BLOOD matters

October 2013

contents

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BURSARY INFORMATION

Details of bursaries aimed at supporting innovations in haematology practice and educational development can be found on our website:
www.haematologyireland.org

Welcome to the autumn edition of Bloodmatters. We have reluctantly said goodbye to our previous editor Claire Naughton and wish her every success and happiness in her new position in Saudi Arabia.

On behalf of the HAI Nurses / AHP committee we would like to thank Claire for her dedication and invaluable contribution not only to Blood Matters but to our group over the last number of years.

In this issue we have an in-depth introduction to the Northern Ireland Biobank and Dr Claire Lewis discusses the importance of biobanks in cancer research and cancer care.

Ger Walpole provides feedback on her recent trip to the 5th Annual Amyloidosis meeting in the Royal Free Hospital which was made possible by an educational bursary from Jansen Cilag.

The experience of a Haematology Midwife undertaking the Nurse/Midwife Prescribing course is outlined by Jacinta Byrne.

Inside you will also read how Laura Croan from Belfast City Hospital developed the Haematology outreach nurse role and Laura explains her plans for further expansion of the role.

As usual we have our word search competition, up-coming events and a report from our Spring Study Day.

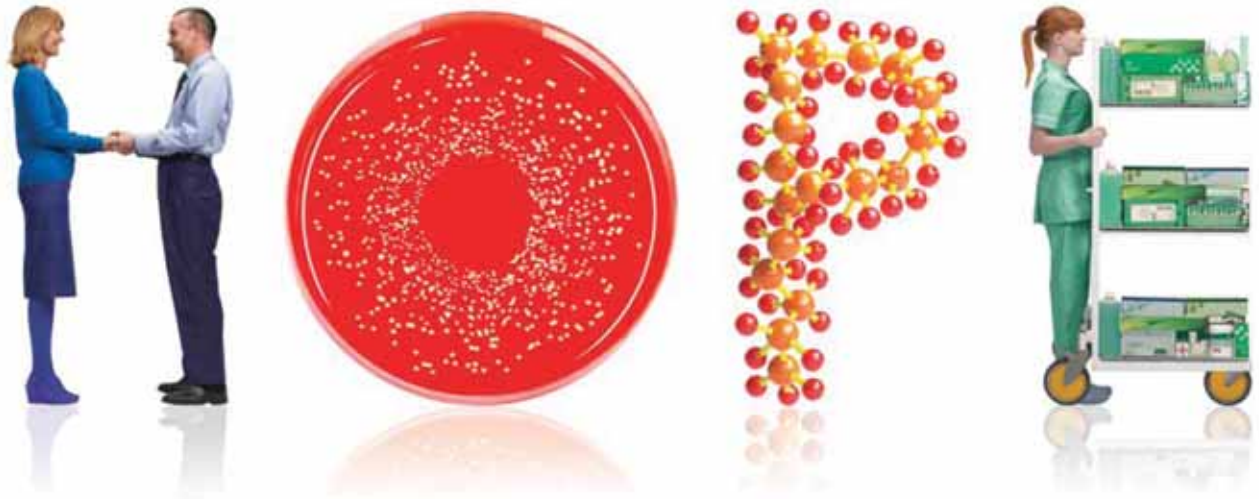
We look forward to seeing you all at the annual conference on 18th and 19th October in Belfast.

Yours on behalf of the Nurses' and AHP's Committee.

Lorna Storey

Acting Newsletter Editor and Chair of the HAI Nurses/AHP Group

Roche We Innovate Healthcare



We take cancer personally

Patients are at the heart of everything we do at Roche.

They motivate and inspire us to produce innovative medicines and therapeutic solutions that will continue to transform the lives of people with cancer around the globe.

We've come a long way, but there's still a long way to go. Fortunately, no one takes cancer more personally than we do.

The Northern Ireland Biobank: changing the future of care delivery for patients with cancer in Northern Ireland and beyond.

- by Dr Claire Lewis, (Lecturer, School of Nursing and Midwifery, Queen's University Belfast) and Dr Jacqueline James, (Consultant Pathologist/Senior Lecturer & Scientific Director, Northern Ireland Biobank, Queen's University Belfast)

INTRODUCTION

Biobanking has gained momentum in recent years in response to the demand for access to large numbers of high quality human biosamples which are required for biomarker discovery programmes. In an era when drug discovery and diagnostics in cancer care are rapidly evolving, biobanks provide the mechanism for the standardised collection of human biosamples to underpin translational cancer research programmes and deliver on the promise of personalised medicine for patients with cancer. In August 2011, the Northern Ireland Biobank *(NIB)* was granted ethical approval for the collection, processing and storage of human tissue and associated biosamples from patients in Northern Ireland with a suspected or confirmed diagnosis of cancer. The first of its kind in Northern Ireland, the NIB is a joint venture between the Belfast Health and Social Care Trust *(BHSCT)* and Queen's University Belfast *(QUB)* and is integrated into the newly restructured Northern Ireland Molecular Pathology Laboratory in QUB's Centre for Cancer Research and Cell Biology *(CCRCB)*. This article outlines the importance of biobanks to the future of care delivery for patients with cancer, along with an overview of the NIB and its activity to date.

WHAT ARE BIOBANKS AND WHY ARE THEY IMPORTANT?

In their simplest, biobanks are large collections of human tissue and biospecimens for use by researchers. They are generally categorised into two main types: population based biobanks and disease specific biobanks. Population based biobanks collect biosamples

(blood, urine, saliva) from the general population along with data such as health and medical history and lifestyle information. The benefit of population based biobanks is that researchers can study the onset and progression of disease in previously healthy populations and investigate biomarkers *(See Biomarkers and Personalised Medicine - next page)* which may predict disease occurrence *(Asslaber and Zatloukal, 2007)*. Disease specific biobanks on the other hand collect biosamples from individuals with a particular disease, such as cancer. This type of biobank offers access to disease specific samples or to samples from different stages of certain disease, for example pre-cancerous lesions or metastatic lesions. Often they will collect the diseased tissue or blood, along with matched normal samples from the same individual. This allows researchers to investigate the molecular alterations which have caused the disease within the context of the individual's own genetic background *(Asslaber and Zatloukal, 2007)*.

As a concept, biobanking is not new as collections of human tissues have existed for years in various different organisations, in different sizes and of varying quality *(Beishon, 2008)*. However, it is only recently that efforts have been made to standardise the collection of human tissue and biosamples for research purposes given advances in the fields of biomarker sciences and molecular diagnostics. Biomarker studies require access to large numbers of human samples which are of high quality and have associated clinical and pathological data. It has been suggested that research in this area has been limited by the lack of availability of such high quality samples *(Beishon, 2008)*, as traditional archives may not have been able to provide the quality controls required for such studies. Modern biobanks however have standardised protocols in place for sample procurement, processing and storage which provide researchers with an assurance of sample quality. Today's biobanks therefore provide the mechanisms needed for the standardised collection of large numbers of quality assured human tissue and associated biosamples which are linked to robust pathological and clinical data.

BIOMARKERS AND PERSONALISED MEDICINE

Biomarkers are substances such as proteins or genes found in blood, body fluids, or tissues which can be a sign of a condition or disease such as cancer *(The National Cancer Institute, 2013)*. Advances in our ability to understand cancer at a genetic and molecular level has enabled researchers to develop biomarkers which can be used for cancer prediction, prognosis and response to treatment. Examples of biomarkers include the protein CA-125 which is used as a tumour marker to detect ovarian cancer, and the BRCA gene mutations which can predict the risk of developing breast cancer.

The use of biomarkers has revolutionised cancer care, particularly in field of cancer treatment. They have enabled clinicians to tailor therapies they offer to patients based on the presence or absence of a biomarker which can predict how a patient will respond to a given treatment. For a given group of patients with the same cancer diagnosis, treated with the same drug regime, some will respond to treatment, some will partially respond and some will have no response at all. This can be explained by looking at the molecular signature of an individual's tumour, as each cancer is different. Mutational genetic biomarkers can determine whether a patient will respond to certain therapies. For example, if a patient with melanoma has a BRAF genetic mutation, they will be offered a treatment which is effective only for BRAF positive melanomas *(Suh et al, 2013)*. Such an approach has been termed personalised medicine as it allows clinicians to select treatments based on their patient's individual biological profile. This individualised approach replaces the previous 'one size fits all' treatment option for patients, thereby limiting unnecessary side effects and toxicities. Other examples of established targeted therapies include Imatinib for CML and Herceptin for breast cancer which have revolutionised the management of these conditions.

The increased emphasis on the use of biomarkers in cancer care has placed a greater demand on the need for researchers to have access to large numbers of high quality human samples for discovery and validation studies. Biobanking has subsequently been recognised as the cornerstone of biomarker discovery and personalised medicine in cancer *(Hewitt, 2011)*.

THE NORTHERN IRELAND BIOBANK

The Northern Ireland Biobank *(NIB)* is a disease specific biobank, established as a joint initiative between QUB and BHSCT to support local cancer research. It was awarded full ethical approval in August 2011 for the prospective collection of tumour and non-tumour control tissues and matched blood samples, along with urine and saliva where appropriate, from consented patients with a suspected or confirmed diagnosis of cancer. It also has full ethical approval for the collection of blood samples from individuals with haematological malignancies, as well as approval to access paraffin embedded formalin fixed *(FFPE)* tumour samples which are held in the BHSCT tissue archive. The NIB is funded generously by the Health and Social Care Research and Development Office of the Public Health Agency, along with contribution from CR-UK and Friends of the Cancer Centre charities. The NIB is fully integrated into the newly restructured Northern Ireland Molecular Pathology Laboratory *(NI-MPL)*.

This hybrid facility, the first of its kind in the UK, has been purposely designed to bring two worlds together by combining molecular diagnostics with molecular translational research. The NI-MPL provides molecular diagnostic testing which allows clinicians to tailor the treatments they offer to local patients, thereby providing a more individualised approach to care. This ensures that cancer treatment for patients in Northern Ireland is at the cutting edge of modern medicine.

The NIB and NI-MPL is also underpinned by a comprehensive digital pathology service. Digital pathology supports digital viewing 'worldwide' of images associated with banked samples including histological images of the tissue microarrays that have been created to facilitate biomarker investigations. The NIB is now able to host digital images of both macroscopic and microscopic samples for viewing remotely anywhere in the world at anytime.

NIB PROSPECTIVE SOLID TUMOUR COLLECTION

The NIB prospective solid tumour collection is focused on colorectal, breast, prostate, gynaecological, lung and head and neck malignancies to complement local cancer research activity in CCRCB. Tissue collected for donation to the NIB is always surplus to clinical need, ensuring that patient diagnostics are not compromised. Donation is also voluntary and requires written, informed consent from patients in accordance with the Human Tissue Act *(Human Tissue Authority, 2004)*.

Since the NIB prospective collection opened in November 2011, over 360 patients undergoing surgery for colorectal, breast, prostate and gynaecological cancers in BHSCT

have been consented for tissue donation. From consented cases so far, 369 fresh tumour and non-tumour control samples have been collected, along with 845 formalin fixed, paraffin embedded tissue blocks and 1,255 blood samples *(serum, buffy coat, plasma and whole blood)*. It is anticipated that lung and head and neck collections will open in the near future.

Sample collection, processing, storage and distribution in the NIB prospective collection is governed by a rigorous set of standard operating procedures based on best practice guidelines and/or best evidence available to ensure maximum sample quality. Additionally, researchers also have access to linked clinical and pathological data from consented cases via the NIB's secure information management system. This system manages the entire workflow from patient consent to sample tracking and storage; together with information integration, case search and retrieval, digital imaging of samples and Biobank sample applications.

NIB RETROSPECTIVE COLLECTION

The NIB has been granted ethical approval to access FFPE tissue blocks from the archives of the BHSCT Tissue Pathology Department. Retrieval of large cohorts of cancer tissues from this archive has facilitated the creation of a unique set of resources for the NIB referred to as the 'NIB retrospective collection'.

With over 1700 samples pulled from the BHSCT archives to date, these samples have been used to custom build tissue microarrays *(TMAs)* and create DNA libraries to support local translational research.

HAEMATOLOGY PROSPECTIVE COLLECTION

Historically biobanking of haematological disorders has been funded, in part, by the Northern Ireland Leukaemia Research Fund. Although the NIB has only recently taken formal responsibility for haematological collections, already over 150 patients have been recruited to the NIB collection and their samples relocated to the NIB storage facility for future research. NIB collections are available for requests from researchers based within the Northern Ireland Health and Social Care Trusts or either of the two Universities *(QUB or University of Ulster)*. Access to the NIB is also available to researchers outside Northern Ireland and commercial institutions if the Scientific Review Committee of the NIB considers the research to fall within the remit of the bank's ethical approval. To date, the NIB has facilitated more than 70 applications for tissue samples from both local researchers and further afield.

CONCLUSION

The Northern Ireland Biobank is the first of its kind in Northern Ireland and its integration within the hybrid NIMPL makes it unique in the UK. With the increasing incidence of cancer and demand for efficient high quality care delivery, biobanking is set to become an integral part of cancer service delivery. Whilst presently the NIB is only operational in BHSCT, it is anticipated that activity will be rolled out across the province in the future to allow all patients receiving cancer treatment in Northern Ireland the opportunity to become involved.

In 2009, biobanking appeared in Time magazine's "10 ideas changing the world right now". Certainly, the NIB is changing the future of cancer care in Northern Ireland as local patients are now benefiting from molecular diagnostics and molecular translational research using samples acquired from the NIB. As a result, the delivery of personalised medicine for patients with cancer in Northern Ireland is no longer a promise but a reality.

For further information please access our website www.nibiobank.org

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HAI Spring Study Day 2013

- by Lorna Storey, Chair of HAI Nurses and AHPs Group.

The Haematology Association of Ireland Nurses and AHP's Group held the annual Spring Study Day on Friday 26th April in The Red Cow Inn Dublin. We were supported once again by a wide variety of sponsors.

After coffee and scones the day started with a presentation by Clodagh O'Brien a physiotherapist and project manager for the implementation of the NICE guidance on Metastatic Spinal Cord Compression MSCC, Clodagh explained how the aim of the project is to promote best practice, ensure timely access to investigation, diagnosis and treatment for people with MSCC.

Our next presentation was something a little different with Dr Andy Hodgson a consultant Haematologist from Sligo General Hospital presenting on "presentation techniques". Andy certainty opened our eyes to the do's and don'ts of effective presenting and shared lots of practical tips for this sometimes daunting process. Andy gave us a glimpse new and exciting technology for presenting that may challenge the reliable Power Point that we are all familiar with. We hope that this will encourage delegates rise to the challenge and submit oral abstracts to our annual meeting in October.

Following coffee and mingling with our sponsors a more scientific presentation followed with Richard Hagan Chief Scientist from the HLA lab IBTS St James' Hospital providing an overview of HLA typing and the process involved in selecting the most appropriate donor for HSCT. Ger Walpole a CNS from Sligo General Hospital and committee member then discussed a fascinating case study and provided insight into the management of a patient with Waldenström's Macroglobulinemia. Ger outlined the challenges for both the patient and haematology team in the long term care of this difficult condition.. Before we broke for lunch Rosemary Wilson Barrister at Law and former nurse gave us plenty of food for thought as she presented a very thought provoking session on the legal issues surrounding documentation, she succinctly outlined the responsibilities of nurses and AHP's in relation to record keeping and professional issues. This was a most interesting talk which stimulated plenty of thought and discussion into lunchtime.

In the afternoon session Dr Beatrice Nolan a Consultant Haematologist from Our Lady's Children's Hospital Crumlin gave a clear and comprehensive presentation on bleeding disorders in children emphasising the importance of the nursing role to support and educate this cohort of patients and their families.

Very many thanks to our final speaker of the day Eugene Beirne who very kindly stepped in literally at the last minute (due to family illness with our scheduled speaker). Eugene who is a CNS in Psychological oncology in St James' Hospital outlined the unique psychosexual issues and needs associated with haematology patients.

Thank you to all our delegates on the day who provided positive feedback on all our speakers and made valuable suggestions for topics for our annual meeting in The Europa Hotel Belfast in October.

FORTHCOMING EVENTS 2013/4

21st November 2013
CURRENT TREATMENT OPTIONS IN HAEMATOLOGICAL MALIGNANCIES AND SUPPORT THERAPY
Hilton Hotel, Bristol, England.
www.hartleytaylor.co.uk

25th November 2013
MANAGEMENT ISSUES IN HAEMATOLOGICAL DISORDERS IN ADULTS
Royal Marsden Education and Conference Centre, London, England.
www.royalmarsden.nhs.uk/haemmanagement

29th November 2013
2ND UK MYELOMA SPINAL MEETING
Royal College of Surgeons, London, England
www.rnoh.nhs.uk/courses

7th - 10th December 2013
AMERICAN SOCIETY OF HAEMATOLOGY ANNUAL MEETING AND EXPOSIUM
Ernest N. Morial Convention Center, New Orleans, USA.
www.haematology.org/meetings/annual-meeting

30th March - 2nd April 2014
40TH ANNUAL MEETING OF EUROPEAN SOCIETY FOR BLOOD AND MARROW TRANSPLANTATION (EBMT)
MiCo: Milano Congressi, Milan, Italy.
www.ebmt2014.org

1st & 2nd May 2014
14TH INTERNATIONAL PAEDIATRIC HAEMATOLOGY AND ONCOLOGY UPDATE MEETING
Royal College of Physicians, Edinburgh.
www.iphoum.com/index.asp

12th - 15th June 2014
19TH EUROPEAN HAEMATOLOGY ASSOCIATION MEETING
MiCo: Viale Eginardo, Milan, Italy.
www.ehaweb.org

AMYLOIDOSIS

- by Ger Walpole, Haematology Clinical Nurse Specialist, Sligo General Hospital.

With the support of an educational bursary from Jansen Cilag, Mary Kelly *(ANP Midland Regional Hospitals)*, Teresa Meenaghan *(ANP Galway University Hospital)* and I attended the 5th Annual UKAN meeting in the Royal Free Hospital London in February 2013.

We had met Dr Julian Gilmore at a Myeloma nurses meeting in Dublin and he encouraged some Irish nurses to attend this very worthwhile meeting. We were also fortunate to meet Clinical Research Nurses Darren Foard and Lisa Rannigan at the Royal Free and they very kindly showed us around the Amyloidosis Centre. The NHS National Amyloidosis Centre is the only centre in the UK specialising in Amyloidosis and is part of University College London. The centre has "state of the art" clinical and research facilities, and a team of highly qualified clinical, research and support staff.

AMYLOIDOSIS

The term amyloidosis describes a group of disorders caused by abnormal folding, aggregation and accumulation of certain proteins in the tissues, in an abnormal form known as amyloid deposits. These deposits are composed of abnormal protein fibres which progressively interfere with the structure and function of affected organs throughout the body.
There are over 20 different types of Amyloidosis, many of which are extremely rare.

The 3 main types of systemic amyloidosis are:

1. *AA Amyloidosis*
2. *AL Amyloidosis*
3. *Hereditary Amyloidosis*

SYMPTOMS

Symptoms are often very non-specific but can include tiredness, weight loss, weakness and loss of appetite. More specific symptoms, related to particular organs include:

1. *Ankle oedema due to renal or cardiac involvement*
2. *Paraesthesiae secondary to nerve involvement*
3. *Breathlessness due to amyloid deposits in the heart*

DIAGNOSIS

Diagnosis is often delayed due to the vagueness and variety of symptoms. Ultimately the diagnosis is initially made on tissue biopsy of the affected organ SAP scintigraphy or "the Amyloid Scan" (see pic) was developed in 1987 as a new diagnostic test. It can show the distribution and amount of amyloid within the body's organs without the need for biopsies. SAP is a normal healthy protein which is purified and tagged with a trace of radioactive iodine that can be imaged throughout the body by a gamma camera scanner. The patient is injected with Radio labelled SAP 6-24 hours prior to the scan. The SAP scanner identifies other amyloid sites, other than the site biopsied, even when such organs appear to be functioning normally. The scan can be used to monitor changes in the amount of Amyloid and response to treatment over months and years. The development of SAP scans has dramatically reduced the need for biopsies and helps to tailor individual treatment.

TREATMENT

The aim of treatment is to suppress the underlying condition and suppress the production of the respective amyloid forming protein. Treatments vary depending on the type and extent of the Amyloidosis. They can include chemotherapy in different forms:

1. *Low Dose – Melphalan +/- Steroids*
2. *Intermediate Dose – Combination Chemotherapy e.g. CTD (Cyclophosphamide, Thalidomide and Dexamethasone) or CVD (Cyclophosphamide, Velcade and Dexamethasone)*
3. *High Dose – melphalan with stem cell collection and subsequent transplant.*

It is critically important to protect and support the organs affected by amyloid even when things are going well. Solid organ transplants can be an option for some patients.

IRISH PATIENTS

All Irish patients diagnosed with Amyloidosis should now be referred to The Royal Free National Amyloidosis Centre. Patients then attend the centre for a comprehensive diagnostic assessment. This process takes 1-2 days during which hospital or hotel accommodation is provided by the centre. A SAP scan is a vital part of the work up. A treatment plan is established and the patient returns to their referring hospital for the treatment. Patients are then seen six monthly or annually at the Royal Free and are reassessed. Irish patients are covered for this process under the EU 112 form.

SUMMARY

The National Amyloidosis Centre is the only centre in the UK and Ireland dedicated to the needs of patients with Amyloidosis. Accurate diagnosis is necessary and treatment is based on this. SAP scans measure the amyloid load and enables the disease to be monitored optimally. Regular and comprehensive assessments guide each patient's management and their ongoing treatment.

We would like to thank Dr Julian Gilmore, Darren, Lisa and all the team for a really informative study day and for their great hospitality. The tour of the unit was really interesting.

This is an annual conference and well worth attending.

Nurse/Midwife Prescribing Course

The experiences of a Haematology Midwife.

- by Jacinta Byrne, Midwife, The National Maternity Hospital, Dublin.

I currently work as a Haematology Midwife in The National Maternity Hospital. There is a High Risk Haematology Maternal Medicine Clinic running weekly with on average 25-30 women attending. These women are either antenatal or postnatal with a majority of them self administrating Low Molecular Weigh Heparin, taking Aspirin or Prednisalone. On occasions women leave the clinic without their prescriptions or need them changed or extended. I have to get their chart, find a doctor, get a prescription and then get it to the patient. This is not a problem when the clinic is on however it is very time consuming. These situations lead me to do the Nurse/Midwife Prescribing course in the Royal College of Surgeons. The course was both academic and clinical.

ACEDAMIC

The programme as set out by An Bord Altranais, was delivered over a six month period and divided into 3 modules; Professional Accountability in Nurse/Midwife Prescribing, Pharmacology and Prescribing Science and Systematic Assessment and Evaluation in Patient Care. The academic sessions were given in The Royal College of Surgeons and the practical/clinical sessions were given in Beaumont hospital. During the course we had face to face lectures, clinical and online teaching. We used E-portfolio for the electronic submission of assignments.

ASSESSMENTS

My first academic assignment was a Reflective Assignment (4000 words), this gave me the opportunity to reflect on a clinical situation where I as a midwife prescriber would have improved patient care. My second academic submission was a Collaborative Practice Agreement Assignment This is a written agreement between myself, Consultant Haematologist. and health service employer which outlines the parameters of the prescriptive authority for me as a midwife. CPA defines the parameters of the Registered Nurse/Midwife Perscriber's scope of practice. Whilst recognising the responsibility of the Consultant Haematologist to the patient, I as midwife am accountable for my own prescribing practice. My CPA includes the types of medication I proposed to prescribe and their indications for use. Most drugs are not licenced for use in pregnancy and some may be contraindicated for use in pregnancy and postpartum. The hospital's Chief Pharmacist and the Drugs and Therapeutic Committee all received a copy of my CPA for review. I must review this agreement yearly and submit to ABA. The final academic assessment was the pharmacy exam, including both multiple choice and long questions. This exam covered all medications.

CLINICAL INSTRUCTION AND MENTORING

The clinical element was provided in the High Risk Haematology antenatal/postnatal clinic. I received clinical instruction, one to one supervision, and support from the Consultant Haematologist. There were many learning opportunities at each clinic. There were 3 Clinical Assessments which were completed with the mentor in the High Risk Haematology Clinic. My participation in the medication prescribing process gradually increased my knowledge and confidence to a level where I can act as lead prescriber for the patients attending the High Risk Haematology Clinic.

Update on the re-development of the Children's Hospital Haematology/Oncology Ward, Crumlin.

Re-development of the National Children's Haematology/ Oncology ward, St John's Ward at Our Lady's Children's Hospital Crumlin commenced end of last summer. This is a 3 phase project, costing 4 million Euro to complete.

Phase 1 of the new build opened its doors on Thursday 21st Feb 2013. This new development offers state of the art facilities to all service users; each child is now cared for in their own room with en-suite facilities and rooming in for parents.

It also involved the construction of a new state of the art 4 bedded Bone Marrow Transplant Unit.

Phase 2 of the project is due for completion early October 2013.

THIS UPGRADE OF THE EXISTING WARD AREA AND INCLUDES;

- *Creation of en-suite bedrooms;*
- *New Play Zone;*
- *Redesign school room;*
- *Replacement of public toilet;*
- *Redesign medication/treatment room;*
- *Redesign drop-in area;*
- *Conversion of existing staff base to meeting/conference facilities, central station for nursing;*
- *The inclusion of natural light & natural environment has been included in the design.*

The final phase includes an update of the main entrance area to the unit and is expected to take a further 6 weeks.

Development of the Heamatology Outreach Nurse Role (Belfast City Hospital)

- by Laura Croan, Haematology Outreach Nurse, belfast City Hospital.

I was appointed Haematology Outreach Nurse in May 2013. It is a new role developed from the 'Transforming Your Care' NHS project and is aimed at reducing patient hospital stay, facilitate early discharge from hospital, move care into the community where appropriate, and improve patient experience. This post was designed to address the psychological and educational needs of patients on outlying wards and improve patient experience. I ensure that patients and carers' on outlying wards have better understanding of their illness, treatment and its prognosis, which can facilitate open and honest discussions about treatment decisions from new diagnosis to terminal care and through unexpected admissions to hospital. This role has also provided support, advice and education to the staff caring for haematology patients to ensure that they receive the best care possible.

To establish myself within this role I have developed working relationships with staff on outlying wards, with the multidisciplinary team and allied health professionals, and with members of the community team. This allows me to work within other teams and where possible move care into the community.

I have collected data on unscheduled haematology admissions, highlighting common reasons for admission, the usual times and routes of admission, and I found that some patients are being treated unnecessarily within the Belfast Health and Social Care Trust (BHSCT) when their treatments could potentially be local to other trusts. From this data collection I am reviewing how some of the patients from outside the BHSCT catchment area came to be treated for potentially local treatment regimens and I aim to collect further data on patient demographics and whether patients can be treated locally to reduce pressures on the BHSCT haematology unit and also reduce stress and travelling time for patients.

I have developed and am in the process of completing a training program on Neutropenic Sepsis for staff on outlying wards, I am implementing Estimated Date of Discharge to assist in reducing length of stay and prevent delayed discharges, I aim to develop a nurse facilitated discharge system, do further training in hematological conditions on outlying wards and I will develop 'Haematology Information Packs' for each ward.

I recently completed a training program on performing bone marrow biopsies and in will be doing these to assist in prompt diagnosis and will go to other hospitals to prevent patients having to travel for this procedure. I will be commencing the nurse prescribing and health assessment course this September in Queen's University to further expand my role.

CONGRATULATIONS TO LAURA

This year Laura Croan won the prestigious Royal College of Nursing Nurse of the Year Patient Choice award. She was nominated (by the patient) for the outstanding care she provided to a young man who was receiving chemotherapy treatment for leukaemia. The patient described how Laura took the time to get to know him, allowing him to share his concerns and fears.

He said: "She helped me to understand why things were being done and what was going to happen". The patient also explains how Laura treated him as "a 19 year old with issues" and not as "just another patient". He described how she would often sit with him for 30 minutes or so after the end of each shift and how this helped to alleviate his depression and encouraged him to take his medication.

He continued: "If it weren't for Laura, I wouldn't have been able to stay in hospital to take my treatment. I probably would have died at home months ago. I hope she knows how much she did for me."

The judging panel praised Laura's capacity to look beyond the particular condition that had led to the patient being admitted and to take the time to understand and meet his broader physical and mental health needs.

Providing Time to Live

Roche leads the way in oncology and is the world's leading provider of cancer care products, including innovative anti-cancer treatments, supportive care products and diagnostics. These products offer patients the most important thing in life - time to live.

Five of Roche's drugs are proven to provide survival benefit in different major oncology indications, including breast, colorectal, lung, pancreatic and non-Hodgkin's lymphoma. Each of these drugs has its own unique method of action that inhibits tumour growth.

In addition to these drugs, Roche has developed a variety of therapies that help to ease the possible side effects associated with cancer treatment, including anaemia and metastatic bone disease.

With a broad portfolio of tumour markers for prostate, colorectal, liver, ovarian, breast, stomach, pancreas and lung cancer, as well as a range of molecular oncology tests, Roche will continue to be one of the leaders in providing cancer-focused diagnostics.

Roche continues to research new pharmaceutical and diagnostic products to meet unmet medical needs. In addition to its oncology pipeline, Roche is developing new diagnostic tests that will have a significant impact on disease management for cancer patients in the future.

Its unmatched oncology portfolio, as well as an extensive external innovation base through collaborations with companies and academia, are what makes it possible for Roche to provide more effective cancer therapies.

Roche

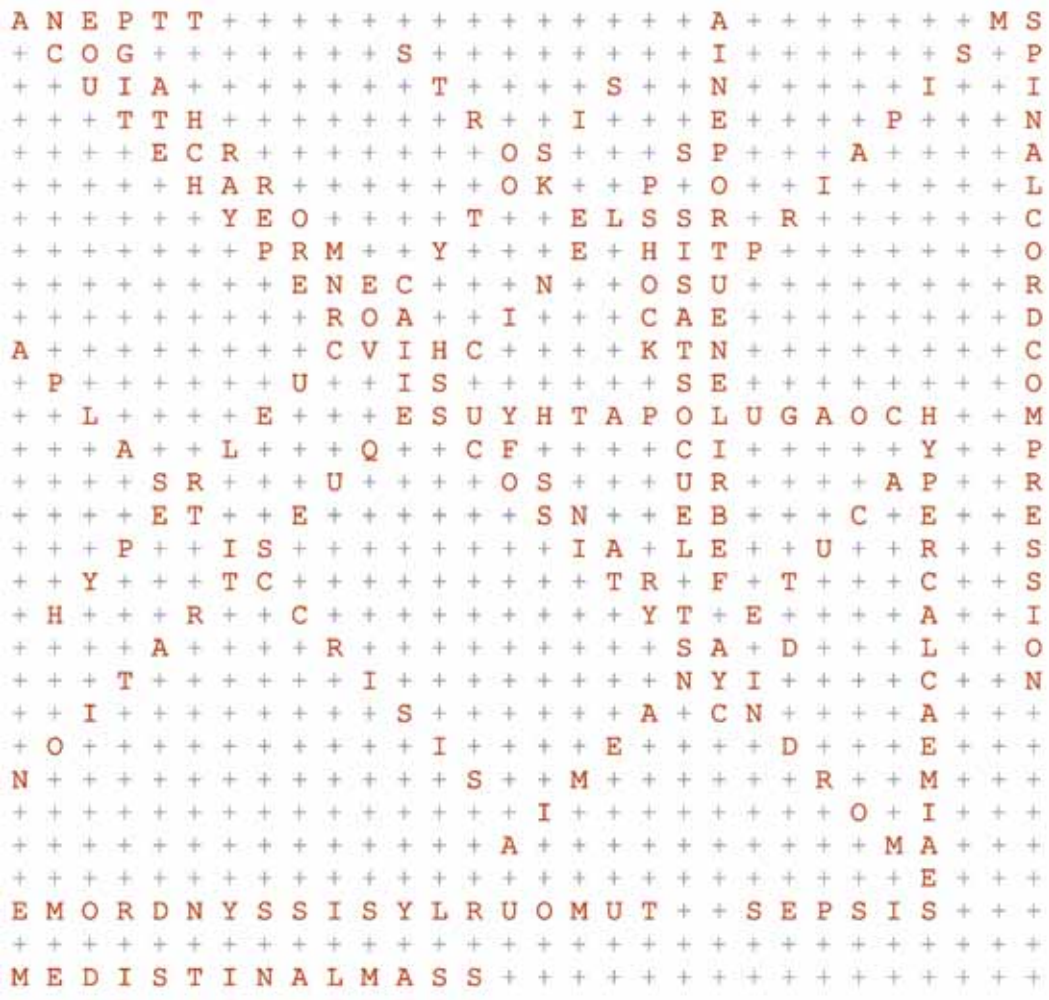
We Innovate Healthcare

HAEMATOLOGIC EMERGENCIES

€100 Wordsearch Competition

WINNER

HAI extend their congratulations to **Nichola Harten**, *(Haematology CNS, Connolly Hospital)* whose entry from the last edition of Blood Matters was the first correct entry drawn, winning her **€100**.



WORDS INCLUDED IN THE WORDSEARCH

ACUTE ANAEMIA
ACUTE HYPERVISCOSITY SYNDROME
APLASTIC CRISIS
COAGULOPATHY
DIC
FEBRILE NEUTROPENIA
HAEMORRHAGE
HYPERCALCAEMIA
HYPER LEUCOCYTOSIS
LEUCOSTASIS
MEDISTINAL MASS
PRIAPISM
SEPSIS
SHOCK
SPINAL CORD COMPRESSION
SPLENIC SEQUESTRATION
STROKE
TRANSFUSION REACTION
TTP
TUMOUR LYSIS SYNDROME

WOULD YOU LIKE TO WIN €100?

Blood Matters have another wordsearch competition where you can win €100. Interested? The competition is on the next page - GOOD LUCK!

€100.00 WORDSEARCH competition

Find all the words listed below within the grid which are all related to:

DRUGS USED IN HAEMATOLOGY

Closing date for competition 6/12/2013. The first correct randomly selected entry drawn after the closing date will be eligible for the €100 prize.

K H U D J R B H C D P E D I M A H P S O H P O L C Y C T M L
I I Z A F M B L I I H K W W P G U E W A X V Y U A I B M E O
Y D O W A P F E Y X E Q E F J R B V U G H M V E O U O X L M
O B X H M D A S W B N H G S Q P I I P T Z G T T Y N S U P A
X F G D Q B S W D S O Q P U R N D I L H S P R R O B E N H T
M I D I Z J N Z U Y X D G Y C V Q Q G U K Q L C I P T Y A E
H Z A U P V F I W Q Y X O R I S A R E F E D L M F G A O L C
F U A Z Z P O W B J M J I E J H R Q G S O O O Z K A N T A A
B J T Y P N D K S E E S R S N I I Y R Y N Z C P G Y O F N R
M E T H O T R E X A T E X D H I D Y Y A E X C I V J H S D A
U R J D O O K F B I H A Z M I E N A L T U L R E E E P T A P
H F H C N U V A N K Y P S L D O I A R H E B T R G K S E U J
Q Y M Q J E T E M K L U Y P V O N O U U W H I W Z K O Z N Z
O E K A U L Y R K H P L E Z A T B A K G B Z F H Q Y H H O C
A E L D D V S O E X E E J P I R M H S V O I A X A V P J R V
L E D Y R K Y Y E U N K C B I S A Y U E L I C D L A S R U U
R C O I C B D Y Q V I F O C O C H G N D V Q H I P B I Q B D
E F P H M C T L S C C D Y N N Y A I I S A H O T N J B J I Q
C Y T A R A B I N E I T J X O K R N H N F M H D G U Q V C P
W B Q Z J E B Z E E L F F E B U R F Y W A I Z X S A S Q I A
V F L Z B H F R S Z L M D P P B O Q Q L W S L R H S W X N L
V X T A A A O G A M I M C O I L U F B C K T E K I C Q F C V
T F H V F Q R X K C N A T Z I C D L D I F A T F P C U M Q O
Z M L X N D U L R S Y P H C K T W Q A A W R D G A Y M Z O F
Z U S Q O U S V S P A X A E D I S O P O T E P H C J V G K A
I N N Z S T Y W Y C T C O I R V K N Z K K P R W R G S F P M
C D Y L J U Q R R D I H A R J W A I B Z O M N C R U Y W L L
H M A R W Z D E U D I L I V D V Q B W F X H Q Y A G X T U M
T Y M A N Q M Q A K O F K E W Y X Y A F Q O U G P T N H Z L
C Z S W E U R C I B U G S W Y K H N U K R C D I I C H P M Y

WORDS INCLUDED IN THE WORDSEARCH

ASPARAGINASE
BISPHOSPHONATES
BORTEZOMIB
CYCLOPHOSPHAMIDE
CYTARABINE
DAUNORUBICIN
DEFERASIROX
ETOPOSIDE
FOLICACID
HYDROXYCARBAMIDE
IDARUBICIN
MELPHALAN
MERCAPTOPURINE
METHOTREXATE
MONOCLONALANTIBODIES
PARACETAMOL
PHENOXYMETHYLPENICILLIN
THIOGUANINE
VESANOID
VINCRISTINE

All completed entries should be sent to:

ROSENA GEOGHEGAN,
Dept. of Haematology,
3rd Floor Medical Tower,
Our Lady's Children's Hospital,
Crumlin, Dublin 12

NAME:
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JOB TITLE:
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WORK ADDRESS:
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TELEPHONE:
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MOBILE:
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GOOD LUCK!

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