

# **REPORT FROM THE CANADIAN ASSOCIATION OF PROVINCIAL CANCER AGENCIES – JOINT MEETING OF THE SYSTEMIC ADVISORY COMMITTEE AND THE INTER-PROVINCIAL DRUG STRATEGIES AND GUIDELINES WORKING GROUP**

CAPhO Report

Oct. 17, 2002

Submitted by Lynne Nakashima

## Pharmacy Education

Bill Evans (ON) suggested co-operation to benefit the whole country, rather than individual provinces working on their own oncology pharmacy education programs. He suggested that the COS website could be used. Pharmacists present (Carol Chambers, Debbie Milliken, Larry Broadfield, Venetia Bourrier, Rick Abbott) agreed that sharing would be valuable. Most provinces have completed a needs assessment survey and are proceeding to curriculum development. Two tracks were identified – the university track and the continuing education track.

It was agreed that the Systemic Advisory Committee would propose that CAPCA make a recommendation to universities to increase the component of oncology training in undergraduate programs.

I was assigned the task of facilitating the creation of a network of Pharmacy educators, possibly through CAPhO.

## Inter-provincial Formulary/Drug Process

CAPCA asked the Systemic Advisory Committee to assess the possibility of creating an inter-provincial formulary. The general feeling of the group is that this is difficult to do and the benefits will be small. It was felt that the national process of developing clinical practice guidelines would be more useful.

## Systemic Therapy Data Elements

Sarah Kettel, Health Canada presented a proposal to collect certain data elements automatically, including chemotherapy and dates from cancer centres. It was agreed that this would be reasonable to pursue, so a small working group will be convened to discuss further.

## New Drug Evaluations

There is discussion on the sharing of information about emerging new drug guidelines. It was felt that the systematic review process should be done at the national level, but that there is still a level of reluctance to turn this over to a national process. This item will be discussed further.

## Professional Practice Planning Assumptions

At present, most provinces have planning assumptions related to workload that are used in determining staffing levels for cancer centres. It was suggested that this information be shared between provinces. It was noted that it is not the role of CAPCA to set

standards in this regard, but there might be value in looking towards developing validated workload measurement tools. It was also suggested that this is a role that the professional organizations should be involved in. This will be discussed further.

### Oxaliplatin

Significant concern was noted in the status of oxaliplatin in Canada. The manufacturer does not plan to file for NOC because the patent has expired. However, oxaliplatin is becoming the standard of care. It was agreed to propose that CAPCA write a letter to Health Canada requesting a meeting to discuss the issue.

### Next Meeting

The next meeting will be held April 2003 in conjunction with the NCIC Spring Meeting.