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# 12th Annual Symposium of the British Oncology Pharmacy Association

The need for clear, accurate pharmacy data was a key topic at the 2009 annual symposium for UK oncology pharmacists.

**F**or the first time the British Oncology Pharmacy Association (BOPA) and the UK Oncology Nursing Society joined forces in a combined annual conference. Around 700 delegates and speakers converged in Brighton, UK, where they enjoyed a programme of more than 60 presentations and themed work-streams that ran from 15–18 October 2009.

## Development of clinical pharmacy standards in oncology

Ms Joanne Robinson, Senior Oncology Pharmacist at NHS Forth Valley, Scotland, and a member of the Scottish Oncology Pharmacy Practice Group (SOPPG), outlined how the aseptic capacity plan for Scotland has been updated, to take account of the increasing complexity of chemotherapy preparation, the use of dose-banded products, the management of both inpatients and outpatients, and the varying requirements of oncology and haematology.

To inform the care model, pharmacists across Scotland were asked to 'test their assumptions' by measuring the actual time taken to provide various aspects of care for outpatients and inpatients. The subsequent updated model has been endorsed by the Scottish Directors of Pharmacy Group, and will undergo validation. It will be shared nationwide, and SOPPG will work with BOPA to develop UK quality standards for cancer pharmacists.

## Can pharmacy collect better data?

Following a report by the UK National Chemotherapy Advisory Group, calling on pharmacy departments to improve the collection of data on chemotherapy use, Dr Calum Polwart, Network Pharmacist at the North of England Cancer Network, considered how the acquisition of data can be improved in practice.

Dr Polwart warned that clear reference cost data were essential to the formulation of the forthcoming national chemotherapy tariff. Not all trusts are using the regimen codes stipulated by the Office of Population, Censuses and Surveys, and it is possible that the list of codes might not be adequate for all the treatments used. Citing FEC (fluorouracil, epidoxorubicin and cyclophosphamide) as an example, he asked the delegates to consider just some of the potential sources of confusion. Does FEC mean FEC-50, FEC-60, FEC-75 or FEC-100? Is FEC the same thing as ECF?

He urged pharmacists to make sure they include all the costs, including those associated with for example, consumables, staff, outsourcing, maintenance and cleaning. But he also delivered a reminder that clinical data must also be collected.



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## Radiotherapy side effects

Around 60% of patients with cancer receive radiotherapy, yet few cancer nurses have sufficient knowledge of its side effects. Professor Sara Faithfull, Cancer Nursing Practice at the University of Surrey, Guildford, UK, pointed out that many of the side effects appear several months or even years after the treatment has ended, at a time when patients may be undergoing chemotherapy and/or biological therapy. She called for improved treatment pathways and patient surveillance, to ensure prompt, effective

management of late side effects.

On the topic of the early side effects of radiotherapy, Ms Mary Wells, Senior Lecturer in Cancer Nursing at the University of Dundee, Scotland, considered the management of acute skin reactions. Over 90% of radiotherapy recipients develop erythema, and 10–46% experience moist desquamation. The problem is complicated by the skin toxicities of other treatments. Good communication between services is vital because skin toxicities tend to be at their worst at the end of treatment, when the patient is under the care of the GP rather than the specialist centre.

Dr Isabel White, Macmillan/Remedi Clinical Research Fellow in health and social care at King's College, London, UK, explored the long-term effects that radiotherapy can have on sexual health. For example, up to 80% of men who receive external beam radiotherapy go on to experience erectile dysfunction, with an onset as late as three years after the completion of treatment. Thirty per cent of women who undergo radiotherapy of the cervix and endometrium report sexual dysfunction, and 50% report dyspareunia.

Dr White said that all radiotherapy treatments can diminish sexual expression, and that the effects are compounded by other treatment modalities. The time had come, she said, to make sexual rehabilitation in oncology a mainstream issue for funding, service development and delivery.

The 2010 BOPA Annual Symposium will be in Brighton, UK, 15–17 October.

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