ESCP and NSF Oslo 2016

A few words from Frank Jørgensen, Symposium President, chair of the Scientific Committee (SC) and President of the Norwegian Association of Hospital Pharmacists

On behalf of the European Society of Clinical Pharmacy (ESCP) and the Norwegian Association of Hospital Pharmacists (NSF) I would like to thank all the attendees, lecturers, workshop moderators and poster presenters for three fabulous days of learning, discussion and networking. It was a true pleasure to meet you all.

The main theme of the symposium was “Clinical Pharmacy tackling inequalities and access to health care”. On behalf of the Scientific Committee (SC) I am very grateful that the evaluation conducted after the symposium shows that the attendees found the program timely and well suited to their learning needs.

There were many highlights throughout the three days of the symposium. As in previous symposia, the mix of lectures, workshops and poster sessions including the Pecha Kucha presentations were well received.

The evaluation shows that the attendants found the lectures to be engaging and for the most part pitched at the appropriate academic level. Especially well received was the lecture on the role of the gut microbiota in antibiotic resistance presented by Prof. emeritus Tore Midtvedt.

I would also like to highlight the morning plenary session of Thursday 6th October, which was dedicated to issues concerning access to the new and (very) expensive medicines including the up-and-coming issue of introduction of biosimilars. The SC chose this topic both due to its importance to the quality of patient treatment on a daily basis and a perceived need of education regarding the interface between health and economy. As the session was well attended, and received an overall positive evaluation the choice proved to be an appropriate one.

The workshop sessions distinguish the ESCP symposia from most, if not all, other conferences concerning pharmacy. The feedback on the value and quality of the workshops provided was (as always) positive. Nevertheless, the attendance at the 19 workshops was a bit mixed with some appearing significantly more attractive than others. Regardless of the reasons of the mixed attendance I appeal to you as members of ESCP to continue to submit workshop proposals when invited to do so. As practitioners and academics you have the best knowledge on appropriate workshop themes and the competence to moderate them.

The symposium offered an extensive poster session including Oral Communications and Pecha Kucha presentations with contributions from a number of European countries and beyond. For me it was satisfying that 37 of the 339 posters were presented by Norwegian clinical pharmacists.

This was the first time Pecha Kucha presentations were attempted at an ESCP symposium. As such it was with some trepidation that I attended one of these sessions, however, it proved to be a very positive experience. I learned a lot about a number of themes within a relatively short timeframe. As each presentation lasted for only 7 minutes the presenters had to condense their messages without missing out on the essentials of the presented studies.

The social program, created by the Organising Committee (OC) with Anne Gerd Granås as chair, was indeed a reason on its own to attend the symposium. One of the highlights was the welcome reception at Oslo City Hall where the Mayor, Marianne Borgen, really made us feel as her valued guests.

A highlight on its own was the venue, Scandic Holmenkollen Hotel. The site of the hotel is high above Oslo, nearly in the skies, and actually, the hotel itself looks like a mansion from one of the Norwegian fairy tales. As the weather was sunny and crisp during the entire symposium people could really appreciate the stunning surroundings of the hotel and enjoy the breathtaking views of the city, the Oslofjord and beyond.

I hope that all of you attendees found the symposium professionally interesting and socially engaging, and that it did inspire you to further develop your own practice and reflect on the issues discussed.

Frank Jørgensen
Symposium President
Chair of the Scientific Committee
President of the Norwegian Association of Hospital Pharmacists
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Who’s who: Samuel Allemann

Samuel Allemann, born on February 23rd 1988 in Solothurn, Switzerland.

Work activity and education:
I graduated from the University of Basel (Switzerland) and received the federal diploma as a pharmacist in 2012. In January 2013, I joined the ‘Pharmaceutical Care Research Group’ at the University of Basel to start my PhD-Thesis with a main focus on “adherence to polypharmacy and electronic monitoring”. My primary goal was to investigate a novel remote electronic medication dispenser for polypharmacy in primary care patients. We collaborated with an outpatient addiction service of the Psychiatric University Hospital in Basel to assist older opioid-dependent patients with their medication management. Besides my research, I participate in the education of pharmacy students at the University of Basel and in writing for Int@l-offizin, a pharmaceutical information service for practitioners.

Since November 2013, I have been enrolled in a continuing education programme at the hospital Bruderholz (Basel) for a diploma in clinical pharmacy. At the same time, I worked in a community pharmacy in Solothurn. I am convinced that clinical pharmacy will play an important role in the future of community pharmacies. In November 2016, I started to work for a hospital group in Solothurn as a hospital pharmacist. The introduction of a new hospital information system with electronic prescribing enables new opportunities for clinical pharmacy services. I am excited to be part of this development!

Since 2015, I have participated in the organisation of events for young and experienced pharmacists in Switzerland. The annual “Forum Pharmacie” aims to sensitise pharmacists for professional politics and motivate colleagues to assume new roles in the care for patients. The annual symposium of the Swiss young pharmacists group (swissYPG) promotes interdisciplinary exchange between pharmacists and physicians with practical lectures and workshops. Recently, I was elected to the committee of swissYPG where we support young pharmacists with their professional career.

ESCP activities:
I recently joined ESCP to take on the role as webmaster from Johnny Beney. I am a member of the communication committee and co-facilitated a workshop together with Carole Kaufmann during the recent ESCP conference in Oslo. My goal is to support the society with their internet presence and enhance the visibility of ESCP on-line. I enjoy the informal and welcoming atmosphere of the ESCP community and am looking forward to collaborating with the member of the society in the future!

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Who’s who: Carole Kaufmann

Carole Kaufmann, born on the 8th of October 1986 in Bern, Switzerland.

Education/work activity
After earning my master’s degree in pharmacy at the University of Basel (Switzerland), I had the opportunity to write my Ph.D. thesis in a medium-sized hospital pharmacy where I could, at the same time, gain my first work experience as a hospital pharmacist. There, in 2013, I earned my degree as a clinical pharmacist and, in 2015, I finished my Ph.D. degree with the dissertation: “Identification of Risks for Drug-related Problems”. In 2014, I moved to the Hospital of Basel, where I am now working as a clinical pharmacist. I am active in palliative care and conduct ward rounds on a geriatric ward, where I act as a consultant for physicians, nurses, and patients. Parallel to this, I work as a post doc and try to further clinical pharmacy research in our hospital. I also act as a university lecturer in pharmacotherapy, which I particularly enjoy, as it allows me to transfer knowledge to young pharmacists and to keep myself updated with current drug therapy guidelines.

Personal drivers
Literature tells us about the high prevalence of drug-related problems in any stage of care. Medication therapies are becoming more and more complex. Physicians lack the time to properly evaluate and re-evaluate the medication of every patient, and patients themselves often feel overwhelmed and poorly informed about all their medicines. While working as a clinical pharmacist I face all these problems. Clinical pharmacy is a rather young profession in Switzerland. I am confident, that the competencies of the clinical pharmacist are of great value to increase the appropriateness, the safety, and the cost-effectiveness of each patient’s therapy. To strengthen the role of the clinical pharmacist in the multidisciplinary care team is my personal driver and to see how we gain more and more acceptance and add more value is very fulfilling to me.

ESCP activities:
During my Ph.D. studies, my direct supervisor and former ESCP president, Markus Lampert, introduced me to ESCP. From the beginning, I enjoyed the interaction with pharmacists from all over Europe. I have been an ESCP member since 2011, and in 2014, I joined the Communication Committee. To be elected as the new chair of the communication committee during this year’s symposium in Oslo was a huge honour. I am looking forward to giving my best and to learning from my older, more experienced colleagues. It is an exciting time for clinical pharmacy, full of new possibilities to involve ourselves in multidisciplinary patient care, and we will be even more efficient and successful if we share our knowledge and support with one another to assure appropriate, safe, cost-effective, and patient-friendly clinical pharmacy in Europe.

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Clinical pharmacy tackling inequalities and access to health care

The 2016 Steve Hudson Lecture at the ESCP Annual Symposium

Pharmaceutical Care: Frank Zappa and all that Jazz!

Steve Hudson. Professor of Pharmaceutical Care at the University of Strathclyde in Glasgow, passed away suddenly on the 21st of November 2010. Steve’s dedication to education and developing young minds was one of his greatest legacies. He introduced a clear vision for Pharmaceutical Care, a philosophy of practice to the advancement of patient care in which the pharmacist, patient and physician collaborate in assessing patient needs, determining care issues and developing a pharmaceutical care plan.

Steve was a founder member of UKCPA from its inception and he made an invaluable contribution to the on-going success since then. His leadership inspired Pharmaceutical Care within the pharmacy profession across Europe and beyond and in particular, by his passion for developing clinical pharmacy and patient care. Steve had many passions outside of pharmacy with a well-known love for music, particularly jazz and especially his dedication to Frank Zappa. Steve’s character, personality and humour was famous and he is still missed by friends, colleagues and the profession of pharmacy as a whole.

I had the great honour to present the Steve Hudson Memorial Lecture at the ESCP Annual Symposium in Oslo in September. As one of Steve’s former MSc students and confirmed pharmacy follower - this presentation built on Steve’s philosophy and practice of Pharmaceutical Care in NHS Scotland and highlighted the current and developing roles of clinical pharmacy practitioners with the ability to undertake Pharmaceutical Care planning and review.

The lecture went onto describe the changing Scottish context in health and social care in relation to Pharmaceutical Care and outlined the educational initiatives and the growing infrastructure built around quality improvement and medicines safety and Realistic Medicine. The latter of which is based around reducing harm, waste and unwanted variation in healthcare including medicines.

With regard to pharmacy practitioners it also outlined the experience and skills set required for those working in Advanced Clinical Practitioner roles including those with independent prescribing qualifications; advanced clinical skills and consultation skills. Finally it discussed the growing Quality Improvement drive in relation to the healthcare conversations around ‘What Matters to You’ in Scotland and internationally.

Lastly the final word was dedicated to Steve’s legacy and his musical interests in Zappa and all things Jazz. This photograph is of Steve Hudson as Professor of Pharmaceutical Care beside his lifelong musical hero Frank Zappa. The Zappa photograph was taken at one of his concerts - appropriately in Ekeberghallen in Oslo in January 1977 - and puts two heroes of very different disciplines together for one last time.

The Research Committee is recruiting new members

As announced in the General Assembly held in Oslo in October, the Research Committee (ResCom) opened a call for new members. Applications are sought from ESCP members combining research experience in clinical pharmacy with commitment to pursue ESCP’s mission and vision through work in this Committee.

Members are selected for four year terms. A level of excellence in clinical pharmacy research is not mandatory; ESCP members in the early years of their careers are also welcome, as the ResCom wishes to have diversity in its membership.

Applications from ESCP members in other countries than Belgium, Norway, Portugal and Scotland are particularly welcome.

The ResCom is an active group. Being a member requires a time commitment on each member’s part. Members should be available to attend an annual face-to-face meeting, during ESCP’s annual Symposium and periodical conference calls. Equally important, members are expected to provide expertise on topics under discussion, review/comment documents promptly and complete all assignments prior to each meeting or proposed deadline, in order to successfully implement the Committee’s 2020 strategic plan.

ESCP supports ResCom members by covering their registration fees in the annual symposium, provided they attend the scheduled meetings. Applications should be sent to the International Office (international.office@escpweb.org), accompanied by a one-page letter of motivation, outlining areas of interest and the contribution envisaged to the Committee, plus a short CV (limited to two pages), detailing the applicant’s educational and professional background and five key publications.

The call for applications will close 11 pm (CET) 28th February 2017. No late applications will be accepted.

The ResCom takes this opportunity to publicly thank to the members who have or will step down - Marcel Bouvy, Martin Schulz and Lene Juel Kjeldsen - for their contribution in the past years.

Professor Rose Marie Parr
rosemarie.parr@gov.scot

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The SIG - MI workshop was organized with Barbara Claus (PharmD and PhD), Hospital Pharmacist at Ghent University Hospital & Visiting Professor at the Faculty of Pharmaceutical Sciences at Ghent University in Belgium.

The main aims were:
- to provide literature references and strategies to identify cost benefit aspects of clinical pharmacy services as well as high-risk patients;
- to highlight the importance and the pitfalls of focusing on high-cost drugs;
- to make the link with cost-effectiveness of therapy outcomes;
- to consider ethical aspects to minimise inequalities of clinical pharmacy services.

The learning objectives included:
- To critically review and restructure clinical pharmacy activities in their own work setting regardless being in the hospital or community setting, or the stage of their careers;
- to be aware of the ethical considerations when making choices;
- To identify high risk patients and the value of electronic decision rules to maximise clinical pharmacy output;
- To think in a basic pharmaco-economic way and adopt the principle: “if the effort is not in balance with the output, then a re-evaluation is needed”.

Despite the beautiful weather, we got 30 participants on Wednesday afternoon and 16 on Thursday afternoon. The colleagues were a nice mix from countries such as Australia, Austria, Belgium, Denmark, Finland, France, Greece, Italy, Norway, Portugal, Slovenia, Sweden and Switzerland. The attendees are working in different professional areas ranging from hospital and academia to community setting and handling clinical trials.

We started with a brief introduction and set the scene by providing an insight in the use of Google search and PubMed to identify useful references. The 1st part of the workshop focused on defining patients with high need of follow-up within a limited resources era. Soon after, we formed small groups to brainstorm about how to select “target patients” taking into account the parameters of care (e.g. using more than 8 chronic medications) and the patient type (e.g. patients in intensive care unit).

Plenty of ideas were provided by the participants; these have been incorporated in the updated presentation.

The 2nd part was dedicated to applying theory into practice. Again a very fruitful brainstorming session followed. All the ideas of this hard work from the participants are included into the updated presentation which is made available through the ESCP website (accessible for ESCP members only).

The sessions were concluded with some extra tips and tricks to improve overall pharmaceutical care as well as a handful of “Take Home Messages”. Barbara and I enjoyed preparing this workshop. Above all we enjoyed the enthusiasm of the participants and the wonderful feedback we received.

We thank all participants for their attendance and look forward to see them at the next ESCP event.

Yolande Hanssens
SIG Leader - Medicine Information
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How can we optimise clinical pharmacy efficiency with limited resources?

The ESCP Education Committee is looking for new members to join the Committee!

The Education Committee is looking for new members with experience in Education and Training who are committed to supporting ESCP in its mission and vision to advance Education and Training in Europe.

Committee members are ESCP members and are expected to bring their broad experience to support development of scientific content, organisation, delivery and evaluation of programmes in clinical pharmacy.

If you would like to contribute, please submit your CV and a statement in support of your application which describes your potential contribution to the committee. Before April 30 2017!

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http://escpweb.org/content/resc

The first part was in the woods, arriving at the Holmenkollen Ski slope. At the bottom of the Skislope, pictures were taken at this fantastic scenery. Of course, the uphill run was hard, but no one gave up. After a quick shower and breakfast, the runners participated in the early sessions, with a clear mind.

In ESCP 2017 ESCP, both in Leiden and Heidelberg, we will go for the Fun Run again, so bring your shoes!
During ESCP Oslo Symposium, some attendees had the opportunity to participate in Workshop (WS): Getting conference abstracts accepted. This gold standard ESCP Symposium WS was for the first time held by Dr. Carole Kaufmann and Dr. Samuel Allemann, two members of the Communication Committee.

The aim was to bring some key information about writing an abstract. The idea was to learn how to structure a scientific abstract properly and to understand what are the requirements needed during the reviewing process.

The explanations were based on ESCP Guideline on successful scientific presentation, available in the ESCP website: http://www.escpweb.org/content/guidelines-successful-scientific-presentation

Tell a story
The presenters reminded the attendees of the purpose of writing an abstract: to tell a story. It is not a story told, the message must be new and clear! Another highlight was the availability of one of the authors to attend the congress: sometimes a good abstract is accepted for a presentation and yet no author can present it during the congress. This must be anticipated before submitting an abstract several months before the congress...

Then, the different types of ESCP abstracts were explained to the attendees, namely Research and Descriptive abstracts. The different parts of each abstract type were described.

**Getting into the substance**
In order to put the explanations in application, attendees were set some exercises. Exercise #1 was about showing how the same article could bring different messages according to the reader: the purpose was to extract the message of an article whether read by the Public, Medical doctors or ESCP conference visitors. For Exercise #2, attendees had to extract article information to link it to ESCP abstract items.

**Abstract scoring and acceptance**
To go on further, Carole and Samuel gave some general information about abstract scoring for ESCP. The aim was to show the importance of highlighting key information in abstracts, such as being in the scope of the congress, giving a clear message and respecting guidelines.

Exercise #3 allowed the participants to put themselves in the position of a reviewer who has to read an abstract and then to select it (or not!) for congress presentation. This exercise highlighted the common reasons for abstract rejection, to both the substance (lacking in study design/methodology, inadequacy with the congress scope, etc.) and the form (non-compliance with layout rules, etc.).

**After the acceptance**
To finalize the WS, the organizers insisted on one thing: the most important point when preparing either a poster or an oral communication is to stick to the message provided in the abstract. It is also important to make the presentation readable, easily understandable and of course catchy!

In conclusion, this WS was a fresh reminder on good writing an abstract practice. It allowed ESCP Oslo Symposium participants to integrate key elements to keep in mind when writing and submitting an abstract, so that it can be more likely to accepted for congresses.

More than 600 participants from 40 different countries attended the annual ESCP Symposium in Oslo 5th - 7th October. A record breaking 110 participants from Norway took part, many for the first time at international conference.

The main theme of the symposium reflects the increasingly widening gap between what is technologically possible to achieve with medicines, their increasing cost, and what is affordable to society and individual patients. The three days were filled with lectures, 19 different workshops, posters and oral presentations.

**Highlights**
Kicking off the event with an evening on October 4th, Dr. Magne Nylenø gave a great talk on “Inequalities in access to information”. On Wednesday 5th October the keynote lecture by Dr. Jo De Cock focused on “Inequalities and access to health care: lessons to learn from experiences and challenges in Belgium”. A favorite from this day was a lecture from the UK by Alia Gilani “Pharmacist experiences of health and ethnic inequalities: a case study of diabetes management”.

In the Steve Hudson Memorial lecture by Dr. Rose Marie Parr, Scotland, thoroughly described the inequalities in health in the Scottish population. She managed to remind the audience of the spirit of the late Steve Hudson: Frank Zappa, all that jazz - and the many enjoyment of life (see p. 3). The afternoon plenary lectures on smoking cessation, and interactions between alcohol and medicines highlighted the important role of clinical pharmacists.

**Shaking hands with the Mayor**
Serious talk must be followed by serious fun! The Municipality of Oslo invited us to a stunning reception in the Oslo City Hall, where all participants were greeted by hand by the Mayor, Marianne Borgen. She gave a talk that went straight to our pharmaceutical hearts. Music, food, guided tours, and a fabulous view of the Oslo harbor. And the evening was still young!

**High costs and biosimilars**
The program of Thursday 6th October was dedicated new and (very) expensive medicines. Controversies and challenges surrounding biosimilars were thoroughly discussed. Dr. Hart van den Berth from the Netherlands gave insights into “Biosimilars – what should clinical pharmacists know?” Following on, pharmacoeconomic challenges were discussed. Of particular interest was the talk by Professor Olivia Wu, UK, on “How NICE appraisal supports the rational access to new and expensive medication”. The afternoon plenary lectures kicked off with Professor Oliwia Wu, UK, on “How NICE appraisal supports the rational access to new and expensive medication”.

**Views from above the city**
The conference venue was situated a few minutes away from the national Ski Jump. Saturated with today’s many discussions, the participants visited the Holmenkollen Ski Museum, with 4,000 years of skiing history. The brave ones took the lift up to the Ski Jump Tower to get a sensation of the enormous altitude of the jump, and building up an appetite for dinner!

**Children and antimicrobial resistance**
On Friday 7th October, the focus was on long-term conditions in children. A highlight was the talk by Dr Katri Härmeen-Anttila from Finland, on how pharmacists are involved in education on medicines for children. Antimicrobial resistance and the importance of gut microflora ended off the plenary lectures for the three day Symposium program.

**Pecha Kucha – brief entertaining presentations**
This year, 339 abstracts were accepted for presentation, either as a poster or an oral communication. For the first time, the “Pecha Kucha” format was used to present posters: 20 slides of 20 seconds. In these approximately 7 minutes, more visual images and less text are used. Although some presenters found it challenging to be short and to the point… the audience seemed to embrace this structure and the entertaining format!
Increasing Access to reports on Adverse Reactions to Medicines

SGLT2 inhibitors: PRAC makes recommendations to minimize risk of diabetic ketoacidosis: Healthcare professionals should be aware of possible atypical care

There are currently three SGLT2 inhibitors authorised in the EU (canagliflozin, dapagliflozin and empagliflozin) and they are available (alone or in combination with metformin) under the following trade-names: Ebyunct, Edistride, Forxiga, Invokana, Jardiance, Synjardy, Yokanamet and Xigduo.

Patients taking any of these medicines should be aware of the symptoms of diabetic ketoacidosis, including rapid weight loss, nausea or vomiting, stomach pain, excessive thirst, fast and deep breathing, confusion, unusual sleepiness or tiredness, a sweet smell to the breath, a sweet or metallic taste in the mouth, or a different odour to urine or sweat.

The benefits of SGLT2 inhibitors continue to outweigh their risks in the treatment of type 2 diabetes. The PRAC reminds healthcare professionals that these medicines are not authorised for treating type 1 diabetes, noting that some cases of ketoacidosis had occurred with off-label use.

Clinical investigation of medicinal products in the paediatric population

A fundamental principle in paediatric drug development requires that children should not be enrolled in a clinical study unless necessary to achieve an important paediatric public health need. When clinical studies are required to obtain information relevant to the use of a medicinal product, such studies should be conducted in paediatric populations having the disease or condition for which the investigational product is intended, unless an exception is justified.

1. What is the medical need in one or more paediatric populations that the drug could address?
2. Who are the appropriate paediatric populations or subgroups that could be considered?
3. What objectives(s) for the paediatric development program could be considered?
4. Based on the existing knowledge, including developmental physiology, disease pathophysiology, nonclinical data, data in adult or paediatric populations or subgroups, or data from related compounds, what are the knowledge gaps?
5. Are specific juvenile animal studies needed?

6. What clinical studies and/or methodological approaches could be considered?
7. What paediatric-specific clinical study design elements could be considered?
8. Are there different formulations/dosage forms that will be needed for specific paediatric patient needs?

Subgroups can be considered, both to facilitate an optimal dose-finding strategy and for treatment of paediatric patients in different subgroups. The expectations of children and their guardians, including the emotional and physical burden, and the convenience of participation, should be considered. Current standards of care can influence physician/patient treatment choices that may impact paediatric clinical trial design. Strategies that foster input from children, their caregivers, and the advocacy communities can facilitate participation, recruitment, and acceptability of a clinical study.

Long-term effects of drug treatment in children can include impacts on development, growth, and/or maturation of organ system function. Therefore, adequate baseline assessments of growth, development and organ function, and regular follow-up measurements should be planned. Early planning for follow-up in a development program offers the opportunity to systematically capture and evaluate long-term effects in a disease or condition and increase data interpretability.

Adult dosage forms are not always appropriate for use in the paediatric population, and if a preparation for adults is used, it may pose a safety risk. When paediatric considerations are not addressed early during the development process, the final medicinal product may require such manipulation for use in children that it increases the likelihood for inaccurate dosing and changes in stability or bioavailability.

Alternative dose administration strategies should be considered for paediatric populations who cannot be accommodated by the intended dosage form (e.g., segmenting or crushing tablets, co-administration with food or liquids). Appropriateness of the alternative strategy for a paediatric population, including patient and caregiver aspects (e.g., taste/palatability, ease and accuracy of manipulation, and potential changes in bioavailability due to a variety of factors) should be investigated prior to selection of the final market image formulation. Understanding real-world use behaviors in administering paediatric dosage forms and the mitigation of associated risks will contribute to the development of a formulation that allows for safe dose administration.

New treatment for breast cancer

Ibrance provides novel treatment option for women with advanced or metastatic disease

The European Medicines Agency (EMA) has recommended granting a marketing authorisation in the European Union (EU) for Ibrance for the treatment of women with locally advanced or metastatic breast cancer. It is to be used for cancer that is hormone receptor (HR) positive and human epidermal growth factor receptor 2 (HER2) negative.

Ibrance (palbociclib) works by blocking the activity of proteins known as cyclin-dependent kinases (CDK) 4 and 6. This inhibits the division of cancer cells and helps to stop growth of the tumour. In postmenopausal women, Ibrance is to be used in combination with an aromatase inhibitor or with fulvestrant in cases where the patient has undergone prior hormone therapy. For women in stages preceding menopause, the hormone therapy should be combined with a luteinizing hormone releasing hormone (LH-RH).

The recommendation from EMA’s Committee for Medicinal Products for Human Use (CHMP) is based on two main studies. One is a Phase III trial comparing treatment with palbociclib and letrozole, an aromatase inhibitor, with letrozole treatment alone. 444 patients who received palbociclib in this trial lived on average 24.8 months without their disease getting worse, compared to 14.5 months in the group of 222 patients that received letrozole alone.

The other study is a Phase III trial which compared treatment of fulvestrant together with palbociclib to treatment with only fulvestrant. 521 women were enrolled in this trial, regardless of their menopausal status. Preliminary results showed that 347 patients who received palbociclib had an average of 11.2 months without their disease getting worse compared to 4.6 months for 174 patients who only received fulvestrant.

The most frequently reported side effects are associated with myelosuppression, a condition in which the patient’s bone marrow produces fewer blood cells than normal. Other side effects included infections, fatigue, nausea and vomiting, inflammation of the lining of the mouth (stomatitis), diarrhoea and hair loss (alopecia).

Gert Laekeman
Past President ESCP (2006-2008)
Co-opted member of the Herbal Medicinal Product Committee (EMA)
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Dear colleagues,

Join us for the ESCP spring conference 2017 in Leiden. During this conference we will explore the role of pharmacists in treating both minor ailments and chronic diseases. The population in Western countries is aging. This increased life expectancy can be partly explained by improved medical treatment of several major diseases like cardiovascular diseases and cancer. Paradoxically this leads to increasing numbers of patients with polypharmacy who are at risk of drug related problems. Physicians and nurses are facing a growing number of patients, who are in need of extensive care. There is an emerging consensus among academics, professional organizations, and policymakers that pharmacists can expand their role in order to contribute to the safe, effective, and efficient use of medicines by people with multiple chronic conditions. Moreover pharmacists may alleviate many minor ailments thus helping physicians to focus on patients with more serious conditions. We hope to meet you in Leiden to discuss these potential roles of pharmacists.

Marcel Bouvy
President of the Workshop

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Dear colleagues,

On behalf of the European Society of Clinical Pharmacy, we invite you to participate in the 46th ESCP Symposium on Clinical Pharmacy held in Heidelberg, Germany on Oct 9-11, 2017. After 18 years, Germany is proud to be receiving ESCP in Heidelberg for a conference. The theme of the symposium is “Science meets practice - towards evidence-based clinical pharmacy services.” The programme aims at attracting both scientists and practitioners sharing the mission to develop clinical pharmacy and its role in health care.

During the conference we will discuss and develop ideas and concepts on how we can integrate evidence in our clinical pharmacy services, how we can generate evidence for clinical pharmacy services and how education and training can promote quality in clinical pharmacy practice.

Altogether, the conference will provide many opportunities for scientists and practitioners to meet and to learn from each other. And who knows - maybe Heidelberg will be the origin of new networks between “both species” in clinical pharmacy.

We would be glad to meet you in Heidelberg. Let’s bring experience and evidence together for the benefit of our patients.

Ulrich Jaehde
Hanna Seidling
Markus Lampert (President ESCP)
Announcements

For Your Diary

2017

15-16 June  Leiden (Netherlands)  ESCP International Workshop
Extended responsibilities for pharmacists in
the treatment of acute & chronic conditions

9-11 October  Heidelberg (Germany)  46th ESCP Symposium on Clinical Pharmacy
Science meets practice - towards evidence-
based clinical pharmacy service

2018

23-26 October  Belfast (Ireland)  47th ESCP Symposium on Clinical Pharmacy

Announcements

Membership 2017
Address: http://www.escpweb.org

2017 Membership fees
1 year Full Membership ......................... € 85
3 years Full Membership ...................... € 215
5 years Full Membership ...................... € 340
Student Membership ............................ € 25

Dual Membership (SFPC or SIFO)
SFPC: see http://sfpc.eu/fr/
SFIO: contact the Italian office

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