NZHPA Conference Report – NZHPA Cancer Pharmacy Education Grant

A report by Gabrielle Baker, Clinical Trials Pharmacist at Wellington Regional Hospital

In May 2025 I had the wonderful opportunity to attend the 2025 CPG Clinical Practice Course for Cancer Pharmacists in Melbourne, Australia. I would like to thank NZHPA and the grant sponsor Grant Merck Sharpe & Dohme (New Zealand) Limited for their financial support in my attending the conference.

Split into two streams, Foundation and Advanced, the conference gathered pharmacists with a range of experience from a variety of locations across Australia, as well several New Zealanders and a pharmacist each from Papua New Guinea and Solomon Islands. It was certainly interesting meeting the other attendees and learning about pharmacy practice in Australia, and about how different hospitals and practices operate, depending on location and state, area type (city, suburb or rural), and sector (public vs private).

The topics covered within the Foundation Stream, which I attended, included:

- Understanding Anticancer Drug Orders, focusing on pancreatic, prostate and ovarian cancers
- Chemotherapy and Organ Dysfunction
- Immunotherapy, CAR-T and other novel therapies
- Oncology cancers: breast, lung and colorectal
- Haematology cancers: multiple myeloma, melanoma and lymphoma

The conference was split into large sessions including the whole Foundation stream and smaller group workshop sessions. Both paired lecture style teaching and interactive discussions and activities with other attendees and pharmacist tutors. In addition, there were also compulsory readings and pre-recorded lectures to be completed prior to the conference. These taught me new information and helped expand existing knowledge, which was built upon during the in-person sessions.

Within the two ‘Understanding Anticancer Drug Orders’ workshops, we learned about and put into practice ‘The 5 Ps’ concept which details the steps involved in clinically checking a chemotherapy prescription. The steps include patient dosing and variables, prescription/medication order, protocol and scheduling, prescribed medication/dose calculations and administration, and patient organ function and laboratory tests. As part of this session, we reviewed chemotherapy prescriptions within small groups. We were required to discuss the charts, identify any issues, and request further information or prescriber amendments. Reviewing this process was helpful for me to consider whether any part of my own screening process could be tweaked and improved.

The ‘Immunotherapy, CAR-T and other novel therapies’ session was valuable. Among other therapies, BiTE (Bispecific T-cell Engager) immunotherapy was discussed. This is a treatment type I am aware of but not very familiar with! BiTE therapy uses engineered bispecific antibodies which have two binding sites (a specific antigen on the tumour cell and a receptor on the T-cell, usually CD3). These act as a bridge between the T-cells and tumour cells. Bringing the T-cell to the tumour cell helps to activate the T-cells and initiate an immune response/tumour destruction. In contrast to CAR-T cells, which are specifically modified to each patient, BiTE has “off the shelf” bispecific antibodies. Examples of BiTE therapies are blinatumumab for ALL and epcoritamb for B-cell malignancies. In my work as Clinical Trials Pharmacist, I am involved in an upcoming clinical trial looking at epcoritamab and lenalidomide for relapsed/refractory DLBCL, so it was interesting to learn more about the drug it actually works.

Adverse reactions and their management in regard to immunotherapies, CAR-T and BiTE was also discussed. For example, with CAR-T we may see cytokine release syndrome (CRS), a systemic inflammatory response related to immune system activation, or ICANS (Immune Effector Cell-Associated Neurotoxicity Syndrome) which is a neurotoxicity involving pro-inflammatory cytokines and neuronal injury. The main treatment is tocilizumab, an IL-6 inhibitor, with other treatment options including steroids, supportive cares such as anti-seizure medications, and potentially ICU support. This session definitely taught me a lot and will be helpful for the future if I encounter patients on these treatments.

Overall, I learned a lot of information that I will be able to apply to my practice and made great connections with other oncology and haematology pharmacists. There were certainly some therapies discussed that are not yet available in New Zealand, but this was a good glimpse to see what will be available on our shores in future!

Many thanks again to NZHPA and the grant sponsor Grant Merck Sharpe & Dohme (New Zealand) Limited for their support! I would certainly recommend this conference to other pharmacists working within Oncology and Haematology who wish to learn new and deepen existing knowledge.

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