



APPHON/ROHPPA NEWSLETTER

Atlantic Provinces Pediatric Hematology/Oncology Network
Réseau d'Oncologie et Hématologie Pédiatrique des Provinces
Atlantiques

Board Executive:

Chair - Dr. Lynette Bowes
Vice Chair - TBA
Secretary/Treasurer - TBA

Our Vision

To facilitate access for Atlantic Province children and youth to comprehensive, current, effective, evidence-based hematologic/oncologic treatment delivered as close to home as safely feasible

Winter 2018

2017 APPHON/ROHPPA Conference

The 2017 Conference was held in November. We would like to thank all the speakers and everyone for attending. Conference reviews were very positive.

We are still following up from the provincial communication meetings and trying to help improve communication. We will provide updates of any potential changes. We have updated the check list (section A) on the APPHON/ROHPPA Shared Care Communication Tool. The updated version can be found on the website at:

<http://www.apphon-rohppa.com/en/system/files/documents/Shared%20Care%20Communication%20Tool%20January%202018.pdf>

Upcoming APHON Chemotherapy and Biotherapy Provider Course

The APHON Pediatric Chemotherapy and Biotherapy Provider Course will be offered on April 4th and 5th, 2018 at the IWK Health Centre. There is a registration deadline of February 23rd for this course.

The registration form can be found on the APPHON/ROHPPA website at:
<http://www.apphon-rohppa.com/en/system/files/documents/APHON%20brochure%20Apr%202018.pdf>

Guideline Review

Thank you to everyone who reviewed the mucositis, constipation and diarrhea guidelines. They are now available on the APPHON/ROHPPA website. The Nausea and Vomiting Guideline is currently out for review and should be available on the APPHON/ROHPPA website in the next couple of months.

Changes to Supportive Care Medications on Chemotherapy Orders from the IWK

CISplatin

The use of Mannitol is no longer required to augment diuresis with CISplatin. Please see the following reference [Santoso JT et al. Cancer Chemother Pharmacol (2003) 52: 13-18; Ruggiero A et al. Cancer Chemother Pharmacol (2016) 77:19-26].

Dexrazoxane

The IWK has a new guideline for the use of dexrazoxane. Going forward the only patients that will receive dexrazoxane are:

1. All children who receive equal to or greater than 300 mg/m² cumulative anthracycline dose.
2. Children who receive less than 300 mg/m² cumulative anthracycline dose and have either Stage 4 Wilms Tumor if heart is in the radiation field or Hodgkins Lymphoma with mediastinal mass and bulk disease.

The result will be far fewer chemotherapy orders requiring dexrazoxane, limiting the use to mostly bone cancer and AML patients.

Please contact Tamara MacDonald PharmD, Clinical Pharmacy Specialist, with any questions/concerns about these changes:
Tamara.MacDonald@iwk.nshealth.ca

Chemotherapy Verification Reminder

Just a reminder that when you are double checking chemotherapy and/or biotherapy both health professionals doing the verification must sign the Medication Administration Record. If the Medication Administration Record is not double signed it looks as though it has not been double checked. It is a requirement of Health Canada and Children's Oncology Group that cytotoxic medications are double checked and documented as such. To clarify, most cytotoxic agents have been double signed, but in a recent COG Quality Assessment, some double signatures were missing. Thank you for your continued effort in providing excellent care to this patient population.

Antibiotics and Multiple Lumen CVADs

The APPHON/ROHPPA Febrile Neutropenia Guideline states to "alternate antibiotic therapy among all lumens either daily or with every dose of antibiotic in patients with multi-lumen CVAD's until antibiotics are discontinued." There does not appear to be strong evidence to support one practice over the other. In an effort to provide consistent practice and minimize error the IWK has decided to alternate lumens daily for all patients regardless of blood culture results.

Clinical Pharmacists - IWK

Michelle Wyman joined the IWK oncology clinical pharmacy team in June 2017. She joins Elaine Jay and Julie Romkey. Michelle can be reached at michelle.wyman@iwk.nshealth.ca or 902-470-7745.

New APHON Chemotherapy Instructor
Congratulations to Jill Mitchell, RN, who works on J4Medicine at the Janeway. Jill received her CPHON certification and then completed the instructor course for the APHON Pediatric Hematology / Oncology Provider Course at the last APHON conference.

Clinical Leader Ambulatory Care - IWK
The IWK is very pleased to announce that Anna Thomey will be the interim clinical leader of the IWK Hematology/Oncology/Brain Tumor ambulatory clinics. Anna can be reached at: anna.thomey@iwk.nshealth.ca or 902-470-6562

Departure - Dr. Samina Afzal

Dr Samina Afzal has resigned from the division of pediatric hematology oncology in December 2017. She will be pursuing further opportunities in the UK and the Middle East. We wish her well in her future endeavours.

Retirements - Dr Mark Bernstein and Lynn Russell, RN

After long and productive careers, Mark Bernstein retired in September 2017 and Lynn Russell plans to retire in March 2018. They both have made substantial contribution in their own ways to the advancement of outcomes for children with cancer, working through the Pediatric Oncology Group and the

Children's Cancer Study Group before they merged into the Children's Oncology Group. A celebration of their long-standing presence in our service was held at the home of Dr Fernandez on the 26th January. We will miss them and wish them well in enjoying their retirements.

New face - Shelly Hollett, RN

Shelly has joined the Children's Oncology Group office to take over from Lynn Russell when she retires. Shelly has a great deal of pediatric oncology nursing experience. Many of you will already know her from her previous roles in the 6 North clinic and her long standing care for children with cancer. Please welcome her to the new position when you have a chance to speak with the COG office.

New role - Tina Bocking, RN

In anticipation of Lynn's retirement from the Children's Oncology Group office, Tina Bocking has taken over as the lead CRA for the IWK COG site. She has many years of experience as our regulatory CRA and will be responsible for the overall oversight of the office. She will continue to work closely with MaryJean Howitt, Alicia Randall and Kristy MacDonnell, as well as newly appointed Shelly Hollett, in the IWK office.

Response to request for more Children's Oncology Group protocol materials

There has been interest in receiving more detailed information from the study protocols used in COG.

We are happy to provide access to parts of these protocols in a number of ways but necessarily will need to restrict full access for open protocols.

The rationale in restricting access is that document control over many regional partner sites is very challenging given that there are regular amendments, closures and other changes to the protocols. We do not want to be in the position of a regional site inadvertently using an out of date protocol document leading to error and non-compliance with the protocol.

We will continue to provide copies of the overall schema, the roadmaps and drug information as we currently do. If you wish, you may also request the background section of the protocol which describes the objectives and the rationale for the study aims.

For those who have multisite REB approval (between the IWK and NSHA, PEI and some locations in NB) through ROME0 after obtaining regulatory training, you may also access the protocols electronically. Please contact MaryJean Howitt (maryjean.howitt@iwk.nshealth.ca) for further information.

For patients who are not on a COG study but using a COG protocol that has been published, these protocols are in the public domain and you may have full access. However, we do wish to emphasize that you should continue to use the roadmaps as provided by the tertiary care center and that dose modifications should not be enacted without consultation with the tertiary care sites at the Janeway or the IWK, as appropriate.

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