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**HSANZ-NG**  
Haematology Society of Australia and New Zealand

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**HAA 2017 KEYNOTE SPEAKER REPORT**



**Beth Faiman**  
PhD, RN, MSN, APRN-BC, AOCN  
Cleveland Clinic Taussig Cancer Institute, Cleveland, Ohio

In October 2017, I had the great honor of participating in the annual of HSANZ meeting, held in conjunction with the annual HAA meeting. I still remember the happy day in which I opened the letter from President David Collins requesting that I attend as an invited international speaker. The meeting in Sydney and at the new conference center in Darling Harbour seemed so far away!

Yet, as I write this, I have been back home in Cleveland, Ohio for nearly a month. Today I am fortunate to reflect on the visit. I recall the excitement and infectious energy of the HSANZ group, the warm welcome, and feel grateful for the overall experience.

Not only was I afforded the opportunity to attend the HAA meeting and various HSANZ sessions on the nursing track, I was able to present on three topics in which I am

quite passionate about. My assigned presentations for the meeting were focused on:

*Uncommon Presentations of Plasma Cell Dyscrasias, Nursing Masterclass: Assessment and clinical management of thrombotic events in haematology patients and Embedding Advanced Practice Nurse Roles Into a Haematology Service.*

**Myeloma Matters**

In this first session, I was fortunate to speak in good company with Ms. Trish Joyce and Ms. Tracy King on the topic of rare plasma cell tumors. The spectrum of plasma cell dyscrasias (PCDs) is vast, compared to other blood cancers, yet the incidence worldwide is generally low when compared to heart disease, hypertension and even other common cancers. Still it remains that disorders of the plasma cell lineage encompasses



a number of pre-malignant to malignant conditions of varying severity which nurses should be aware of. The presentation provided an updated diagnostic overview of PCDs, and used a case-based approach to describe unusual and challenging presentations of immunoglobulin light chain amyloidosis, MM, extra-medullary and central nervous system (CNS) disease, osteosclerotic myeloma (POEMS) plasma cell leukemia (PCL). This opening session was well attended and seemed to set the stage for the entire meeting.

### Nursing Masterclass

This second presentation focused on the assessment and clinical management of thrombotic events in haematology patients. Chaired by Ms. Julija Sipavicius, attendees and I were able to share a glass of wine, a few bites of cheese, and review the importance of diagnosis and management of blood clots in general hematology.

What a great combination! This informal learning environment allowed us to discuss current issues in hematology as these relate to thrombotic events. We reviewed updates to the assessment and diagnosis of blood clots and ways to determine who is at high-risk for thrombotic events – and of course how to minimize ones' risk. I was able to share updates on clinical studies using the newer oral anticoagulants and our unique, nurse- led clinic at the Cleveland Clinic which aims to expedite diagnosis and management of blood clots. I would like to thank attendees for making this class a most enjoyable experience.

### Improving outcomes through nurse led care

Did you ever have anyone you looked up to in your career and wonder, "how can I do what they do?" This is how I felt during the closing session while listening to my co-presenters, Professors Margaret Fry and Mei Krishnasamy. Each shared their brilliant and scholarly

research projects and successfully illustrated to the attendees the importance of nurses in cancer care. In my presentation, it was highlighted that now, more than ever, hematology and oncology practices rely on advanced practice nurses (APNs) to fill the unmet needs. Gaps in patient care have been created by a growing patient base and a shortage of qualified physicians. In my presentation, I aimed to highlight the benefits of APNs which have been well described in the United States and other areas of the world. Barriers exist which prevent APNs from being integrated effectively into ones' practice and this remains a universal issue. Thus, I shared my knowledge and experiences as one of the first APNs in hematology and medical oncology at a leading hospital in the United States. I shared clinical "pearls" and how I have worked to build an independent yet collaborative practice. The attendees learned important factors for the APN to consider when building a practice in haematology, strategies for measuring patient satisfaction, and tools for collecting data for clinical outcomes. As humans, we must always learn and grow, but this is even more so in nursing. Therefore the importance of continuing education, and methods to obtain quality scores were shared for those who intend to set up positions locally.

### Nurse's specialty group meeting and other activities

A lunch-time multiple myeloma nurses group meeting was a wonderful opportunity to chat with specialty group members who shared similar interests, and learn of their numerous activities. It occurred to me while in the audience that these specialty nurses are very hard-working and dedicated to enhancing nurse and patient education. I was impressed by the number of nurse-led activities that the member participate in, from creating literature for patients, improving access to care, and leading support groups. In addition, following the meeting, I had the chance to spend time with Professor Kate White and to meet with nurses at Concord Hospital as well as the University of Sydney. The nurses at Concord provide excellent and personalized care and should be proud of their accomplishments.

This visit to Sydney was very enjoyable on a professional and personal level. Not only did I enjoy attending the sessions and learning how nurses work on the other end of the world, it occurred to me that our nursing and research roles are very similar. We share mutual goals of improved clinical outcomes, and strive to provide optimal patient care. While attending the meeting, I had a renewed sense of enthusiasm for conducting collaborative clinical research and an urge to partner internationally with these wonderful nurses.



I am truly impressed by the professionalism of the organization and was pleased to share a meal and conversations with Sam Soggee, Elise Button and David Collins, among others.

Personally, I was able to travel with my husband (Matt), son (Max) and my mother (Carol). This was a trip of a lifetime for us, and although we were only in Sydney for a short time, we were able to experience the culture and several wonders of the city. A special treat was an overnight in Auckland and a crash course in the Maori language (kia ora) on our way back to the United States.

I will never take for granted this unique opportunity to network with such an amazing group of nurses. In the pursuit of lifelong learning, I am grateful for the ability to teach and to learn from others, and especially on an International scale. I want to sincerely thank the HSANZ and HAA groups, as well as each and every one of the members for making this successful trip possible. There are too many of you to mention by name. I will remember this visit forever. I can only hope that our collaborations will continue in the future. Thanks for the memories.

Until we meet again..... Best wishes to all.

*Beth M. Faiman*



MAX WAS APPREHENSIVE AT FIRST, BUT ENJOYED VEGEMITE WITH LOTS OF BUTTER ON TOAST (THANKS, CARMEL FOR THE SUGGESTION!).



MATTHEW, MAX AND BETH AT DARLING HARBOUR.



TRACY KING, BETH FAIMAN, JULIJA SIPIVACIUS, JAQUI JAGGER, AND CARMEL WOODROW OUTSIDE OF THE CONFERENCE CENTER.



BETH AND MATT AT THE SYDNEY OPERA HOUSE.



ON A BIG BUS WHILE TOURING SYDNEY.



Sickness comes on horseback but departs on foot: addressing the financial impact of haematology treatments on patients and their families.

## HAA 2017: NOTES FROM A NURSES SYMPOSIUM

Lucy Lehane

Cancer Nursing Research Unit

We chose this ancient Dutch proverb for our title as it alludes to the way in which the financial effects of cancer are often felt by patients and families long after the initial diagnosis and treatment of their disease. It also captures the idea that the financial position of cancer patients and their families is often adversely affected by the out of pocket costs of cancer treatment and the impact on their capacity to work.

This was a lively session led by Professor Kate White which turned the spotlight on what is often an elephant in the room, personal finances. At the outset we were asked to consider if we routinely include discussions with patients about how they are coping financially in our practice? Do we view this as a part of the nursing role?

Professor White provided the context for the discussion with an overview of national and international trends in cancer spending and measures that are being taken to address the spiraling costs to health care systems and patients. Unsurprisingly these costs were attributed to pharmaceuticals, increasing costs of surgery including robotic surgery and the effects of lengthening duration of active treatment. In response, ASCO have established a Value in Cancer Care Taskforce to improve the efficiency of cancer spending.

Of particular concern is the shifting of these costs from the health system to individual patients and the effects that this has on quality of life and equity of access to treatment. Psychological distress, lifestyle changes and reduced adherence to treatment associated with cancer costs are commonly reported in an increasing body of research.

Patsy Kenny, a Senior Research Fellow at the Centre for Health Economics Research and Evaluation, further helped to set the stage with a presentation on healthcare funding and patient out-of-pocket costs in Australia. We learnt that overall health expenditure by individuals in Australia has increased, on average, by 3.6% per annum in the last decade. Pharmaceuticals made up 36.8% of out of pocket expenditure for individuals in 2015-2016. Out of pocket expenditure on Hospital Costs for privately insured patients and gap payments for medical specialists were the other major components.

Patsy outlined some of the measures that are being taken to address patient out-of-pocket costs. These included a recent policy announcement by the Commonwealth government which aims to reduce the range of insurance policies and premium costs and to improve the transparency of out-of-pocket costs. The philosophy underpinning how the Australian health system is funded lies somewhere between a universal healthcare system and the provision of public health care only to those who can't afford private care. The government of the day determines where the emphasis lies and any changes in policy always take time.

My job was to present the findings from the first phase of our study (a collaboration between the Cancer Nursing Research Unit, University of Sydney and CHERE, UTS) which employed in depth qualitative interviews to explore the financial experience of Australian cancer patients and their families. Preliminary testing of the COST Instrument which was designed in the U.S.A. by De Sousa et al to assess cancer patients and their families for financial stress was also carried out in Phase I.



15 of the 24 patients or carers that were interviewed had haematological cancers. Whilst patients and their families were overwhelmingly grateful for what was provided by the Australian healthcare system, participants revealed how the treatment related expenses combined with an altered capacity to work impacted on many aspects of their lives including their ability to meet basic living expenses, engage in leisure activities with their loved ones and plan for the future.

**No more year goals, holidays, renovations, never think that you are going to have more money, everything is about having less money and being sick at home, kids 11 and 13 should be out there enjoying it.**

### **What can we do to help those who are experiencing financial difficulties?**

Alka Bisen, Program Manager for Financial Assistance Services at Cancer Council NSW, gave an overview of the financial assistance services offered by her organisation. These include:

- Short Term Emergency Financial Assistance Program – assistance with bills such as phone, electricity, water or for essentials such as food or car fuel.
- No Interest Loan Scheme – offers cancer patients and carers on low incomes access to small amounts of credit (up to \$1000 to be paid back over 18 months) to purchase essential items.
- Financial Counseling by accredited financial counsellors - by telephone or face to face (counselors can visit hospitals if required)

Another avenue of support is the National Pro Bono Program which connects people with professionals in their community who volunteer their time and expertise.

The Program includes four referral services:

1. Legal referral service
2. Financial planning referral service
3. Workplace advisory service
4. Small business advisory service

**To make a referral or for more information:  
Call 13 11 20  
[www.councilcouncil.com.au](http://www.councilcouncil.com.au)**





## 5 THINGS YOU MISSED BY NOT COMING TO HAA 2017

Peter Haywood

Acute Leukaemia Clinical Nurse Coordinator  
Royal Melbourne Hospital-City Campus

The annual conference for HSANZ and two other organisations (ANZSBT and THANZ) was held at the new conference centre in Sydney's Darling Harbour. There were of course too many things for just one person to see, and certainly there was plenty of activity for even the most discerning of haematology nurses. But here are 5 of the things you missed if you didn't attend HAA 2017:

### 1. CAR T cells are going to take over the world

Actually, the direct quote was "I don't necessarily think CAR T cells are about to take over the world".

The implication of course, is that they're going to do everything but. There's a ubiquitous grumble from the back of the room in all of these types of talks. Cynical, usually older nurses and doctors, 'heard it all before' and warnings of not to 'get ahead of yourselves'. Similar examples come to mind - the kindle will kill books, facebook will kill newspapers, mechanization will take our jobs and we'll all work 15 hours a week. But I'm a sucker for these predictions and can't help but get carried along with the hype.

The idea that you can genetically modify T-cells to target any receptor that you can develop a monoclonal antibody for, feels like a plot of science-fiction novel. They can expand and quell any relapse without any intervention of the healthcare team. Early studies in B-ALL have demonstrated remarkable response rates, and even more remarkable longer-term outcomes.

Why would you transplant someone else's stem cells when you can transplant genetically modified T-cells?  
Is it too early to start career planning for when the allo transplant unit has to close down?

### 2. Healthcare is expensive, and it's nurses job to make it cheaper

Is there not a better condemnation of late-capitalism than the \$400,000+ cost of Car T cells, or the \$180,000 dollars for one course of the new immunotherapy drug. Though, I guess, it's always been this way – it's not surprise the emerging economies that cure is out of reach. I'm just noticing now that middle class Australians are missing out. It's odd how little challenge there is for these prices.

Why does it have to be this way? It just is.  
And as a consequence, what do we need to do?  
Make savings. How? Completely change the model of nursing!

It came up in a few of the nursing abstracts - this idea of minimising waste. Of course we all agree with this. How could you not? There is room for plenty efficiency improvements in nursing. But why is the profit margin of an overseas pharmaceutical company not considered waste? Could it have something to do with a giant room of industry sponsors?

### 3. KINOKUNIYA

They definitely do try, but Sydney coffee isn't really up to scratch. And their trams are pretty lame. But one thing Sydney does have is Kinokuniya. It's clearly the best bookshop in Australia, with a remarkable range of books, including in speciality subject areas, and an impressive collection of Japanese stationary. Was worth coming to Sydney all on its own.



OH, BUT SYDNEY HAS THE HARBOUR! NO, SYDNEY HAS KINOKUNIYA!

#### 4. Chronic graft-vs-host disease is depressing

The incidence is probably underestimated and the effects can be debilitating. When patients survive that is. The pathophysiology isn't all that well understood, treatment options are few, clinical trials fewer, much of what we do is without an evidence base, there is little interest in funding development of new treatments. This must be what it feels like to work in non-cancer specialties!

#### 5. Mei Krishnasamy and Marg Fry, the ultimate inspiring nursing power duo

Some one line advice from the masters:

- If you think you will meet resistance with your research or practice change: call it a 'pilot study'.
- And you will always meet resistance from 1/3 of people, 1/3 won't mind, and 1/3 will think your idea is great!
- When planning your project/research, start at the end and work backwards.
- Set a hard date for delivery as a way to motivate yourself.
- When justifying what you do; consider 'patient complexity' and 'structural complexity' separately.
- And the corollary; when deciding what to do, focus on who needs your help the most i.e. patient complexity

*See you in Brisbane at Blood 2018!*



## HAA 2017 VICTORIAN TRAVEL GRANT WINNERS REPORT

Emily Knights

Day Therapy Registered nurse  
Peter MacCallum Cancer Centre

Thanks to a generous grant from HSAZ Victoria I recently had the opportunity to attend HAA 2017. The conference took place at the Sydney International Conference Centre this year and went over four days. I wanted to attend this conference to increase my haematology knowledge, meet people in the field and to decide if I really wanted to do post graduate studies in Sydney next year. As a bonus I also found that it helped to open up the world of haematology to me and reignite my passion for this area. The highlight of conference for me (besides the coffee!) was probably the poster presentations and seeing the amazing things people are doing all over Australia in improving haematology patient outcomes.

At HAA this year there was a lot of discussion about the ageing haematology population and how this effects how we deliver treatment, who we deliver treatment to and the difference between the 'fit', 'unfit or compromised' and 'frail'. It was highlighted that we often recognise the two extremes easily, but miss the compromised patients who may actually be the most vulnerable. The excellent point was also made that elderly cancer patients can quite easily move between these criteria, particularly from compromised to frail and back again.

The ageing population discourse included changing our assumptions of older people and the restrictions we place around age in regards to bone marrow transplants, clinical trials and even some therapeutic treatments.

The consensus seemed to be there should be a shift in how we evaluate older patients towards a more individualised approach, considering the patient holistically, assessing their functionality and quality of life rather than simply by the number of years they have been alive. This has definitely helped challenge my assumptions and approach to patient care, and has helped me feel confident in being an advocate for my older haematology patients.





## PRESIDENTS REPORT



Hoping you all had a lovely Christmas and a happy new year. We are now half way through the first month of the year and as things start gearing up for 2018 it's important to take stock of the year that has been and all the hard work we have put into our respective roles to contribute to this wonderful profession and specialty of haematology nursing.

As my years in nursing tick over I have become more and more appreciative of the diversity of specialty nurses and the knowledge we bring into the cancer field to ensure optimal patient care and outcomes. The synergy between the multidisciplinary team and the importance of each discipline working together is paramount in achieving excellence.

I was inspired by my nursing colleagues and patients in my graduate year at the Royal Melbourne Hospital and this was the foundation of my cancer nursing career. To broaden my understanding of the health experience of the cancer patient I moved onto a role as a National MPN/MDS Coordinator at the Leukaemia Foundation. After consolidating this role I moved to the Austin Hospital as Clinical Trial Coordinator. This gave me an insight into the tireless work that the research coordinators do in ensuring that multiple trials under their portfolio run according to a very extensive protocol.

However, my passion was developing staff and improving patient outcomes at the bedside and I knew that I needed to return to the inpatient/ward setting. Consequently, for the past year I have been the Nurse Unit Manager at Epworth Freemasons growing the haematology and oncology services. This has been my most loved role so far- there is nothing better than developing individuals and watching your team grow and witness this translate into better-quality patient outcomes. We are lucky as nurses to have the advantage of such flexibility within our profession to broaden our skill sets with a smorgasbord of opportunity in the types of roles available

to us – where we can inevitably find our passion. My current role has cemented in my mind the importance of the bedside nurse in ensuring optimum patient care outcomes. There are so many specialty roles influencing patient care but it is the bedside nurse that brings this together when the patient is at their most vulnerable and the level of skill, knowledge and expertise these nurses have directly influence patient outcomes.

HSANZ nurses group is a special achievement within our specialty providing us with the platform to come together and network as well as have access to world class education and resources from novices and experts alike. Our membership is a small token to be a part of something so much bigger. If you're not yet a member I would encourage you to join, please renew your membership if it has lapsed and encourage others at your workplace to come along to an education evening in your local state. The state HSANZ nurses groups work in their own time to coordinate and bring together the education evenings- thank you to all of you and I look forward to the education offered in 2018.

Finally, I would like to thank David Collins for all his work over the past 2 years. I would also like to welcome Elise Button as the Vice President of the Nurses group. I look forward to a fantastic 2018 and wish you well for the year ahead!

*Sam Soggee*  
President HSANZ NG



The combined Annual Scientific Meeting of the:



## BLOOD 2018 (FORMALLY KNOWN AS HAA)

**Elise Button and Nicole Gavin**

Blood 2018 Nurse Organisers

Next year HAA will be changing its name to Blood!

The inaugural Blood 2018 conference will be held in Brisbane from the 21st – 24th of October at the Brisbane Convention Centre. The website is: [www.blood2018.com](http://www.blood2018.com) and has information on all the invited speakers.

Laura Zitella is the invited International guest nursing speaker at Blood 2018. Laura is the lead nurse practitioner for inpatient haematology at Stanford Health Care. She is a well published author, presenter, and educator on various oncology topics. Laura will be presenting on biotherapies and the immune system, advance pathology interpretation and nursing clinical leadership at Blood 2018.



LAURA ZITELLA, INVITED INTERNATIONAL NURSING SPEAKER FOR BLOOD 2018



# AUSTRALASIAN BONE MARROW TRANSPLANT RECIPIENT REGISTRY

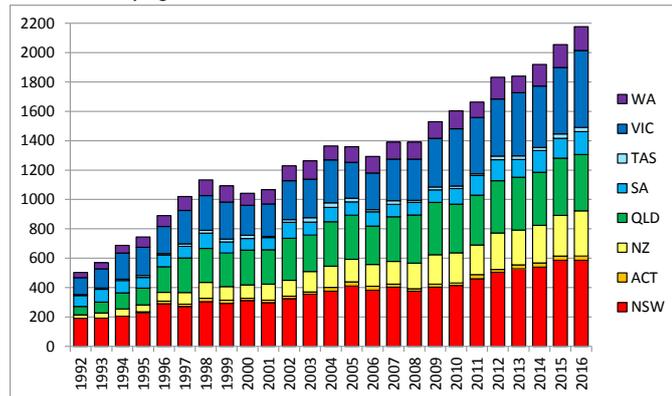


## Introduction

The ABMTRR was established in 1992 to record details of haematopoietic stem cell transplants in Australia and New Zealand. It operates under the auspices of the Bone Marrow Transplant Society of Australia and New Zealand (BMTSANZ) and is based in Sydney.

The ABMTRR database (ASTRO - Australasian Stem cell Transplant Registry Online) currently holds records on over 34,000 transplants, from 52 centres. This equates to approximately 31,000 patients as many patients may receive more than one transplant.

Annual accrual by region



## Patients after transplant

After patients are registered they continue to be monitored for relapse of disease, other complications and some late effects.

Currently, there are 18,000 patients recorded as alive and requiring follow up data, many of whom have since returned to their referring centre and back to community, no longer in contact the transplant centres. This creates a mammoth task for the 47 active transplant centres to track these patients. Updated information from referring centres could significantly improve the outcome data of these patients. Even knowing a more recent contact date will make the difference.

There may be some patient records which are not updated for many years in ASTRO even though the patients may have attended the centre.

This may be due to limited staffing, and in some cases it may be due to the inadequate flow of information to the person responsible for reporting to ABMTRR. Centres may have more than one person assigned to update data into ASTRO, which could help improve the data quality.

## Nursing Research

Earlier this year, the ASTRO Study Module was used to manage additional data in a project involving Long Term Follow Up (LTFU) in NSW. This was a single centre pilot study supported by NSW Agency for Clinical Innovation. The project manager for the pilot study was a clinical nurse specialist running a LTFU clinic. It included 47 BMT survivors following allogeneic transplant between 1992 and 2015 and the patient assessments ranged from 2 to 24 years post transplant. As the ABMTRR database contained most of the transplant data required, additional data fields were added using the study module which streamlined both the data collection process and the output of collated information for analysis. The study data is currently being analysed.

We also noticed after this project commenced, that many patient records were updated with a more recent contact date. This resulted in improvements in this centre's KPIs measured by ABMTRR and their centre's transplant outcomes.

With the research projects predominantly with clinicians and transplant fellows, ABMTRR would like to encourage more nursing projects using any of the available data. Please contact us directly or via our website.

## How ABMTRR data is used

In addition to producing annual reports (Annual Data Summary) and supporting research projects, ABMTRR has provided data to assist with hospital internal quality programs and accreditation requirements. Government health programs may also require evidence of safety and quality monitoring. It is now a requirement for FACT and JACIE accreditation of BMT services that transplant outcomes are benchmarked against national and international standards.

The ABMTRR is the only source of national data in Australia and New Zealand. Benchmarking analysis can include survival, transplant related mortality, graft vs host disease and engraftment.

The data may also be used for planning of resource allocation, such as equipment and staffing for BMT units and laboratories. With an increasing number of transplant survivors in the community, demographic and clinical data can inform the planning and delivery of services for these patients.



## ABMTRR at HAA

ABMTRR held their first information session at the recent HAA Annual Scientific Meeting held in Sydney in October. We received 38 pre-registrations and on the day more than 50 people attended, with approximately half providing feedback afterwards. Attendees were from various roles including data managers, clinicians, nurses, scientists and quality managers.

The session included: the role of the registry, demonstration of the online database - ASTRO (the routine data collection and the study management module), benchmarking and proposed enhancements to ASTRO including giving hospital users scope to customise reports and produce their own centre specific outcomes. A brief quiz was given at the end.

We hope to build on this next year with extra time, allowing for separate sessions to cater for the varied interests and more opportunities for Q&A and discussions.

Contact us at: [abmtrr@svha.org.au](mailto:abmtrr@svha.org.au)  
Website: [www.abmtrr.org](http://www.abmtrr.org)

## HAA 2017: TRAVEL GRANT WINNERS REPORT

Hayley Page and Alex Rivalland

The Royal Melbourne Hospital

In November this year we attended the HAA conference in Sydney with the generosity of the HSANZ Group travel grant for junior Haematology nurses. It was great to be a part of the multidisciplinary group and attend talks from medical and nursing streams. We particularly enjoyed watching our hospital's Haematology CNC Pete win best abstract award for central line failure in allogeneic transplant patients! (See photo). It was so encouraging to learn how our institution consistently follows best practice when we looked at what other presentations from other health care facilities. For example; we have already instigated procedures to reduce the time of antibiotic administration in febrile neutropenia by using tools such as a 'septic pathway'. In addition, it was relevant to our practice to hear about some of the strategies implemented by Auckland hospital to reduce social isolation in immunocompromised patients, and we look to further apply these strategies to current practice on our ward.

We really enjoyed spending time in the exhibition hall and met a drug (Foscarnet) representative there,

who has offered to come and run some education sessions on our ward. This whole trip has been an amazing experience and has inspired a desire to collect data and submit a poster to contribute to practice in the coming years!

Thank you.






**HSANZ**  
Haematology Society of  
Australia and New Zealand

New Zealand Annual  
Branch Meeting

**12-14 MARCH**  
**2018**

InterContinental  
Wellington  
NEW ZEALAND

## HSANZ NZ BRANCH MEETING 2018

### Welcome

On behalf of the Organising Committee I would like to invite you to attend the 2018 New Zealand Annual Branch Meeting of the Haematology Society of Australia and New Zealand, being held at the Inter-Continental Hotel in Wellington from **12-14 March 2018**.

The programme will include a morphology workshop on Monday followed by two days of Meeting with high calibre international and local speakers joining us on Tuesday and Wednesday.

Speakers will focus on the areas of Myeloid Malignancies (Dr Andrew Wei- AML), Myeloproliferative neoplasms (Professor Ruben Mesa), Stem cell transplantation (Professor David Ritchie) and haemoglobinopathies (Professor Joy Ho).

A nursing stream will also take place on Tuesday.

We are very grateful to all of our invited speakers, who will be bringing their collective experience and wisdom to the Meeting.

We look forward to welcoming you to Wellington.



DR ALWYN D'SZOUZA  
MEETING CONVENOR

### Key Dates

Registration Opens: **23 November 2017**

Earlybird registrations close: **31 January 2018**

Meeting dates: **12-14 March 2018**



## MYELOMA AUSTRALIA NEWS

There is exciting news for people affected by myeloma and myeloma health professionals in Western Australia with Myeloma Australia's recent appointment of two Myeloma Support Nurses for WA, Kerin Young and Narelle Smith. With a combined haematology nursing experience of more than 30 years between them, both Kerin and Narelle are extremely excited to take on their roles and to develop and provide a worthwhile and necessary support service for people living with myeloma, their family and friends; and of course health professionals in the state.

Since commencing their positions, Kerin and Narelle have been busy meeting with stakeholders to gain a sense of the needs of myeloma patients in Western Australia. Patient advocacy is their priority and they are working hard to raise the profile of myeloma in Western Australia, whilst meeting local members of the myeloma community through "Meet and Greet" events. As Western Australia is expansive, Narelle and Kerin (who have both spent many years living rurally) plan to visit rural and remote locations throughout the state in 2018.

Nationally, Myeloma Support Nurses provide a valuable service to the community including providing up to date information, facilitating face to face support groups; providing education to clinical caregivers; updating and writing myeloma related information available in hardcopy or online at the Myeloma Australia Website; and taking calls from people affected by myeloma on the Myeloma Australia Telephone Support Line.



Kerin and Narelle are very happy to help and can be contacted on [Kerin.Young@myeloma.org.au](mailto:Kerin.Young@myeloma.org.au) or [Narelle.Smith@myeloma.org.au](mailto:Narelle.Smith@myeloma.org.au), or alternatively, the Myeloma Australia Telephone Support Line is a nurse led service available Monday to Friday 9am- 5pm AEST on 1800 693 566.



# NEWS FROM THE MYELOMA AND RELATED DISEASES REGISTRY

## MRDR RECRUITMENT

The Myeloma and Related Diseases Registry has over 1800 pts registered, 26 approved hospital sites and 15 sites with approval pending. It has become more representative of myeloma in Australia and New Zealand over time. We thank all MRDR participants and staff at participating sites for your ongoing help.

**Takeda, Janssen and Celgene Australia support the MRDR which enables this important research to continue.**

## MRDR AT HAA

### MRDR Interest Group breakfast

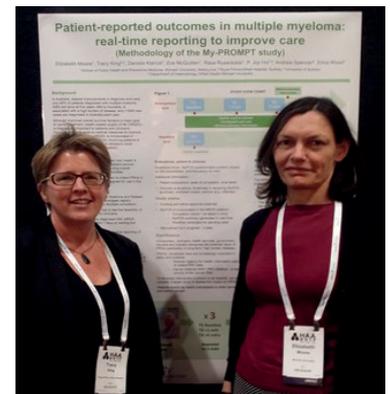
The annual MRDR Interest Group breakfast at HAA in Sydney (key ANZ haematology conference) was a success with over 70 attendees representing patient groups, hospital sites, researchers, industry, and other collaborators (see image). Attendees enjoyed an update on registry data and progress by Professor Andrew Spencer, and an open forum discussion on ideas for MRDR projects and analyses lead by Dr Zoe McQuilten. The formation of Special Interest Groups (SIGs) to coordinate these activities was also explored; those proposed include Quality of Life/PROs, Immunology, 'Access to care/ the rural experience', and Infection. SIGs will encourage and facilitate use of the registry data by site staff, researchers and collaborators. Please contact us if you are interested in participating in the SIGs or have an idea for a project.



Andrew Spencer presenting to a full house at the MRDR breakfast, HAA 2017

## MRDR Presentations

Professor Joy Ho presented the results of an analysis on patients with multiple myeloma and renal impairment at HAA, looking at patient characteristics, treatment and outcomes. The findings generated plenty of interest and the analysis is being prepared for publication. Two MRDR posters were also presented:



Tracy King (L) and Elizabeth Moore (R) with the MRDR My-PROMPT poster at HAA

- Polynesian Ethnicity and Outcomes for Multiple Myeloma (MM) in New Zealand (Hilary Blacklock)
- The My-PROMPT study: real-time reporting of patient-reported outcomes in MM to improve care (see photo).

The Transfusion Research Unit, Monash University had a booth in the exhibition area at the conference where MRDR staff were available for consultation.

## MRDR AND THE AUSTRALASIAN MYELOMA RESEARCH CONSORTIUM

The Australasian Myeloma Research Consortium (AMARC) will use the MRDR as a platform for clinical trials. The MRDR's established network of sites, contacts and methods for data collection, make it an attractive platform from which to cost-effectively run clinical trials. Other points in favor are Monash's experience in managing clinical trials, and the haematology-focused Transfusion Research Unit that administers the MRDR. Recruitment to AMARC trials is now underway.

## TO CONTACT THE MRDR:

Phone: 1800 811 326  
 Email: sphpm-myeloma@monash.edu  
 Website: mrd.net.au



2017  
WARSAW  
POLAND  
9-11 NOV.



## 17<sup>TH</sup> INTERNATIONAL SOCIETY OF GERIATRIC ONCOLOGY (SIOG) CONFERENCE

**Petra Stolz Baskett**

RN, MA, PhD, (Candidate)

Clinical Nurse Specialist Haematology/Oncology

Nelson Marlborough Health, Nelson - NZ

Titled, "From research to practice: incorporating geriatric oncology into patient care", this year's SIOG conference program has seen 377 participants flocking to Poland's capital. Within twenty-six scientific sessions over the three day event, one had opportunity to engage and learn around topics relevant to cancer care for older people, choosing between close to 150 presentations. In the breaks, there were a further 92 poster presentations available for perusal.

With so much on offer, a conference summary can always only be a personal account. This is a summary of selected presentations that I have enjoyed, and pearls of wisdom I was able to gather attending the conference with appreciated support from the Genesis Oncology Trust of New Zealand.

For the past two years I have been active in the Nurses & Allied Health (NAH) Interest group of SIOG as its' vice chair; given that, one of my highlights this year was the first time integration of NAH Interest Group's session into the main program of the first day. In collaboration with the European Oncology Nurses Society (EONS), experiences, assessment and management aspects in caring for older patients with cancer were explored across a wide thematic spectrum. The presentations included examinations of associations between health status, perceived nursing care quality and trust (Dr. Andreas Charalambous, CY), symptom assessment and management via smart phone technology in real time (Dr. Lisa McCann, UK), a NAH guideline under development regarding falls risk assessment and management (Schroder Sattar, CA), and dignity care interventions in older people receiving palliative care in the community setting (Ulrike Östlund, SE). We are looking forward to the growth of such sessions in the coming years and welcome all nurses, allied health professionals and our geriatric/oncology physician colleagues to attend and debate research results within these topical areas relevant in everyday clinical practice!

The "haematology pearl" on Thursday was Dr. Extermann's presentation of preliminary results of a meta-analysis covering 68 trials and 13,381 patients over 70 years of age, treated for AML. They compared a variety of treatment techniques and the outcomes of those treatments in various categories of patient health status, using a decision analysis model. Two approaches seem to promise better results, i.e. intensive chemotherapy or hypomethylating agent, such as azacitidine, with publication of the full analysis forthcoming early next year.

On Friday, Dr. Suzanne Festen (NL) talked about ways to include older patient preferences in decision making. Patient preferences were operationalised in their study by using a four item outcome prioritisation tool that included a Likert scale for patients to value a) prolongation of life, b) remaining independent, c) pain reduction and d) reduction of other symptoms. Treatment advice was changed in almost half the 250 included patients reviewed in a multidisciplinary team with this additional data available.

In the project presented by Dr. Shabbir Alibhai (CA) the specific contribution that comprehensive geriatric assessment makes to enhancement of care, a so far under-examined area, was evaluated in a study with over 200 patients. Categories to assess the concept of care enhancement were derived from the literature and included the domain of: treatment delivery, comorbidity and symptom management, patient education and perioperative management. Based on the geriatric consultation, treatment plans were adapted in around two fifths of their patients, with co-morbidity management and education being the prime domain for care enhancement.



The last day started with a 'Hot Topics in Geriatric Oncology' session, in which Dr. Martine Puts (CA) outlined the results of a systematic literature review examining roles and collaboration of geriatrician, primary care provider and nurses during cancer treatment delivery. Based on the results, areas that could benefit from further practice developments and evaluation are, for example, primary care physicians' involvement as they report to feel under-utilised but also under-prepared. Further, advanced practice nurses' contribution within a geriatric oncology model of care as they are often performing screenings, assessments and monitoring that seem to be under recognised and thus possibly underused.

In Saturday's haematology track session, an Austrian haematologist (Dr. R. Stauder), US-based geriatrician (Dr. J. Rosenberg) and French nurse (D. Tilmant-Tatischeff) shared their perspectives and experiences with integration of a geriatric component to a multidisciplinary care model around older people with blood cancers. Over the past five years, they all were part of the implementation of a geriatric haematology model of care at their respective institutions, with, for example, 450 patients undergoing a nurse-led geriatric assessments in 2016 in the French service in Limoges. Whilst they all report barriers that had/have to be overcome with regards to collaboration, all service evaluations support the benefit of a geriatric approach by changes in treatment decisions in 15- 20 % of cases and care plan adaptations for around three out of four 70+ year old people with a haematological malignancy, including co-morbidity management improvements and implementation of additional supportive care measures to avoid treatment complications.

Three other presentations that deserve special mention are the ones of this year's finalist of the Nursing & Allied Health Investigator Award:

- Kristen Haase from Canada presented findings from a qualitative study on older adults use of cancer-related internet information;
- Ramona Moor from Belgium discussed what impact a multidisciplinary geriatric oncology pathway has on the number and types of implementation of geriatric interventions; and
- Mackenzi Pergolotti (pictured) from the USA, presented results from her pilot study on the CARE program, including occupational and physiotherapy rehabilitation for older adults with cancer.

During the presidential session, we were able to congratulate Ramona who took home the prize, and we hope to see her back in next years' SIOG conference in Amsterdam, taking place from 16 – 18 November 2018.

If you work in the malignant haematology/oncology setting and a lot of your patients happen to be older, then being a member of SIOG or coming to the next SIOG conference might be of interest to you! Check it out: <http://siog.org/content/nursing-and-allied-health-interest-group>, it's only 35 Euro p.a. for nurses and includes access to the Journal of Geriatric Oncology online and other fabulous resources.



MARTINE PUTS, UNIVERSITY OF TORONTO, LAWRENCE S. BLOOMBERG FACULTY OF NURSING, TORONTO, CANADA.



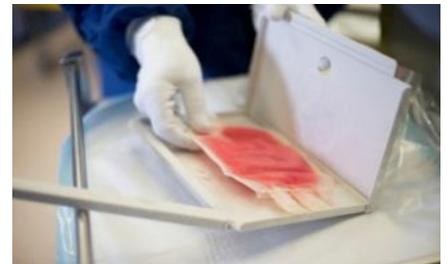
# 2018 Master Class Schedule

## Blood and Marrow Transplant Education Webinars

ACI Blood and Marrow Transplant Network

### Monthly Education Program

7 February	<b>Lymphocyte Collection for CAR-T Cells</b>	Paul Malau, <i>Apheresis Clinical Nurse Consultant NSW Health Pathology East</i>
7 March	<b>Transplant Related Acute Lung Injury (TRALI)</b>	Professor Scott Twaddell, <i>Respiratory and General Physician, Clinical Pharmacologist and Toxicologist John Hunter Hospital</i>
4 April	<b>TerumoBCT</b>	TBA
2 May	<b>Evaluation of autologous post-transplant cellular therapy outcomes</b>	Dr. Sundra Ramanathan, <i>Senior Staff Specialist St George Hospital</i>
6 June	<b>CAR-T Cell Complications</b>	Dr Kenneth Micklethwaite, <i>Staff Specialist Westmead Hospital</i>
4 July	<b>Cardiac Dysfunction</b>	TBA
1 August	<b>Graft Versus Host Disease- Ocular</b>	Professor Peter McCluskey, <i>Director Save Sight Institute</i>
3 October	<b>Graft Versus Host Disease - Lung</b>	Professor Scott Twaddell, <i>Respiratory and General Physician, Clinical Pharmacologist and Toxicologist John Hunter Hospital</i>
7 November	<b>Cellular therapy product collection/ administration</b>	Julie Stone, <i>Quality Officer ACI Blood and Marrow Transplant Network</i> Fran Owen, <i>Clinical Nurse Specialist Wollongong Hospital</i>
5 December	<b>Infectious and non-infectious processes</b>	Eunice Liu, <i>Infectious Diseases Consultant, ACI Blood &amp; Marrow Transplant Network</i>



Master Classes are designed to support the continuing accreditation requirements of NATA and FACT.

They occur live through GoToWebinar facilities on the first Wednesday of each month between 2:00pm and 3:00pm.

Following each presentation, participants then have the opportunity to ask questions or engage in discussion.

Each session is recorded. Past presentations are available on the ACI BMT Network web page for view on demand.

To join the mailing list and receive the broadcast details please contact:

Monique Tovo  
02 9412-8215  
monique.tovo@health.nsw.gov.au

To view previous webinars visit  
[www.aci.health.nsw.gov.au/networks/blood-and-marrow-transplant/resources](http://www.aci.health.nsw.gov.au/networks/blood-and-marrow-transplant/resources)



**ACI** NSW Agency  
for Clinical  
Innovation



Blood and Marrow  
Transplant Network NSW

## Save the Date

# Introduction to Blood and Marrow Transplant Nursing Course

Blood and Marrow Transplant Network

**Thursday 24 and Friday 25 May 2018**

### Aim

This event is aimed at haematology and BMT nurses, laboratory staff, pharmacists and allied health working in NSW health services. Individuals will have some background and knowledge of haematology, but have had little BMT specific education, training or experience.

Topics include: an overview of the haemopoietic system, malignancies that lead to transplant, Graft versus Host Disease, tissue typing processes, work-up for transplant, infections, other complications following transplant etc.

### Audience

This two-day course is for those working in BMT units or those who work with pre & post-transplant patients wishing to extend their knowledge in this highly specialised field.

The course focuses on the care of patients receiving both autologous and allogeneic bone marrow transplants.

### Venue

**TBC**

### Cost

Free to NSW Health employees

### Registration

Please register online by accessing the following link:

<https://aci.health.nsw.gov.au/networks/blood-and-marrow-transplant/events/bmt-introduction-to-blood-and-marrow-transplant-2018/>

### Note

Please be advised that audience questions and evaluations will be

collected through the website [sli.do](https://www.sli.do). If attendees could please bring an electronic device with which they could access this medium, it would be greatly appreciated.

**sli.do**

## Further Information

For further information contact:

Monique Tovo, Project Officer, Acute Care Portfolio

Email: [monique.tovo@health.nsw.gov.au](mailto:monique.tovo@health.nsw.gov.au)

Phone: (02) 9412 8215



## REPORT FROM THE MYELOMA SPECIAL PRACTICE NETWORK (M-SPN) NURSES GROUP

**Tracy King RN MN**

Chair HSANZ Myeloma Special Practice Network  
tracy.king1@health.nsw.gov.au (NOTE: my email has changed)

Nurses working in Australia and NZ who have a specialist interest in the nursing care of those affected by myeloma have the opportunity to participate in our M-SPN. We have a focus on improving care of those affected by myeloma through the development and promotion of information and education aimed at improving standards of care.

We have been working on several programs and resources this year, some of which I'll update you with, now.

### Publications & Information Resources

#### Understanding Tests & Investigations for Multiple Myeloma: A resource for patients

Providing good quality, up to date information for patients and their family members is an important role for nurses. Members felt there was a gap in the information available explaining the wide range of tests and investigations those with myeloma may undergo. We have produced a new information booklet, with input from patients and clinicians. The booklet is available as an e-copy download the HSANZ website nurses page. Members have automatic access via the MyNURSE App.

Designed for nurses and other clinicians who provide information to those affected by myeloma, this fact sheet aims to help you identify the information needs of patients and carers in a timely manner, and sign post you to useful organisations that provide range of high quality information.

#### Bortezomib Best Practice: A Guide for Nurses

Daniela Klarica (MM NP Alfred VIC) led a group of members in writing an overview of the current best practice recommendations regarding the administration of bortezomib. The guide for nurses includes information on dosing and delivery; administration techniques; potential toxicities, their measurement and management and common treatment schedules. The standardised best

practice guideline is available to members through the MyeNURSE App and to a wider group via the HSANZ website.

#### Myeloma Nurse Specialist Role: A Guide for Implementation

Julija Sipavicius (MM/BMT NP North Shore, NSW) and Tracy King adapted the Myeloma UK 'Myeloma Clinical Nurse Specialist Business Case' to the Australian / New Zealand health system. This document provides a framework to guide clinicians who are building a case for the implementation of a Myeloma Nurse Specialist (MNS) position into their service. The guide contains information about how to write a business case, suggested content, myeloma specific information from Aus/NZ, health policy and evidence, where it exists, to support the role of specialist nurses with a MM focus and range of further resources that we hope, saves you time in building and writing your own business case for a MSN position.

Many thanks to the nurses group members who have lead and contributed to these resources. Daniela Klarica (VIC); Carmel Woodrow (QLD); Hayley Beer (VIC); Kerin Young (WA); Julija Sipavicius (NSW) and Tracy King (NSW). The 'publications and information resources' project was supported by grants from Amgen, Janssen and Takeda and we thank them for their support of our group and its work.



MYELOMA NURSES AND BETH FAIMAN DURING HAA CONFERENCE SYDNEY 2017 (L.TOP: TRACY KING, BETH FAIMAN, JULIJA SIPAVICIUS, L. BOTTOM: JACQUI JAGGER, CARMEL WOODROW).

**HAA: Haematology Society Annual Scientific Meeting Sydney 2017**

Our group made good use of our invited nurse speaker this year, Beth Faiman PhD, MSN, APRN-BC, AOCN, Myeloma Nurse Practitioner, Cleveland Clinic Ohio. As well as giving several presentations during HAA, Beth also joined our M-SPN for a lunchtime meeting

M-SPN publications and guides are available to M-SPN members within the MyeNURSE App. All others can access the resources by downloading the pdf's from the HSANZ Nurses Group web page. We welcome feedback about the publications and resources and ideas for future projects.



PROF KATE WHITE, BETH FAIMAN WITH NURSES FROM CONCORD HOSPITAL DAY THERAPY

where she facilitated a general Q & A, making use of her vast clinical experience to help members with local concerns and queries. Beth also visited some local Sydney hospitals, Concord & Royal Prince Alfred where she gave lectures and the Cancer Nursing Research Unit (CNRU), Sydney University. We plan to work with Beth on some future myeloma nursing projects with our M-SPN group and CNRU.

Elizabeth Moore (Research Fellow / Project Manager Myeloma and Related Disease Registry - MRDR), Tracy King and team, presented a poster of their research project on real time measurement of health-related quality of life in myeloma at the HAA conference.



TRACY KING (MM NURSE RPA) AND ELIZABETH MOORE (MYELOMA RELATED DISEASE REGISTRY MONASH VIC).

If you have an interest in myeloma and would benefit from receiving MM updates and resources and have access to the mentorship of other MM nurses, then do consider joining our M-SPN group. For HSANZ Nurse Members there is no extra cost. Join a growing group of over 60 nurses with a passion for improving care of those affected by myeloma – there's nothing to lose – its FREE!



SAVE THE DATE

# 2nd NATIONAL Myeloma Workshop

Myeloma  
Australia

14th Sept – 16th Sept, 2018

**Yarra Valley Lodge**  
2 Heritage Avenue  
Chirnside Park, Victoria  
[www.yarravalleylodge.com](http://www.yarravalleylodge.com)

A workshop on the pathophysiology, treatment and new ideas for clinicians and researchers with an interest in Multiple Myeloma

This Australian Myeloma Workshop will bring together researchers from basic science, translational and clinical medicine and nursing.

The focus will be on the presentation of original scientific work selected on the basis of submitted abstracts. The aim is to promote collaboration, development of novel translational research and clinical trial development in the area of myeloma in Australia and New Zealand.

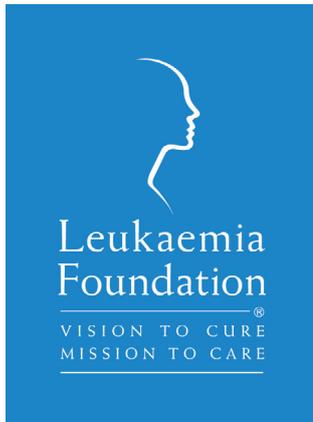
**Abstract submissions will open  
1 June 2018 and close 31 July 2018.**

**Confirmed International Speaker:**

**Dr Leif Bergsagel**, *Mayo Clinic, USA*,  
Others TBC

*Scholarships will be offered for the best selected abstracts  
with a focus on promoting junior researchers presenting their work*

**Enquiries:** ✉ [workshop@myeloma.org.au](mailto:workshop@myeloma.org.au)



## LEUKAEMIA FOUNDATION NEWS AND UPDATES

**Ally Tutkaluk**

Communications Officer (Mon, Wed, Thurs)

Leukaemia Foundation

### Updated patient information resources

The Leukaemia Foundation has recently revised and reprinted several information booklets, including:

- Allogeneic Stem Cell Transplants
- Amyloidosis
- Autologous Stem Cell Transplants
- Chronic Myeloid Leukaemia
- Non Hodgkin Lymphoma

A team of contributors, including haematologists, allied health professionals, and Leukaemia Foundation staff have assisted in updating the booklets. More information booklets will be revised soon; visit [www.leukaemia.org.au](http://www.leukaemia.org.au) to download electronic versions or call 1800 620 420 to order your copy.

### Congratulations to Midori Nakagaki

Midori, a pharmacist at the Royal Brisbane and Women's Hospital, was recently awarded the 2017 ESA International Dorothy Banks Bursary. The Bursary is jointly run by ESA International and the Leukaemia Foundation, and is a chance for a Registered Allied Health Professional/Registered Nurse practicing in this field in Queensland to undertake further professional development or to attend either a national or international conference.

Midori is hoping to present at the upcoming 44th Annual Meeting of the European Society for Blood and Marrow Transplantation in Lisbon, Portugal.

### Myeloma News is now out

The December issue of Myeloma News recently came out, and it's a great resource for people affected by myeloma. Download it from the Leukaemia Foundation website @ [www.leukaemia.org.au](http://www.leukaemia.org.au) or call 1800 620 420 to order copies for your ward or office.

### Save the date: New Directions in Leukaemia Research Meeting 2018

Hosted by the Leukaemia Foundation, the New Directions in Leukaemia Research meeting (NDLR) brings together scientists and clinicians to discuss emerging paradigms and breakthroughs at the forefront of leukaemia research and treatment, from the molecular basis of leukaemia to new therapies emerging in the clinic.

As one of the premier international leukaemia conferences, NDLR 2018 will again bring together early-career investigators and senior scientists. Attendees will hear of recent findings in basic and translational research through interaction with local and international experts, allowing new collaborations to be forged. NDLR 2018 will be held in Brisbane.

For more information, including a program and speaker list, please visit the NDLR website @ <http://ndlr2018.com/>.



## 2018 CNSA 21<sup>ST</sup> ANNUAL CONGRESS



BRISBANE CONVENTION AND EXHIBITION CENTRE  
21 - 23 JUNE 2018

**SAVE THE DATE!**

[www.cnsacongress.com.au](http://www.cnsacongress.com.au)

### KEY DATES

- Abstract Submissions Close: Friday 2 February 2018
- Travel Grant Applications Close: Friday 16 February 2018
- Early Bird Registrations Close: Monday 30 April 2018

### INTERNATIONAL KEYNOTE SPEAKER



Professor Christine Miaskowski holds appointments as Sharon A. Lamb Endowed Chair in Symptom Management Research in the School of Nursing and Co-Director of Research Centre for Symptom Management at University of California, San Francisco. She is recognised internationally as an expert in pain and symptom management research and has received numerous honours and awards throughout her career in recognition of her outstanding research and service in her disciplinary areas. She is the recipient of the prestigious Oncology Nursing Society/Roche Distinguished Service Award, the highest award presented by the Oncology Nursing Society in the United States.

Christine was the inaugural nursing recipient to be awarded the Wilbert E. Fordyce Clinical Investigator Award and in 2010, the American Cancer Society Clinical Research Professorship. In 2015, she was inducted into Sigma Theta Tau International Researcher Hall of Fame. Currently, Prof Miaskowski's research team have funding worth over \$50 million (US) to conduct research across a broad range of areas, including symptom management, pain management, symptom clusters, genetics, epigenetics and more. Prof Miaskowski has published close to 500 refereed publications, principally published in the top-ranking Nursing and Oncology journals.

For support and exhibition enquiries, please email: [cnsa@chillifoxevents.com.au](mailto:cnsa@chillifoxevents.com.au)  
For more information as the program evolves, visit: [www.cnsacongress.com.au](http://www.cnsacongress.com.au)



## KEY DIARY DATES FOR THE NEW YEAR – TRANSFUSION EDUCATION 2018 CALENDAR

The Transfusion Education 2018 Calendar has been launched offering a diverse range of opportunities to improve your transfusion knowledge and practice.

In particular, a series of new podcasts will be released throughout the year to complement the expert webinars, live events, eLearnings and downloadable tools available.

Topics covered include transfusing red cells, transfusion consent, obstetric and paediatric transfusions, and a series of events including the Target Workshops for Nurses will be held across the country.

Continuing professional development points are awarded for all completed sessions which are tailored to different audiences in the nursing, medical and scientist fields.

New categories featured on Transfusion Online Learning - building (early career), advancing (mid-career) and extending (late career) – will help identify the most relevant option to support your transfusion practice.

Transfusion Policy and Education (TPE) as part of the Australian Red Cross Blood Service is committed to providing leading and trusted education for health professionals.

Visit <https://learn.transfusion.com.au> to see what's available in 2018 and start registering for sessions.



# TRANSFUSION EDUCATION 2018 Calendar

**Transfusion Policy and Education (TPE) is a leading and trusted provider of transfusion education for health professionals.**

Webinars and events have now been categorised into three different stages of career – building (early career), advancing (mid-career), extending (late career) – to help identify the most relevant option to support your transfusion practice.

However, this is a guide only and all sessions are open to health professionals at any stage of their career and anyone with an interest in blood and transfusion.

**KEY**

- Events (in person)
- Webinars (online only)
- Building (early career)
- Podcast
- Catalogued webinar
- Tools and resources
- Advancing (mid-career)
- Extending (late career)

**FEBRUARY**

- 1 **TOPIC RELEASED:**  
Transfusing red cells
- 14 **Standard issue transfusion versus fresher red blood cell use in intensive care (TRANSFUSE) study update**  
 1.30–2.30 pm (AEST)
- 27 **Antibody Club**  
 6.00–7.00 pm Sydney, NSW

**MARCH**

- 1 **TOPIC RELEASED:**  
Transfusing platelets
- 13 **Target Workshop for Nurses: Transfusion essentials**  
 Ipswich, QLD
- 14 **Feasibility of post-donation iron replacement for whole blood donors**  
 1.30–2.30 pm (AEST)

**APRIL**

- 1 **TOPIC RELEASED:**  
Pretransfusion testing
- 14/15 **Target Workshop for Haematology Registrars: Transfusion medicine**  
 Melbourne, VIC
- 18 **Fibrinogen early in severe trauma (FEISTY) study update**  
 1.30–2.30 pm (AEST)

**MAY**

- 1 **TOPIC RELEASED:**  
Transfusion consent
- 9 **Cool achievements bring frozen platelets closer**  
 1.30–2.30 pm (AEST)
- 11 **Target Workshop for Nurses: Transfusion essentials**  
 Adelaide, SA
- 29 **Antibody Club**  
 6.00–7.00 pm Sydney, NSW

**JUNE**

- 1 **TOPIC RELEASED:**  
Giving a transfusion
- 13 **Producing blood for transfusion using pluripotent stem cells**  
 1.30–2.30 pm (AEST)
- 29 **Blood Genomics Symposium**  
 Melbourne, VIC

**JULY**

- 1 **TOPIC RELEASED:**  
Transfusing plasma products
- 11 **Climate change, emerging diseases and blood donation**  
 1.30–2.30 pm (AEST)
- 28 **Toowoomba Iron Symposium**  
 Toowoomba, QLD

**AUGUST**

- 1 **TOPIC RELEASED:**  
Transfusion reactions
- 15 **Improving patient blood management in obstetrics**  
 1.30–2.30 pm (AEST)
- 28 **Antibody Club**  
 6.00–7.00 pm Sydney, NSW

**SEPTEMBER**

- 1 **TOPIC RELEASED:**  
Iron deficiency
- 12 **Serious hazards of transfusion (SHOT) update**  
 1.30–2.30 pm (AEST)

**OCTOBER**

- 1 **TOPIC RELEASED:**  
Massive transfusion
- 17 **When and how to reverse direct oral anticoagulants**  
 1.30–2.30 pm (AEST)

**NOVEMBER**

- 1 **TOPIC RELEASED:**  
Obstetric and paediatric transfusions
- 14 **Transfusion in the era of genomics**  
 1.30–2.30 pm (AEST)
- 20 **Target Workshop for Nurses: Transfusion essentials**  
 Cairns, QLD
- 22 **Target Workshop for Nurses: Transfusion essentials**  
 Townsville, QLD
- 27 **Antibody Club**  
 6.00–7.00 pm Sydney, NSW

[transfusion.com.au](http://transfusion.com.au)

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Visit [learn.transfusion.com.au](http://learn.transfusion.com.au) to register today and for up-to-date information.





## CONFERENCE UPDATE 2018

Compiled by Peter Haywood

DATE	CONFERENCE	DETAILS
<b>FEBRUARY 2018</b>		
21–25 FEB	<b>BMT TANDEM MEETINGS:</b> AMERICAN SOCIETY FOR BLOOD AND MARROW TRANSPLANTATION	SALT LAKE CITY, USA <a href="http://ASBMT.ORG/EVENT/2018-BMT-TANDEM-MEETINGS">ASBMT.ORG/EVENT/2018-BMT-TANDEM-MEETINGS</a>
<b>MARCH 2018</b>		
9–10 MAR	<b>HIGHLIGHTS OF ASH IN ASIA</b>	BALI, INDONESIA
18–21 MAR	<b>EBMT:</b> EUROPEAN SOCIETY FOR BLOOD AND MARROW TRANSPLANTATION ANNUAL MEETING	LISBON, PORTUGAL <a href="http://WWW.PR-MEDICALEVENTS.COM/CONGRESS/EBMT-2018/">WWW.PR-MEDICALEVENTS.COM/CONGRESS/EBMT-2018/</a>
25–28 MAR	<b>NEW DIRECTIONS IN LEUKAEMIA RESEARCH MEETING</b>	BRISBANE, AUSTRALIA
<b>APRIL 2018</b>		
<b>MAY 2018</b>		
17–20 MAY	<b>ONS:</b> ONCOLOGY NURSING SOCIETY ANNUAL CONGRESS	WASHINGTON, USA <a href="http://WWW.ONS.ORG/CONGRESS">WWW.ONS.ORG/CONGRESS</a>
<b>JUNE 2018</b>		
1–5 JUNE	<b>ASCO 2018:</b> AMERICAN SOCIETY OF CLINICAL ONCOLOGY ANNUAL MEETING	CHICAGO, USA <a href="http://ASCO.ORG/2018-ASCO-ANNUAL-MEETING">ASCO.ORG/2018-ASCO-ANNUAL-MEETING</a>
21–23 JUNE	<b>CNSA:</b> CANCER NURSES SOCIETY OF AUSTRALIA WINTER CONGRESS	BRISBANE <a href="http://CNSA.ORG.AU/CONGRESSEVENTS/CNSA-ANNUAL-CONGRESS">CNSA.ORG.AU/CONGRESSEVENTS/CNSA-ANNUAL-CONGRESS</a>
14–17 JUNE	<b>EHA:</b> EUROPEAN HEMATOLOGY ASSOCIATION CONGRESS	STOCKHOLM, SWEDEN <a href="http://EHAWEB.ORG/CONGRESS-AND-EVENTS/22ND-CONGRESS/FUTURE-CONGRESSES/">EHAWEB.ORG/CONGRESS-AND-EVENTS/22ND-CONGRESS/FUTURE-CONGRESSES/</a>
28–30 JUNE	<b>MASCC/ISOO:</b> ANNUAL MEETING ON SUPPORTIVE CARE IN CANCER	VIENNA, AUSTRIA <a href="http://MASCC.ORG/ANNUAL-MEETING">MASCC.ORG/ANNUAL-MEETING</a>
<b>JULY 2018</b>		
<b>AUGUST 2018</b>		
<b>SEPTEMBER 2018</b>		
23–26 SEPT	<b>ICCN:</b> INTERNATIONAL CONFERENCE ON CANCER NURSING	AUCKLAND, NEW ZEALAND <a href="http://ISNCC.ORG/NEWS/355766/">ISNCC.ORG/NEWS/355766/</a>



## HSANZ-NG COMMITTEE

The HSANZ Nurses Group Committee is made up of representatives from Australia and New Zealand. To contact anyone on the current committee please email: [nurses@hsanz.org.au](mailto:nurses@hsanz.org.au) and your message will be re-directed to the appropriate representative.

STATE	NAME/ROLE	CONTACT DETAILS
	<b>SAM SOGEE</b> PRESIDENT & VIC REPRESENTATIVE	NUM (ONCOLOGY/HAEMATOLOGY) EPWORTH FREEMASONS
	<b>ELISE BUTTON</b> VICE PRESIDENT	<b>NURSE RESEARCHER - CANCER CARE SERVICES</b> ROYAL BRISBANE & WOMEN'S HOSPITAL HERSTON QLD 4029
<b>NSW</b>	<b>SALLY TAYLOR</b> SECRETARY NSW REPRESENTATIVE & NSW NG MEETINGS COORDINATOR	<b>BMT CO-ORDINATOR, RPAH HAEMATOLOGY</b> ROYAL PRINCE ALFRED HOSPITAL, SYDNEY CAMPERDOWN NSW 2050
<b>TAS</b>	<b>BRONWEN NEELY</b> TREASURER & TASMANIAN CHAIR	<b>NURSE UNIT MANAGER</b> DAY CHEMOTHERAPY UNIT AND CLINICAL TRIALS ROYAL HOBART HOSPITAL GPO BOX 1061 HOBART TAS 7001
<b>SA</b>	<b>NICOLE LOFT</b> SA/NT REPRESENTATIVE	<b>HAEMATOLOGY NURSE PRACTITIONER, MNP</b> PO BOX 3124 NEWTOWN SA 5074
<b>VIC</b>	<b>HAYLEY BEER</b> VIC REPRESENTATIVE	<b>MYELOMA CNC</b> PETER MACCALLUM CANCER CENTRE AND MANAGER NURSING AND PROGRAMS MYELOMA AUSTRALIA RICHMOND VIC 3121
<b>WA</b>	<b>ANDREW STEELE</b> WA REPRESENTATIVE	<b>CLINICAL NURSE MANAGER: HAEMATOLOGY</b> SIR CHARLES GAIRDNER HOSPITAL HOSPITAL AVENUE NEDLANDS WA 6009
<b>NSW</b>	<b>DAVID COLLINS</b> NSW/ACT REPRESENTATIVE SPECIAL PRACTICE NETWORK (SPN) COORDINATOR	<b>NURSE PRACTITIONER, ACUTE BMT</b> TDEPARTMENT OF CLINICAL HAEMATOLOGY WESTMEAD HOSPITAL WESTMEAD NSW 2145
<b>QLD</b>	<b>NICOLE GAVIN</b> QLD REPRESENTATIVE	<b>NURSE RESEARCHER - CANCER CARE SERVICES</b> ROYAL BRISBANE & WOMEN'S HOSPITAL HERSTON QLD 4029
<b>NZ</b>	<b>POSITION VACANT</b> NZ (NI) / (SI) REPRESENTATIVE	



## EDITOR'S NOTE

**Rosemary Hoyt**

Dunedin Hospital, New Zealand

Welcome to 2018 and I hope it brings much happiness, hope and success for you all.

I did not make it to HAA 2017 in the end due to various family illnesses and feeling the need to be nearby to provide support and be the 'bossy' nurse in the family!

So I am so very grateful to those who provided such interesting and insightful reports on what occurred during HAA and what they learnt. These are all very informative and have provided me with an appreciation of what happened during HAA, what was discussed and what I should be considering in my own clinical practice.

The following nurses won prizes:

Best Poster -Nicole Gavin, Royal Brisbane and Women's Hospital,

Best Abstract -Peter Haywood, The Royal Melbourne Hospital

Best Presentation- free communications- Megan Hogg, Westmead Hospital.

*Congratulations* **NICE GOING!**  
**GREAT!** *Way to Go!*  
*Yea!* **FELICITATIONS**  
**CHEERS** *Take A* **BEST**  
*BOW!* **WISHES!**

Great achievements and reflections on a lot of hard work. It takes sometimes years to complete a research project and evaluate its outcomes so such dedication and strength of character to see it to fruition should certainly be recognised.

### So what is ahead for you in 2018.

First off may I invite any readers to submit an article to the newsletter! Obviously other activities, as Sam suggests in her first Presidents report, might involve becoming more involved at local HSANZ meetings or simply just updating your membership that may have lapsed!!!

Whatever you do, I hope you enjoy the activity and if needed recruit interested and enthusiastic people who will encourage, support and spur you on when you are feeling disheartened.

Happy New Year and those at the beach keep out of the sun, away from sharks and most importantly start writing an article for the newsletter!!

### NEWSLETTER DEADLINES 2018

April 6th

August 3rd

November 2nd

