



European Society of
Oncology Pharmacy

Membership Online Letter (MOL)

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1/05

What is new in ESOP?

Decisions made at the 10th ESOP Delegate meeting 27th/28th January 2005, Hamburg. Delegates from 19 European countries have been present and all their decisions have been accepted unanimously.



Membership

1. Every European country can build a national association for oncology pharmacy to serve the following demands:
 - a. Decide on a proposition to become a member of the ESOP
 - b. Name or elect a delegate for the delegate meeting
 - c. Declare that the work for oncology pharmacy in their country shall be organised in the interests of the decisions of ESOP

Country	Members	National Society
Austria	46	ASOP (Austrian Society for Oncology Pharmacy)
Belgium	25	
Bosnia-Herzegovina	1	
Croatia	4	
Cyprus	1	
Czech Republik	13	
Denmark	5	
Finland	2	
France	304	SFPO (Société Française de Pharmacie Oncologique)
Germany	343	DGOP (Deutsche Gesellschaft für onkologische Pharmacy)
Greece	20	P.E.F.N.I. (Panhellenic Scientific Association of Greek Hospital Pharmacist)
Hungary	1	
Iceland	2	
Ireland	2	
Italy	78	
Luxembourg	24	APHL (Association des Pharmaciens Hospitaliers du Luxembourg)
Malta	1	
Netherlands	3	
Poland	56	PT Pharm - Oncology Section
Portugal	4	
Serbia	1	
Slovakia	1	
Slovenia	1	
Spain	24	
Sweden	20	Svedish Network for Oncology Pharmacy
Switzerland	12	
United Kingdom	39	
	1033	



2. To build a national association should be deemed as:
 - a. Necessary, if there are 7 or more members in a country
 - b. Possible if more than one member is present in a country
3. If there is no national oncology pharmacy association and/or within the country is no intention to apply, persons can be handled as under 2
4. If only one member is present, she/he shall serve as the delegate of her/his country

Membership fee

1. The national societies shall pay a fee for each member
2. The sum to be paid shall be decided upon by the delegate assembly



Advantages to be an ESOP member.

- Access to continuous Pharmaceutical Development offered on ESOP website
- Receiving ESOP members newsletter
- Be a member of FECS as a ESOP member
- To receive the European Journal of Hospital Pharmacy



The president of ESOP, Klaus Meier is answering questions from members about changes:

1 *Will ESOP remain a chapter of ISOPP? Or perhaps an affiliate?*

We have had no final decision about the affiliation of ESOP to ISOPP because it seemed us to early. We have to collect at first all people being interested in Oncology Pharmacy in Europe into our Society. Sometimes some of them like to work only in their country and not to pay 2 or 3 fees for something similar. With our membership fee of 1 Euro per year we are offering to all national societies in Europe the chance to become members in our federation.

If people are engaged to do and pay more, the ISOPP, based on personal membership is a good opportunity. As you know in the past many of us have tried to organise ourselves in Europe and to become a chapter of ISOPP. Perhaps closer relationship may happen sometime

in the future when the understanding is growing about common goals.

2 *Will ESOP be an organisation based society or a member based society?*

ESOP as federation will be an organisation based Society. If a country is too small to build a kind of society the people are welcome as members, but that is not the general way.

One country = One vote - there has been made no change in our politics. But as you know we have had in the past unanimous decisions and this has not been a problem until now.

Members can only be in one case member. If there is a national oncology pharmacist society member of ESOP they have to become members of the national society in order to become ESOP members. For small countries or countries without any similar society or group we have found the opportunity to collect also ISOPP members as ESOP members.



The 10th ESOP Delegate Meeting has decided to present in collaboration with FECS and other societies like ESO, ESCP, EAHP and also with its own national groups

- Basic courses - information exchange and technical aspects (cytotoxics preparation) oriented
- Masterclass courses - clinical aspects of oncology pharmaceutical care, in collaboration with another oncology societies

This is the proposal for the

Masterclass in "Quality Standards in Oncology Pharmacy"

organised by European Society of Oncology Pharmacy ESOPP in co-operation with European School of Oncology, Milan

Suggested topics

Monday "Oncology pharmacy service"

- Introduction
- The need for quality standards in oncology practise
- Workshop on pharmacist involvement at different stages
- Organisation of an oncology pharmacy service
- Education and training in Oncology pharmacy
- Risk assessment

Workshop: Which are the real risks ?

- Experiences from different European countries: Member report

Tuesday "Safe handling of cytotoxic drugs"

- Risk assessment in handling cytotoxic drugs
What has been shown ?
- Rooms and equipment, ventilation
- Personell protection
 - Protective gown
 - Protection gloves
 - Respiratory protection
 - Equipment for safe handling: pumps etc
- Procedures
 - Acceptance of cytotoxic drug deliveries
 - Aseptic work
 - Documentation
 - Delivery of cytotoxic drug preparations
- Validation of procedures and internal inspections
- Workshop: Which are the priorities in handling and preparation of cytotoxic drugs ?



Per Hartvig, Sweden

Wednesday "Clinical oncology pharmacy"

- Handling cytotoxic drugs in the ward and administration to the patient
- Oncology pharmacy services
 - Information sources and Literature service
 - Unconventional remedies
 - Waste disposal
 - Decontamination after spill
 - Handling of excreta
- Management of clinical studies
- Dosage of cytotoxic drugs in
 - impaired kidney function
 - impaired liver function



- disease or treatment induced changes in blood status
- chrono-oncology

Thursday "Pharmaceutical care needs in oncology"

- Nutrition of the cancer patient
- Supportive treatment:
 - Preparing a care plan
 - Pain therapy
 - Management of nausea and vomiting
 - Management of Fatigue
 - Alopecia
 - Mucositis
 - Diarrhoea

- Clinical pharmacy in the oncology ward
- Workshop: Which is the role of the pharmacist in supportive cancer care ?
- Workshop: With whom and How do I collaborate in clinical oncology service ?

Friday "Future perspectives"

- Implementation of an oncology pharmacy service
- Collaboration on an European / International level in Oncology pharmacy
- Workshop: What I will do for oncology pharmacy when I arrive home ?
- Quizz End of course, sum-up, Farewell

All members are asked to give input and additional proposals to Per Hartvig.

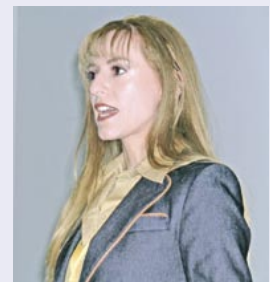
Center of Exchange

The Delegates decided:

1. There should be Center of Exchange in every country
2. To become a Center of Exchange specified criteria must be met
3. The list of criteria will be available on ESOP website
4. The unit can be Center of Exchange in every aspects of oncology pharmacy or only in particular one, e.g. production

5. Every unit is eligible to apply for a status Center of Exchange

Based on this decision Stavroula Kitiri from Cyprus has finalised the questionnaire. Every pharmacy which is sending in this questionnaire will be presented on the ESOP.li homepage



Stavroula Theophanous-Kitiri, Cyprus

With their decision about the new structure of ESOP the delegates have made a big step forward in order to organise all European Pharmacists being involved in Oncology.



Center of exchange

Please announce your hospital by filling the following questions in order to become a center of exchange

Institution/Organization		Department
Street		P.O. Box
City/Town		Country
P.O. Box		Postal Code
State/Province		

1. What oncology services are provided by your hospital?
 - Surgical
 - chemotherapy
 - radiotherapy
 - Nuclear medicine
 - diagnostic examinations
2. How many new cancer patients do you have per year
3. How many chemotherapies per year?
4. Do you work in a general or oncology hospital
5. How many beds do you have in your oncology department
6. Please select the services provided by your hospital
 - a. Home care service
 - b. Transportation service
 - c. Psychosocial support
 - d. Smoking cessation clinic
 - e. Lymphoedema clinic
7. Please select the following services provided by your pharmacy department
 - a. Out-patients' prescriptions
 - b. Clinical Pharmacy Services
 - c. Clinical trials
 - d. Pharmacokinetic monitoring
 - e. Chemotherapy services
8. What of the following committees do you have?
 - a. Pharmacy&Therapeutic's Committee? Yes No
 - b. Infection Control Committee Yes No
 - c. Health and Safety Committee Yes No
 - d. Other
9. What chemotherapy services are provided
 - a. Chemotherapy pre-printed protocols
 - b. Chemotherapy prescription verification by pharmacist
 - c. Chemotherapy reconstitution
10. Select the correct for your department about chemotherapy reconstitution
 - a. The reconstitution is performed by
 - i pharmacist
 - ii pharmacy technicians
 - iii nurses



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b. For personnel safety what of the following do you use?

- i. Clean room
- ii. Isolators Positive Negative
- iii. Laminar air flow hood Positive Negative
- iv. Gown
- v. Mask
- vi. Gloves
- vii. Overshoes
- viii. Closed systems

How many days can you host a pharmacist in your hospital?

.....

Can you provide a schedule of the visit?

.....

Is it possible for a person either than pharmacist to visit your department e.g pharmacy technician, assistant, if yes please provide information

11. What ready made kits do you have

- a. Spill kit
- b. Extravasation kit
- c. Administration kit

.....

Please provide information about accommodation in your country near the hospital (hotels, prices, map)

.....

12. Do you have written standard operating pharmacy procedures in your department

- a. No
- b. A few
- c. Many
- d. All procedures are written

.....

.....

Contact person:

Last Name:

First Name:

Title:

Phone (Country-Area-Number-Ext.)

Fax (Country-Area-Number-Ext.)

E-Mail address



Current Situation of Pharmacy Students in the EU

In June 2004, during Polish-German conference in Słubice, an interesting discussion concerning the situation of pharmacy students and the young pharmacists in various European countries was carried out.

In order to collect more information a questionnaire was prepared. It included questions about the time and course of the pharmaceutical studies and the compulsory training period in community and hospital pharmacies.

Besides we have discussed the problem of studying and training in foreign European countries. The questionnaire participants were asked to give opinion about the present situation of clinical and community pharmacists and a further development in their country.

In our questionnaire participated:
 Austria: Robert Terkola, Belgium: Ivan Huon, Croatia: Vesna Pavlica, Cyprus: Stavroula Kitiri, Czech Rep.: Irena Netikova, Denmark: Anita Gorm Pedersen, Finland: Kirsti Tornainen, France: Alan Astier, Germany: Klaus Meier, Hungary: Monika Kis Szölgymei, Iceland: Thorir Benediktsson, Italy: Franca Goffredo, Malta: Fiona Fenech, The Netherlands: Kathleen Simons, Poland: Krystyna Chmal – Jagiełło, Portugal: Margarida Caramona, Slovakia: Juraj Sykora, Slovenia: Monika

Sonc, Spain: Maria José Tames, Sweden: Per Hartvig, Switzerland: Stefan Mühlebach and UK: Jeff Koundakjian.



Mrs. Molenda

Anita Molenda, Poland

The first part of the questionnaire includes questions about the duration and course of the studies and the training period in community and hospital pharmacy. In about half of surveyed countries studies last 5 years. For example in Greece, Germany, Switzerland, England – 4 years, in Austria and Croatia – 4,5, in Poland 5,5, in Finland and

The Netherlands – 6 years. There is a difference between the duration of studies for community or hospital pharmacists in some countries like Belgium, France or Italy. (Tab. 1)

In most countries of the EU it is necessary to accomplish a compulsory training period for both – community and hospital pharmacy, otherwise pharmacist will not receive the license. But in Slovakia, for example, pharmacist equires the license after 5 years practice in pharmacy, after the registration.

In Denmark, Finland, Slovakia, Slovenia and Sweden students are obligated to carry on 6 month training during their studies. In Croatia, The Netherlands, Cyprus the practice is also during the studies but it lasts 1 year. Pharmacists in Austria, Germany, Swit-

Country:	Community Ph:	Hospital Ph:
Austria	4,5	4,5
Belgium	5	6
Croatia	4,5	4,5
Cyprus (Greece)	4	4
Czech Rep.	5	5
Denmark	5	5
Finland	6	6
France	6	5 + 4
Germany	4	4
Hungary	5	5
Iceland	5	5
Italy	5	5 + 3
Malta	5	5
The Netherlands	6	6
Poland	5,5	5,5
Portugal	5	5
Slovakia	5	5
Slovenia	5	5
Spain	5	5
Sweden	5	5
Switzerland	4	4
UK	4	4

Tab.1 The duration of pharmacy studies (in years).



Country	Community Pharmacy	Hospital Pharmacy
Belgium	6 m during 4 th and 5 th year	3 m during 6 th year
Czech Rep.	3 m (changing on 6 m) during the study	3 m (changing on 6 m) during the study
France	1 year training in hospital during 5 th year (half time=morning) +6 month during 6 th year	1 year training in hospital during 5 th year (half time=morning) + 4 years training period
Hungary	About 4 m during the 10 sem (1 m compulsory in hospital , 10 weeks in community ph, 2-3 weeks somewhere else, in pharmaceutical company e.g.	About 4 m during the 10 sem (1 m compulsory in hospital , 10 weeks in community ph, 2-3 weeks somewhere else, in pharmaceutical company e.g.
Iceland	9 m during the study, 6 m must be in community or hospital pharmacy	9 m during the study, 6 month must be in community or hospital pharmacy
Italy	6 m during the study	6 m during the study + 3 years after study (possible changing on 4 years)
Malta	Varies, during the study	Varies, during the study
Portugal	6 m after study	6 m after study, (4 m in community pharmacy, 2 m in hospital)
Spain	6 m during the study	6 m during the study + 4 years specialization (residency programme)

Tab. 2 The duration of compulsory training period.

Germany, UK have 1 year training but after finish the studies.

For example in Germany and Poland the half time of training period takes place in community pharmacy and half time in hospital. It is possible in Germany to have the half time practice also in industry or University.

There is a few countries, like France or Italy where the practice during the studies is followed by an additional training period. After finish this kind of internship pharmacists are allowed to work in hospital. (Tab. 2)

In most countries the compulsory training period is not salaried but in Sweden it is paid 140 EU for last month but less in the beginning, in Austria 1191 EU, in Germany first 6 month 580,86 EU then 813,64 per month. In Finland students get 1500 EU but only in private pharmacy. The practice is also salaried in France, obligatory during the hospital training period and sometimes in private pharmacy.

In Croatia the practice is salaried in private pharmacy but not in every case. In Iceland students are better salaried in community than in hospital pharmacies.

In the next part of questionnaire the problem of studying, training and working in foreign country is considered. What are the possibilities? What are the conditions? The answer is that there are possibilities for foreigners but generally in EU. It demands good knowledge of official country language, usually candidates must pass the language exam and test of pharmaceutical laws. Usually foreigners have to apply for an approval in proper authorities. Besides there is a possibility to participate in special programs for students like Erasmus exchanges for example.

The question comes into existence – is the license acceptable in foreign countries? The licenses are accepted among most of the European countries, but not yet in



Italy or Croatia. In France you need the authorization from the French Pharmaceutical Organisation. In Slovakia the Ministry of Health of Slovak Republic performs the approval. Polish license is accepted if pharmacist has finished studies after the end of 2004.

The last part of our questionnaire encourages the participants to give the opinion about the present situation and the development of clinical and community pharmacy in their country. Here comes a short report from the collected answers.

In Austria number of pharmacists is decreasing, specially hospital pharmacists, number of community pharmacies is increasing.

Clinical pharmacy and pharmaceutical care be-

come more important in Belgium. Community pharmacies become a part of bigger units. More specialized (hospital) pharmacies become licensed to produce drugs for other pharmacies.

Hospital pharmacies in Croatia require general changes. More practice during the pharmacy studies is needed. Clinical pharmacists should become a members of the hospital team but also develop science and apply it in everyday work. Besides, better co-operation between hospital and community pharmacies is required.

Our friend from Cyprus thinks that the teaching program in university in Greece should be different for hospital and community pharmacists. The specialization (maybe one year long, during the studies) is needed.

It looks like the future for hospital pharmacists looks very promising in Denmark now. Recently government report supporting clinical pharmacy was released.

In Finland there are about 500 community pharmacies and 19 hospital pharmacies. The situation is good at the

moment but the constantly increasing health care costs may lead to changes soon.

We can assume that the development of networks between community and hospital pharmacies will increase in France.

In Germany the education is now focussed a little bit more on clinical pharmacy, this may provide pharmacists more possibilities for advisory service on drugs.

What about Iceland? - At the moment there is enough work for pharmacists. There are some new large companies growing very fast. Hospitals are more and more interested

to have a pharmacist on the ward, (there is only problem with finances). The situation of community pharmacies in Italy has been changed a lot by the development of the pharmaceutical industries,

these days it is only attractive for students to have their own pharmacy. The problem is, that in some pharmacies the practice is not sufficient. But generally the situation is improving a lot.

In Poland students have an opportunity to practice only in community pharmacy or half time of training period in community pharmacy and half time in hospital, but pharmacists after the practice exclusively in community pharmacy are also allowed to work in hospital. It would be more desired for students to be obligated to practice in their future working place or have a compulsory training in both - community and hospital pharmacy.

A lot of problems are now intensely discussed in Portugal, because the situation of pharmacists should be changed.

In Slovakia the legislation has been changed, there is no regulation in number of pharmacies and ownerships, everybody can become an owner of community pharmacy, a very intensive competition starts. Community



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pharmacies are allowed to supply drugs for hospitals, therefore the number of hospital pharmacies is constantly decreasing.

In Spain regulations about community pharmacies are changed in the different regions of the country. The ownership of a community pharmacy is limited by distance between pharmacies, population to be supplied by the pharmacy, etc. A lack of new positions for hospital pharmacists has been noticed.

Community and hospital pharmacies in Sweden are joined to the National Corporation of Pharmacies reporting to the Government. Possibilities are manifold, but pharmacists should act more enterprising to explore them.

We know that the new study program with an EU compatible structure entered in Switzerland. Entitled community and hospital pharmacists will be more specialized in their specific area. According to a major changes in the health system and increasing awareness of medical safety and an innovation in drug therapy, the position of pharmacists might strengthen. Besides, the economical competition will have more opportunities and risks because it is now less protected by state regulations.

In UK smaller community pharmacies are being closed and replaced by chains (Boots, Lloyds) We can observe larger pharmacies in the supermarkets. Pharmacist is employed in order to advise patients while a pharmacy technician dispenses the medicines. Each Primary Care Trust (official area group of healthcare professionals) employs a pharmacy advisor. Hospitals employ pharmacists in a clinical role.

It has been noticed that the situation in various european countries is different. According to the EU ideas we should consider if the course of pharmaceutical studies and training as well as the conditions that pharmacist should fulfill to be entitled to work in his profession in all the european countries should not be equol in whole Europe. Is it possible to execute those premises? Maybe the ESOP, as an European Society could play a great role in attempt to improve the unification of standarts mentioned before. Besides it could help the students and young pharmacists to organisate more exchanges between countries in order to get more experience in our profession.

SHORT REPORT:

GREECE

The P.E.F.N.I. – Society, which was established on 2.12. 1986, is a National Scientific Association of Greek Hospital Pharmacist. We, the members of the board of the P.E.F.N.I. – Society after being informed about your delegate' s letter of 3/05 at our last meeting, decided: to establish a national scientific group for ongology pharmacy. this group should be enrolled as a member of ESOP. delegate of Greece will be Mrs Joan

Saratsiotou and deputies Mr Anastasios Anastopoulos and Efstathia Asimakopoulou. we will pay the membership fee (1Euro per member).



With this decision we hope for a close collaboration and good results for the future development of hospital pharmacy in our country.

The members of the board



Italian Oncological Activities

The Italian Society of Health System Pharmacy, SIFO, celebrated in 2002 its 50th anniversary. SIFO has 1964 members. In order to meet clinical needs together with those of the members it has been organised into many "special interest Areas". One of these is the Oncological Area which was founded in 1996 and has about 200 adhesions.

This Area is one of the most active with many initiatives and educational events. It is organised in regional working Groups

They have elaborated the SIFO oncological guidelines on Oncology Pharmacy, finalised in 1998, and a compendium to this about oncological drugs together with a video about the preparation of cytotoxic drugs.

Three oncology educational courses were organised in 1996, 1997 and 1998 together with many meetings. One of the most important was held in Naples in 2000 with more than 400 participants.

Every year, in December, Italian oncologists organise a meeting called "Grandangolo: a year of oncology" dealing with the most important innovations in oncological treatments which have emerged during the year for each type of cancer.

Over the last few years it has become practice for nurses and pharmacists involved in oncology to have parallel meetings on related topics.

Also in 2004 Italian oncology pharmacists kept this appointment. The topic touched: "The effect of biological therapies on oncology Pharmacy Practice" was much appreciated.

The main purpose of the meeting was to give an overview on these new themes and stimulate the interests of the pharmacists.

President of ISOPP, prof. Graham Sewell, was invited to present the possible effects that the use of these new therapeutic approaches could have on oncology pharmacy in the future (his lecture gave the title to the meeting as well). In order to stimulate colleagues to be involved in oncology, an itinerant

course was organised in 2003 on "Therapeutic Protocol and Toxicity Management in Oncology" The three day course touched 6 Italian cities from North to South, having a great

success. The last one, also itinerant, was held in 2004 on "From clinical trials to clinical practice: instruments and methods of analysis in oncology"

People involved in this Area have good relationships with oncologists, haematologists and nurses. Every year at the end of May a meeting is organised in Piedmont in order to go into more deeply common topics to be faced during the care of patients. This year the meeting was on "Support therapies" with more than 200 participants.

In 2003 SIFO obtained "Quality Certification". The Oncological Area developed its Standard of Practice.

In Milan, since 2001 it is possible to attend a one year course on oncology which this year is biennial offering a Master.

The Oncological Area has also dealt with many projects:

- The development of a software managing the preparation of oncological therapies and pain control therapies: CytoSIFO". The software is distributed to the SIFO members free of charge.
 - Patients' information leaflets on individual protocol.
 - Pharmacovigilance project, with Piedmont Regional funds, monitoring toxicity of treatment for breast and colon rectal cancer. It also monitors patients' compliance to the treatments after receiving information and GP's opinion
 - ETEO, monitoring antiemetic treatments in daily practice, coordinated by Mario Negri Center, is already finished
- The Area doesn't forget pain control therapy. In 2004 two one day courses were also organised together with specialists in the field.

This is just a short overview about the activities of this lively Area



Franca Goffredo, Italy



SHORT REPORT:

SLOVENIA

I am pleased to inform you that QUAPOS 3 was translated into Slovenian by a team that was established within the Slovenian Chamber of Pharmacy. The team consisted of the pharmacists employed by public and by hospital pharmacies (7). In addition, Slovenian standards for preparing anti-tumor agents (powder) in public pharmacies have also been set up. The Ministry of Health of the Republic of Slovenia has put these standards to the agenda for the next session of the Health Council of the Republic of Slovenia. The Council will consider them and, after adoption, approve also the post of the pharmacist and the required equipment. The Slovenian Chamber of Pharmacy organized a seminar on quality standards of preparing anti-tumor agents. The

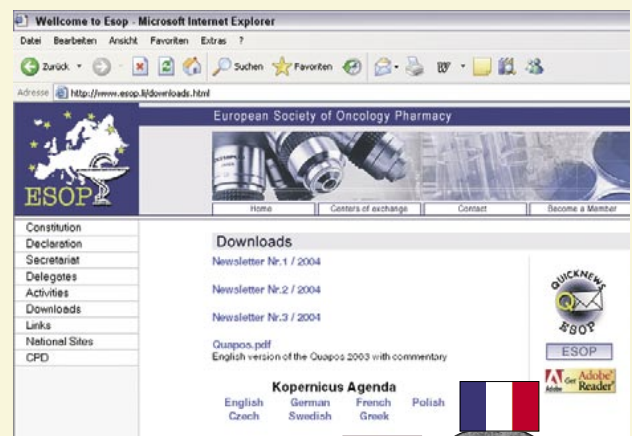
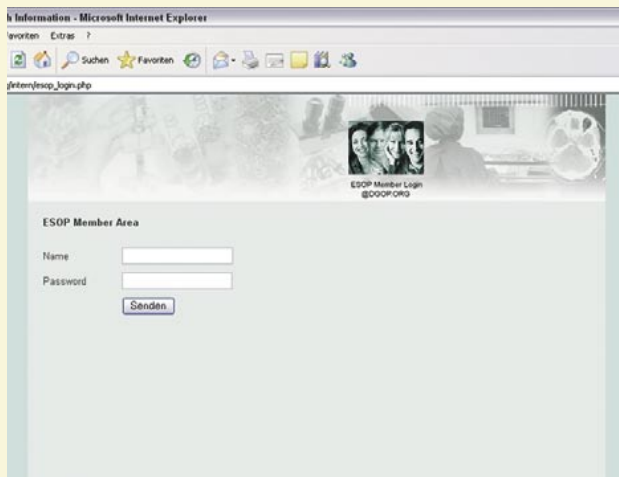


seminar was attended by 30 pharmacists from the whole Slovenia. In September this year, a workshop on preparing anti-tumor agents (technique of handling anti-tumor agents) is scheduled to be held in Šmarješke toplice (close to Novo mesto, Slovenia). With reference to this workshop I would like to ask you whether any of your colleagues or yourself would be ready to present, in two days, the most suitable technique of anti-tumor drug preparation. ESOP president Klaus Meier will be formally invited to open the workshop which will be intended for Slovenian pharmacists as well as for the pharmacists of the countries of former Yugoslavia.

Monika Sonc

www.esop.li Homepage updated

1 Use the opportunity to make your points in CPD



2 Kopernikus Agenda in the following languages:

