



# cancernet



## Editor's note

**Tēnā koutou katoa. Welcome to the July 2023 edition of Cancernet newsletter.**



This is the 2nd edition for 2023. We continue to strive to send out a quarterly newsletter to connect with our members and keep our members up-to-date on news related to cancer nurses across Aotearoa, New Zealand. I hope everyone is keeping themselves warm and well during this winter season.

Fiona Sayer and Katherine King have sadly left the committee, which has been a huge loss. We wish them well for the future, and hope to even see them back as part of the committee again! It is my privilege to collaborate with Fiona Sayer on this edition.

We will be carrying out expressions of interest for the vacant positions in the Committee. We have updated the committee member list so please refer to this on the last page of this newsletter (and available on the CNC webpage and our Facebook page).

I am excited to continue to be the editor for the Committee. It has been a great learning experience helping collate the information for this edition of Cancernet. I learnt so much in connecting with several valued members, and getting to know their roles in Radiation Oncology. I hope you all find it an interesting read!

In this edition, along with the Chair report, we feature an article on Precision Oncology by RN Libby Rea Brownlee, one of our education grant recipients. And, an article regarding the latest radiation therapy

treatment options by Radiation Oncologist, Dr Ramesh Pandey from Auckland City Hospital. We also discuss educational opportunities and upcoming New Zealand Society of Oncology Conference. We also have our '1 minute with' featuring a specialist cancer nurse from Auckland City Hospital, and Radiation Oncology Nurses from Bowen Icon Cancer Centre and Kathleen Kilgour Centre.

If anyone fancies contributing an article to future editions of Cancernet, we encourage you contact us via email. We also welcome more members on our Facebook page. We are currently sitting at 238 members and as a committee we have more than 600 members. I know not all of you are Facebook users, but the Cancer Nurses College (CNC) Facebook page is a great way to keep abreast of correspondence from us and latest news. So, we definitely encourage more of you to join if you can. You can find our Facebook page by searching for 'Cancer Nurses College NZNO - New Zealand'. We are commencing Cancer Nurses College NZNO Instagram page as well. We welcome discussion on this page so feel free to get in touch with us.

We can be contacted as a committee at [cancernursesnz@gmail.com](mailto:cancernursesnz@gmail.com)

I hope you enjoy this edition. Best wishes,

**Kelsey Tay** **Fiona Sayer**  
**Cancernet Editor** **Cancernet Co-Editor**

## Hypofractionation radiation therapy (UHRT) for prostate cancer Is this a pragmatic solution for New Zealand's radiation therapy crisis?

**The current challenges faced by cancer centres in delivering radiation therapy services in New Zealand include:**

- 1. Limited capacity:** Our radiation therapy services face challenges related to limited capacity, including insufficient resources, equipment, and staffing. This has resulted in longer waiting times for treatment and potential delays in accessing timely care.
- 2. Geographical accessibility:** New Zealand's unique geography and population distribution does present challenges in ensuring equitable access to radiation therapy services, particularly for patients in rural or remote areas. The need to travel long distances for treatment creates logistical difficulties and additional burdens for our patients.
- 3. Workforce shortages:** Radiation therapy requires a specialized and trained workforce, including radiation oncologists, radiation therapists, medical physicists, radiation oncology nurses and other supporting staff. Workforce shortages does impact our ability to provide timely and comprehensive radiation therapy services.

In trying to mitigate some of the challenges for radiation therapy treatment, one approach is to reduce the number of treatments required for suitable cancers without compromising outcomes. The 2 main cancers that take up the bulk of

treatment time and resources are breast cancer and prostate cancer.

New Zealand has been an early adopter of the treatment regime used in the phase 3 FAST-Forward trial for 26Gy schedule delivered in 5 sessions over 1 week and this is replacing the previous 40 Gy in 15 sessions over 3 weeks in suitable patients, thereby reducing treatment time by 2 weeks, and releasing resources. Similarly, prostate cancer treatment is currently evolving and conventional fractionation radiation therapy in the country, is being replaced by hypofractionated and more recently, ultra-hypofractionated radiation therapy. Ultra-hypofractionated radiation therapy delivers higher doses of radiation in fewer treatment sessions, which can help reduce the overall treatment time.

There have been numerous studies evaluating hypofractionated radiation therapy in prostate cancer, including the HYPO-RT-PC, PROFIT, CHHiP, RTOG 0415, and PACE-B trials. These studies have investigated different hypofractionated schedules and compared them to conventional fractionation

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## Report from the chair

Tēnā koutou katoa,

Since I last wrote, the Cancer Nurses College held a highly successful Conference and BGM in Auckland on the 17th of March, 2023. The conference brought together a diverse group of cancer nurses and speakers to kōrero about Lung and Ovarian Cancer research, treatment and the inequities faced by Māori and Pasifika. The need for change was resoundingly clear and for inequities to be successfully addressed, it is imperative that change occurs at all levels of the health system with contributions required from us individuals at a personal, local, regional and national level. I personally plan to advocate increased collaboration and integration with other services beyond the traditional walls of Oncology locally, regionally and nationally. The future Cancer Clinical Network needs to be inclusive of all contributors to the system to realise Pae Ora. I would like to see that some of the power, influence and public backing found within the current Cancer Network is directed towards better supporting the primary and public health settings where improved prevention and early detection could help save lives.

The committee continues to work to promote cancer nursing nationally and we are pleased that Mate pukupuku | People with cancer has been identified as a top priority in the recently released Te Pae Tata: interim New Zealand Health Plan. As mentioned above, nursing is a vital part of the cancer workforce that can effect improvements in equity and outcomes, and we aim to advocate for further nursing representation locally, regionally and nationally to ensure our voice is at the table regarding addressing inequities, workforce planning and changes related to the health reforms.

We are grateful to have national representation through our CNC members at the Clinical Assembly, Systemic Anti-Cancer Therapy, Medical Oncology, Radiation Oncology and Haematology Working Groups. To each of the representatives (past and present) on this group, I thank you for your mahi.

I would also like to congratulate Nadine Gray, a previous CNC committee member who has recently been appointed as Chief Nursing Officer for Te Aka Whai Ora. We probably can't claim our part in the fame, but I know that CNC members are so proud of your achievement Nadine and look forward to seeing you pave the way in destroying the inequities that exist for tangata whenua and building the Māori nursing workforce.

Unfortunately, due to a multitude of outside influencing circumstances, there has been a high turnover of committee members that have sadly had to step down from the committee. Everyone who has been part of the committee has contributed enormous amounts of time, energy, ideas and influence, and this has ensured the college's success. I would like to thank both Katherine King and Fiona Sayer for their contributions and wish them both the very best in their future endeavours.

And on that note... if anyone is interested in joining the committee, please make contact! We are a small, enthusiastic, but realistic group of nurses, and we recognise that in this current climate, we must look after one another and keep to core achievable business. If you can help, whatever you can contribute would be gratefully received.

Hei konā mai  
**Shelley Shea - CNC Chair**

## Chief Executive of Te Aho o Te Kahu - Cancer Control Agency appointed

**Deputy Public Service Commissioner Ms Heather Baggott is thrilled to announce that Mr Rami Rahal has been appointed Chief Executive of Te Aho o Te Kahu, Cancer Control Agency and will be starting with us on Monday 10 July.**



Over the last 30 years Rami has shown an unwavering commitment to cancer care. He is a proven leader within the health and cancer system in Canada and has dedicated his career to improving outcomes for those affected by cancer, with a particular focus on better outcomes for indigenous populations. For the last 12 years, he has held senior leadership roles at the Canadian Partnership Against Cancer (Canada's national cancer agency), most recently as Vice President, Cancer Systems, Performance, and Innovation.

We are privileged to have someone of Rami's standing in the international cancer community leading Te Aho o Te Kahu as we strive for our vision of fewer cancers, better survival and equity for all. I am excited about what we will achieve under his leadership.

I want to thank all of you who have supported me over the last 12 months as Acting Chief Executive, it has been a pleasure to work alongside our passionate and dedicated cancer sector. My thanks also to Nicholas Glubb for his mahi in the Acting General Manager role.



### Brain Tumour Support New Zealand

is a charity organisation, which provides support, information, and advocate for people and their whānau affected by brain tumour. Please feel free to share this support group to your patients and their loved ones impacted by brain tumours.

 For more information, visit their website  
[www.braintumoursupport.org.nz](http://www.braintumoursupport.org.nz)

# Hypofractionation radiation therapy (UHRT) treatment for prostate cancer

– Is this a pragmatic solution for New Zealand's radiation therapy crisis? *continued from page 1*

or other treatment approaches.

Both ultra-hypofractionation radiation therapy (UHRT) and stereotactic body radiation therapy (SBRT) are treatment options for prostate cancer that deliver higher doses of radiation in fewer treatment sessions compared to conventional fractionation. It's worth noting that SBRT typically involves the use of more advanced image-guided techniques and specialized equipment to precisely deliver radiation to the prostate. This precision may allow for better sparing of surrounding healthy tissues and potentially reduce the risk of side effects. However, it also requires strict adherence to precise treatment planning and delivery protocols. SBRT is not yet a suitable or pragmatic approach in all radiation therapy centres in New Zealand.

We have now started offering treatment based on the HYPO-RT-PC Trial. This randomized controlled trial compared conventional fractionation (39 sessions of 2 Gy each) with ultra-hypofractionation (7 sessions of 6.1 Gy each on alternate days over 3 weeks) in men with localized prostate cancer. The study found similar rates of biochemical recurrence-free survival between the two groups at a median follow-up of 5 years, suggesting that ultra-hypofractionation was non-inferior to conventional fractionation. This would be a significant

reduction in the treatment times used commonly in NZ which typically are either 20 or 39 sessions.

## Here are some potential pros and cons of ultra-hypofractionation prostate radiation therapy:

### Pros of ultra-hypofractionated radiation therapy for prostate cancer:

- 1. Shorter treatment time:** UHRT delivers higher doses of radiation in fewer treatment sessions, typically completing treatment within 3 weeks compared to current regimes which range from 6-8 weeks. This can be more convenient for patients, reducing the overall treatment duration.
- 2. Equivalent efficacy:** Multiple clinical trials have shown that UHRT provides comparable cancer control rates, such as biochemical recurrence-free survival, when compared to conventional fractionation or other hypofractionation approaches.
- 3. Cost and resource savings:** UHRT can potentially reduce healthcare costs by requiring fewer treatment sessions and less overall use of healthcare resources, including staff time and equipment.
- 4. Patient convenience:** The shorter treatment course of UHRT may be more convenient for patients, minimizing disruptions to their daily lives and reducing the need for frequent visits to the treatment facility.

### Cons of ultra-hypofractionated radiation therapy for prostate cancer:

- 1. Increased risk of side effects:** UHRT delivers higher doses of radiation per treatment session, which may increase the risk of short-term and long-term side effects compared to conventional fractionation. Common side effects may include urinary and bowel symptoms, although long-term data on the severity and incidence of these side effects are still being collected.

**2. Technical challenges:** UHRT requires precise and accurate delivery of radiation, which may necessitate advanced image-guided techniques and specialized equipment to ensure accurate targeting of the prostate while minimizing radiation exposure to surrounding healthy tissues.

**3. Limited long-term data:** Although UHRT has shown promising outcomes in the short-term, long-term data on its efficacy and potential late side effects are still being gathered. Continued follow-up and research are necessary to fully understand the long-term outcomes of UHRT.

**4. Patient suitability:** Not all patients may be suitable candidates for UHRT. Factors such as tumour characteristics, patient age, overall health, and individual treatment goals need to be considered to determine the most appropriate treatment approach.

It's also worth noting that while ultra-hypofractionated radiation therapy has shown promising results in clinical trials, long-term data on its efficacy and potential late side effects are still being collected. Close monitoring and follow-up of patients undergoing this treatment approach are important to evaluate its outcomes and ensure patient safety.

Ultimately, the decision on the standard of care for prostate cancer treatment in NZ should be made first by radiation oncologists, considering the specific circumstances, available resources, and the best interests of the patients. It's important to note that treatment decisions should be individualized based on various factors, including patient and tumour characteristics, clinical guidelines, and multidisciplinary discussions. In NZ, our radiotherapy services are at the edge of a cliff, pragmatic solutions are needed and we must be early adopters of more efficient treatment regimens once suitable evidence avails itself.

**By Dr Ramesh Pandey**



**Dr. Ramesh Pandey** is an Auckland based Radiation Oncologist. He holds a Bachelor of Medicine, Bachelor of Surgery (MBBS Hons) degree from the University of Sydney,

where he graduated with honours. He also obtained a Bachelor of Technology (BTECH 1st class Hons) degree with first-class honours in Biomedical Science from the University of Auckland and a Masters of Surgery (Neurosurgery) from the University of Sydney. He completed specialist trainings in several institutions, including the Royal Australian and New Zealand College of Radiologists (RANZCR), the Royal New Zealand College of Urgent Care (RNZCUC), and the Royal Australasian College of Medical Administrators (RACMA), completing the requirements for an Associate Fellowship.

Throughout his career, Dr. Pandey has held various leadership positions, demonstrating his commitment to enhancing patient care and advancing the field of radiation oncology. He has served as Director of Training, a member of the New Zealand Radiation Oncology Executive Committee of RANZCR, and Chairman of the Head and Neck Cancer Multidisciplinary Meeting (MDM) and Head and Neck Tumour Stream. He has also been the lead of the Central Nervous System team for brain and spinal tumour radiation therapy treatments. Dr. Pandey has increased the profile of radiation therapy cancer treatment through his involvement with the Targeting Cancer Management Committee.

Dr. Pandey treats a number of different cancers including amongst others: brain, spine, tonsil, tongue, throat, nose, sinus, ear, skin, lung, rectal and prostate. He also gives palliative treatment to help control symptoms in order to maintain or improve quality of life.

Dr. Pandey provides radiation therapy cancer care in Auckland Hospital and Starship hospital and also provides private consultations and treatment in Auckland Radiation Oncology.

# PRECISION ONCOLOGY:

## A new framework for clinical practice

**How we think about cancer and our approach to treatment has significantly changed over the past twenty years. In particular, the past ten years have heralded a new ‘golden age’ of personalised medicine, or precision oncology. This treatment model moves away from therapies based solely on the tumour of origin to include new therapies more precisely matched to the individual biology of one’s tumour. Precision oncology represents a paradigm shift, promising more effective treatments (the right target for the right patient) with reduced toxicities, improved quality of life, and increased survival for cancer patients.**

For many decades we have understood cancer as a disease of our genes, arising from variations in our DNA code packaged within chromosomes inside the cells’ nucleus<sup>2</sup>. We know that oncogenic, or cancer-driving variation in DNA expression, disrupts otherwise tightly controlled cell regulation via signalling pathways. With the exception of much rarer hereditary diseases, most cancers arise from genetic alterations leading to one mutated cell, freed from its closely regulated growth, division, and repair processes. One cancer cell becomes a clone of cells, forming a tumour and ultimately metastasizing to distant tissues. The biological outcome of one mutated cell is an ability to bypass regulatory signals to promote growth (as seen in gain-of-function proto-oncogenes), disrupt the cell cycle, and prevent cellular repair (as seen in loss-of-function tumour suppressor genes), and evade mechanisms that would otherwise

kill abnormal cells, thereby creating a survival advantage. These are some of ‘cancer’s hallmarks’ proposed by Hanahan and Weinberg in their influential work conceptualizing the biological capabilities of cancer cells.

Historically, Watson, Crick, and Franklin’s pivotal work revealed the precise structure and function of the double helix in the 1950s; the completion of the Human Genome Project in the early 2000s; and subsequent mapping of the cancer genome in the Cancer Genome Atlas Project; represent pioneering research that has significantly contributed to our understanding of cancer genes, the highly complex nature of gene pathways, and the breadth of genetic variation, or heterogeneity that we see in cancer cells today.

Due to astonishing scientific advances over previous decades that have brought this new knowledge of our genome to light, cancer biology has arguably never been more fascinating or accessible. More than just our genes alone, the complex interplay between all our genetic material that comprises our genome (coding and non-coding regions, plus mitochondrial DNA located outside the cell’s nucleus) has revealed, in far greater detail, how our genes influence human growth, development, and disease. Furthermore, technological advances in recent times have made genomic testing more accessible and affordable. Next Generation Sequencing (NGS) techniques and computational analysis mean that scientists can sequence the DNA (or RNA) of up to thousands of genes or gene regions simultaneously. Faster

testing at higher sample volumes, with more comprehensive genome coverage, significantly reduces cost, resulting in greater accessibility of genomic testing.

With expanding practice and many new targeted therapies on the horizon, there is a pressing need to upskill the cancer workforce. Biological principles underpinning cell signalling, DNA transcription, RNA translation, protein stability, and pathways for cell regulation, growth, division, migration, and cell death, now have far greater clinical relevance. Understanding genomic testing processes, interpreting results, and translating new therapies’ mechanisms of action into patient-friendly language will become increasingly essential as cancer treatment moves further away from a ‘one-size-fits-all’ model. Owing to the nature of nursing work there is anticipation that nursing roles will need to expand to absorb new genomic-driven ways of working.

Identifying genetic variation within an individual’s tumour has become fundamental to understanding its natural history and determining with greater clarity which mutations are driving cancer progression. Identifying driver mutations can impart information regarding prognosis, predict treatment response or harm, or elicit novel therapies. Colon cancers caused by deficient mismatch repair (MMR) genes (MLH1, MSH2, MSH6, and PMS2), for example, represent around 5% of hereditary colorectal cancers, as seen in Lynch Syndrome, and between 10-20% of all sporadic colorectal cancers. Mismatch repair genes provide the machinery to correct copying errors

during DNA replication and, when deficient, result in the accumulation of large numbers of mutations.

Microsatellites are short DNA sequences composed of base pairs between one and six nucleotides, often in non-coding regions which are repeated across the genome. These microsatellite regions can be prone to slippage during DNA transcription, creating errors. When the DNA repair machinery is defective, a microsatellite region repeated twice prevents the two base strands from pairing perfectly. The imperfect pairing makes an unaligned looping structure that cannot readily be resolved owing to underlying defective MMR genes. This imperfect pairing of microsatellites is known as microsatellite instability (MSI). Sequencing of these microsatellite regions can determine microsatellite status, which can be stable (MSI-S) or high (MSI-H), as seen in cancers arising from a deficient mismatch repair pathway.

Understanding the MMR status of a patient’s bowel cancer holds value for both patient and clinician. Early-stage deficient MMR (dMMR) bowel cancers confer a prognosis advantage; however, the opposite is true if dMMR is also in the presence of a BRAF mutation. Deficient MMR genes create a high tumour mutational burden (TMB), a measure of the density of coding mutations found within a tumour sample. Tumour mutational burden is also a mutational signature, or pattern of mutation observed across the genome, which has clinical relevance for MMR deficient cancers, indicating likely responders to

# PRECISION ONCOLOGY:

A new framework for clinical practice *continued*

immunotherapy. This is because biologically, a high TMB increases the likelihood of mutated tumour DNA fragments or neoantigens being presented outside the cell membrane, attracting the attention of T cell receptors to trigger an immune response. Activation of T cell receptors trigger another cell signalling cascade where PD-1 (programmed death 1) receptors outside T cells signal PD-L1 receptors (programmed death ligand 1) on tumour cells which are then recognised as 'self' to evade cell death, which is the pathway targeted by checkpoint inhibitors such as pembrolizumab.

In relation to DNA sequencing, a biopsy, whether a liquid sample taken from blood, as in circulating tumour DNA, or from tissue, is a biological snapshot in time. Samples contain a set of mutations present in the tumour at that specific time point. This genomic snapshot can help to tell the story of tumour evolution in that individual.

A tumour is heterogenous, meaning it will have a range of mutations that differs from others who have tumours at the same site with matching histopathology. Further diversity or heterogeneity is observed within an individuals' tumour where mutations can vary widely across primary, locally advanced, or metastatic sites. This diversity provides clues as to the origin and nature of the cancer, whether it is somatic (acquired) versus germline (inherited), and the type of mutations and their numbers can help direct treatment decisions. It is heterogeneity that continues to present challenges in treating cancers, highlighting the ongoing need for multi-treatment approaches targeting multiple

**Libby Rea Brownlee, RN, MNurs (Hons)** is a gastro-intestinal oncology nurse specialist within Te Puriri o Te Ora, Regional Cancer and Blood, Auckland City Hospital and Honorary Oncology Research Fellow, Faculty of Medical and Health Sciences, University of Auckland. Her PhD research proposal in cancer genomics will determine what is required to deliver genomics-informed cancer care in New Zealand, and the feasibility of using a nurse-led precision oncology clinic model as a framework for broader clinical delivery of cancer genomics in New Zealand.

driver mutations to evade treatment resistance.

Implementation of precision oncology requires new models of care and a skilled workforce. Broad implementation of precision oncology in New Zealand is anticipated, presenting an ideal opportunity to address historical inequities in marginalised cancer populations. Work is underway in developing precision medicine infrastructure that addresses New Zealand-specific knowledge gaps in understanding genetic variation within indigenous peoples. This work is vital to address the cultural significance of tissue and data sovereignty for Māori to ensure they have equal representation within genomic databases.

Within the rapidly advancing field of cancer genomics, unique opportunities lie ahead for those ideally positioned to translate science from 'lab bench to bedside' for our patients. As we begin this journey of implementing genomics into clinical practice, there is great potential for cancer nursing in New Zealand to spearhead and benefit from the creation of new genomic subspecialty roles, including those in governance, to ensure a seat for nursing at the precision oncology table into the future.

With thanks to NZNO Cancer Nurses College, who provided an education grant towards the HMX Pro Cancer Genomics and Precision Oncology Program, Harvard Medical School.

If you would like to view the citations associated with this article please email Libby directly at: [libbyrea@adhb.govt.nz](mailto:libbyrea@adhb.govt.nz)

**Libby Rea Brownlee**  
**Honorary Oncology Research Fellow Oncology,**  
**University of Auckland**

New Zealand Society for Oncology



Together for a brighter future

21-23 SEPTEMBER 2023 | NAPIER



REGISTRATION NOW OPEN

Early bird registrations close 10 August

**We are excited to invite you to the 2023 New Zealand Society for Oncology Conference on 21 - 23 September 2023 at the Napier War Memorial Centre.**

The conference will commence with a day dedicated to our Special Interest Group meetings (SIG) and our inaugural Early to Mid Career Networking Function. Conference sessions then take place on 22 & 23 September and we hope you will all find the programme we are working on to be as exciting as we are.

Join us for drinks and canapes on Friday evening at our dedicated poster session and then we will celebrate at our Conference and awards dinner on Saturday night at the stunning Crab Farm Winery. If you fancy making the most of your weekend, there is plenty of things to do in the Hawke's Bay on the Sunday before you venture home. We look forward to seeing you there.

**2023 NZSO Conference Organising Committee**



[Visit our website for programme and speaker details](#)



ICCN 2023

International Conference on Cancer Nursing

SEP. 29 - OCT. 2, 2023 • Glasgow, UK

**The International Conference on Cancer Nursing** will be touching down in the historic city of Glasgow, UK on Sept9 - Oct 2, 2023. The conference theme for 2023 is **Building Global Nursing Excellence for Tomorrow's Cancer Realities.**



[Early Bird registration is now open till 31st July 2023](#)

# Colorectal Clinical Nurse Specialist Study Day

12TH MAY, 2023, AUCKLAND | REPORT

**It was a pleasure to attend the Colorectal Clinical Nurse Specialist Study day on International Nurses appreciation day. It was a great opportunity to acknowledge the hard work and commitment from this group of nurses working nationally to enhance the colorectal patient's journey.**

A big shout-out, goes to all the wonderful presenters, who provided a valuable range of insight into pertinent topics. The day started with a networking opportunity to reconnect with well-known colleagues, gain insight into new initiatives around the country and pair up names of acquaintances to faces (which is nice to personalise and connect working relationships). Fascinating discussions around the room were heard; ranging from clinical pathways running across the country, complex multi regional patient cases and clinical nurse specialist updates, with wide-eyed discussions around varying FTE amongst the regions. The discussions were very current and topical; it was exciting and inspirational to be part of this expert team of nurse specialists and it was wonderful to acknowledge the achievements of peers.

The first talk of the day was by **Charlotte Paddon** who spoke of a current initiative at Dunedin hospital utilising the use of a digital online

health tool - Go Well Health Programme. An online clinical pathway allowing easy access to information, education, patient assessment and management strategies. This was quite thought provoking, prompting some interesting ideas between our own local team on how digital tools, could be used within Waitemata.

The day progressed with a talk on the complexity of pelvic exenteration by **Mr Andrew Herd** at Waitemata. He described the intricacy of the surgery, the significant risks and complications associated, the recurrence rates and some of the clinical pathway considerations.

We had a couple of presenters fly into Auckland for the day. **Mr John Childs** at Auckland presented a very captivating discussion on the historical, current and future radiation treatment for rectal cancer.

This was strategically followed by **Mr Chris Harmston** at Northland talking about colorectal cancer follow up, prompting the discussions around current practices and newly developed guidelines yet to be published.

Next up was a presentation of the advancing role of the Oncology Nurse Practitioner with an interesting case study. This showcased the significant wide range of expert skills of NP **Felicity Drumm** at Auckland Hospital, contributing to the advancement in

patients journey. To carry out the plan of care and triage all the challenges that may arise, playing an important role in helping to improve patient safety, quality of care, as well as outcomes and encouraging continuity of care.

It was a great opportunity to hear from the cultural cancer nurse co-ordinators at Waitemata who provided an overview of substantial Maori and Pacific cancer survival inequities across some of the more common cancer streams in NZ driven by deprivation, comorbidity and stage of disease. The nurse specialists identified basic steps to connect with patients such as correct pronunciation of names and revealing small facts about your background in an attempt to build a relationship. The CNC's also provided a case study highlighting the role of the CNC in identifying and addressing patient barriers to accessing and engaging in treatment and the significant impact this can have on individual experiences.

The day was complimented by the provision of refreshments for morning tea, lunch and afternoon tea thanks to the sponsor Sanofi. During the day, members of the group shared some fun and insightful stories of their past nursing experiences causing a few chuckles across the room. Demonstrating how nursing has changed over time, some examples were given in patient/doctor, nurse/

doctor relationships, the old running of wards, and some fun and eye opening insights into changes in nursing practices and lives. The nursing profession has historically demonstrated its ability to adapt to varied and changing health care needs. On the birthday of Florence Nightingale it was a perfect touch to hear more about the development and advancement in nursing roles. **Sofia Krylova** at Waitemata gave a short but inspiring presentation on her barriers, challenges and achievements in developing the role of the Nurse Endoscopist in New Zealand.

The earlier topics of radiation and cancer follow-up, led nicely to the topic of bowel function following reversal of stoma after rectal cancer surgery. Addressing the constellation of symptoms and impact, these can have on quality of life. The day ended with a pre recorded overview by **Celia Keane** at Auckland of the impact of anterior resection syndrome and the current clinical management strategies.

I would like to thank the clinical nurse specialists **Maureen Morris**, **Karen Pollock** and **Suzanne Marshall** who co-ordinated this fascinating, motivating and informative study day and we look forward to the Dunedin team hosting next year!

**by Rachel Mousley**  
*Colorectal Clinical Nurse Specialist  
Waitemata District*



**1**  
MINUTE  
WITH:

## Judy Moselen

Head and Neck Clinical Nurse Specialist Head and Neck  
Oncology, Cancer and Blood Services, Auckland City Hospital.  
Te Toka Tumai, Te Tai Tokerau, Te Whata Ora.

### ***What does your job involve?***

My role is to support patients/family/whanau through treatment for Head and Neck cancer. This can be radiation alone or a combination of chemoradiation in the curative setting. My role also supports those on palliative treatment, both chemotherapy and radiation. Originally this role was developed as a navigator or coordinator role. However, it is now predominantly clinically focussed. My work includes assessment of patients and working alongside a dentist, speech language therapist at a weekly mucositis clinic and attending a weekly treatment review with the medical teams. Throughout my work day, I may be asked to see patients who are struggling with treatment and side effects. I provide assessment, plan of care for symptoms and management and coordinate with the medical team. I have now developed a nurse-led clinic for patients who have completed treatment as side effects peak 1-2 after completion. This has helped to provide patient support and management of side effects and to avoid unnecessary hospitalisation. As the point of contact, I take a number of phone calls

from patients/family/whanau for advice, education around treatment (chemotherapy and radiation), ongoing support and coordination with community providers. As a senior nurse, I provide education sessions, support and mentoring of nursing for this complex patient group. Each week I attend the Regional Head and Neck Multidisciplinary meeting, meet new patients and their supports and assist in coordinating the proposed treatment plan, providing education and making referrals to community health care providers.

### ***What attracted you to the role?***

I enjoy being part of the multidisciplinary team and having a clinical focus. Caring for this patient group requires advanced clinical assessment skills, intuition, good listening skills and a big heart due to the demands that treatment places of each patient/family/whanau. Working mainly in radiation oncology is challenging and requires you to think outside the box as many co-morbidities can also impact on the patient's ability to cope with and complete treatment. No two days are the same due to the demands of the role.

On a national level, I represent the CNC at the Radiation Oncology Working Group, an advisory group to Te Aho Te O Kahu (Cancer Control Agency). I would encourage others to participate where they can at a national level to promote equitable access to healthcare, in particular Radiation treatment. For those who are interested in nursing in the radiation area, there are online courses available for radiation oncology nursing that provide a good introduction to this specialised role.

### ***What's your favourite part of your job?***

Seeing patients come back to say hello after having had a complete metabolic response on their post treatment PETscan.

### ***What made you smile at work today?***

Sharing a laugh in the nurses' office and eating too much chocolate. Chewy caramel is my favourite.

### ***If you could have any superpower what would it be?***

The ability to fly to and from work and avoid the motorway traffic jams each day.

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

The same. If not, wildlife officer at The Royal Albatross Centre, Dunedin, Tairua Heads.

### ***What sound do you love?***

I am a big fan of acapella music and enjoy the vocal groups Voces8 and Pentatonix. These groups have been my must listen to music to ease the stress of the working day and have helped me get through the many past covid lockdowns that Auckland went through.

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

Head and Neck Cancer Support Aotearoa is a support group established by patients for patients. They offer support, advice, financial support, advocacy and raise awareness of Head and Neck Cancer in New Zealand. They are on Facebook and have regular face-to-face meetings. Look out for International Head and Neck Cancer Day in July.



**1**  
MINUTE  
WITH:

## Ryan Caravana

Radiation Oncology Clinical Nurse & Designated Nurse Prescriber, Bowen Icon Cancer Centre — Te Whare Haumanu o te Mate Pukupuku

### *What does your job involve?*

My job as a clinical nurse at Icon Cancer Centre is very similar to a nurse navigator role, which mainly involves running a nurse led clinic to support and monitor patients undergoing radiation therapy and prescribing concomitant treatment or supportive medications to help manage chemotherapy. Immunotherapy and radiation therapy toxicity symptoms.

### *What's your favourite part of your job?*

The autonomy and being able to wear multiple hats and single-handedly manage the nursing care of our cancer centre's radiation oncology patients.

### *Who is your nursing hero?*

When I was a child my mother used to work as a head nurse, and at that time she couldn't afford day care so every time she would do an AM shift, she would take me and my sister after school to the ward where she worked and she would make us wait there till the end of her shift. The hospital has been my playground growing up. I played with lab coats, tourniquets and stethoscopes. I've seen how well liked my mother was by her patients and colleagues, and that's when I decided my mother is my idol and I wanted to be just like her.

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

My sister's cannulation skills. I am good but I think my sister is on another level.

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

I'd be a Cancer Society volunteer driver for sure. I would also love to work part time in a clothing store and offer free fashion tips.

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

My master cardiology Littmann stethoscope, a penlight and a reflex hammer.

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

ANAWIM Lay Missions, it's a foundation that provides a home and a warm embrace to the poor and abandoned elderly in the Philippines.

### *What sound do you love?*

The sound of my dog's snoring, the most adorable sound ever.

### *If you could have any superpower what would it be?*

Definitely the ability to clone myself and be at two places at the same time.



**1**  
MINUTE  
WITH:

## Stephanie Sanden

Clinical Nurse Co-ordinator – Radiation Oncology Nurse Kathleen Kilgour Centre, Tauranga

### *What attracted you to working in this field?*

I moved from Canada to NZ in 2015 where I had been working as a Medical Oncology Nurse in a large cancer centre since 2010. The opportunity to take part of a new centre and also specializing in radiation oncology was intriguing and my love for oncology nursing continued.

### *What's your favourite part of your job?*

When patients feel "safe" with us and they let all the guards and walls down. When we have those "neat and deep" conversations of who they are, their history and journey of life so far! Yes of course we are interested in their tolerance to treatment and treatment status thus far but I think there is just so much more to our patient care.

### *Who is your nursing hero and why?*

My Grandma! She was a nurse for nearly 40 years in a small farming community in Alberta, Canada.

She was known as the Florence Nightingale of the town!

### *What made you smile at work today?*

My colleagues

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

Ski touring host! I love snow skiing and I would ski everyday if I could.

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

The ability to know the "right thing to say" in those horrible, sad situations with our patients.

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

White Matter - Brain Cancer Trust

### *What sound do you love?*

The evening hum of crickets during Summer Harvest at my farm in Canada.



## University courses for cancer nurses

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

A range of courses are available specific to cancer nursing and courses which can be applied to this speciality. Majority of learning has now become increasingly flexible, such that traveling to the University is not always required, with options for virtual learning for many courses. Some courses of interest include:

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

All 15-point papers require a commitment of 10 hours study per week. 30-point papers require a commitment of 20 hours per week. It is always advised when completing any university studies to understand how these 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 - Te Pūkenga


ARA has available two postgraduate Level 7 cancer papers:

- Cancer Nursing 1 - Understanding Cancer
- Cancer Nursing 2 - Management

 [For more information about the postgraduate nursing courses](#)

## Financial assistance for professional development

If you have been a member of CNC for a minimum of 2 years, you can access financial support for education...

 **CNC Education Grant** (maximum grant of \$750) considered quarterly for cancer nursing-related education and workshops.

- **CNC Roche Scholarship** (\$2000) for postgraduate study.

## Online educational resources

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.

### 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 such as 'learn to love Tamoxifen and your aromatase inhibitors', 'complementing cancer treatment' and 'decision-making in advanced breast cancer.' These feature patient insights, and oncologist speakers. These webinars are completely free.

 [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](http://education.eviq.org.au)

A Rapid Learning series is available, with 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](#)

### 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.

 [Free online advanced breast cancer course](#)

### European Society for Medical Oncology

ESMO is a professional organization for medical oncology with a membership of over 25,000 people 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](#)

### 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 with a Certificate of Completion provided after course completion. These courses are designed to complement existing Māori and Pacific cultural competency training programmes.

 [Browse the eCALD courses](#)

### ONCOassist

ONCOassist 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.

 [Visit their website for more info on the app](#)

# 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](mailto: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...

### 6th Asian Oncology Nursing Society Conference

August 2-3, 2023 | Bali, Indonesia

### New Zealand Dermatology Nurses Society Conference

August 3-4, 2023 | Queenstown, New Zealand

### IPOS 2023 World Congress

August 31 - September 1, 2023 | Milan, Italy

### NZ Society of Oncology Conference 2023

September 21-24, 2023 | Napier, New Zealand

### ICCN 2023 International Conference on Cancer Nursing

September 29 - October 2, 2023 | Glasgow, UK

### 35th Annual Conference - CANO/ACIO

October 20-23, 2023 | Niagara Falls, Ontario

### ESMO Congress 2023

October 20-24, 2023 | Madrid, Spain

**Te Tai Tokerau Nursing Conference 2023**  
How Do We Deliver Equitable Care?

**SPEAKERS**

**Dr Maree Sheard**  
Chief Nurse  
Te Whatu Ora  
Te Tai Tokerau

**Associate Professor Julia Stark**  
Head of School  
School of Nursing  
University of Auckland

**TUESDAY**  
7 November

**8AM-5PM**

**FORUM NORTH**  
Rust Ave, Whangārei

Open to all ENs, RNs and NPs in Te Tai Tokerau. No cost.

All attendees will receive professional development hours.

**Spaces are limited**  
Register now at [www.northlanddhb.org.nz/conf23](http://www.northlanddhb.org.nz/conf23)

Sponsored by

**Te Whatu Ora**  
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**MEDICAL AND HEALTH SCIENCES**  
SCHOOL OF NURSING

## THE CANCER NURSES COLLEGE 2023 COMMITTEE



L-R: Celia Ryan, Kelsey Tay, Shelley Shea, Laura Ledger, Anne Brinkman (Professional Nursing Advisor), Becky Upston. Absent: Robyn Segedin (inset).

**Shelley Shea**  
Chair

**Robyn Segedin**  
Education Grants and Vice Chair

**Laura Ledger**  
Treasurer

**Becky Upston**  
Vice Treasurer

**Celia Ryan**  
Vice Secretary/Consultations/Working Groups and Special Interest Groups

**Kelsey Tay**  
Cancernet and Facebook communications

**Anne Brinkman**  
Professional Nursing Advisor

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

Visit the CNC Facebook page...

Stay informed on upcoming opportunities for professional development + 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!



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](mailto:cancernursesnz@gmail.com)