



cancernet



Editor's note

Tēnā koutou katoa.
Welcome to the June 2022 edition of Cancernet.

This is the first edition for 2022 – firstly we would like to apologise for the delay in getting Cancernet out to you. Understandably this has been a difficult time for everyone working in and out of healthcare with COVID in the community. It has affected us all, with many of us catching COVID, and caused significant stressors at work with staff shortages. We hope you are taking time to look after yourself and hope that we can for the remainder of the year start to return to some normality.

Nadine Gray and Tracey King have sadly left the committee, which has been a huge loss, but wish them well for the future, and hope to even see them back as part of the committee again!

We now welcome three new faces who have been seconded on... Shelley Shea, Robyn Segedin and myself. We have updated the committee member list so please refer to this on the last page of this newsletter (also available on our CNC webpage and Facebook). There will also be some further new members joining the committee who we will be introducing to you soon!

I have been given the exciting role as editor. It has been a great learning experience helping collate

the information for this edition of Cancernet. I hope you all find it an interesting read!

In this edition, we summarise some findings from key publications by Te Aho o Te Kahu and introduce the new members to the committee. Nadine Gray has also provided information on her exciting new opportunity in the Office of the Chief Nurse. We also discuss educational opportunities available, and provide advice around financial assistance that is on offer to members. We also have our '1 minute with'. This features two of the specialist cancer nurses from the West Coast of the South Island.

We would really welcome more members on our Facebook page. We are currently sitting at 195 members and as a committee we have more than 600 members. I know not all of you may be Facebook users but our Facebook page is a great way to keep abreast of correspondence from us and latest news. You can find our Facebook page by searching for 'Cancer Nurses College NZNO-New Zealand'. We welcome discussion on this page so feel free to get in touch with us.

I hope you enjoy this edition.

Best wishes,

Katherine King, Cancernet Editor



Report on the impact of COVID-19 on cancer services

Te Aho o Te Kahu are releasing regular reports on the impact of COVID-19 on cancer services. Their latest and fifth report published in April covers data from January to end of February 2022 on the Omicron outbreak.

 [The full report can be accessed here.](#)

Te Aho o Te Kahu started these reports in 2020 at the start of the pandemic, and ceased regular reporting at the end of 2020 when disruptions caused by COVID-19 settled. Since August 2021 and the re-emergence of COVID-19 in the community, they have resumed their reports.

 [The full series is available here.](#)

The reports are reviewing the amount of cancer diagnoses and treatments compared to the same time period from previous years, to understand if COVID-19 has impacted cancer diagnosis and treatment, and caused or worsened inequities. The reports do not capture all aspects of care, only that information which is readily available. For example, information on primary health care, radiology, palliative care and patient experience are not included.

Summary of findings from the latest report:

- Cancer surgery for prostate, lung and colorectal cancer occurred at a 9% lower rate in the first two months of 2022 compared with 2021 nationally.
- Among Māori, there were 22% less combined cancer surgeries, and among Pacific peoples, 35% less cancer surgeries compared with 2021.

- There were 3% less patients attending for intravenous chemotherapy in January/February 2022 compared to the same period in 2021.
- Among Māori, there were 16% fewer cancer registrations in January 2022 and 17% fewer registrations in February 2022 compared to 2021.
- In January, there was a lower number of registrations nationally but in February there was a higher number. This equates to a 2% increase in cancer registrations for the first two months of 2022 compared to the same period in 2021.
- The impact of COVID-19 on cancer services is not as high as that experienced during the first lockdown in 2020, but this data is still a concern.

Te Aho o Te Kahu is returning to monthly monitoring to keep a closer check of the situation, and is working with the sector to ensure there is rapid recovery. The next report is due for release in May 2022, and will be looking at data to end of March 2022. As omicron is still in the community and health service disruption continues, evidence of recovery is not anticipated until after this period.

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Report from the chair

**Tēnā koutou katoa,
ko Mary-Ann Hamilton tōku**

ingoa. Greetings, my name is Mary-Ann Hamilton coming to you as CNC chair. I practice as a CNS out of Waikato DHB. I am your nurse representative on the national groups: Te Aho o Te Kahu's (Cancer Control Agency) Clinical Assembly; and Te Aho's Cancer Agency COVID Agile Response Team (CACART).

As a member of my whānau with family responsibilities and concerns about COVID, along with being a nurse with additional responsibilities and rapidly changing practice challenges, in a pandemic, I am also fatigued. I am sure I am not alone and many of you will be feeling varying levels of fatigue. It is understandable though given the current state of working in health.

If you have found 10 minutes to read Cancernet, I applaud your resilience. If you or a colleague are struggling, please do reach out to an available service – you may be surprised how many of us have used EAP, Need to talk 1737, or NZNO membership services for support and advice. I know I have. If you have a query for the CNC committee please feel encouraged to do so – get in touch with us via cancernursesnz@gmail.com.

There is an inherent discomfort for nurses having to move into a “just get through shift”, or bare basics/essential care approach. As a temporary strategy, the CNC has also had to pare back on usual activities. The College committee decided to forgo the February issue of Cancernet due to the requirements for all nurses to focus on getting through the COVID pandemic surge and the lack of CNC disposable resources. However, priority committee activities have continued.

CNC welcomes Katherine King (CDHB/Breast Cancer Foundation) as one of our new CNC committee members who has taken up the portfolio for Cancernet

and is already doing a great job with Facebook communications and collating this edition for you. I encourage all CNC members to join the CNC Facebook group to keep up with the necessary speed of short notice notifications and communications. Usual email communications will continue however, and we have some work to do to ensure membership emails are correct and all CNC members have the opportunity to stay up-to-date and have access to education and funding opportunities. If you have any doubt, please check directly with the membership team at NZNO to confirm they hold your correct and current details. Please call the NZNO Member Support Centre on 0800 28 38 48 or email nurses@nzno.org.nz. One of the call advisors will be able to assist you.

Unsurprisingly, requests for CNC study or education grants have fallen considerably this past year, as face-to-face course and conference deliveries have had to change, and cancer nurses' priorities have had to also. CNC still distributed over \$3000 to members in grants and conference costs in 2021. The CNC appreciate the continued support from Roche for their sponsorship of Cancernet and education grant funds, and we continue to encourage new applications.

 [Access your application here](#)

Despite our best efforts in January 2022 we saw the Cancer Nurses College BGM and nursing program cancelled. It was to be in association with the New Zealand Society for Oncology conference, already deferred once from last October. Although much of the CNC BGM business was emailed in advance, we do apologise for not being able to go ahead and complete the BGM activities as had been planned. The CNC committee will look to address outstanding requirements, if any, once back to full capacity and the next BGM will most likely be held in 2023. You can read the 2022 BGM Chair's report on page 5. You are, of

course, most welcome to question any aspect of the reports already relayed or request reports for additional transparency directly to the CNC committee by emailing your request to cancernursesnz@gmail.com. I would like to extend our thanks to Rosie Howard (ADHB NP & CNC committee), who worked tirelessly on the nursing program with the NZSO organising committee, whilst also meeting the demands of a stressed and under-resourced transplant service given the additional workload considerations within the pandemic uncertainties. It is heart-breaking not to have seen that conference-planning effort come to fruition. However, CNC endorsed the decision that safety for all clinicians, and implicitly patient care, rightly took precedence and was a paramount consideration to the cancellations.


As a committee, we have seen an unprecedented high turnover over several years, due to personal and whānau health, life, work, and other changing commitments. Given these roles are largely undertaken in personal, voluntary time for the benefit of the membership, advocating for and striving to advance cancer nursing, sometimes something has to give. I would like to thank Sarah Ellery (CDHB), Lynda Dagg (SDHB), Nadine Gray (CCDHB), Tracey King (St Georges), and Stella Williams (Waitemata DHB) for their contributions and support. These nurses have made, and continue to make, significant contributions to cancer nursing and patient care in Aotearoa. National networking is one of the very rewarding aspects of being on the CNC committee.

I reflect on the CNC 25-year celebration poster and can see how the CNC, and the commitment of past committee members and cancer nurse members, have helped influence and shape Aotearoa/NZ cancer nursing today. I also particularly wish to thank Katie Whytock's commitment (CCDHB) as a long-standing CNC committee member. Katie has continued to

Report from the chair CONTINUED

support CNC with her knowledge and experience, providing ongoing secretary portfolio duties and generously contributing to all the other committee activities. In terms of succession planning, the committee welcomes Shelley Shea (NMDHB). Shelley has taken up the challenge of providing the ongoing CNC committee secretary duties.

CNC has posted several expressions of interest requests for committee members and we are pleased to have had a good response with on-boarding occurring now. Watch out for those details and profiles in the next issues of Cancernet. We continue with unwavering support from Anne Brinkman (NZNO Professional Advisor) and Sally Chapman (NZNO Administrator). Please do encourage your colleagues to join the NZNO Cancer Nurses College.

 [Check out our newly updated CNC brochure here](#)

Professional and industrial issues are high on every nurse's agenda as we navigate the Pay Equity settlement and the NZNO Constitution review. Whilst the CNC largely focuses on the professional arm within NZNO, the two services – industrial and professional – are intrinsically linked. CNC looks forward to meeting NZNO CE Paul Goulter in an upcoming committee meeting. Kirstin Wagdeveld continues as the CNC representative on the NZNO Constitutional Review Advisory Group (CRAG). We continue to have member representation on the national Haematology Work Group, Medical Oncology Work Group, and Radiation Oncology Work Group. CNC has advocated

and achieved a fee-for-service payment for nurses' expertise and time for those invited to work on Te Aho o Te Kahu's Systemic Anti-Cancer Treatment (SACT) regimes national project. I understand it was well subscribed to and noted there was a high calibre of expertise within the applications.

CNC members have made significant contributions to Te Aho's COVID and Cancer Treatment advisory efforts to support continued cancer services, whilst the health system as a whole contended with COVID, staffing pressures, and service interruption. The CNC Nurse Representative participated in weekly online meetings during COVID surge periods to ensure your nursing voice and collective expertise were heard. I am very grateful to the support of cancer nurses across the motu, who enabled this feedback and escalated concerns in real-time, and above all, those who were advocating for nurses, patient care, and who had the moxie to tell it how it was!

I am also grateful to the other health professional groups who were acutely aware of the impact of nursing shortages and the continuation of service delivery during this period. I do not think I have ever seen such an unprompted awareness from other professional groups, of how integral and dependent on nursing services the health system is to deliver care, in my entire career. You are being heard, you are being seen, and you are definitely appreciated by your clinical cancer care colleagues. Our aim is to see that acknowledgment translated by health planners and funders into better resourcing for nursing workforce needs.

I encourage your continued collective voice for improvements in cancer nursing

and improved health outcomes as we look forward to the imminent release of Te Aho's 2022 Cancer Services Planning Report – He Mahere Ratonga Mate Pukupuku. Once again, a significant degree of cancer nursing expertise has contributed to this report, with more on that to come as it is released. Te Aho o Te Kahu has advised that workforce planning is underway, as linked to the cancer service planning work. It is noted that all chapters of the Cancer Service Planning highlighted significant workforce issues including retaining and attracting nurses into cancer treatment as an area of focus. COVID has provided a unique disruptor for health services. No doubt, change will continue to be a disruptor as the Health NZ and Māori Health Authority transitions happen. To ensure cancer diagnosis and treatment are prioritised in the context of health reform changes, Te Aho is already building relationships and engagement with the Transition Unit. It is anticipated key cancer priorities will appear in the interim NZ health plan.

There is no doubt that now, more than ever before, nurses can and are being heard in the political, professional, equity, and strategic space. I encourage you to keep up the momentum and keep everyone in the waka informed and striving for positive change. The right words are essential to effecting change but action has to follow. Please raise your awareness so that your involvement helps to make the much-needed difference to cancer nursing. If not you, then who?

Thank you for all you do. Stay safe and well and please do feel free to get in touch.

Te Aho o Te Kahu have released 'Understanding the Gap: an analysis of the availability of cancer medicines in Aotearoa.'

The report examines what cancer medicines are publicly funded in Australia compared to Aotearoa. This is both in quantity and clinical benefit.

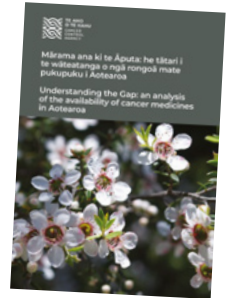
The aim of this report is to understand where the gaps in cancer medicine are to further inform the work of Te Aho o Te Kahu, and the advice they give to the government as well as provide useful insights to Pharmac.

 [View the full report here](#)

PHARMAC NOTIFICATION:

PHARMAC has recently confirmed funding for Imfinzi (Durvalumab) in locally advanced (Stage III) unresectable non-small cell lung cancer and Lynparza (Olaparib) as first-line maintenance therapy in newly-diagnosed advanced BRCA-mutated high-grade epithelial ovarian cancer. This funding commences on 1st August 2022.

 [More information here...](#)



Introducing our new CNC committee members



Shelley Shea

Tēnā koutou katoa,

My name is Shelley Shea and I have been seconded onto the Cancer Nurses College committee since November 2021. I am a Clinical Nurse Specialist – Cancer Care Coordinator from Te Tau Ihu - Nelson

Marlborough. I have been working in this role since its inception in 2013 as part of the Cancer Nurse Coordinator movement. I love my role as it is the perfect mix of managing the district wide Oncology Nursing Service as well as having a clinical workload. I also hold a role as the Clinical Co-Lead of the Ki Te Pae Ora programme which is focussed on transformational change of the models of care within the Nelson Marlborough health system. Combined I get to maintain my clinical skills as well as taking patient and whānau experiences of the health system and advocate change through the Ki Te Pae Ora programme locally and the Cancer Nurses College nationally.

I have completed a Masters of Nursing Science in 2015 through Victoria University and see more study in the future, but only once life has settled a bit!

Outside of my professional responsibilities, I am married to a very supportive husband, who is thankfully a Kindy teacher, and together we have 4 very adventurous daughters who ride ponies and motorbikes. I too ride and enjoy tramping whenever I can find the time.

Looking to the future, in regards to what I would like to achieve as a member of the Cancer Nurse College, I would like to drive more action around acknowledging the current resource demand on Cancer services and address the unmet capacity issues within the Cancer Nursing Workforce which ultimately together leads to unacceptable health inequities to Māori and our vulnerable communities. I also believe there is opportunity for Cancer Nurses to have a voice at the table with the current Health reforms and look forward to contributing in an attempt to improve patient experiences are heard.

I view my position on the committee as a precious taonga that must be honoured with respect and look forward to the opportunities that arise from such a gift.

Ngā manaakitanga



Katherine King

I am one of the newest recruits to the Cancer Nurses College Committee, joining in January this year. I am very excited to be part of the committee.

I am originally from the UK and have been in New Zealand, based in Christchurch, for 5 years. I am passionate about oncology and knew from early on in my career as a community nurse that I wished to specialise in this field. I love that cancer nursing requires a truly holistic level of care. I really enjoy this part of it, caring for the whole person. I love also that in oncology, you are continuously learning. It is an exciting specialty and with ongoing research, our knowledge and understanding improves.

I am currently working towards my Masters in Advanced Nursing with the University of Auckland. I am really enjoying my time spent studying and have found it has definitely helped improve my clinical practice.

I have worked in the outpatient oncology setting, and as an oncology research nurse coordinator which involves supporting patients with cancer who are on clinical trials. This was a very interesting role and taught me a lot about how clinical trials operate and what is required to maintain safe and ethical care in accordance with trial protocols.

My current role is a brand-new full-time clinical nurse position funded by the Breast Cancer Foundation based within the Oncology department at Christchurch Hospital. This is an exciting opportunity for Canterbury DHB to work in partnership with the Breast Cancer Foundation to improve survival and quality-of-life for breast

cancer patients in Canterbury and on the West Coast.

I see patients who are receiving adjuvant endocrine therapy for hormone-receptor positive breast cancer. 60-70% of breast cancers are hormone-receptor positive. My role is to provide education about endocrine therapy to improve understanding and self-care. Patients are recommended endocrine therapy for 5 to 10 years based on their level of disease risk. However, locally low adherence to endocrine therapy is a clinical concern. Local data shows by year five, only 50% of patients are still taking their endocrine therapy. Reduced survival correlates with low adherence to endocrine therapy, and as noted this is a large patient population with most breast cancers hormone-receptor positive. It is hoped that a clinical nurse specialist will help equip patients with the information and skills they need to complete their treatment and return to a good quality of life. Once patients are stabilised on endocrine therapy, I discharge them to their GP. The goal of this role is also to improve communication pathways between primary and specialist oncology care so that patients have more responsive care. I will facilitate comprehensive discharge planning and a smooth transition to community care.

In my spare time, I enjoy keeping fit and have recently joined the local gym where I like taking part in the group fitness classes! I also love animals and I have a cat who I love spending time with. I am looking forward to a holiday back to the UK soon to see my family.

I look forward to supporting cancer nurses and promoting nursing excellence within Aotearoa New Zealand.

CANCER NURSES COLLEGE (CNC) BIENNIAL GENERAL MEETING (BGM) Chair's Report 2022

I write this report in absentia having stepped down as the Chair at the end of October 2021. The intention was to have held the BGM at that time, but the conference was postponed due to COVID.

With the arrival of the COVID-19 pandemic, the past two years have posed unforeseen and unprecedented challenges to us all in our personal lives, work lives, and the health system, and as I write this, it is unclear what the next year and longer brings, with the evolution of the virus producing Omicron. The stress and distress the pandemic has caused to you all as dedicated healthcare professionals cannot be underestimated and will certainly be long lasting.

As I have written previously, it has been a challenging time personally for many of the national committee members over the past two years and several changes in membership have occurred during that time because of this. I thank all the national committee for their time and effort over the past two years. Anne Brinkman, our NZNO Professional Nursing Advisor has been a steady support to me and us through this and I thank her for her ongoing support of the CNC.

The committee, despite all the challenges has continued to work to promote cancer nursing nationally. One of the current committee members, Mary-Ann Hamilton is also the nursing representative on the Clinical Assembly for Te Aho o Te Kahu (TAoTK), (the Cancer Agency). The value of her role on the Clinical Assembly cannot be undervalued and has highlighted the need for nursing to be represented at all levels nationally. Moving forward, it is important for nurses to move up in representation, so our voice is heard at the table. It has become evident that Mary-Ann is heard, and her opinion sought at meetings.

The national committee have also forged a highly valued

connection with TAoTK and have been meeting (virtually) with key TAoTK staff to represent nurses as a vital part of the cancer workforce to inform the workforce planning currently being undertaken. It is incredibly important this connection and communication continues with the major change to the health system model occurring in 2022. The meetings have also allowed us to represent important issues for cancer nursing and to gain support for these. An example of this is the formation of a national working party on monoclonal antibody handling by the Nursing Council NZ, which arose from the release of the cancer nursing specific position statement on this topic. This highlighted a gap and need to address the gap for the protection of all nurses and TAoTK have supported us with representation on the working party alongside a CNC member who volunteered to represent us.

The committee continue to recognise the importance of producing Cancernet to communicate with you all and have some great ideas on taking it forward. Of course, they are always grateful for membership input. Please send your contributions and comments in.

Our Facebook page continues for those that wish to belong.

We have also worked to develop a framework for Special Interest Groups (SIG's). The Nurse Practitioner group is the first. This will be trialled before rolling out to others.

A survey of membership was also undertaken over the past two years, and the national standards for antineoplastic standards are currently for review, look out for a survey on these in the coming months.

Despite all the recent challenges, I believe the committee continues to move forward and I look forward to continuing as a member and keeping up to date with the work being undertaken. I wish the committee for 2022 the best, keep up the good work.

Sarah Ellery
Former CNC Chair



ON 1 JULY 2022,
Health New Zealand and
the **Māori Health Authority**
become established.

On this date, new legislation will replace the New Zealand Public Health and Disability Act 2000, formally establishing Health New Zealand (HNZ) and the Māori Health Authority (MHA). The 20 existing District Health Boards will be disestablished, merging their functions into Health NZ. On 1 July 2022, those of you employed by DHBs may not notice much change initially, only that your employer will become Health NZ.

Health NZ will manage all health services. This includes hospital and specialist services, and primary and community care. Hospital and specialist services will be planned nationally and delivered more consistently across the country. Primary health, wellbeing and community-based services will be planned and then purchased through four new regional divisions of Health NZ. Each region will work with their district offices, located closer to local communities, to develop and implement plans based on local needs to improve the health and wellbeing of communities.

The Māori Health Authority is a new statutory entity, which will work in partnership with both the Ministry of Health And Health New Zealand. The Māori Health Authority aims to ensure the health system reforms improve Māori health outcomes and embed the principles of Te Tiriti O Waitangi.

 [Find out more...](#)



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MINUTE
WITH:

Introducing and connecting us with nursing colleagues from across Aotearoa/ New Zealand - whānau ngātanga in action.

Lindsey Gardiner

Clinical Nurse Specialist for Palliative and Oncology Care, West Coast

What does your job involve?

I am a Clinical Nurse Specialist for Palliative and Oncology in Buller. It is a combined role that looks after all those on a cancer journey, and all of those with a life-limiting illness. I work in a team of two CNSs, one RN support and a casual RN. We cover a large geographical area on the West Coast, from Karamea down to Punakaiki and inland to Reefton. We look after anyone in this region with cancer or a life-limiting illness, based out of Buller Hospital but often visiting patients in their homes.

For the oncology side of things, we help set up appointments and co-ordinate travel and accommodation in Christchurch if needed (which is 4.5 hrs away). We use a lot of Telehealth these days for FSAs and follow ups which saves a great deal of travel. Once patients are on a treatment pathway, either with haematology, radiation or medical oncology we are their local source of support and information. For those that need chemo, we liaise with our colleagues in Greymouth Te Nikau Hospital which is the closest secondary centre where it can be administered (1.5 hrs each way by car), and continue to monitor those on treatment, manage symptoms, blood tests and follow up clinics. In such a

small town, we are some of the few that are fully CVAD trained and therefore able to access PICCs and Ports as required.

The role transitions well with palliative care, and it is a privilege to know some people on their cancer journey through the years until the end. However we also see our fair share of end-stage organ failure, MND and other diseases so is extremely varied.

We have a wonderful DN team that work closely to provide excellent palliative care to those that wish to die at home (we do not have a hospice on the coast and one palliative bed in the ward).

We each take a turn at being on call when patients are in their last days with a syringe driver, and rely a lot on educating families on how to administer bolus medication. We could not deliver this service without supportive families that take on a huge job! We do live remotely, but that doesn't stop us from delivering the best care available and we are always on the phone to the palliative team in Christchurch for advice if needed.

It's a job that requires a lot of flexibility, to be able to jump between the roles and some days be Jack of all trades - but it's one I love and will challenge me for years to come!

What attracted you to working in this field?

I have been a District Nurse for over 10 years, with a passion for palliative care it was a natural progression into the role. I started as an RN support for 2 years before our (then) Clinical Nurse Specialist stepped down. The oncology side of things has been a steep learning curve but one I hugely enjoy.

What's your favourite part of your job?

Making someone's life just a little bit easier in very difficult times.

What is the most challenging part of your job?

Juggling the two roles - the quality time needing to be spent with palliative patients and families vs the urgency of oncology cases and symptom management.

What made you smile at work today?

My colleague Alison when she walked in the door.

Who is your nursing hero?

Semi-retired Palliative/Oncology Clinical Nurse Specialist Jan Wiechern - an amazing human being who has spent her life nursing and done so much for her community, setting up this role on her own. I aspire to have as much nursing knowledge as her one day!

What is the best book that you have ever read?

Harry Potter

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

This job

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

I joined a dance class last month and am loving it! Will definitely be doing it again.

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

The Buller Women's Health Fund - local charity that helps all women in the region when times are tough. Travelling for healthcare from rural areas is costly - these guys help out with anything from fuel vouchers, groceries or to a scoop of coal.

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

Tough one! Some Iodine (cuts and scrapes will be unavoidable), a suture kit to use for fishing line and scissors - what nurse goes anywhere without scissors?!

If you could have any superpower what would it be?

X-Ray vision



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MINUTE WITH:

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

Andrea Reilley
Cancer Nurse Coordinator,
West Coast

What does your job involve?

I work as the resource nurse for cancer diagnosis advice for the West Coast District Health Board doctor teams – both primary and secondary care.

Primarily I see surgical patients for many types of colorectal and upper gastrointestinal cancers.

I also support breast cancer patients at time of diagnosis and post-surgery.

I link the patients' health team from primary care to tertiary care to enable a coordinated well-communicated plan of care. I collaborate with many teams supporting the West Coast patient's cancer journey. From neuroendocrine foundation and multidisciplinary meetings, liver transplant team, North Island hot pack chemo team and others.

Most often I link with the Canterbury DHB Cancer teams via MDM and CNS/CNC nursing discussion.

I coordinate referral to inter-disciplinary team members and ensure the patient is ready for either surgical treatment or referral to other oncologic services.

I hold resources on different cancers and their investigative procedures. I provide these to patients to help them

understand where they are heading and what it might entail.

As requested by Canterbury DHB or GP, I support any patient who is struggling to manage the cancer investigation and treatment pathway.

My job is based on an equity model in care looking at pathways, initiatives or actions to provide more timely intervention. We work with Maori NGO's so provide culturally centred care and this applies to Pacifica and English-as-second-language persons. Anyone with comorbidities, literacy issues, financial deprivation, rurality (most of our West Coast community) and reduced social supports are supported.

As one person in the role I am grateful for the collegial nature of health providers that work in the cancer space. The success of this role is firmly based in the support and willingness of staff at all DHBs, primary care organisations and charities to collaboratively support people with cancer.

This role also links to data on the Faster Cancer Treatment and Te Aho o Te Kahu mahi.

What attracted you to working in this field?

2013 the new job description came up and I felt it was a great role that would support service improvement and be of benefit to patients in our rural area.

What's your favourite part of your job?

Providing reassurance to patients of a managed and well communicated plan of care in our transalpine setting.

What is the most challenging part of your job?

Sole provider over a wide territory with reliance on CDHB workflow and collegial support to keep the service known and utilised.

What made you smile at work today?

Beautiful sunshine and the ERA vote from NZNO members re Pay Equity.

Who is your nursing hero?

One of my past Oncology colleagues who strives every day to do her best to be the most awesome nurse in any field she sets her mind to.

What is the best book that you have ever read?

Robert Heinlein's Stranger in a strange land – A lot to get one's head around.

Thought provoking and perhaps still relevant today.

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

Gardening or event organiser.

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

Sea kayaking – loved it and plan to go back to Abel Tasman this summer.

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

Neuroendocrine cancer NZ (previously Unicorn foundation). This cancer type can often be a long-term condition of people and the team in Auckland do a fantastic job educating and advocating.

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

Watch, pen and paper (lol).

If you could have any superpower what would it be?

Teleportation – and if anyone is inventing a teleporter I want to volunteer. Or it may be the psychic nature in which I contact someone who is just about to get hold of me (happens so often it is Spooky!).

NZ Melanoma Summit

12-13 FEBRUARY 2022



Susan Millmow attended the Melanoma Summit in February this year after successfully being granted the

NZNO Cancer Nurses College Education Grant last year. Susan is a Melanoma Clinical Nurse Specialist working at the Hutt Valley District Health Board. Susan has written the following report of her experience at the summit.

With support from the CNC I was able to attend, and be part of a panel discussion at the Melanoma Summit, hosted by Melnet NZ. The meeting included presentations from a variety of speakers on many aspects of melanoma, including current research plus the launch of the melanoma quality statements (former tumour standards). They have been developed to guide diagnosis and treatment for melanoma and to ensure standardised care of melanoma nationally to improve patient outcomes, and were last published (provisionally) in 2011. Since then there have been many advances in Melanoma treatment. Feedback on the quality statements had been requested by the working group and I was able to respond by recommending an addition to quality statement 2, access to trained health professionals, to include patient access to care coordination/melanoma clinical nurse specialist.

The importance of the Cancer Nurse Coordinator role was highlighted by one of the patients presenting his experience of being diagnosed and treated for melanoma. He reported the hardest part was getting the diagnosis of melanoma, and early contact and support was beneficial to guide this process. Equally, he advocated for specialist nursing support throughout the pathway and for this to be standardised across DHBs.

It is well known that New Zealand has one of the highest incidences of melanoma in the world, being the third most common cancer in men and the fourth most common in women, resulting in around 2,800 new cases per year. Some good news is that rates are seen to be falling after a peak in the mid 1990's, particularly in the younger generation, however there is a rise in rates in people over the age of 80 years. This pattern is thought to be related to early-life sun exposure. Similarly with the availability of immunotherapy for advanced melanoma, for which funding was approved in September in 2016, there has been a 22% improvement in survival rates in this group of patients. Evidence has shown that adjuvant immunotherapy is effective in reducing the risk of melanoma recurrence in high-risk patients. One of the inequities highlighted at the meeting was that despite the high melanoma rates in New Zealand we do not yet have funded immuno-

Further information about this grant + other financial assistance on Page 10.

therapy available in the adjuvant setting. International speakers attending the conference expressed concern and disbelief over this with one commenting it was 'scandalous'.

Currently patients can only access this privately at a cost of approx \$100,000, or through clinical trials. In the plastic surgery setting I often meet patients who would benefit from this treatment. I provide education on immunotherapy to them, and ensure they are aware of any currently recruiting trials they may be eligible for. Gaining public funding for adjuvant immunotherapy has been set as a priority by the attendees of the summit. It was recognised that this is likely to need support from a patient group in the form of a petition to parliament as well as supportive documentation from Melnet. This is how immunotherapy funding was achieved in 2016 for stage IV disease.

Other priorities identified at the summit were for an ongoing and increased level of training for general practitioners performing skin examinations. Nurses working in primary care are recognised as needing an increased level of support and training. Education for non-health professionals, such as hairdressers to assist in early identification of scalp melanomas, was also seen as beneficial to patient outcomes.

The melanoma summit has helped me gain better insight into the current issues and how cancer nurses can improve patient care and outcomes.

Nadine's exciting new venture



Nadine Gray (Te Whakatōhea) joined the Ministry of Health in December 2021 as a Clinical Chief Advisor to Lorraine Hetaraka: Chief Nursing Officer.

I initially came to the Office on secondment from my role as Māori CNS Cancer Care Coordination at Capital & Coast DHB and was offered a full-time extension in early 2022. This was an incredible opportunity to grow my knowledge in policy, the machinery of Government, funding mechanisms and the broader health sector. But most importantly, being able to contribute to the strategic direction of the nursing workforce.

Nadine has been a Registered Nurse for over 20 years having worked in a variety of senior clinical and advisory roles, Māori health, and nursing education. She completed a Masters of Health Sciences (1st class honours) in 2020 where her thesis explored Māori nursing workforce development from an undergraduate perspective.

Nadine says about her new role:

My portfolios are really varied and interesting, from Māori nursing workforce development projects, to initiatives that focus on the recruitment and retention of the nursing workforce. There are many people to meet and relationships to make across the different Government sectors that all contribute to the health system. Everyday there is something to learn or an opportunity to share my knowledge as an experienced frontline nurse. I thrive on being able to contribute my real-world knowledge and expertise into the policy space so that it makes a difference to both patients and whānau, and supports the amazing work that nurses do every day. Not to mention, honing my writing skills and being able to present information at short notice!

It certainly has been a hard few years for nurses working in the sector due to the impact of the global pandemic. Being exposed to this both as a frontline health worker and then as an advisor in the Ministry has been career enhancing, especially in the pace of the work and the need for workforce adaptability. It is an interesting time to be at the Ministry with big reforms coming in July when Health New Zealand and the Māori Health Authority are stood up.

University courses

Many nurses are now completing postgraduate studies, obtaining certificates, diplomas, and even Masters and PhDs! It is great for nurses to be able to find studies that improve and enhance their professional role. Reach out to your local institutions/universities to find out what courses they provide.

The University of Auckland

The University of Auckland has a range of postgraduate courses specific to cancer nursing and courses which can be applied to this specialty. The majority of learning has become increasingly flexible. Travelling to the university is not always required, with options for virtual learning for many courses. Some courses of interest include:


- **Cancer Specialty course** (30 points) runs two-yearly.
A fantastic course to extend oncology knowledge.
Next course being offered Semester 1, 2024.
- **Clinical Care of Adolescents and Young Adults with Cancer** (721) (15 points)
- **Youth Health Clinical Skills** (712) (15 points) – recommended taken in conjunction with course 721.
- **Evidence-Based Practice and Implementation** (30 points)
- **Research Project** (30 points)

 [The full student prospectus for 2022 is available here](#)

15 point papers require a commitment of approximately 8-10 hours study per week. 30 point papers require a commitment of 16-20 hours per week. It is always advised when completing any university studies to understand how this fits with your career goals, as certain courses fit better than others. Always discuss this with a student advisor who should be available at the university.

ARA - Institute of Canterbury

ARA has available two postgraduate Level 7 cancer papers:
Cancer Nursing 1: Understanding Cancer (develops knowledge of solid tumour and hematological malignancies) and
Cancer Nursing 2: Management (develops knowledge of managing the person with cancer). Each of these modules is worth 5 credits. You can also choose to complete additional modules to achieve a Graduate certificate in Nursing (60 credits).

 [Further information about these courses is available here](#)

Online educational resources

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

The Australasian Society for Breast Disease (ASBD)

ASBD is a multidisciplinary society for health professionals promoting the prevention, diagnosis, treatment and research aspects of breast disease. ASBD is a great resource for nurses wanting to learn more about breast cancer.

Annual membership is \$99. There are three online modules:

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

ASBD also release webinars throughout the year.

 www.asbd.org.au

Breast Cancer Foundation NZ

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

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

EVIQ (Australia, NSW)

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

 education.eviq.org.au

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


 [EVIQ Rapid Learning series](#)

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

ESMO-European Society for Medical Oncology


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

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

 [OncologyPRO | Educational Portal for Oncologists](#)

European Oncology Nursing Society (EONS)

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

 [Further information here](#)

eCALD Courses and Resources

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

 [Further information here](#)

ONCO ASSIST

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



TOGETHER STRONGER

22-25 SEP 2022 • CHRISTCHURCH

New Zealand Society for Oncology are proud to announce our 2022 Annual Scientific Conference, **Together Stronger**, co-hosted with The Royal College of Pathologists of Australasia RCPA and held in association with New Zealand Society of Pathologists.



The conference will be held in Christchurch, at the brand new Te Pae Christchurch Convention Centre, and will welcome delegates from all over NZ and further to join us 22nd-25th September 2022. **Registration is open now!**

 [Visit our website for more information](#)

Financial assistance for professional development

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

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

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

There are also some grants available from the **Nursing Education Research Foundation**. The closing date for this is **30th June 2022**. There is a post-graduate grant available (total \$10,000); a short course/conference grant available (total \$6,250) and a travel grant (total \$250 - this is for travel nationally or internationally for the purpose of benefitting healthcare in New Zealand - not for postgraduate study travel costs).

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

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



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

 [Visit the CNC Facebook page...](#)

FREE CALL OR TEXT ANY TIME

WE'RE HERE

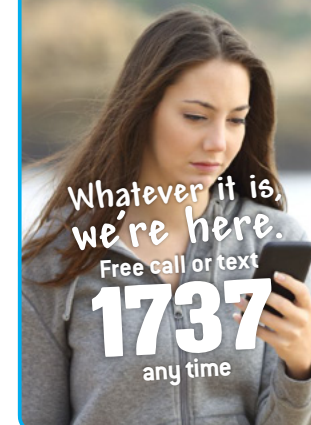
Free call or text 1737 any time, 24 hours a day


You'll get to talk to (or text with) a trained counsellor. Our service is completely free.

Are you feeling anxious or just need someone to talk to?
Call or text 1737

Are you feeling down or a bit overwhelmed?
Call or text 1737

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



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

Would you like to contribute an article for publication in Cancernet? If so, we would love to hear from you!

GUIDELINES FOR Contributing to Cancernet...

Why contribute? Why publish?

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

Introduction

Cancernet is a newsletter that is published three times a year by the New Zealand Nurses Organisation Cancer Nurses College. Cancernet aims to inform and encourage nurses managing people with cancer to share opinion, resources, clinical practice and continuing professional development.

Types of articles

All types of articles are welcomed...

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

Submitting your work

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

Word count

Opinion articles should be between 700-1000 words long. However, clinical-based articles and literature reviews and advanced study articles, these can range from between 1,500 and 3,500 words, including references.

Illustrative and images

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

Referencing

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



Important dates for your diary

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

TROG 2022 ASM

Gold Coast, Australia
June 30 - July 3, 2022

Sydney Nurse Melanoma Symposium

Location to be announced
July 21, 2022

Breast Cancer Trials 43rd Annual Scientific Meeting

Melbourne, Australia
July 27-29, 2022

ANZCHOG ASM 2022

Sydney, Australia
July 28-30, 2022

16th National Rural Health Conference

Brisbane, Australia
August 2-4, 2022

HGSA 45th Annual Scientific Meeting

Perth, Western Australia
August 6-9, 2022

2022 ASCO Breakthrough Summit

Yokohama, Japan and via online
August 25-27, 2022

IPOS 2022 World Congress

Toronto, Canada and via online
August 29 - September 1, 2022

15th Annual Meeting of the Korean Society of Medical Oncology 2022

Lotte Hotel Seoul, Korea
September 1-2, 2022

ESMO Congress 2022

Paris, France
September 9-13, 2022

NZNO AGM, Training Day, Conference 2022

Wellington, New Zealand
September 13-15, 2022

NZ Society for Oncology Conference

Christchurch, New Zealand
September 22-25, 2022

ACORD22 PDW

Virtual Conference
September 25-30, 2022

Australasian International Breast Congress (AIBC)

Brisbane, Australia
October 13-15, 2022

2022 ACNP National Conference

Sydney, Australia
October 13-15, 2022

14th COGNO Annual Scientific Meeting

Brisbane, Australia
October 16-18, 2022

ESSO 41

Bordeaux, France
October 16-18, 2022

International Society for the Study of Trophoblastic Disease XXI World Congress

Sydney, Australia
October 19-22, 2022

ASTRO's 64th Annual Meeting

San Antonio, USA
October 23-26, 2022

18th World Congress on Cancers of the Skin

Buenos Aires, Argentina
October 26-29, 2022

RANZCR Annual Scientific Meeting 2022

Adelaide, South Australia
October 27-30, 2022

COSA's 49th Annual Scientific Meeting

Brisbane, Australia
November 2-4, 2022

Australasian Gastro-Intestinal Trials Group 24th Annual Scientific Meeting

Melbourne, Australia
November 14-17, 2022

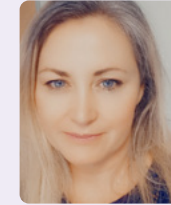
San Antonio Breast Cancer Symposium 2022

San Antonio, USA
December 6-10, 2022

THE CANCER NURSES COLLEGE 2022 COMMITTEE



Mary-Ann Hamilton
Chair, Treasurer and Membership
Waikato DHB



Kate Whytock
Secretary and Correspondence
CCDHB



Katherine King
Cancernet and Facebook communications
CDHB



Rosie Howard
Vice Chair and Consultations
ADHB



Shelley Shea
Vice Secretary, Correspondence, and Facebook
NMDHB

Robyn Segedin
TBC
Waikato DHB

Email: cancernursesnz@gmail.com



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