



NZHPA Roche Award Report - Kay Lengyel (Whangarei hospital)

25th Annual BOPA Symposium – Liverpool UK October 7th – 9th 2022

Kay Lengyel – Whangarei hospital

This was the first face to face conference that BOPA have held in 3 years due to Covid and was also their 25th birthday celebration.

BOPA (British Oncology Pharmacy Association) are an active pharmacy community who provide education, resources and networking opportunities to pharmacy members who are working within the cancer setting. Their website is well worth a look at <https://www.bopa.org.uk> and has useful resources available.

The conference was held at the ACC at Kings docks which is in the refurbished and trendy part of this vibrant city.



It was still a thriving bustle of activity at 6am when I was off for my morning run to encounter many revelers making their way home from the previous night out.

The conference was very UK focused for the practice-based presentations, but it was interesting to see what their priorities and successes have been over the last couple of years. On entering the exhibition hall housing all their industry partners it

was eye opening to see how many more options for newer treatments were available in the UK compared to NZ.

The 3-day program certainly had something for everyone working within cancer including a pharmacy technician stream. They had > 80 posters with good quality research presented from around the UK.

Day 1

The conference opened with an overview of the commissioning of cancer medicines currently and looking forward from the National Lead Cancer Pharmacist of NHS England, Steve Williamson. Steve is very well known within cancer pharmacy in the UK and has been an active BOPA member, researcher and publisher in cancer related pharmacy guidelines and service delivery for many years.

NHS England have commissioned and developed national guidelines for pharmacogenomic testing for *DPYD* polymorphisms which cause dihydropyrimidine dehydrogenase (DPD) deficiency. They also have guidelines on interpretation of the test results and implications in practice for dose recommendations if a patient does have a positive result. These can be found at <https://www.theacp.org.uk/userfiles/file/resources/dpd-testing-ukcb-july-2020-final.pdf> There were quite a few posters on the implementation of these tests in clinical practice around England showing that all centres have embraced the opportunity and embedded this into routine practice.

The afternoon commenced with an interesting talk on genomics for pharmacy and how pharmacist can become involved in this area. Pharmacists representing England, Wales and Scotland described what the different areas were currently involved in from a genomics perspective.

The rest of the afternoon had a selection of breakout sessions, of which it was very hard to choose which ones to attend, although all of the sessions were recorded to go onto the website at a later date. I personally focused on attending clinical sessions and enjoyed an extremely well presented overview of melanoma by Dr Anna Olsson-Brown and then lung cancer by Dr Cares Escriu who are both local specialist oncologists at the Clatterbridge Cancer Centre in Liverpool.

Day 2

Saturday started with a 6.30am BOPA pre conference 5km run to wake up the brain cells. It wasn't particularly well attended...

The first session entitled "Tackling racial inequalities in cancer care" was delivered by a panel of healthcare professionals who had personal stories about how they have been affected by this topic and how they are doing their part to address these issues.

Patient stories are always powerful when presented at large conferences and Debra Montague did an excellent presentation on her journey in the diagnosis and treatment of ALK positive lung cancer. She has gone on to found ALK Positive Lung Cancer (UK) charity which supports, empowers and advocates on behalf of patients.

The afternoon finished with more clinical sessions, and I attended a focus on the evolving landscape in HER2+ metastatic breast cancer focusing on antibody-drug conjugate therapy.

Then an interactive discussion on advanced decision making in breast cancer treatment. This session was led by a pharmacist prescriber in breast cancer and 2 of her oncologists from the Clatterbridge Cancer Centre. There were 5 breast cancer cases that were discussed with the decision making on treatment being discussed and evaluated by the audience at each step. I found this session fascinating and was impressed with the level of knowledge and participation of pharmacist prescribers in the room. The UK has a lot of highly skilled pharmacist independent prescribers effectively working within all areas of cancer but particularly breast cancer. It was interesting to note how the decisions of which treatment to offer a patient can be influenced by what treatments are available down the line and forward planning for treatments that may become available soon on the cancer drug funded list.

Day 3

The sex and gender gap in pharmaceutical research – this was discussed widely by a UCL PhD researcher in the area and explained that traditionally research has been heavily weighted towards male subjects. She pointed out that this is relevant as male, and female have differences in drug processing and their gastrointestinal tract properties.

Sex differences in drug processing

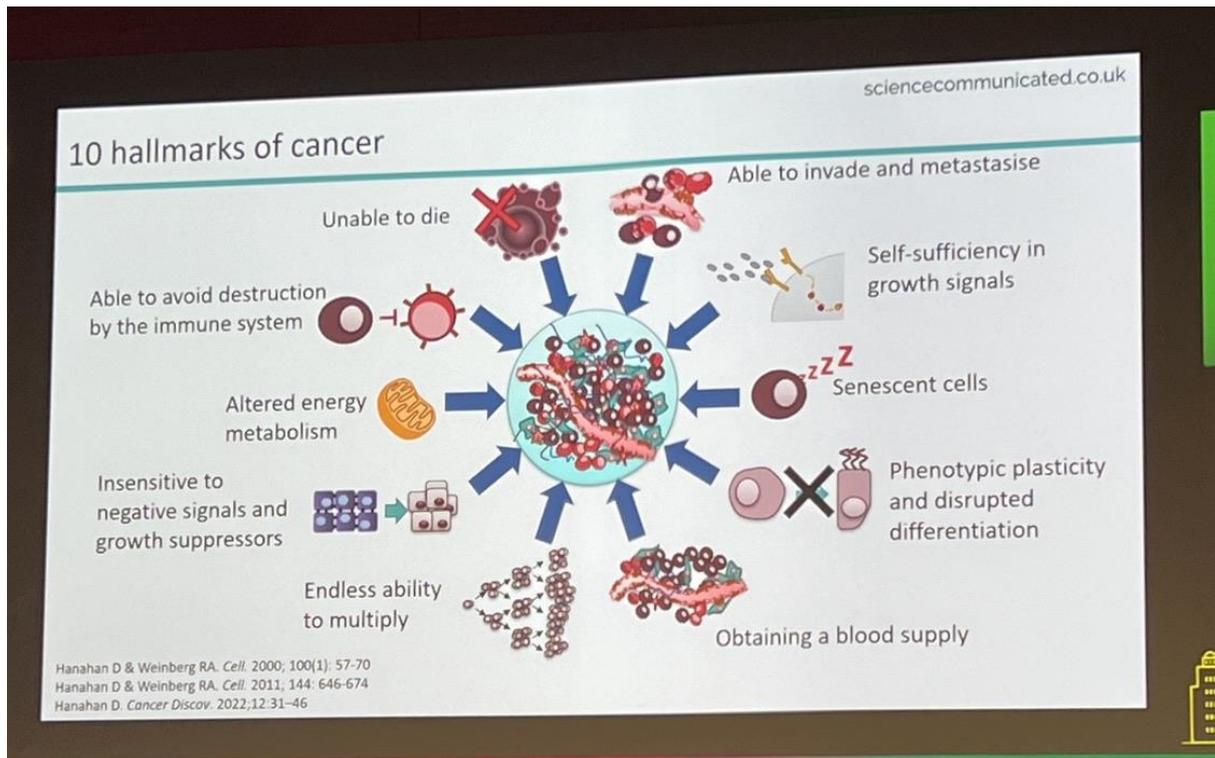
Physiological Differences

FEMALES	Physiological Differences	MALES
<ul style="list-style-type: none"> Slower processing of most drugs More accumulation of lipophilic drugs Different concentrations of hydrophilic drugs (also dependent on stages of menstrual cycle) 	Body composition <ul style="list-style-type: none"> Fat mass ↑ Lean mass ↓ Free water ↑ 	<ul style="list-style-type: none"> Faster processing of most drugs Less accumulation of lipophilic drugs Different concentrations of hydrophilic drugs
<ul style="list-style-type: none"> Higher resting heart rate Longer QT intervals Higher risk of arrhythmias 	<ul style="list-style-type: none"> Variation in heart rate ↑ 	<ul style="list-style-type: none"> Lower resting heart rate Shorter QT intervals Lower risk of arrhythmias
<ul style="list-style-type: none"> Slower absorption of drugs 	<ul style="list-style-type: none"> Gastric motility ↓ 	<ul style="list-style-type: none"> Faster absorption of drugs
<ul style="list-style-type: none"> Different expression of cytochrome P450 (more CYP3A4 in women) Oestrogen and progesterone compete with drugs for degradation by CYP450 	<ul style="list-style-type: none"> Stomach pH ↓ Liver enzymes ↓ 	<ul style="list-style-type: none"> Different expression of cytochrome P450 (more CYP2D6 and CYP2E1 in men)
<ul style="list-style-type: none"> Slower excretion of drugs 	<ul style="list-style-type: none"> Kidney excretion ↓ 	<ul style="list-style-type: none"> Faster excretion of drugs

Madla et al. (2021)

The highlight session of the conference for me was “Targeting 10 hallmarks of cancer – how far have we got?” Dr Elaine Vickers PhD founder of Science Communicated Ltd.

Elaine’s knowledge and explanation of these hallmarks and the development of them over the years was superb as she made a very complicated session seem easy to understand.



Steroid in Oncology: How much is too much? This was presented by Dr Helen Simpson an endocrinologist from UCLH who sees many cancer patients for adrenal insufficiency related to steroid doses.

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How much is too much?

- Any dose higher than physiological replacement will affect the HPA axis
 - HC 20mg, prednisolone 5mg, dexamethasone 0.5mg
 - Includes oncology regimens
- Lowest effective dose should be used
 - Evidence based
 - Standardise regimens
 - Cumulative dosing record
- Give patients at risk a steroid emergency card sick day rules and discuss importance of steroid cover if unwell, having surgery, invasive procedure
- Work together to collect data so can devise better strategies

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In 2020 the NHS launched a new steroid emergency card for patients which is supported by published guidance. This card is used for oncology patients requiring significant doses of steroids as part of their treatment.

The 26th BOPA Annual Symposium in 2023 will be held in Wales on 6th to 8th October.



Visit to Kettering Hospital to look at Chemocare (electronic chemotherapy prescribing system)

I also took the opportunity to visit Kettering which is a small district general hospital in the Midlands to look at their electronic chemotherapy prescribing system.

As I am working in the Northern region on the development of an electronic chemotherapy prescribing system, I thought that it would be useful to see how an established centre manages their system.

It was reassuring to hear that a lot of the difficulties and frustrations that they find with their system we should overcome with our system.

I would like to acknowledge and thank Roche for the sponsorship towards this valuable trip.