

NZHPA report Roche education grant, CNO Sig 2024

I travelled to Brisbane to attend the Clinical Oncology Society of Australia's Clinical Pharmacist Group Advanced Practice Conference (COSA CPG) in 15th and 16th June 2024.

I would like to thank Roche, the CNO SIG and the NZHPA for the grant to fund my attendance.

This year there were a range of topics over two days. There were expert speakers from Australia in the following topics.

- Updates in Breast Cancer
- Perspectives on Early Phase Clinical trials and new emerging therapies
- Complex MDT cases in sarcoma
- Implementing new therapies from a pharmacy perspective
- ASCO update on non-metastatic lung cancer
- Emerging Infectious diseases in cancer patients
- Complex bone marrow transplant cases
- Melanoma update
- The complement system

As my practice has recently changed to oncology/haematology clinical trials I was particularly interested in the "Perspective on Early Phase Clinical Trials and New Emerging Therapies".

Challenges in this area include:

- Patient recruitment, including lack of awareness, strict eligibility criteria and geographical distance from a trial centre,
- Cancer complexity leading to complex stratification of trials.
- Regulatory and ethical hurdles.

Advances in medical care mean that recruitment to trials has dropped significantly in Australia. There are now more early phase trials than late phase trials. Late phase trials tend to be higher recruiting. A more skilled workforce is now required to deliver more complex regimens.

Advances in clinical trials include:

- precision medicine (genomic profiling, biomarkers, immunotherapy, Car-T cell therapy),
- adaptive trial designs with more flexibility,
- artificial intelligence enhancing trials by optimising patient cohorts, predictive modelling, clinical decision support, and efficient drug discovery,
- patient centric approaches including decentralised trials which reduce geographical barriers.

Other advances include more collaborative working between trial teams and theranostics (targeted radioactive drugs for cancer).

I also found the "Updates in Breast Cancer" talk very informative. This talk focussed on triple negative breast cancer which is the most aggressive sub-type of breast cancer. Triple negative breast cancer (TNBC) comprises 10-15% of all breast cancer and is heterogenous. TNBC is highly proliferative and usually chemotherapy responsive. It does however have a high risk of early recurrence. Pathological complete response (pCR) is an important prognostic marker for triple negative breast cancer patients who have received neoadjuvant treatment (chemotherapy before surgery). I found this interesting as pCR is a histological test looking for the absence of stained cells

under a microscope. Many new cancer tests are based on polymerase chain reaction(PCR), next generation sequencing(NGS) or circulating tumour DNA (ctDNA).

Newer drugs for TNBC include the use of the antibody drug conjugate sacituzumab govitecan, PARP inhibitors such as olaparib and the use of immune check point inhibitors such as pembrolizumab (Keytruda).

There was a light hearted debate about whether pharmacists should prescribe in oncology/haematology. Both debating teams were very witty and entertaining, which is great way to end a day of complex and intensive tuition.

I also gained insight from discussing oncology haematology practice with other pharmacists working in the field. This type informal learning is very helpful.

Thanks again to Roche for their sponsorship.

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