I am sitting in the train travelling back from the ESCP Spring Workshop in Nice. Such a long journey is an excellent opportunity to reflect on what I heard during these last two days. The topic of the workshop was simulation and serious games in the acquisition of pharmaceutical competencies.

To be honest, when I heard about the topic for the first time, I could hardly imagine what was behind those words – simulation, serious games – this sounds to me like some complicated IT solutions and some fancy games for computer geeks!

Indeed, it was, but it was much more than that. I learnt a lot about how students and professionals learn in the most effective way, how simulations in a virtual world can replace real experiences and how they cannot, how real the non-real environment can be perceived. Primarily I got three main take-home messages:

1. **Technology has advanced incredibly over the last decade.** It opens new possibilities how to spread information and knowledge to students, colleagues and patients.

2. **Many different activities in setting up simulation centres**, in designing computer programmes and in creating avatars have been demonstrated during the workshop from all over Europe. Lots of efforts and resources in terms of money and working force have been put into these projects. Recognising the fantastic possibilities these solutions offer reveals the need for coordination. Limited resources in health systems and unequal distribution of resources across Europe are a challenge, also in this topic. Sharing the efforts and also the resulting solutions seems inevitable. Perhaps ESCP can play a role here?

3. **Simulations, avatars, virtual reality** – all these things are helpful and we may look forward to an increased use of such technologies in our professional life.

What can never be replaced by any technology, as sophisticated as it may be, is the interaction from one real human being to another. What terrible loss it would be if meetings like this Spring Workshop only took place in the virtual space without meeting old friends and making new ones, without being in a different place, where you have possibly never been before, discovering hidden places, feeling the pulse of a city, the chance to taste other less familiar food.

Nice was definitely worth being there not only in a simulation but in reality. Events like this, organised by the European Society of Clinical Pharmacy offer a variety of experiences.

Scientific content, an attractive venue and a lot of interested and interesting people together create the inspiring blend that helps us – once were are back in our daily life – to move on and to further develop clinical pharmacy.

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**Take-home messages**

**A Few words**

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**ESCP-SFPC International Workshop, Faculté de médecine, Nice, France, 22-23 June 2015**

**Acquisition of Pharmaceutical Skills: Simulation, Serious Games, Innovative Approaches**

Markus Lampert
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Human factors are an important source of medication errors at every step of the medication process (prescription, dispensing, and administration). The reliability of humans in cognitive tasks is limited and error rates are significant in many daily activities, like calculation, selection of products or control steps. To progress, it is important to lead research projects aimed at better understand the reliability of specific tasks and the interindividual variability between different healthcare workers. Based on the results of such studies, it is possible to redesign processes and to implement organizational or technical actions in practice to progressively improve patient safety.

The aim of the workshop was to clearly illustrate how research projects can be designed to bring answers to questions related to human factors in the medication process. It highlighted how simple these studies can be and their usefulness for practice improvement.

The workshop was organized in two parts. In the first part, an introductory lecture presented general theoretical information on medication errors and human reliability (human factors) and the interesting use of simulation in research projects dedicated to medication errors. The presentation finished with an example of a simple research project aimed at measuring the accuracy and precision during withdrawal of low volumes of solution with a syringe.

This introduction was followed by a 1-hour period dedicated to a work in 3 small groups. Each team received a practice scenario and had to design a simulation study to find answers based on a simple research protocol. Cases were related to the performance of healthcare professionals in calculation, errors rate and errors types during manual drug dispensing in wards and the performance of nurses in final checking cytotoxics before administration.

The groups were asked to determine the objectives of their research study that had to include a first phase aiming at measuring the error rate related to human factors and a second phase dedicated to the testing of the impact of improvement actions. They therefore had to determine the hypothesis of the study and the expected quantitative results, explain the experimental design and describe the possible barriers to the practical implementation of the study.

In the second part of the workshop, each group presented their solutions followed by a debate including all participants. To close the discussion on each use case, the design and the results of a similar study previously performed on the topic was presented and commented by the moderator.

At the end of this interactive workshop, the take home messages were that:

- Human factors are strong contributors to the occurrence of medication errors;
- Research projects are needed to better understand these factors and implement evidence-based improvements;
- Simulation settings are very appropriate for the design simple research protocols.

Seventeen people attended the workshop on the first day and 9 on the second day. The large variation in professional backgrounds and experiences lead to very interesting discussions during these two days. Participants left the workshop with a better idea of human factors and how it is easily possible to imagine and test solutions to improve the safety of the medication process.

### WS3. Experiential learning in pharmacotherapy problem solving: Focus on debriefing

The use of simulation/gaming for training in health and medicine is developing – both quantitatively and qualitatively. Quantity is not a problem; however, much work is needed to develop quality tools. Several faculties of pharmacy, in France and abroad, have developed simulation/games (including serious games) for training in, both initial and continuous, pharmaceutical skills. The main focus today seems to be on raising the quality of these instruments, which will in turn make it easier to increase the number of quality tools.

One important area in which quality is currently being achieved with reasonable cost (in terms of investment per learning) is in the protocols used for debriefing. Debriefing is often conceived as the processing of game experience to turn it into learning. Trainers are increasingly ready to accept the idea that the major learning takes place in the debriefing, not in the game.

Thus, this session focused primarily on the debriefing part and had three interrelated aims: (a) to outline the concept of debriefing, (b) to demonstrate one possible debriefing format and procedure, and (c) to enable participants to explore their own ideas for debriefing a their own simulation/game.

The workshop was divided in two parts. During the first part, we gave an overview of the Profifiteiro Project which is a blended learning program conducted in Lille Pharmacy Faculty for the 5th and 6th years students. This program combines video game and role-play in community pharmacy environment (http://pharmacie.univ-lille2.fr/innovation-pedagogique/serious-game.html). Then we provided the participants with a short role-play scenario that created an experience of pharmacist-patient interaction, in which the pharmacist had to dispense an anticoagulant drug. This was followed by a short practice debriefing, with the aim of helping participants to feel comfortable with the idea of debriefing. At the end of the first part, participants then designed and built their own exercise of role-play and debriefing.

During the second part, each of the three groups tested their new role-play and debriefing with another group. This was probably the most interesting and exciting part of the workshop.

Participants had ‘proven’ to themselves that they could design, construct, facilitate and debrief their own role-play, and do it in a relatively short time with inexpensive materials. At the end of the workshop, we facilitated an individual and collective debriefing of the whole session, and touched on some key learning points for future. Overall, we can say that discussions were constructive and further developed participants’ confidence in their own skills in developing debriefing protocols.
Moderator(s), with affiliations: G. Chiaramonte, Renato Fandaca Simulation Center, Ismett,Palermo, Italy; A. Carollo, Clinical Pharmacy, Ismett, Palermo, Italy; D. Scala, AORN Cardarelli, Naples, Italy

Simulation, as defined by David Gaba, is “an instructional process that substitutes real patient encounters with artificial models, live actors or virtual reality patients”(1). The use of simulation in health professionals education has increased dramatically. However, the use of simulation in pharmacy education has not advanced to the same degree as in nursing and medical education (2,3,4). Anaesthesiology is one of the main fields of medicine to incorporate simulation into its practice. The first high fidelity patient simulator was an anaesthesiology model and the specialty has played a large role in promoting the use of simulation in medical education.

Pharmacy education continues to evolve, thus demanding innovative active learning to enhance pharmacotherapeutic knowledge and clinical skills. Simulation-based pharmacy education enhances pharmacists’ knowledge, improves learning confidence, enhances clinical performance, stimulates critical thinking, and decreases medication errors.

Simulation offers opportunities for enhancing patient safety. In addition, simulation is important to the understanding of the role of the pharmacist as a member of the healthcare team. Interprofessional education and practice is viewed as an essential component of health professions education (5,6). Common competencies for interprofessional education include team organization, function, assessment and enhancement of team performance, intra team communication, leadership, conflict resolution and consensus building, and setting common patient care goals (7).

The need for strong teamwork skills among healthcare professionals was echoed in a 2003 Institutes of Medicine report Health Professions: A Bridge to Quality (8).

One approach to achieve these interprofessional competencies in a clinical team is through simulation exercises.

The aim of the workshop was to provide participants with the ability to share skill and knowledge among health professionals and allow for a better understanding, shared values, and respect for the roles of other healthcare professionals. The focus was on developing an interprofessional, team-based, collaborative approach that improves patient outcomes and safety.

With the use of videos and clinical case, participants were introduced to the concepts of interprofessional healthcare teams, collaborative patient-centred care. The key concepts of Crisis Resource Management (CRM) were explained and discussed. Videos were used with the aim, on one hand, of underlining the importance of “non technical skills” in the prevention and the management of errors and in the interprofessional interactions; and, on the other hand, of allowing participants to observe and recognize a specific educational doctrine that has been derived from the aviation industry (Crew Resource Management) and introduced to the health sector thanks to David Gaba in Anaesthesiology Crisis Resource Management (ACRM). CRM focuses on cognitive and non-technical skills relevant to high performance by health care teams by exploring the psychological, interpersonal and environmental factors which influence patient care, particularly during conditions which are unexpected, life threatening and involve time pressure. While a variety of educational techniques are commonly used in combination (including games, video discussion and table-top exercises) training is typically centred on scenarios modelled on real life situations that often include a sequence of learning activities that involve complex decision making, problem solving strategies, intelligent reasoning and other complex cognitive skills. Then participants were given tips and instructions on how to design a scenario and in small groups they constructed and discussed the scenario they had designed to meet specific learning needs.

Daniela Scala
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Bibliography

Interesting links
- European Association of Faculties of Pharmacy (EAFP) www.eafp.org
- European Association for Hospital Pharmacists (EAHP) www.eahp.eu
- European Medicines Agency (EMA) www.ema.europa.eu
- European Pharmaceutical Students’ Association (EPSA) www.epsa-online.org
- European Federation for Pharmaceutical Sciences (EUFPS) www.eufps.org
- European Fellowship for Pharmacists (www.efp.org)
- European Society for Clinical Nutrition and Metabolism (www.espen.org)
- European Society of Oncology Pharmacy (ESOP) www.esop.eu/
- Italian Society of Hospital Pharmacy (SIFO) www.sifoweb.it
- Pharmaceutical Care Network Europe (PCNE) www.pcnec.org/
- Pharmaceutical Group of the European Union (PGEU) www.pgeu.org
- Société Française de Pharmacie Clinique (SFPC) www.sfpc.eu/fr
- Swiss Society of Public Health Administration and Hospital Pharmacists (GSASA) www.gsasa.ch
- Spanish Society of Hospital Pharmacy http://sesfhs75congreso.com/
- Thériaque www.theriaque.org
- United Kingdom Clinical Pharmacy Association (UKCPA) www.ukcpa.net/
44th ESCP Symposium on Clinical Pharmacy
Lisbon, Portugal, 28-30 October 2015

Medicines Information - Making Better Decisions

Invitation by the Presidents of ESCP & the Symposium

Dear Colleagues

On behalf of the European Society of Clinical Pharmacy, we proudly invite you to participate in the 44th ESCP symposium in Lisbon, Portugal, on October 28-30, 2015.

The main theme of the symposium is “Medicines Information – making better decisions”.

After eleven years, Portugal is very proud to be receiving ESCP in Lisbon for a conference. This time, we have chosen for the autumn symposium a traditional theme in clinical pharmacy: Medicines Information. Whichever the definition of clinical pharmacy is used, it always goes around making decisions to improve either the drug therapy that is currently in use by a patient or the outcomes achieved with the use of medicines.

With the rapidly growing therapeutic portfolio, education and training may not be enough to support clinical decision making. Medicines information is usually defined as the knowledge that a professional lacks and has to access to make a clinical decision. Concepts like accessibility, reliability, completeness, and applicability of the information are essential to assess information quality.

New technologies may have a crucial contribution to improvement in medicines information access. However, new requirements arise associated to the special characteristics of these technologies. Additionally, raw information may not be sufficient to make the best decision possible, and professionals need filtered evidence obtained through specific evidence generating processes.

Let’s discuss all these topics in Lisbon and let’s learn from each other to make the best decisions to support patients.

Fernando Fernandez-Llimos, President of the Symposium

Markus Lampert, ESCP President

Deadlines
See on page 7

Symposium website
http://www.escpweb.org/cms/Lisbon

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Scientific Committee
Margarida Caramona (PT) chair
Fernando Fernandez-Llimos (PT)
Yolande Hanssens (QA)

WS01: Successful Scientific Writing: getting conference abstracts accepted
JW Foppe van Mil & A Gerd Granås

WS02: Successful Scientific Writing: original research papers
JW Foppe van Mil & E Galfrascoli

WS03: Planning and running a workshop
M Kinnear & V Jordan-von Gunten

WS04: Evaluating clinical pharmacy services - a research clinic workshop
T Dreischulte & D Stewart

WS05: Identifying and improving adherence: a shared effort for patients and clinical pharmacists
I Armet, MP Schneider & B van den Bemt

WS06: Probiotics supplements uses, safety and clinical effect
M Skouroliakou & P Papandreou

WS07: “An App for ethics”; to recognize and solve ethical problems in pharmacy practice & research
R Dessing

WS08: The active role of the Medicines Information pharmacist in Evidence Based Practice and Medicines Optimisation
DJ Woods & MM Fonteles

WS09: Implementation and quality control with the Model for Improvement
D Vilstrup Tornsen & S Kristensen

WS10: Making better decisions based on medicines information; how to find and critically appraise relevant literature
K MacLure & V Paudyal

WS11: Patient safety through advanced clinical decision support systems in your pharmacy
A Floor-Schreudering & M Heringa

WS12: Understanding and Evaluating Systematic Reviews and Meta-Analyses
K Lyseg-Wallimson

WS13: Making a difference to medication safety: understanding medication errors to develop local improvement strategies
RN Keers & K Taxis

WS14: Information Pharmacist - do you fulfill your role?
C Pontopiddan, L Colberg, A Schreder & H Byg Armandi

WS15: Herb-drug interactions as one of the possible causes of chemotherapy failure
M da Graça Campos & MM Caramona

WS16: Cancer therapy in pregnant women: struggle for mother and child
K. Van Calsteren, G Laekeman & M Dooms

WS17: Best practices to improve self-management of oral oncotics
K B. Farris & T M. Salgado

WS18: Making better decisions based on medicines information: how to find and critically appraise relevant literature
K MacLure & V Paudyal

WS19: How to select and implement clinical decision support systems
H M. Seidling

WS20: From adherence to concordance: role of the clinical pharmacist
I De Wulf & S Sarre

Workshop program
ResCom members: Marcel Bouvy (Netherlands), Siska Desplenter (Belgium), Ulrika Gillespie (Sweden), Mara Guerreiro (Portugal), Lenne Kjeldsen (Denmark), Gert Laekemen (Belgium), John McAnaw (Scotland), Pat Murray (Scotland), Martin Schulz (Germany), Derek Stewart (Scotland).

Marcel Bouvy led the ResCom for almost ten years. Last October the Committee met in Copenhagen and discussed the need to consider rotation of the chair position, with a 2-year tenancy. It was agreed that a chair and a vice-chair position would be helpful to ensure continuity. In addition to expressing gratitude for the work Marcel had done in his role as chair of the committee, a change in leadership was considered for 2014-16.

Following a debate within the Committee, Mara Guerreiro put forward her application for the chair position. Mara had joined ResCom while a GC member (2004-8) and since then continued to serve ESCP on this Committee. In her statement for the position she expressed keenness to further contribute to the Committee’s development; her vision was “that the ResCom becomes instrumental in ensuring ESCP mission pertaining to: 1. disseminating clinical pharmacy research findings; 2. stimulating innovative and high quality research in all areas of clinical pharmacy; 3. promoting and enabling multicentre research in all areas of clinical pharmacy both within countries and between countries or differing healthcare delivery systems.” The statement also outlined two priorities for the ResCom: defining and implementing a 4-year strategic plan, and improving “housekeeping,” to facilitate transparency and continuity.

Mara’s application received support from the ResCom members. In January the group initiated a series of Skype meetings and email discussions guided by the priorities she had proposed. Many members have been extremely committed to transforming vision into reality. In addition to invaluable contributions for the 4-year strategic plan, the most immediate outputs are proposals for events during the Lisbon Symposium: a Masterclass of Excellence in Pharmacy Practice Research; “Easing the Progress from Research Idea to Research Proposal,” lead by Derek Stewart and John McAnaw, and a workshop entitled “Evaluating clinical pharmacy services – a research clinic workshop,” lead by Tobias Dreeschutte and Derek Stewart. The Committee believes these initiatives will contribute to stimulating innovative and high quality research.

Do you have an idea for a future masterclass related to research? Would you like to see a research topic covered by a workshop? The ResCom welcomes comments and suggestions from ESCP members. Please email us at mara.guerreiro@icloud.com

Clinical Case from the ESCP SIG Geriatrics

Blood pressure in patients living in nursing home

Mrs. RS, 89 year-old elderly patient living in a nursing home is taking the following medications.

- Amlodipine 10 mg po twice daily
- Irbesartan 150 mg po daily
- Vitamin D 10,000 u one a week on Sunday
- Lactulose 30 ml po twice daily as needed for constipation

Her blood pressure measures have been ranging from 120/60, 125/60, 110/67 over the past few months.

What is a therapeutic goal for treating Mrs RS’s blood pressure?

A study published recently in JAMA (1) evaluated all-cause mortality in nursing home patients older than 80 years according to systolic levels and the number of antihypertensive drugs. The PARTAGE (Predictive Values of Blood Pressure and Arterial Stiffness in Institutionalized Very Aged Population), a multicentre longitudinal study included 1,127 frail men and women aged 80 years or old (mean age, 87.6 years) living in nursing homes in France and Italy. Blood pressure was measured during 3 consecutive days (mean, 18 measurements). Participants were taking an average of 7.1 different medications, including 2.2 antihypertensive agents. Patients with a systolic blood pressure less than 130 mm Hg who were receiving combination antihypertensive treatment were compared with other patients.

The authors found that over the study period of two years, patients with a systolic blood pressure of less than 130 mm Hg and taking two or more antihypertensive medications had an adjusted hazard ratio of mortality of 2.09 (p=0.01) compared with all other patients. It was also reported that patients with similar low blood pressure on or on no one blood pressure medication had a lower mortality rate when compared to those taking more than one drug. Patients who did not present with a low systolic blood pressure and receiving combination therapy did not have a higher mortality rate compared with those taking no or one antihypertensive medications.

Clear recommendations regarding blood pressure level in the very frail elderly patients are lacking. The HYVET study a randomised controlled trial conducted in community-dwelling individuals over age 80 years of age showed that antihypertensive treatment reduced fatal stroke, all-cause mortality and heart failure in this population. The target blood pressure was 150/80 (2).

We need a randomised clinical trial in these elderly patients. Meanwhile, we should follow the ESH/ESC guidelines for the management of arterial hypertension (3), the PECH Canadian guidelines (4) and the American guidelines (5) according to the country we live in. A common recommendation from all these guidelines is to keep the blood pressure less than 150/90 without orthostatic hypotension. Some may also argue that this may be too low and we could go to a blood pressure of less than 160/90.

What was done for Mrs RS?

Irbesartan was discontinued and amlodipine was decreased to 5 mg daily. Her blood pressure is now 140/70 without orthostatic hypotension.

Louise Mallet
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References

4. https://www.hypertension.ca/fr/chep
The recommendation from EMA’s Committee for Medicinal Products for Human Use (CHMP) is based on the results of a phase 2 study in 63 patients with previously treated Waldenström’s macroglobulinaemia. Around 90% of the patients treated with Imbruvica responded positively to the treatment and approximately 80% of patients were alive without disease progression after 18 months.

The active substance contained in Imbruvica, ibrutinib, works by blocking an enzyme called Bruton’s tyrosine kinase (Btk), which has a key role in the survival of B lymphocytes and their migration to the organs where these cells normally divide.

By blocking Btk, ibrutinib decreases survival and migration of B lymphocytes, the rehyb delaying the progression of the cancer. Because Waldenström’s macroglobulinaemia (also known as lymphoplasmacytic lymphoma) is rare, Imbruvica received an orphan designation for this indication from the Committee for Orphan Medicinal Products (COMP) in 2014.

The recommendation from EMA’s Committee for Medicinal Products for Human Use (CHMP) is based on the results of a phase 2 study in 63 patients with previously treated Waldenström’s macroglobulinaemia. Around 90% of the patients treated with Imbruvica responded positively to the treatment and approximately 80% of patients were alive without disease progression after 18 months. The adverse events reported during the clinical trial were similar to those observed in the already approved indications of Imbruvica. They include events affecting the blood and bone marrow such as neutropenia and thrombocytopenia.

IMBRUVICA for the treatment of Waldenström’s macroglobulinaemia

Waldenström’s macroglobulinaemia, a rare blood cell cancer. It is a type of non-Hodgkin lymphoma, and is characterised by an excess of abnormal white blood cells, called B lymphocytes and plasma cells, in the bone marrow and sometimes in other organs.

These abnormal cells produce large amounts of an immunoglobulin called IgM, which can make the blood thicker than normal. This cancer usually begins in people over 60 years of age. Five years after diagnosis, between 36% and 87% of patients are still alive, depending on their individual risk factors.

Imbruvica is the first medicine that is recommended for this disease. The medicine is indicated for adults who have received at least one prior therapy or as a first line treatment for patients unsuitable for chemo-immunotherapy.

Imbruvica represents a novel strategy in the treatment of malignancies involving B lymphocytes.

NIVOLUMAB BMS: new treatment option for patients with advanced lung cancer

Lung cancer is among the most common cancers in the world. Approximately 85% of all lung cancers are NSCLCs, which are frequently further subdivided into non-squamous and squamous cell carcinoma. Most patients with NSCLC are found to have advanced disease at the time of diagnosis, and patients are generally treated with chemotherapy and/or radiation. These treatments, however, rarely cure the disease and the disease often reoccurs or progresses. Although many medicines have become available in recent years for NSCLC, these do not generally help people with squamous NSCLC. The treatment options for patients with squamous NSCLC whose disease reoccurs or progresses despite chemotherapy are limited.

The European Medicines Agency (EMA) has recommended granting a marketing authorization for Nivolumab BMS (nivolumab). Nivolumab BMS can be used to treat adult patients with a type of lung cancer called squamous non-small cell lung cancer (NSCLC), when the disease is advanced, and has already been treated with chemotherapy.

The active substance in Nivolumab BMS, nivolumab, is a monoclonal antibody. Nivolumab attaches to and blocks a receptor called ‘programmed death-1’ (PD-1). By blocking the usual receptor interaction, Nivolumab BMS leads to activation of the immune system against cancer cells.

The recommendation from EMA’s Committee for Medicinal Products for Human Use (CHMP) is based on one main randomised trial in patients with advanced squamous NSCLC who had a previously failed treatment with chemotherapy. This phase III study randomly assigned 272 patients to receive either nivolumab or docetaxel (a commonly used type of chemotherapy). The study found that nivolumab improved overall survival compared with docetaxel (median 9.2 months compared with 6.0 months). After 12 months, 42% of patients treated with nivolumab were still alive compared with 24% of patients treated with docetaxel. Nivolumab BMS’ recommendation is also supported by data from an uncontrolled study involving 117 patients with squamous NSCLC who had at least two previous chemotherapy treatments and who were then treated with nivolumab. A follow-up plan to monitor the safety and efficacy of Nivolumab BMS was agreed by the CHMP.

KEYTRUDA extends range of treatment options for melanoma patients with poor prognosis

Melanoma is the most aggressive form of skin cancer and the leading cause of death from skin disease.

The main risk factor for developing melanoma is ultraviolet (UV) light and intermittent exposure to the sun. In 2012 more than 100,000 Europeans were diagnosed with melanoma and around 22,200 were estimated to have died from the disease.

If melanoma is detected early, it can often be removed by surgery and patients have a very good chance of survival. However, patients with advanced melanoma have a poor prognosis. It is estimated that five years after diagnosis of advanced melanoma only 10 to 30% of patients will still be alive.

The European Medicines Agency (EMA) has recommended granting a marketing authorisation for Keytruda which contains pembrolizumab, a humanized monoclonal anti-programmed cell death-1 (PD-1) antibody.

It is recommended as monotherapy for the treatment of adult patients with advanced melanoma that cannot be surgically removed or where the cancer has spread to other parts of the body (unresectable or metastatic melanoma).

Pembrolizumab is a type of immunotherapy, which works by blocking a cellular pathway that limits the immune system from fighting melanoma cells. By blocking this pathway, pembrolizumab enables the body’s own immune system to fight the disease.

The Committee for Medicinal Products for Human Use (CHMP) based its recommendation for Keytruda on one uncontrolled study and on early results from two ongoing randomised controlled trials (one comparing Keytruda with standard chemotherapy and the other comparing Keytruda with ipilimumab, another melanoma treatment).

The Committee considered that the studies demonstrate the efficacy of Keytruda, both in patients who had not previously received ipilimumab and in patients who had previously received ipilimumab.
Wednesday October 28, 2015
8:45-9:15 Opening ceremony
9:15-12:30 Morning session.

Topic: Official medicines information sources
3. Gerald K. McEvoy, American Society of Health-System Pharmacists
4. Round table discussion
14:00-16:00 Workshops
14:00-16:00 Afternoon session.

Topic: The future of medicines information
1. Hanna Seidling, Germany. “Clinical decision support systems – what help do they offer, what harm can they bring?”
2. Melinda Guthbert, Scotland, UK. “Medicines information education – equipping the next generation of pharmacists”
16:30-18:30 Oral Communications I
16:30-18:30 Poster Discussion Forum I
16:30-18:30 Workshops

Thursday October 29, 2015
9:00-12:00 Morning session.

Topic: Drug industry as medicines information provider
1. Helder Mota Filipe, Portuguese Medicines Agency.
2. Ana M. Nogueira, MSD Portugal.
3. Tim Reed, Health Action International
4. Round table discussion
12:00-12:30 Steve Hudson Lecture
14:00-16:00 Afternoon session.

Topic: Drug information centres
1. Robert Vander Stichele, General practitioner and Clinical Pharmacologists, Heymans Institute of Pharmacology, Ghent University, Belgium.
2. Sophie Sarre, Brussels, Belgium. “Translating official medicines information into practical tools for pharmacists”
16:30-18:30 Oral Communications II
16:30-18:30 Poster Discussion Forum II
16:30-18:30 Workshops
18:30-19:30 ESCP General Assembly
20:30-22:30 Symposium dinner (separate registration) limited capacity ESCP Lisbon Symposium 2015 Preliminary Program 4

Friday, October 30, 2015
9:00-12:00 Morning session.

Topic: Evidence-based decision making
2. Barbara Claus, Ghent, Belgium. “Where health economics meet evidence-based decision making”.
3. Karen B. Ferris, College of Pharmacy, University of Michigan, USA. “Pharmacists in primary care: evidence-based practice is more than the outcomes”
4. Round table discussion
12:00-12:30 Hot Topic Session I, lecture by ESCP Special Interest Group
14:00-16:00 Oral Communications III
14:00-16:00 Poster Discussion Forum III
14:00-16:00 Workshops
16:00-17:00 Closing Ceremony and Award Winners

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45th ESCP Symposium on Clinical Pharmacy
Oslo, Norway, 12-14 October 2016

Clinical pharmacy tackling inequalities and access to health care
For Your Diary

2015

28-30 October Lisboa (Portugal) 44th ESCP Symposium on Clinical Pharmacy « Medicines Information—Making better decisions »

2016

13-14 June Basel (Switzerland) ESCP International Workshop

12-14 October Oslo (Norway) 45th ESCP Symposium on Clinical Pharmacy « Clinical pharmacy tackling inequalities and access to health care »

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