Contamination Project ECOP

Ewelina Korczowska from Poznan, Poland, is the head of the ESOP pilot study concerning contamination with cytotoxic drugs in the workplace. The main goal of the project is to obtain an overview of the current situation in Europe concerning cytotoxic contamination in the workplace. Additionally, the project will help to develop additional steps and programs to improve working conditions and quality control.

Safe handling procedures should be closely monitored in all areas where antineoplastic drugs are delivered, stored, prepared, administered and disposed of in order to reduce exposure of healthcare workers. Current knowledge levels on surface contamination with antineoplastic drugs in European hospitals in areas where these drugs are handled, is limited. A preliminary investigation was conducted to evaluate and compare surface contamination with antineoplastic drugs at various sites, including preparation (pharmacy) and administration (ward).

A preliminary investigation was conducted to evaluate and compare surface contamination with antineoplastic drugs at various sites, including preparation (pharmacy) and administration (ward). The study was conducted in nineteen European hospitals where antineoplastic drugs are prepared and administered according to national guidelines. Assessment of surface contamination with antineoplastic drugs was performed using wipe sampling. The samples were analyzed using LC-MS/MS on cyclophosphamide, docetaxel, doxorubicin, etoposide, epirubicin, 5-fluorouracil, gemcitabine, ifosfamide, irinotecan, methotrexate, paclitaxel and topotecan.

The pilot study demonstrates the presence of surface contamination in preparation and administration areas in all investigated hospitals. The level of contamination was different in each hospital, however, measurable amounts of at least one agent were detected on sampled surfaces in each hospital. This suggests that reviewing and implementation of new cleaning procedures may help to eliminate the presence of contamination in the workplace. The results of the study will be presented and discussed.
The discovery and market availability of imatinib for the treatment of chronic myeloid leukemia brought a fundamental change in the world of anticancer therapy. For the patients it changed a fatal into a chronic disease with a 5-year survival rate of 89% in the original IRIS-study and a complicated, time-consuming parenteral therapy (with interferon) into a therapy that can be managed conveniently by the patient at home [Gellad, 2014].

Since then, the number of orally available anticancer agents has been growing continuously. Today, about half of all newly developed anticancer drugs are orally available [Given, 2011]. Patients appreciate the easier handling, increased independence from medical facilities and being reminded less of their disease [Catania, 2005].

Achilles' heel in oral anticancer therapy is the patients' adherence, thus the will and the capability to take the medication exactly as prescribed by the oncologist. Parenteral and oral therapy require very different amounts of will and capability. The tablets and capsules must be swallowed regularly and precisely in the right dose in spite of nausea and emesis or severe skin reactions mentioned as side effects in the package leaflet or experienced as real adverse drug reactions. Also, most therapy regimens are complex, with specific time intervals between administration and meals and alternating days of therapy and days of pause. Therefore, counselling and comprehensive explanations concerning benefit, risks and the singular traits of oral anticancer therapy are pivotal for the empowerment of patients in oral anticancer therapy. In an article addressing adherence in tumour therapy, American health services researchers conclude that the visit of the medical oncology facility will be insufficient to ensure adherence to oral anticancer agents [Gellad, 2014].

Luckily, the direct contact between patient and pharmacist at the moment of dispensing the prescribed drugs may hold the opportunity to offer pharmaceutical advice that complements and affirms the physician's counsel. However, provision with oral anticancer drugs is organised differently in different countries. Each chain of distribution comes with different tasks for community pharmacists that in turn require different skills. These are not always clear to physicians, patients and even pharmacists. The roundtable discussion about oral chemotherapy will address specific aspects where such differences will be relevant, e.g. who dispenses oral anticancer drugs to the patient?, which safety regulations apply specifically to the logistics of oral chemotherapy and in which way are pharmacists involved in patient education about oral anticancer drugs?. Speakers from Europe, Asia, America and South Africa will explain how oral anticancer drug logistics are organised in their countries with special regard to the role of the pharmacist within the process.

Over 20 years in oncology and oncology pharmacy practice: Dramatic progress in treatment based on improved understanding of biology and cooperation between physicians and pharmacists.

If an oncologist or an oncology pharmacist practicing in 1992 was placed in a time capsule and transported to the 2014 ECOP meeting, he could be forgiven for thinking he had arrived in another universe. During this period, the landscape of oncology management across the spectrum of risk assessment and prevention, surgery, radiation, and adjuvant systemic therapy has changed so dramatically as to be virtually unrecognizable. In the past ten years, there has been a rapid acceleration of our understanding of oncology biology, which has fueled new approaches to treatment. Prevention strategies like mammographic screening in the industrialized world, coupled with improvements in therapy, has resulted in decreasing mortality rates at a time when morbidity of treatment is also decreasing. A discussion of the advances in any single area of oncology could fill an entire paper. A fundamental contribution to the development of oncology pharmacy in Germany and in Europe has been achieved by Klaus Meier without doubt. In honor of his efforts the ECOP delegates decided to create the "Klaus Meier Award", which for the first time was be conferred to Klaus Meier at the ECOP I congress in Budapest in 2012.

The roundtable on oral anticancer therapy is also decreasing. A fundamental change in the world of anticancer therapy: For the patient it changed a fatal into a chronic disease with a 5-year survival rate of 89% in the original IRIS-study and a complicated, time-consuming parenteral therapy (with interferon) into a therapy that can be managed conveniently by the patient at home [Gellad, 2014].

Since then, the number of orally available anticancer agents has been growing continuously. Today, about half of all newly developed anticancer drugs are orally available [Given, 2011]. Patients appreciate the easier handling, increased independence from medical facilities and being reminded less of their disease [Catania, 2005].

Achilles' heel in oral anticancer therapy is the patients' adherence, thus the will and the capability to take the medication exactly as prescribed by the oncologist. Parenteral and oral therapy require very different amounts of will and capability. The tablets and capsules must be swallowed regularly and precisely in the right dose in spite of nausea and emesis or severe skin reactions mentioned as side effects in the package leaflet or experienced as real adverse drug reactions. Also, most therapy regimens are complex, with specific time intervals between administration and meals and alternating days of therapy and days of pause. Therefore, counselling and comprehensive explanations concerning benefit, risks and the singular traits of oral anticancer therapy are pivotal for the empowerment of patients in oral anticancer therapy. In an article addressing adherence in tumour therapy, American health services researchers conclude that the visit of the medical oncology facility will be insufficient to ensure adherence to oral anticancer agents [Gellad, 2014].

Luckily, the direct contact between patient and pharmacist at the moment of dispensing the prescribed drugs may hold the opportunity to offer pharmaceutical advice that complements and affirms the physician's counsel. However, provision with oral anticancer drugs is organised differently in different countries. Each chain of distribution comes with different tasks for community pharmacists that in turn require different skills. These are not always clear to physicians, patients and even pharmacists. The roundtable discussion about oral chemotherapy will address specific aspects where such differences will be relevant, e.g. who dispenses oral anticancer drugs to the patient?, which safety regulations apply specifically to the logistics of oral chemotherapy and in which way are pharmacists involved in patient education about oral anticancer drugs?. Speakers from Europe, Asia, America and South Africa will explain how oral anticancer drug logistics are organised in their countries with special regard to the role of the pharmacist within the process.

Over 20 years in oncology and oncology pharmacy practice: Dramatic progress in treatment based on improved understanding of biology and cooperation between physicians and pharmacists.

If an oncologist or an oncology pharmacist practicing in 1992 was placed in a time capsule and transported to the 2014 ECOP meeting, he could be forgiven for thinking he had arrived in another universe. During this period, the landscape of oncology management across the spectrum of risk assessment and prevention, surgery, radiation, and adjuvant systemic therapy has changed so dramatically as to be virtually unrecognizable. In the past ten years, there has been a rapid acceleration of our understanding of oncology biology, which has fueled new approaches to treatment. Prevention strategies like mammographic screening in the industrialized world, coupled with improvements in therapy, has resulted in decreasing mortality rates at a time when morbidity of treatment is also decreasing. A discussion of the advances in any single area of oncology could fill an entire paper. A fundamental contribution to the development of oncology pharmacy in Germany and in Europe has been achieved by Klaus Meier without doubt. In honor of his efforts the ECOP delegates decided to create the "Klaus Meier Award", which for the first time was be conferred to Klaus Meier at the ECOP I congress in Budapest in 2012.

1. Klaus started with the organization of the most popular congress for oncology pharmacists in German speaking countries in 1993 (NZW). Now it is becoming a European Oncology Pharmacy Congress. Currently it was the 22th NZW.
2. He organized the ISOPP IV in 1995 in Hamburg.
3. He was the president of the ISOPP from 1998 to 2000.
4. Klaus managed the application of the ISOPP as society according to German law in 1997. As the result, ISOPP became a cooperate body.
5. He founded the ESOP in 2000 following the first General Meeting held in conjunction with the ISOPP VII Conference in Prague.
6. He helped to continuously develop the idea of QUAPoS (Quality Standards for the Oncology Pharmacy Service). Recently the fourth edition is available in 27 languages and the new 5th version is published right now.
7. He negotiated the integration of ESOP into FECS (Federation of European Cancer Societies). Oncology pharmacy was therefore represented at an ECCO congress.
8. He also founded the DGOP (Deutsche Gesellschaft für Onkologische Pharmazie, German society of oncology pharmacy).
9. His famous quotation "Unity within Diversity" always inspires so many of us, to accept the differences between us, yet to work together for a common goal.
10. Last but not least, Klaus helped ESOP to win many new members (actually nearly 3200) in many countries around the world.

The activities of Klaus in over twenty years

Roundtable on oral anticancer therapy

Yellow - Hand - Award

The Yellow-Hand-Award will be granted to pharmaceutical companies, who supply the ESOP recommendations for safe transport of CMR-drugs. These recommendations are available in 25 different languages on the ESOP website http://www.esop.li/activities.php

Yellow Hand
Drugs with carcinogenic, mutagenic and/or reproductive toxicity must be handled with caution. Suppliers are asked to take precautions to avoid breakage and external contamination.

Safe labelling partner

Highly potent medicines handled with care.

For the delivery of any cmr-drug QUAPoS guidelines insist on the following:• Secured, sealed, leak-proof cases• A separate delivery• Clear labelling in the spoken language of the recipient• An emergency contact in case of spillage• That pregnant or breastfeeding women must not handle the product

Labels should indicate:• A warning of the highly potent drug• That direct contact must be avoided• That pregnant or breastfeeding women must not handle the product

Quick Info
Closing Session / Awards

13:30-14:00 Aula Big Half A


Klaus Meier Award, which for the first time was be conferred to Klaus Meier at the ECOP I congress in Budapest in 2012.