up and running in Auckland. We are aware of how distressing it is for those who are unable to get to Australia for their treatment and the impact of this on their wellbeing. Finding a way to deliver treatment in New Zealand is an example of cancer sector collaboration at its best and we are hopeful the first patients will receive treatment before the end of September.

Look after yourselves, your whānau, staff and colleagues, and stay safe. Ngā manaakitanga
Diana Sarfati

Clinical Assembly Nurse - REPRESENTATIVE REPORT

The COVID-19 pandemic has undoubtedly required a rapid change of work plans and rapidly changed the focus to supporting retention of robust cancer services across NZ. DHB's have prioritised public health requirements and the COVID-19 response from an all patient perspective.

Understandably, there have been tensions of providing care as close to usual as possible and in particular retaining cancer care service consistency across the sector. Bearing in mind, many nursing services were already under immense pressure prior to COVID, the nursing response in these unprecedented times is indeed remarkable. I would like to thank cancer nurses, particularly those who communicated directly via email, CNC Facebook page, phone calls and zoom hui's and continue to advocate.

As nurse representative, I was requested to participate in the Cancer Agency's COVID Agile Response (CACART) team, a smaller subgroup with a rapid communication and high equity focus, using daily zoom meetings to keep up the rapidly changing health service landscape. The focus was to highlight emerging issues from clinical teams, patients, NGO's and services and a proactively response and provide guidance to the Ministry and DHB's via the NHCC (National Health Co-ordination Centre). This was a directive from MoH and the DHB CEs at the time, who wanted there to be a singular channel for guidance and advice into DHBs.

Cancer treatment services were well maintained during the lockdown, which is a testament to everyone involved in cancer care. However, we know that there was a decrease in new cancer diagnoses following lockdown, with disruptions to diagnostic services that have required ongoing work to catch up. Te Aho o Te Kahu will continue to work with the cancer sector across New Zealand to ensure people continue to have access to care during this challenging time.

The name Te Aho o Te Kahu had been gifted to the agency by Hei Āhuru Mōwai in a naming ceremony at Parliament in June. Accordingly, the email conventions also changed to firstname.surname@Teaho.govt.nz.

The agency has since reviewed and reissued the guidance that we produced when COVID first hit.

- *The guidance aligns with the National Hospital Response Framework, with a focus on ensuring there is a consistent approach to cancer care during the pandemic.*
- *The guidance sets out the nationally agreed expectations around the ongoing provision of cancer services at different hospital alert levels*
- *Equity is a key driver for the standardisation of care within these guidelines, as we know disruptions to care disproportionately impact Māori and Pacific peoples*

The following guidance documents were asked to be posted on the CNC Facebook page and emailed directly to CNC members:

- *Blood and Cancer Services (medical*

oncology, radiation oncology and haematology)

- *Cancer Surgery*
- *Cancer Imaging*
- *Gastrointestinal Endoscopy (noting that this is wider than cancer)*

The CCA also undertook several patient-facing communications during this time and several reports to DHB's and the Ministry. Access to primary care, diagnostic services and the ongoing impact on NGO services have been identified as ongoing concerns as we head forward managing COVID and cancer care into the future.

A personal communication was received from Prof. Sarfati following the conclusion of the first COVID episode response acknowledging the efforts and input into CACART and for providing nursing, patient and psychosocial perspectives along with equity related contributions. CACART meetings also provided valuable opportunity to strengthen intra-disciplinary relationships within the wider team and within the agency. I also recently attended the NZNO College and Sections full day zoom meeting and was able to take concerns and issues that arose directly affecting nurses from across the whole sector, where cancer patients have significant touch points, such as primary care and the perioperative nurses college, back to Te Aho o Te Kahu. Your voice is strong, it is important, it is being heard, please indulge in self-care and please keep communicating.

Mary-Ann Hamilton
Cancer Nurses College Committee

WHAT ARE THE
REFERENDUM
QUESTIONS?WHAT AM I
VOTING ON?WILL
MY CHOICES
CHANGE THE LAW?referendums
2020

Know before you vote >


Referendums Vote 2020




Voting time is fast approaching and New Zealanders will vote on two referendums, the Cannabis legalisation and control referendum and the End of Life Choice referendum both of which have been debated widely in the community with individuals and groups presenting their support or objection to the referendums.

Ultimately our individual votes will determine the outcome. One of the major concerns voiced is an assumption that voters do not fully understand the implications of what they are voting on. As health professionals we should have a heightened interest as the outcomes potentially impact on the health and wellbeing of our patients. It is imperative that voting is cast based on informed decision. It is important to remember the bill does not relate to medicinal cannabis. Information regarding the prescribing of medicinal cannabis products is available in our last Cancernet issue. Below are some resources to assist and some interesting New Zealand research around nursing and assisted suicide and euthanasia.

 [NZ Legislation, End of Life full act](#)


 [NZ Government, guide to the 2020 End of Life Choice referendum and overview of act](#)

 [End of Life Mobile Health Webinar, balanced panel discussion](#)


 [Stuff article, Dr Cameron McLaren, Oncologist – VIC, Australia outlines what medications are used, how they work and how long they take to work](#)

 [Hospice New Zealand, details of request of Declaratory Judgment from the High Court](#)

 [New Zealand doctors and nurses views on legalising assisted dying in New Zealand](#)

 [Ethical considerations and implications for euthanasia and assisted suicide in New Zealand](#)

 [Cannabis: the science is still far from settled](#)

 [Legalising cannabis in Aotearoa New Zealand: What does the evidence say?](#)

Te Wiki o te Reo Māori

THE THEME FOR 2020 IS:

Kia kaha te reo Māori – let's make the Māori language strong.

Māori language week has been celebrated this month and it is an opportunity to reflect on our part in the revitalisation of the te reo Māori. When Māori patients use te reo Māori within a clinical setting, it provides the opportunity for clinicians to engage in a deeper level of communication to support more effective assessment and management of the patient and their whānau.

Aki Hauora, is a Māori language vocabulary and phrase learning app from the University of Otago. It is aimed at health professionals to help with learning kupu Māori (Māori words), that are commonly used in the health environment.

 [Aki Hauora App for Apple](#)

 [Aki Hauora App for Android](#)

Te Taura Whiri i te Reo Māori – Māori Language Commission and Reo Māori websites have many resources and tools available to encourage to create a positive environment for the use of te reo Māori.

 [Te Taura Whiri i te Reo Māori – Māori Language Commission](#)

 [Te Wiki o te Reo Māori website](#)

Āke Āke app

An educational resource to learn about basic tikanga (Māori customary practices or behaviours) and te reo Māori.

 [Read more about the Āke Āke app](#)

Editor's note *continued*

particularly around cancer please let us know. Each month we will be featuring our "minute with" piece where we are approaching a range of oncology/haematology nurses to share with us some insight in their lives and nursing practice. A great way to connect and find out a little more about each other.

Health workforce funding applications are opening for next year and Louise Carrucan-Wood gives us some information on the cancer-specific papers being offered through at Auckland University. Education opportunities continue to be affected internationally by COVID however a silver lining is the increase in podcasts and virtual conferences being offered. Further information about these is at the back of the issue.

Our committee continues to meet quarterly with our last meeting in August via zoom due to the cancellation of flights. Sadly we lose Maarie Hutana from our committee as she takes up a new position with the Quality Commission working around advanced care planning however we hope to continue working closely with her.

We're calling for expressions of interest to join our committee - see the notice on the next page.

Jane Wright, Cancernet Editor



Report from the chair

Life continues to feel a little surreal currently. While I think we all hoped it would not happen as predicted, it has happened – a second outbreak of COVID 19 in New Zealand, centred in Auckland. While the rest of us around the country only reached level 2, I think we have our colleagues in the greater Auckland region on our minds as we go about our jobs and our daily lives, who have been under more stringent 'lockdown'.

This is unprecedented in any of our lifetimes and the end does not feel in sight when you consider the global situation. COVID 19 is taking much of our energy on a daily basis in our working lives and I have become acutely aware of the pressure we are all working under in the health sector in the past short months – and this is not just due to COVID 19, but COVID certainly isn't helping. I have had conversations and interactions with colleagues, nursing and medical, in recent times, both locally and nationally, which have highlighted to me how many of them are in a difficult place emotionally and mentally which makes continuing to give of ourselves at work extremely difficult and at times not possible.

As a committee, I believe, we have had an exceedingly difficult 12+ months with most of us having experienced significant health issues, either ourselves, or in our immediate families. This is without considering COVID 19 in the picture! I think this has impacted on our ability to commit to committee work and contributed to the pressure, I think we all feel, from the amount of work on our workplan. It is vitally important we care for ourselves, and our families, in the first instance in order to maintain that 'healthy work-life balance' we all strive to try to find and achieve.

At our recent August committee meeting we started to revisit what the vision of the Cancer Nurses College is and how we, as the current committee members, want to move this forward. We have an opportunity to influence cancer care at a national level (and sometimes this is political) and to support our nursing membership to achieve improved outcomes for our patients. We intend to concentrate on undertaking a survey to ascertain your views as members as this needs to inform the way forward for the college. We will also be seeking assistance with some of our projects and will let you know more about this as we move forward. As always we welcome your feedback.

Sarah Ellery
Chairperson - CNC

The tenure of two Cancer Nurses College Committee members is drawing to an end. We therefore are inviting Expressions of Interest (EOI) for secondments into these two vacant positions, until the Biennial General Meeting in 2021 (you will have the opportunity to put your name forward for re-election at this time).

We invite EOIs from nurses currently working with:

- people who have cancer,
- who share our passion and commitment towards helping shape and influence health policy, and
- provision of cancer care and education.

Ideally we would like continued representation from both the North and South Islands!

Committee meetings are fully funded and held quarterly in Wellington (arrive early on Friday, and leave mid-afternoon Saturday).

The Committee actively participates in project work and key tasks between meetings, with the aim of:

- improving patient outcomes,
- supporting cancer nurses, and
- enhancing collaboration and networking.

Exciting
opportunity
to join the
**CANCER
NURSES
COLLEGE
Committee**

If you have any questions, please email us at

cancernursesnz@gmail.com

or if you would like to apply please email a completed Nomination Form (link below) and send it with a copy of your CV to
cancernursesnz@gmail.com

 [Nomination form here](#)

Warm Regards,
Sarah Ellery
Chair, Cancer Nurses College

Post-treatment support for women with cervical cancer, Women's Health, Canterbury District Health Board.

Sue Morel, Gynae Oncology CNS, Christchurch Women's Hospital.

Tash Chisholm, Radiation Oncology CNS, Christchurch Public Hospital.

Women who receive treatment for cervical cancer experience a range of physical and psychological post treatment effects that can potentially last for an extended period beyond the completion of their treatment.¹ In line with international literature suggesting that more work is needed to identify anticipate and manage the ongoing effects of cervical cancer treatment the gynae oncology nursing team recognised the complexity of the physical and psychological needs of this group. The team wanted to determine how best to provide patient-focused follow-up care.

Our aim was to work in partnership with women who had undergone combination (chemotherapy and radiation) treatment for cervical cancer to explore their treatment experience and support needs beyond completion of treatment. We want to better understand the consumer experience and gather their ideas of what currently works well and what could be improved through the use of a co-design approach.

Co-design is listening to people and designing the solutions with them rather than consulting them on something that has already been designed without their support.

The Partners in Care team from Auckland and the Health, Quality and Safety Commission of New Zealand supported the nursing team and 2 patient consumers at 2 workshops exploring the process of co-design. To capture the women's experiences we decided to hold a consumer led focus group. 10 women were invited to attend and with the support of the project team consumers we developed a list of questions to guide the discussion.

We consulted with and included kaiawhina for wahine Maori and consulted with the cultural advice committee for the CDHB.

At the focus group of 7 women we used a small number of questions to help guide the discussion looking at treatment and follow up asking the group to share with us what went well and what could we improve on. The project team felt privileged to be a part of the women's sharing and the conversation flowed honestly and freely and we gained valuable insight into their journey of care.

From the discussion we identified themes and ideas that would guide us in our next steps.

They included concern around the volume of information provided and that a more individualised approach with improved consistency would be helpful

The group felt there was benefit in having the opportunity to discuss

Insights from women



treatment with a women who had gone through the same experience.

The consensus was that if possible more attention needed to be paid to the effects on fertility and the side effect of menopause.

Psychological therapy should be better explained and that it should be offered at multiple points during and after treatment.

Individualised information about side effects including support from doctors, nurses, physios, dietitians and counsellors focusing on intimacy and relationships should be a priority.

The next steps are to continue this work by:

- Share the learning with other key stakeholders who support women on the cervical cancer journey

- Continue to work with women to further develop the resource on menopause
- Review all other patient information available which is provided by both Gynaecology and Oncology services with the intent of developing an individualised care plan for each patient including a treatment timeline/pathway.
- Create a pathway to refer women for counselling support for all patients prior to treatment.
- Identify women that have completed treatment who would be willing to have contact with new patients.
- Ensure specialist nursing contact and assessment available continuously from diagnostics to completion of post-treatment follow-up.

 [Read the full study](#)



1 MINUTE WITH:

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

Ellyn Proffit
Clinical Nurse Specialist

Adolescent and Young Adult Cancer Service, Midland.

What does your job involve?

Assisting and helping young people in 'all and every' aspect of their cancer journey...

Education – educating young people and whanau of what to expect along the cancer pathway, physically, emotionally, socially and psychologically. As well as providing education to fellow colleagues and services about the needs and requirements these young people need and deserve.

Support – alongside providing one on one support, I ensure the young people and their whanau know what supports they can access and have available to them within the health service and community. I also provide support to colleagues, services and various team members throughout the Midland region; as well as fellow Adolescent and Young Adult Cancer Service Key workers throughout New Zealand.

Communication – ensure the young people feel comfortable to advocate for themselves and/or I encourage them to develop this skill along their treatment pathway, while also making sure they are aware of their rights. Communicate to colleagues and services young people needs, and provide guidance on how to communicate effectively to young people.

Development – of whatever is needed to address any gaps identified while supporting young people, for example –

new systems to locate young people from diagnosis, creation of recreational facility – Youth Pad, increase inpatients right to support – by having the DHB acknowledge this and incorporate into Visiting Guideline etc.

What attracted you to working in this field?

I always wanted to be a Paediatric Nurse, and during my 10 years working in this field I volunteered for Camp Quality – a children's camp for 5-16 year olds with cancer, via this, it naturally fitted to pick up the extra ward role – Waikato Shared Care Cancer Nurse. This involved liaising with Starship, arranging treatment with our Paediatrician, Baxters and whanau, alongside supporting the child/young person. As well as educating colleagues on chemo administration and care of the unwell oncology child. Therefore when my current role evolved 13 years ago, I was interested in creating a similar wrap-around service for 12 – 24 year olds as nothing existed previously for this age group in New Zealand.

What made you smile at work today?

Having the ability within my role to visit my 'Boss' (aka young person) and his partner, having that connection with them – where they are comfortable enough to have me in their space, and have a very open and honest korero about his current pathway

What's your favourite part of your job?

Getting to support my 'Bosses', every day I am inspired how these young people take their cancer diagnosis in their stride, and get on with living.

Who is your nursing hero?

My Mum!!! She was an enrolled nurse, who worked night shift, full-time for 17 years – so we always had one of our parents available if needed.

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

Critical thinking – to be gifted this skill and to 'get it' in an instant would be awesome!

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

Pen – so I could document (emotions/ number of days etc), fob watch – so I know the time and a metal jug – to collect water with and then boil it :)

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

Helping unwell children's wishes come true via Make-a-Wish Foundation :)

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

Camp Quality, Child Cancer Foundation, CanTeen, Leukaemia Blood Foundation, Cancer Society and Make a Wish Foundation.

What sound do you love?

Children laughing, lawn mowers (brings back memories as a student nurse going home in summer to work alongside my Dad, and a good ol' country song :)



Visiting our maunga Hikurangi - for the first time: in order - my oldest brother - Ropata, Me, Twin sister - Jolene and older brother Reginald.

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

Making Ma Honey's kumara curry soup from scratch :)

If you could have any superpower what would it be?

The ability to heal with my bare hands!

What is the best book that you have ever read?

'The Secret'

Ellyn Proffit, Clinical Nurse Specialist
– Adolescent and Young Adult Cancer Service, Midland



Postgraduate Nursing Cancer Specialty offer from the School of Nursing at The University of Auckland

School of Nursing Staff Annual Hui, January 2020

The School of Nursing at the University of Auckland is recognised for its delivery of specialty clinical pathways, to support registered nurses with the skills and knowledge necessary to deliver safe, thoughtful and relevant health care. The School of Nursing is now New Zealand's largest postgraduate nursing school and an influential leader within nursing education nationally and internationally. Our programmes have been developed to enhance nursing practice and focus on the improvement of patient outcomes and the health of New Zealanders.

Our courses attract nurses from throughout New Zealand who wish to make a difference to health outcomes as well as broaden their own employment opportunities. All of our courses are well regarded by nurses and employers alike, and there are pathways for those wishing to meet the Nursing Council's requirements for Nurse Practitioner and RN Designated Prescriber and other advanced nursing roles.

Advanced nursing practice is the ability to apply the latest evidence to nursing practice and knowledge in order to contribute to specialist nursing areas like cancer. The specialty courses are highly recommended for registered nurses wishing to extend their clinical knowledge and skill, and are considered core for those

wishing to prepare for advanced clinical roles.

We offer two specialty knowledge courses of interest for nurses caring working in a range of roles in cancer practice areas. These postgraduate courses are level 8 courses that can combine to form a Postgraduate Certificate in Health Sciences (Advanced Nursing) and can also contribute to a Postgraduate Diploma or Masters qualification. They are:

NURSPRAC 704 - Cancer Nursing

This course aims to extend knowledge and understanding of biomedical and social sciences concepts related to cancer nursing. It covers specialty knowledge and skill related to the management of people with cancer.

Offered semester one, 2021, via blended delivery.

NURSING 778 - Health Promotion and Early Detection of Cancer

This course examines the latest knowledge and research available around health promotion, risk assessment and early intervention for cancer and considers the implications for nursing practice.

Offered semester two, 2021, via blended delivery.

As Course Director, it gives me immense pleasure and satisfaction to deliver these two courses with Natalie James. We deliver the courses in a way to promote interaction and interest about cancer nursing. We value the clinical experts in Cancer care who contribute and teach in these courses. Recently both courses have undergone curricula development and include three assessments that enable students to extend knowledge about topics that are relevant to their area of practice.

Both NURSPRAC 704 and Nursing 778 are delivered from Grafton Campus in Auckland, with study days and eLearning resources, to enable the courses to be as accessible as possible to those throughout New Zealand.

If you are interested in completing either or both of these courses, or would like academic advice you are welcome to email Louise Carrucan-Wood, Course Director and Postgraduate Advisor at the School of Nursing.

To ensure that academic advice supports your career goal, please include brief information about your clinical experience and your career goal. We look forward to hearing from you.

Email: l.carrucan-wood@auckland.ac.nz OR postgradnursing@auckland.ac.nz

 [Visit our website](#)



Breast SIG

NOVEMBER 5-7, 2020 | KUMUTOTO (PWC CENTRE), WELLINGTON

Breast cancer inSIGhts

5-7 NOVEMBER, 2020 | WELLINGTON

New Zealand conference for health professionals with a special interest in breast cancer.

Kia ora nurses,

Breast Cancer Foundation NZ are working with the Breast SIG to offer a free breast cancer conference in 2020.

The Breast InSIGhts meeting will be held on November 5-7 in Wellington. It provides an opportunity for health professionals that would normally attend either the Breast SIG meeting or the BCFNZ nurses meeting to come together at one conference.

Key conference aims include:

- Clinical updates from national and international speakers
- A workshop focused on Breast Cancer Quality Performance Indicators
- The development of advanced breast cancer (ABC) guidelines

Early registration is advised as there's only a limited number of nurse registrations available due to COVID-19 restrictions and the multidisciplinary nature of this year's meeting. Please hold off booking travel until your registration is confirmed. Roche is again supporting nurses who need travel assistance.

Please look at essential conference information, the programme and how to register here.

We expect to run our usual, larger nurses meeting again in 2021. If you have any questions, please [get in touch](#) with the team - we'd love to hear from you.

Ngā mihi,
BCFNZ nurses



[Conference information, programme and how to register here](#)



International Society of Nurses in Cancer Care 2021 is going virtual! join us!

2-5 FEBRUARY, 2021

Conference theme: Innovation and Inspiration - Celebrating the Global Impact of Oncology Nurses

ICCN 2020 has been renamed ICCN2021 and will be presented as a virtual conference from Tuesday, February 2, 2021 through Friday, February 5, 2021. Sessions will start at different times each day to allow the live presentations to be accessed by a wider global audience.

Conference Objectives:

1. Discuss the challenges and innovations facing oncology nurses across diverse culture.
2. Showcase evidence that demonstrates the impact of cancer nursing on cancer control worldwide.
3. Provide a forum for broad debate about innovative nursing education, practice, research, and policy impacting cancer patients' and survivors' quality of life.
4. Enable nurses to identify the impact of their own practices on the global burden of cancer.

If you have any questions or concerns email the ICCN 2021 Conference Secretariat:

iccn2020@icsevents.com



[Read the ICCN 2021 FAQs](#)



NET NURSE WORKSHOP

FRIDAY 30 OCTOBER, 2020

Cancer Society's Domain Lodge in Auckland

A Carcinoid Syndrome patient's journey.

We are still proceeding with plans to host the annual NET Nurse Workshop, "A Carcinoid Syndrome Patient's Journey", on Friday 30th October at the Cancer Society's Domain Lodge in Auckland, anticipating no alert level lockdowns in place by then.

Thanks to our workshop sponsors, Novartis, we can offer this study day free of charge for nurses and HCP's who are interested, as well as offer travel and accommodation grants for those that live outside of Auckland. We still have a number of grants available.



[Register here: NET Nurse Workshop 2020 Registration](#)

AJCN -

The Australian Journal of Cancer Nursing



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

The latest issue includes:

- Standardisation of systemic anti-cancer therapy (SACT) prescription forms: a pre-post audit evaluation
- What cancer survivorship services do young people want?
- Implementing evidence-based supportive care for patients with skin toxicity associated with epidermal growth factor inhibitors in an ambulatory care setting

Health Workforce Sector Update



Did you know you can sign up to receive Health Workforce updates?

[Subscribe here](#)

[August 2020 update](#)

The CNC committee strongly encourages you to subscribe to stay up to date with professional issues and updates, such as these topics below from the December update...

- *Nurse Practitioner training*
- *Rural Health Workforce - Rural Interdisciplinary Training Hubs*
- *Health Workforce Advisory Board*
- *Voluntary Bonding Scheme 2020 intake: eligible professions, specialties and communities*
- *New staff in the Ministry's Health Workforce Directorate.*

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support from
a trained
counsellor

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someone to talk to?
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overwhelmed?
Call or text 1737

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

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1737
any time

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

Supportive Care
organisations
DIRECTORY

There are so many wonderful support organisations working hard to provide much-needed and appreciated services for people affected by cancer and other illnesses. We'll profile them and also start compiling this permanent directory as a resource you can refer back to.

Email us at: cancernursesnz@gmail.com
if you have a worthy organisation that should feature here...

Sweet Louise

www.sweetlouise.co.nz

CanInspire

www.caninspire.org.nz

Shocking Pink

www.shockingpink.org.nz

Need to talk? Text 1737

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Visit www.cnsa.org.au/belong and join today

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

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

eviQ is increasingly being used by cancer health professionals in New Zealand as a guide

to inform best practice through its treatment protocols and educational resources.

Here are some of the latest educational resources available from eviQ...

Cancer survivorship care

Cancer survivorship provides a focus on the health and wellbeing of a person living with and beyond cancer.

By the end of this learning you will be able to:

- identify your role in supporting cancer survivors including key resources to refer survivors to
- describe the importance of healthy lifestyle behaviours in improving quality of life
- outline the importance of survivorship care plans and engaging primary care in survivorship care.

 [Cancer survivorship e-learning course](#)

Hypercalcaemia of malignancy (HCM)

Hypercalcaemia is a complex metabolic abnormality that affects up to 30% of people with cancer. It is characterised by high calcium levels in the blood stream and can result in death and is considered an oncological emergency. In this rapid learning you will learn how to:

- recognise the signs and symptoms of HCM
- assess the severity
- initiate the right interventions and escalate care appropriately

 [HCM e-learning course](#)

Radiation oncology

This course is to introduce health professionals who are new to the specialty of radiation oncology to the principles of radiation therapy, patient assessment and supportive care management.

 [Radiation oncology course](#)

Advanced radiation oncology

This course is for all health professionals working in radiation oncology, with a particular focus on the role of nurses. The resource is designed to provide an understanding of advanced principals of radiotherapy.

 [Advanced Radiation oncology course](#)

Febrile Neutropenia for health Professionals - VIDEOS

These videos are designed for health professionals and provide information on fever neutropenia.

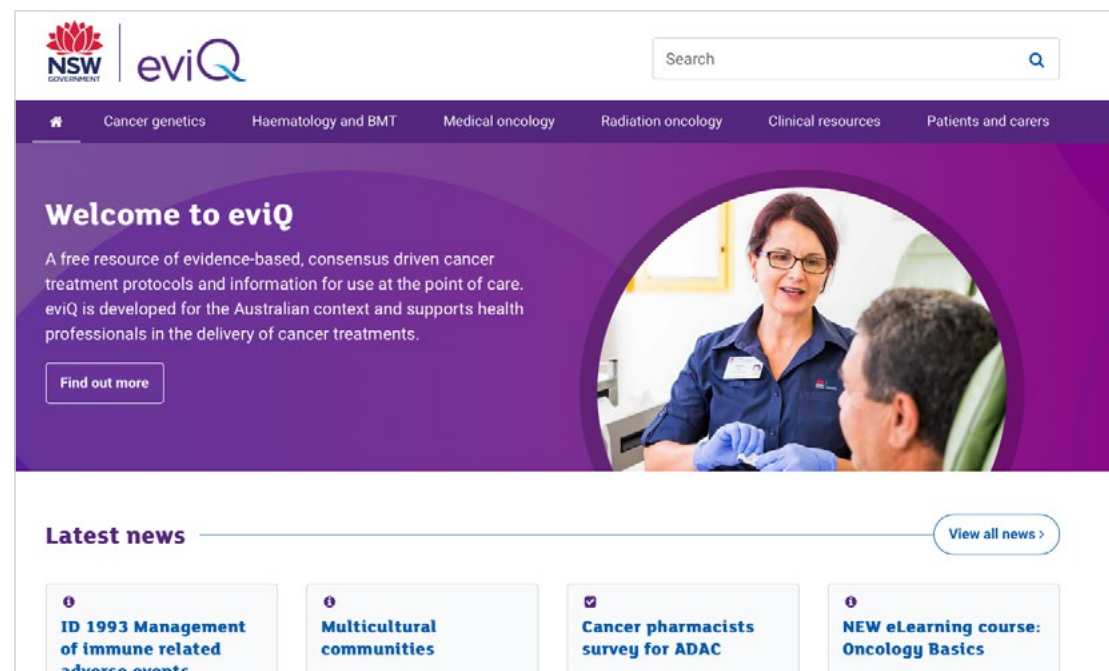
 [Febrile neutropenia Part 1](#)

 [Febrile neutropenia Part 2](#)

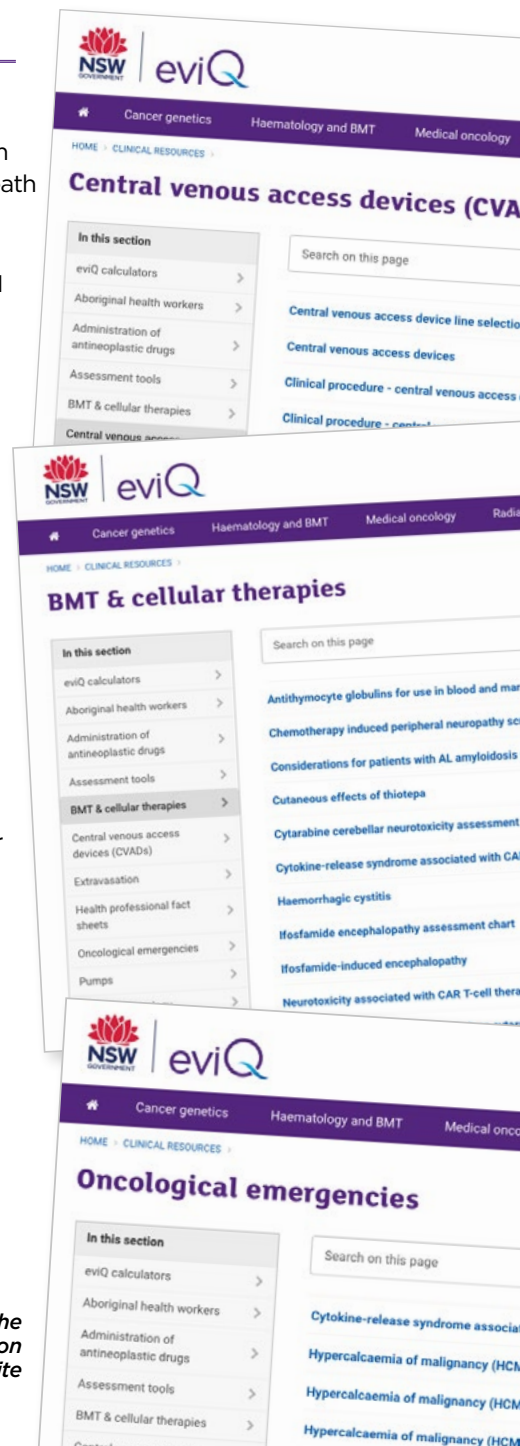
 [Febrile neutropenia Part 3](#)

education.eviq.org.au

some of the resources on the eviQ site



The screenshot shows the eviQ website home page. At the top is the NSW Government logo and the eviQ logo. Below this is a navigation bar with links: Cancer genetics, Haematology and BMT, Medical oncology, Radiation oncology, Clinical resources, and Patients and carers. The main heading is 'Welcome to eviQ'. Below this is a paragraph: 'A free resource of evidence-based, consensus driven cancer treatment protocols and information for use at the point of care. eviQ is developed for the Australian context and supports health professionals in the delivery of cancer treatments.' There is a 'Find out more' button. To the right is a circular image of a healthcare professional interacting with a patient. Below the main content is a 'Latest news' section with four items: 'ID 1993 Management of immune related adverse events', 'Multicultural communities', 'Cancer pharmacists survey for ADAC', and 'NEW eLearning course: Oncology Basics'. A 'View all news >' link is also present.



This block contains three overlapping screenshots of the eviQ website's clinical resources. The top screenshot shows the 'Central venous access devices (CVA)' page, with a sidebar listing 'In this section' items like 'eviQ calculators', 'Aboriginal health workers', 'Administration of antineoplastic drugs', 'Assessment tools', and 'BMT & cellular therapies'. The middle screenshot shows the 'BMT & cellular therapies' page, with a similar sidebar and a list of topics on the right including 'Antithymocyte globulins for use in blood and marrow', 'Chemotherapy induced peripheral neuropathy', 'Considerations for patients with AL amyloidosis', 'Cutaneous effects of thiopeta', 'Cytarabine cerebellar neurotoxicity assessment', 'Cytokine-release syndrome associated with CAR T-cell therapy', 'Haemorrhagic cystitis', 'Ifosfamide encephalopathy assessment chart', 'Ifosfamide-induced encephalopathy', and 'Neurotoxicity associated with CAR T-cell therapy'. The bottom screenshot shows the 'Oncological emergencies' page, with a sidebar listing 'In this section' items and a list of topics on the right including 'Cytokine-release syndrome associated with CAR T-cell therapy', 'Hypercalcaemia of malignancy (HCM)', and 'Hypercalcaemia of malignancy (HCM)'.



Research Review New Zealand

Research Review publications bring the best of 10,000 global medical journals to your inbox every issue with commentary from NZ 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](#)

Pacific Health

[Pacific Health Review](#)

Free resources available from ONS

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

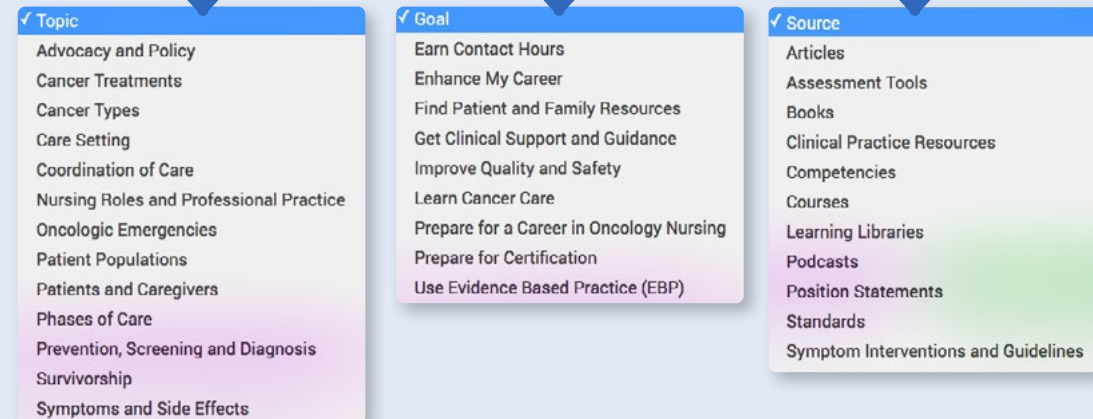
Explore Resources

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

[Explore by Topic](#)

[Explore by Goal](#)

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



Videos *FREE!*

[How Do CDK4/6 Inhibitors Work?](#)

[Nursing considerations when administering CDK4/6 inhibitors](#)

Podcasts *FREE ON SPOTIFY!*

[Is telehealth the future of cancer care](#)

[What oncology nurses need to know to support caregivers](#)





GUIDELINES FOR CONTRIBUTING TO CANCERNET...

Why contribute? Why publish?

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

Introduction

Cancernet is a newsletter that is published three times a year by the New Zealand Nurses Organisation Cancer Nurses College. Cancernet aims

to inform and encourage nurses managing people with cancer to share opinion, resources, clinical practice and continuing professional development.

Types of articles

All types of articles are welcomed and can include;

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

Submitting your work

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

Word count

Opinion articles should be between 700-1000 words long. However, clinical-based articles and literature reviews and advanced study articles,

these can range from between 1,500 and 3,500 words, including references.

Illustrative and images

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

Referencing

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

12 - 17 OCTOBER, 2020

APCC 2020 - VIRTUAL & ON-DEMAND

21st Asia-Pacific Prostate Cancer Conference

Clinical urology, nursing & allied health, translational science

Visit the APCC 2020 website for program and registration details.

 [Click here for more information](#)

27 - 28 OCTOBER, 2020

EXCEL CENTRE, LONDON, UK

Nightingale 2020 nursing conference

Transforming global health and care.

The World Health Assembly has declared 2020 as the Year of the Nurse and Midwife. This is a once-in-a-generation opportunity to put nurses and midwives at the centre of global and national health policy.

 [Click here for more information](#)

17 - 19 JUNE, 2021

BRISBANE, AUSTRALIA

Cancer Nurses Society of Australia 23rd Annual Congress

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

Visit the Congress website for all of the up to date speaker, abstract, program and registration details.

 [Click here for more information](#)



THE CANCER NURSES COLLEGE 2020-21 COMMITTEE

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

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

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

 [Click here to visit the page...](#)

A RECENT POST...

Defining Research Priorities and needs in Cancer Symptoms for adults who are living with or have had cancer


You are invited to participate in a survey study which is aiming to identify the key research questions which should be addressed as a priority to improve the management of symptoms related to cancer and its treatment.

This survey is being conducted by a team of investigators from the Cancer Symptoms Trials (CST) unit.

We are interested in your views regarding which cancer... [See more](#)



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