



cancernet



Editor's note

Welcome to this edition of Cancernet.

Life as we know it is rapidly changing with COVID-19 now deemed pandemic status. We will bring you evidence-based information as it comes to hand that is specific to cancer patients, cancer nursing and the wider healthcare team. We'll also deliver information on health measures for the general population to help keep you and yours safe during this challenging time. Information will be shared via our Facebook page and Cancernet.

 Please refer to MOH website for updates

Talking about challenges, the political environment is heating up in the NZNO industrial space for members with direct cancer-nursing-related issues and of course in the general public environment with the general election date set for Saturday 19 September. NZNO MECA negotiation time is the time you as an individual and all of us as a collective voice, put our pressing wants, needs and issues forward. Please do take this opportunity to talk with your colleagues, inform your NZNO delegates and agitate within your networks to take our issues forward with the collective strength of your union. If you haven't already had the opportunity to meet with your delegates please do so.

Is one of your potential MECA conditions access to clinical supervision? Is this a way to mitigate the vicarious trauma we experience in the cancer care setting and will it help retain our nurses in the sector? Is it securing dedicated financial support

continued on the next page...

CANCER CONTROL AGENCY NATIONAL CLINICAL ASSEMBLY Cancer Nurse rep: Mary-Ann Hamilton

The inaugural National Clinical Assembly (the assembly) meeting was held in Wellington late January hosted by Dr Chris Jackson Chair, National Cancer Agency Clinical Assembly and Diana Sarfati, Chief Executive, Cancer Control Agency (CCA, the Agency) with support from Dawn Wilson (CCA) and Rose Simpson (CCA). The Assembly will be the central focal point for clinical advice and engagement for the Agency.

The first meeting objective was to get to know each other and understand our respective constituencies, for us all to understand the current structures, capacity, work programme and priorities of the Agency as it looks to implement the National Cancer Plan. We discussed how the Agency best engage with the broader cancer community as a whole, and our individual and collective roles in this. Work has commenced to map a path that identifies how the Agency prioritises and engages with existing issues and those that emerge.

Melissa Vining, wife of the late Blair Vining, joined the meeting via video conference and relayed several very clear messages about the state of cancer care from a patient/whanau

perspective. It was a powerful reflection informed by many cancer service users who had contacted her and we were left under no illusion we would be held to account by Melissa – a remarkable woman.

We were taken through population-based cancer survival estimates in order to provide big picture benchmarking as to how New Zealand compares on the world stage giving valuable insights into the effectiveness of our cancer services. Dr Jason Gurney also joined the meeting via teleconference and reiterated the state of the nation from a population outcomes and equity mandate reiterating the uncomfortable truth that Māori diagnosed with cancer are more likely to die, and to die sooner, than non-Māori with cancer. If we accept that these inequities are unfair and avoidable, then we need a well-resourced and focused approach to eliminating them for Māori. He reiterated the Cancer at a Crossroads aspirational objective of equity by 2030: achieving equity in survival for Māori cancer patients.

Achievements and lessons learnt from the last 10 years in paediatric cancer service was also presented. The Cancer Plan and public feedback was summarised and there was an

informative two-way question and answer session around the mandate parameters of the agency infrastructure, responsibilities and structure, along with understanding the role of the Clinical Assembly, engagement and governance, priorities and current work streams. There was little doubt about the expertise and commitment of those in the room.

Thank you to the Cancer Nurse Committee for my nomination into this forum and congratulations with successfully advocating and mandating the nursing voice be a contributor to this important collaborative strategic cancer mahi (work). Nurses are an important contributor to cancer care delivery across Aotearoa, a large constituent of the cancer workforce. Nurses will undoubtedly be relied upon to implement some of the solutions required. Please do get in touch via the cancernursenz@gmail.com, I am there to represent our collective voice as cancer nurses.

In this issue:

Report from the Chair	2
Latest oncology funding from Pharmac	3
Blood 2019 conference report	4
eviQ learning & resources	7



Report from the chair

Kia ora koutou katoa and welcome to the first edition of Cancernet for the new year.

First, some updates on nursing representation. I would like to give a warm welcome to Maarie Hutana our newest member of the Cancer Nurse College (CNC) committee. Maarie hails from Christchurch and will be joining the Cancernet editorial team, you can read more about Maarie in her profile later in the newsletter. Maarie replaces Felicity Drumm who stood down in November last year.

Anita Wootton has finished her term as one of the CNC representatives on the haematology working group. I would like to thank her for all her hard work throughout her time on this group. She will be replaced by Rosie Howard, Haematology Nurse Practitioner, Auckland DHB who will be joining Debbie Moore as the CNC representatives.

Mary-Ann Hamilton, CNC committee member and Cancernet co-editor was nominated by the committee to join the Cancer Control Agency - Clinical Advisory Assembly as a nursing representative. This was based on her ability to articulate issues of equity and the nursing perspective.

It is heartening to see the Ministry of Health and the Cancer Agency recognising the need for nursing representation. As a committee we are dedicated to continue lobbying for nursing representation at ministry level and recognition of the experience, skills and knowledge that nursing and nurses bring to the care of the cancer patient.

The committee, along with other interested parties, have been working with Worksafe NZ on the Cytotoxic Drugs and Related Waste Guidelines. This document was well overdue for review and the committee are very pleased to see new guidelines being developed. The draft guidelines have been sent out for consultation to all CNC members. Hopefully some of you have taken a look and provided feedback. The committee will also be feeding back on your behalf.

Planning is already underway for our 2021 biannual general meeting. The committee are considering various options including holding one day symposiums in different locations to make it easier for members to attend. We hope to hold some form of celebration as this will be the 25th anniversary of the Cancer Nurses Section/College. We will keep you updated as this takes shape.

We always welcome communication from our members regarding any concerns or ideas they may have. We are here to represent Cancer Nursing so please feel free to contact us via email – cancernursesnz@gmail.com, or for further contact details please see the CNC website (under colleges and sections on the NZNO website) or if you prefer an individual approach see the updated committee details near the end of this newsletter.

Kind regards

Kirstin Wagteveld (Unahi)
Chairperson - CNC

Editor's note continued from front page...

and equitable access to career development opportunities and protected education time in order to practice at the top of your practice scope?

What matters most to you? We have great collective power and a wave of millennials who simply do not subscribe to the pay and gender inequalities of old. Use your voice and exercise your power wisely to influence the change you want to see. If not for yourself, for patients now and in the future who will require the critical thinking, experience, knowledge and skills we have to retain within our profession.

The 'Resources for cancer nurses' section has a recent addition - the link to the Māori Health Review and we have now included the Pacific Health Review link. We have added the latest resources available through eviQ this month also. eviQ features rapid learning modules and a multitude of credentialled cancer nursing education modules. With the rapid change and expanding funded cancer drug treatments available it will be increasingly important to have mechanisms to access high quality information and stay up to date.

Last edition we called for expression of interest to host the biannual CNC conference and AGM in 2021. Have you considered hosting this in your area? Please see the event details on the next page.

The committee has been considering how we best communicate on several platforms to enable effective and timely feedback mechanisms from our membership. One of the decisions made was to expand the use of the CNC Facebook page for dedicated membership communications. As such this will now be a closed group in order to foster an environment for safe debate and exploration of the issues that affect cancer nurses. As a cancer nurse college member, you will not need to do anything other than inform and participate in the discussions.



Click here to visit the CNC Facebook page...

Please do let us know your priorities as the college is here to reflect and support the needs of cancer nurses and we would love your feedback – whakarongo mai ki a koe e kore e roa - hear from you soon.

Mary-Ann Hamilton, Jane Wright and Maarie Hutana
Cancernet Co-editors



NEW COMMITTEE MEMBER

Maarie Hutana

Māori Haematology Nurse
Christchurch Hospital
Canterbury District Health Board

My whakapapa flows through the Arahura, the mighty awa on the West Coast of Te Waipounamu, where the waters run rich with inanga (whitebait) and pounamu. I'm fiercely proud to be Ngāi Tahu and am a descendant of Kokare and Wereta Tainui from Arahura and am the daughter of Tahī and Vitu Hutana.

On my mother's side, I whakapapa to Fiji and am currently filled with sadness as my planned trip to visit matagali (family), has been scuttled by COVID-19.

I love my job and feel blessed to be in a role whose focus is on improving Māori health

outcomes. This haematology nursing role was established in 2018 to champion equity as an integral component of quality health care. The role has developed into one that involves service audits and service improvement activities that are whānau driven, quality assured and grounded in evidence-based research.

I have discovered that I'm a systems-process-geek. One project that I'm currently working on is to drive change within the CDHB to improve our ethnicity data collection and recording, so that we can nut-out where any service-level ethnicity associated health inequities lie – and dismantle them.

Alongside equity focussed projects I work closely with Māori patients and their whānau along the cancer care continuum, ensuring equitable access to health services, strengthening whānau health knowledge and advocating health needs across all health services including primary care and community agencies.

I'm a 2016 nursing graduate, from the Ara Institute of Canterbury and am now thrilled to be part of their education team. At Ara, I present seminar to nursing students on the application of cultural safety and Te Tiriti o Waitangi to clinical practice.

Other committees that I'm involved with include the Te Waipounamu Māori Leadership Group for Cancer which partners with the Southern Cancer Network to understand Māori experience of cancer, and a CDHB governance group that supports quality initiatives and research within the arena of haematology, oncology and palliative care, through funding.

Thank you for electing me onto the Cancer Nurse College Executive Committee. I look forward to bringing my strengths to the table and encourage you to connect with the CNC team so that we may celebrate your successes, support your challenges and represent your voice.

Cancer Nurses Conference 2021

Expression of interest

The Cancer Nurses College Committee are calling for expressions of 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 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, organising 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 April 2020 to cancernursesnz@gmail.com

Latest cancer drugs now funded by Pharmac

There has recently been announcements from Pharmac around the funding of palbociclib. Below is a summary of this and the other cancer drugs that have been approved for funding so far in this financial year (from 1 July 2019)...

Palbociclib (Ibrance) is available for eligible patients in the first-line, second-line and subsequent-line treatment settings with HR-positive, HER2-negative locally advanced or metastatic breast cancer. It is an CDK4/CDK6 inhibitor which is used in conjunction with another endocrine partner. It is an oral tablet taken once daily for three weeks then a one-week break.

Trastuzumab emtansine (Kadcyla) for HER-2 positive metastatic breast cancer who have previously received trastuzumab and chemotherapy separately or in combination. The patient must not have symptomatic brain metastases or has brain metastases and has received prior local CNS therapy. It is administered as an IV infusion over 90 minutes once every three weeks.

Olaparib (Lynparza), a PARP inhibitor, will be funded for the treatment of BRCA-mutated platinum-sensitive relapsed ovarian, fallopian tube or primary peritoneal cancer with high-grade serous features or a high-grade serous component. It is administered as a daily oral tablet/capsule.

Fulvestrant (Fasolodex) is an antioestrogen indicated for second-line treatment for locally advanced or metastatic oestrogen receptor positive breast cancer. It is given as an intramuscular injection as a loading dose initially two weeks apart then monthly thereafter. It is anticipated that this will be delivered by primary care providers who will require training and support.

Alectinib (Alecensa), a kinase inhibitor, will be funded for the treatment of anaplastic lymphoma kinase (ALK) locally advanced or metastatic (advanced) non-small cell lung cancer (NSCLC). It is administered as an oral capsule twice daily.

Venetoclax (Venclexta) for chronic lymphocytic leukaemia (CLL), will be funded, in combination with rituximab, for the treatment of CLL that has relapsed within 36 months of previous treatment and as monotherapy for the treatment of previously untreated CLL with a specific genetic mutation (17p deletion or TP53 mutation). It is administered as an oral tablet once per day.



CONFERENCE REPORT

Blood 2019 Conference

20-23 October 2019, Perth, Australia

Developing nurse-led interventions through research - Sarah Liptrott, European Institute of Oncology, Milan, Italy

Sarah is an English nurse working in Italy. Her clinical background includes medical and surgical nursing. She has specialised in Oncology and Haematology since 2001. Her role is research nurse lead, specialising in research for patients undergoing transplantation. Sarah has authored many articles and chapters in the European Blood text book on transplantation.

Her research focuses on addressing patients unmet needs and also some of the pitfalls patients face trying to access services in remote areas. Her geographical research area covers over 1,000 kilometres and the survey she completed highlighted many issues that patients face. Sarah is looking to formally publish her research early next year.

Sarah's second paper addresses quality of life during stem cell mobilisation and looks at the long-term problems that patients and family face after transplant.

In her area of practice there are increasing numbers of stem cell transplants being performed. There is also an increasing need to better understand how quality of life aids in supporting the patient physically, socially and psychologically. Her research in this area has tried to unravel the multitude of problems patients face in these domains, along with, how family members are effected and respond during this time.

Exercise for the transplant patient - Bonnie Furzor

The incidence of haematological malignancies has increased by 25% in Australia from 2005 to 2013 and there has also been an increased survival rate in patients with a haematological cancer. There is a growing body of evidence that exercise in this patient group can be a safe adjunct to the rigors of treatment regimes. Tailored programmes need to take into patient's personal preferences but the programmes needs to include aerobic exercise e.g. walking and jogging. Strength and resistance is an important part of the exercise programme. Although this is not new to bone marrow treatment units, encouraging patients to maintain a level of exercise to maintain strength while completing arduous treatment regimens is an important aspect of care.

"In their shoes" haematological malignancies in a young person's world - Jo Collins

It is always challenging to care for young adults in an older adult world. This presentation addressed what it was like for young people and how they managed their treatment, while living their life. Often in hospital the needs of the young adult is overlooked and they are often placed into areas with young children or older patients. This makes the adolescent and young adult person feel isolated and lacking the required support to manage some very

scary issues. This presentation looked at five young people who were managing their diagnosis along with treatment and also trying to manage their life. The five young people reflected on different aspects of their treatment journey but the message was the same - it is very difficult to cope with school, treatment, budding romantic relationships, siblings, parents and hospital visits while navigating a system that was not sympathetic to their needs. Armed with this knowledge the Western Australia Youth Cancer Service is making inroads to making big changes to improve the journey with young people managing the diagnosis of cancer.

The use of Bendamustine and infection rates; a retrospective analysis in Western Australia - Usha Chandra Sekaran, Shane Gangatharan, Fiona Stanley Hospital, Western Australia

Bendamustine in combination with monoclonal CD20 antibody is indicated for first-line therapy for indolent lymphoma with superior progression-free survival compared with cyclophosphamide, doxorubicin, vincristine, and prednisone (CHOP). Initial clinical trials suggest an improved toxicity profile with reduced infection rates, however a recent study demonstrated increased deaths from infection associated with Bendamustine. We reviewed patients in two centres in Western Australia to evaluate the incidence of infection during treatment with Bendamustine for indolent lymphoma.

Methodology was a retrospective analysis of patients receiving Bendamustine from 2015 to 2019. Primary outcome as infection requiring hospital admission. Secondary outcomes were types of

Conference report by Michelle Anderson and Sharron Ellis

This year there were many international speakers, both medical and nursing, who addressed blood and blood products and their use, the risks associated with infusing and monitoring sentinel events, along with presentations specific to autologous transplants, aphaeresis for several conditions and multiple myeloma.

Sarah Liptrott, a research nurse gave an interesting presentation on nurse-led research methods in Italy and another presentation spoke of the importance of exercise for patients who are not well.

Another interesting presentation was about how young people manage the pressures of daily life alongside having a haematological malignancy. This was impactful as it was presented by young people. They told of the struggles that they have managing school, new relationships, flatting and the never-ending round of chemotherapy really struck home how difficult this can be for a young adult.

Many thanks to the NZNO Cancer Nurses College, the Haematology Trust Fund and BMTU for the funding. It was great to know that our speciality field of Haematology in New Zealand is keeping up with the world.

A selection of the interesting and well received presentations follow...

infection and tolerability of treatment. Statistical analysis was performed with Fisher's exact test.

This resulted in 101 patients included in the analysis with median follow-up of 32 months. Median age was 74.5 years. Infection rate was 50.5% (N=51) with half of the infection occurring during treatment. Infections were predominantly pulmonary in nature with two patients developing pneumocystis pneumonia. Thirteen patients did not complete treatment secondary to infective complications. No difference in infection rates between age <70 vs ≥70 (p=0.175) was detected.

In conclusion, overall Bendamustine was associated with high risk of infection requiring hospitalisation without a difference in incidence between age groups, and required treatment cessation in 13%. We recommend careful patient selection when using Bendamustine and immunotherapy in treatment of indolent lymphoma.

Safety from bag to vein: infusion management in a tertiary cancer centre - Jeanie Misko, Breigh Ridley, Amy Finch (Fiona Stanley Hospital, Murdoch, Australia) Becton Dickinson, Herdsman, Australia.

Errors involving chemotherapy and vascular access management (VAM) may cause serious patient harm. Dose error reduction software (DERS) safety limits are installed on all intravenous infusion devices, however average DERS compliance within the haematology/oncology profile was 8.5% lower than other adult areas within the hospital. To improve DERS and VAM compliance,

a clinical review was undertaken.

A multidisciplinary working group of pharmacists, nurses and doctors with vendor representation was established to review medication entries in the DERS and to coordinate an electronic survey assessing clinicians' satisfaction with the current profiles. Survey Monkey was used to collect responses and tabulate data. DERS compliance was measured using vendor supplied continuous quality improvement software. A prospective observational audit was conducted to review VAM and compliance of running infusions with the corresponding prescription and organisational guidelines.

The working group made changes to 71 drugs, predominantly to realign with updated practice recommendations and reduce nuisance alerts. The group reviewed 150 patients with 59 infusions running via 57 infusion pumps during the audit. Most pumps (56, 98.2%) were in the correct profile with 44 of 46 DERS infusions (95.7%) reflecting the hanging bag. One hundred vascular access devices were observed with use of the preferred insertion site exceeding national benchmarking data, however 83% did not comply with local labelling requirements. Over the audit period, average compliance with DERS increased from 77.9% to 89.1%, p=0.17. Fifty eight staff responded across both surveys with the very satisfied rating increasing from 13.3% to 57.1%, p<0.005.

In conclusion the review group elected to improve the haematology/oncology DERS profile was successful in improving compliance. There was good compliance for vascular access insertion sites, however improvement in site and line labelling was still required. Infusions running outside of

DERS have been addressed by the amendment of the DERS profile and feedback to clinical areas.

Regulation of blood and safety: an unexpected journey - Ian Prosser

Ruth Sangster was instrumental in improving blood transfusion safety after the 2nd world war. Blood transfusion has improved three-fold over the past forty years. The area of isolating infectious disease has seen huge improvements however, blood transfusion will never be 100% safe.

Major improvements have occurred with donor screening, selection, implementation of sensitive and selective product testing. There is better patient blood management and haemovigilance to detect past transfusion and post transfusion issues along with the implementation of evidence-based methodology in determining efficiency and risk.

This was an excellent presentation that discussed the significant improvements in the safety of blood and blood product transfusion over the last forty years.

Christchurch Mass Shooting; Critical Components - Susan Mercer, Transfusion Nurse Specialist Christchurch Hospital, NZ

New Zealand now has its own story of gun violence and racial hatred. Images of terror, armed police, grief and innocent people taken before their time, once again remind us of an unforgettable event in Christchurch. On March 15, 2019, Christchurch Hospital Emergency Department (ED) triaged 46 patients. Staff initially considered warnings to expect multiple mass-shooting casualties

with disbelief, that was until ambulances and private cars arrived with the injured. Activation of the Massive Incident Plan alerted the only tertiary hospital in the region to prepare "for something". Amidst the eerie disquiet in ED, focused health professionals visually distinguishable by colour-coded vests, formed teams to receive the wounded. The Transfusion Nurse Specialist occupied a central point with emergency red cells. Paramedic handovers conveying "multiple gunshot wounds, no exit" reflected the trauma of hollow-pointed ammunition that immobilised many with critical internal injuries. Only imaging and surgery could reveal the true extent of tissue damage.

It is a story of collegial organisation and teamwork, where many people worked beyond their scope, despite the uncertainty of the situation. All but one patient survived. A courier and Lime scooter rider initially navigated the city lockdown with blood supplies. Patient "Bravo", arrived pulseless requiring the first Massive Transfusion Protocol (MTP) activation. Seven of eight MTPs were activated within the first four hours, inevitably overlapping one another. Demand on blood was relentless as 54% of all patients required transfusion, one receiving 199 units by midnight.

Behind the emergent scenario, someone ensured a supply of chest drains and antibiotics ahead of the weekend, social workers began identifying patients and consoling anxious family members. The documentation reconciliation loomed in the aftermath.

We never imagined this would happen in New Zealand. By sharing the story, we can reflect, learn and share ideas in readiness of another 'never' event.

Health Workforce Sector Update



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

 [Subscribe here](#)

 [December 2019 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.**

Skin Cancer Study Day for Nurses Wellington Region

Friday 29 May 2020 | Hutt Hospital Learning Centre

A one-day course for primary and secondary care nurses and nursing students that will:

- Provide an overview of skin cancer prevention, early detection, treatment and care with a focus on melanoma
- Increase understanding of the journey of a skin cancer patient and the critical role of a nurse throughout this journey
- Provide an opportunity for networking with colleagues across the region, fostering new connections, collaboration and sharing of resources.

Cost: \$50.00 | [See the programme](#) | [Register now](#) | [More information](#)

Hosted by



SAVE THE DATE FRIDAY 22 MAY Neuroendocrine Nurses' Workshop

The 2020 NET Nurse Workshop is scheduled to be held in Auckland on Friday 22nd May at the Cancer Society Domain Lodge. We plan, once again, to offer this as a FREE study day for NZ HCP's, as well as offer travel and accommodation grants for those outside Auckland. Watch this space!

For those who are unable to attend the Auckland workshop, a similar programme of information will be run on Tues 3rd November as part of the Endocrinology Conference in Christchurch. The funding for this event is run through ENSA, and at this stage we are unsure of what the costs of attending this event will be, but if there are any people wanting to attend this instead of the NET Nurse workshop in Auckland, please do let us know so we can advise how to access possible travel and accommodation support.

 [Follow the NZ NET Cancer Nurses and HCP Network Facebook page for updates](#)

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

 www.1737.org.nz

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 is the latest educational resources available from eviQ ...

- Check out their latest rapid learning which introduces the 24-hour triage rapid assessment and access toolkit. A new tool to assist staff identify and prioritize the presenting problems of adult cancer patients who contact advice lines.

 [Learn more...](#)

Superior vena cava obstruction (SVCO)

Some cancers can compress or obstruct the superior vena cava, a vein which carries blood from the upper body to the heart. Superior vena cava obstruction (SVCO) 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 SVCO
- assess the severity
- initiate the right interventions and escalate care appropriately

 [Learn more...](#)

Disseminated Intravascular Coagulation (DIC)

Disseminated intravascular coagulation (DIC) is a serious condition which causes both excessive blood clotting and excessive bleeding. In this rapid learning you will learn how to:

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

 [Recently released e-learning courses](#)

Best practice management of lung cancer - Version 2

The course explores the steps of the optimal care pathway for people with lung cancer, from screening and prevention through to treatment and follow-up and end-of-life care.

 [Learn more...](#)

Introduction to haematology and blood and marrow transplantation

This course presents an overview of the haematological system, blood cancers, treatment with systemic anti-cancer therapy and blood and marrow transplantation.

 [Learn more...](#)

education.eviq.org.au

some of the resources on the eviQ site




The image is a screenshot of the eviQ website homepage. At the top, there is a navigation bar with the NSW Government logo and the eviQ logo. Below the navigation bar, there is a search bar and a list of categories: Cancer genetics, Haematology and BMT, Medical oncology, Radiation oncology, Clinical resources, and Patients and carers. The main content area features a large circular image of a healthcare professional interacting with a patient. Below the image, there is a 'Welcome to eviQ' section with a brief description of the resource and a 'Find out more' button. At the bottom, there is a 'Latest news' section with four news items: 'COVID-19 and eviQ meetings', 'Join the eviQ team - we're hiring', 'L-asparaginase (colaspase)', and 'NEW Rapid Learning - DIC'. A 'View all news >' button is also present.






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](#)

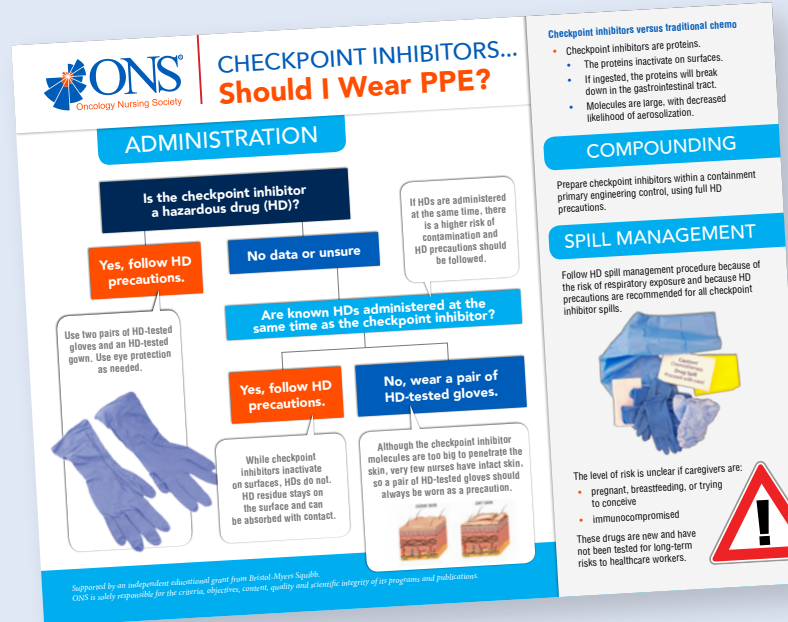
Māori Health

-  [Māori Health Review](#)

Pacific Health

-  [Pacific Health Review](#)

Free resources available from ONS on safe handling of cytotoxic drugs

ONS Oncology Nursing Society

CHECKPOINT INHIBITORS... Should I Wear PPE?

ADMINISTRATION

Is the checkpoint inhibitor a hazardous drug (HD)?

- Yes, follow HD precautions.** Use two pairs of HD-tested gloves and an HD-tested gown. Use eye protection as needed.
- No data or unsure.** If HDs are administered at the same time, there is a higher risk of contamination and HD precautions should be followed.
- Are known HDs administered at the same time as the checkpoint inhibitor?**
 - Yes, follow HD precautions.** While checkpoint inhibitors inactivate on surfaces, HDs do not. HD residue stays on the surface and can be absorbed with contact.
 - No, wear a pair of HD-tested gloves.** Although the checkpoint inhibitor molecules are too big to penetrate the skin, very few nurses have intact skin, so a pair of HD-tested gloves should always be worn as a precaution.

COMPOUNDING

Prepare checkpoint inhibitors within a containment primary engineering control, using full HD precautions.

SPILL MANAGEMENT

Follow HD spill management procedure because of the risk of respiratory exposure and because HD precautions are recommended for all checkpoint inhibitor spills.

Checkpoint inhibitors versus traditional chemo

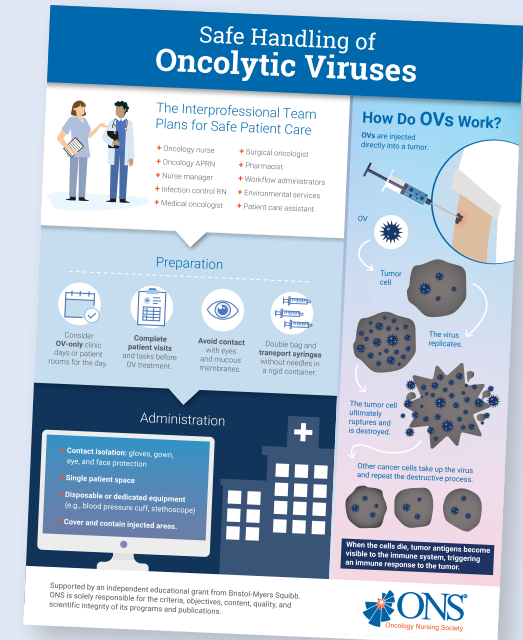
- Checkpoint inhibitors are proteins.
- The proteins inactivate on surfaces.
- If ingested, the proteins will break down in the gastrointestinal tract.
- Molecules are large, with decreased likelihood of aerosolization.

The level of risk is unclear if caregivers are:

- pregnant, breastfeeding, or trying to conceive
- immunocompromised

These drugs are new and have not been tested for long-term risks to healthcare workers.

Supported by an independent educational grant from Bristol-Myers Squibb. ONS is solely responsible for the criteria, objectives, content, quality, and scientific integrity of its programs and publications.



ONS Oncology Nursing Society

Safe Handling of Oncolytic Viruses

The Interprofessional Team Plans for Safe Patient Care

- Oncology nurse
- Oncology APRN
- Nurse manager
- Infection control RN
- Medical oncologist
- Surgical oncologist
- Pharmacist
- Workflow administrators
- Environmental services
- Patient care assistant

How Do OV's Work?

OVs are injected directly into a tumor.

The virus replicates.

The tumor cell ultimately ruptures and is destroyed.

Other cancer cells take up the virus and repeat the destructive process.

When the cells die, tumor antigens become visible to the immune system, triggering an immune response to the tumor.

Preparation

- Consider OV-only clinic days for patient rooms for the day.
- Complete patient visits and tests before OV treatment.
- Avoid contact with eyes and mucous membranes.
- Double bag and transport syringes without needles in a rigid container.

Administration

- Contact isolation: gloves, gown, eye, and face protection.
- Single patient space.
- Disposable or dedicated equipment (e.g., blood pressure cuff, stethoscope).
- Cover and contain injected areas.

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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



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.

A GENTLE REMINDER... Invite your cancer colleagues to become Cancer Nurses College members

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](#)

Te Kupu Māori o te Ra MĀORI WORD OF THE DAY

Nurse: Tapuhi

[Hear a soundbite at the Māori Dictionary](#)

Pronunciation: Ta-pu-hi

Say the: **A** as in **aloud**
U as in **to**, **I** as in **eat**

Registered Nurse:
Tapuhi Whai Rēhitatanga

22 MAY, 2020

AUCKLAND, NZ

Neuroendocrine Nurses' Workshop 2020



[Click here for more information](#)

13 - 14 APRIL, 2020

LONDON, UK

27th Cancer Nursing & Nurse Practitioners Conference

Theme: Expedite Innovation and Encouraging Advances in Nursing and Cancer Care

29 APRIL - 3 MAY, 2020

SAN ANTONIO, TEXAS, USA

Oncology Nurses Society (ONS) Annual Congress

Power. Passion. Purpose - Join 4,000 of your peers to shape and revolutionise the future of cancer care.



[Click here for more information](#)

16 - 20 JUNE, 2020

BRISBANE, AUSTRALIA

Cancer Nurses Society of Australia Annual Congress

Theme: Precision Care Everywhere.



[Click here for more information](#)

Please check travel advisory notices and conference cancellations in context of Covid-19 containment



[Ministry of Health Covid-19 updates](#)



THE CANCER NURSES COLLEGE 2020-21 COMMITTEE

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



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...](#)

CNC 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.

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

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