

# Minutes

## Haematology Working Group (HWG)

**Date:** Thursday 20 July 2023

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**Time:** 9.00am to 3.30pm

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**Location:** Rydges Hotel, Wellington Airport

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**Chair:** Humphrey Pullon, Clinical Haematologist and Clinical Adviser to Te Aho o Te Kahu

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**Attendees:** Te Whatu Ora

Huib Buyck, Clinical Leader Haematology, Capital, Coast and Hutt Valley

Andrew Butler, Clinical Leader Haematology, Waitaha Canterbury

Elizabeth Shaw, Clinical Lead Haematology, Te Toka Tumai Auckland (*via zoom*)

Leanne Berkahn, HSA NZ and Haematologist, Te Toka Tumai Auckland (*via zoom*)

Lucy Pemberton, Clinical Leader Haematology, Southern

Luke Merriman, Lead Haematologist, Nelson Marlborough

Marie Hughes, Clinical Leader Haematology, Hauora a Toi Bay of Plenty (*via zoom*)

Natalia Gavrilova, Clinical Lead Haematology, Waikato

Rosie Howard, Haematology Nurse Practitioner, Te Toka Tumai Ora Auckland

Sharon Jackson, Clinical Leader Haematology, Counties Manukau Peter Fergusson, CEO, Leukaemia and Blood Cancer New Zealand

He Ara Tangata

Theona Ireton

Vonda Nepia

Te Aho o Te Kahu

Cushla Lucas, Central Hub Manager

Bridget Kerkin, Manager, Clinical Advisory Team

Simon Pointer, National Pharmacist, Clinical Advisory Team

Ashley Shearer, Project Manager, Central Hub

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**Apologies:** Bart Baker, Clinical Leader Haematology, Te Pae Hauora o Ruahine o Tararua MidCentral

Sarah Poplar, Clinical Leader Haematology, Te Tai Tokerau

Eileen Merriman, Clinical Leader Haematology, Waitematā

Tim Prestidge, Paediatric Haematologist, Te Toka Tumai Auckland

Dawn Wilson, Chief Advisor, Te Aho o Te Kahu

Elizabeth Dennett, Clinical Director, Te Aho o Te Kahu

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**Guests**

Matthew McKenzie, Therapeutic Group Manager, PHARMAC  
Jared Solloway, Therapeutic Group Manager, PHARMAC  
Jan Smith, Te Manawa Taki Hub Manager, Te Aho o Te Kahu  
Janfrey Doak, Te Waipounamu Acting Manager, Te Aho o Te Kahu (*via zoom*)  
Janette Ngahe, Senior Project Manager, Te Aho o Te Kahu  
Eila Cunnah, Project Coordinator, Te Waipounamu Hub, Te Aho o Te Kahu (*via zoom*)  
Alex Dunn, Senior Project Manager, Te Aho o Te Kahu

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**Secretariat:** Melinda Greshoff, ONZL

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**Karakia and whanaungatanga**

The meeting opened with a karakia at 9am.

**REVIEW AND APPROVE:****Conflicts of Interests Register**

The **Conflicts Register** was received and noted without change.

**Previous Meeting Minutes**

The **Minutes** of the meeting held via Zoom on 9 March 2023 were accepted as a true and correct record.

**Action Register**

The **Action Register** was reviewed. Action items 63, 64, 65 and 66 were signed off as completed items.

Commentary on the actions included:

**Action 65:** Te Aho o Te Kahu continues to support and advocate for approval of the two business cases. This process remains slow, with the first business case having been submitted in September 2022.

**Action 66:** Ashley Shearer presented an update on the Clinical Haematology nursing workforce. The presentation included a snapshot of the current workforce across inpatient and outpatient Clinical Haematology areas. The vacancies by FTE and percentage of vacant positions were displayed.

Members suggested that this information would be valuable, however there is currently no formal process for obtaining this information. Members discussed the need for a nursing sub-group to undertake a larger piece of work to determine the national picture of the nursing workforce. Further discussion is required to ensure this aligns with national work on the Nursing Workforce that is already underway.

### **HAEMATOLOGY WORKING GROUP CHAIR**

Dr Humphrey Pullon will be stepping down from his role as chair following this meeting. He will continue to work on the Stem Cell project with Te Aho o Te Kahu until the end of September 2023.

Te Whatu Ora are beginning to develop clinical networks. This will occur in three tranches. It is uncertain where Clinical Haematology fits in the clinical network development and when this may occur. While this remains unknown, the HWG will continue in its current form under Te Aho o Te Kahu.

The Group discussed the value of the HWG. The HWG is critically important, particularly in this time of health reforms, and as clinical networks are being established. The Group provides an important link from the regions through to the national level at Te Aho o Te Kahu.

**Action:** Members who are interested in the role of Chair are encouraged to contact Ashley Shearer.

### **CANCER SERVICES PLANNING – OPTIMAL CANCER CARE PATHWAYS**

Jan Smith and Janette Ngaheu from Te Aho o Te Kahu presented on the Optimal Cancer Care Pathways (OCCPs).

The presentation provided an overview paper that provided context of the six blood cancer OCCPs that will be developed and the processes to achieve this. The OCCPs are intended to be a tool used to:

- As a driver for quality care
- To ensure delivery of publicly funded cancer care aligns with best practice,
- To improve equity of care and
- To create standardised pathways which will improve cancer outcomes.

Te Aho o Te Kahu has permission to adopt and adapt the Australian Cancer Council cancer care pathway core document. There remains more work to do to ensure the core pathway fits the New Zealand context.

Feedback from the group was sought on the Multiple Myeloma OCCP document. Members recommended that the Multiple Myeloma Special Interest Group (SIG) be involved in this process. There is an opportunity that the Cancer Nurses College could also be approached for nursing feedback on the document.

**Action:** HWG members to provide feedback for Multiple Myeloma OCCP to Janette Ngaheu.

### **PHARMAC**

Matt McKenzie and Jared Solloway presented a PHARMAC Update. The update focused on application approvals, changes to funding applications and Named Patient Pharmaceutical Assessment (NPPA) outcomes that have occurred since September 2022.

There are a number of proposals for funding:

- Acute Myeloid Leukaemia: Azacitidine, Midostaurin, Venetoclax,
- Acute Lymphoblastic Leukaemia: Inotuzumab, Blinatumomab, Ponatinib

- Chronic Leukaemias: Ibrutinib, Acalabrutinib, Zanubrutinib, Ibrutinib & Venetoclax, Ponatinib
- Lymphoma: Pembrolizumab, Ibrutinib, Acalabrutinib, Zanubrutinib
- Myeloma: Carfilzomib, Daratumumab, Lenalidomide, Pomalidomide.
- Stem Cell Transplant: Plerixafor for allogeneic stem cell transplant donors

A number of the proposals for funding are ranked on the option for investment list. The proposals are ranked by the assessment and advice team following the Cancer Treatment Advisory Committee (CTAC). The ranking determines the likelihood of progression. Members were concerned that a number of medications and clinical indications have not had funding applications. Funding applications can be clinician lead.

HWG members raised that nurse practitioners are unable to complete or renew Special Authority applications. Currently nurse practitioners can prescribe the medication but require a SMO to complete the Special Authority application. This is a barrier to access, and yet changing this approach would not result in any increased usage of medications.

The Chair raised that Te Aho o Te Kahu has previously published a Cancer Medicines Availability Analysis for solid tumours based on the European Society for Medical Oncology – Magnitude of Clinical Benefit Scale (ESMO-MCBS). The analysis compared medicine availability between Australia and New Zealand. The ESMO-MCBS tool has now been modified and validated for haematology and will be published shortly. Once available, this may be able to be used to undertake a MCBS analysis of cancer medicine availability in NZ for haematological malignancies.

#### **CANCER SERVICES PLANNING – SYSTEM ANTI-CANCER THERAPY MODEL OF CARE**

Janfrey Doak, Simon Pointer and Eila Cunnah provided an overview of the Systemic Anti-Cancer Therapy (SACT) Model of Care and sought feedback from members.

The SACT Model of Care has been informed by international examples model and reframed to meet the needs of New Zealanders. The SACT Project Team are planning to undertake a number of site visits across the motu to further inform the document and deeply understand the current challenges within Aotearoa.

The first draft Model of Care document was recently presented to the Medical Oncology Working Group for feedback. It is now presented to the HWG for further feedback from the clinical haematology workforce. Initial feedback was sought from members on the presentation of Medical Oncology and Clinical Haematology recommendations within the one document. The members supported the SACT document continuing to include both Medical Oncology and Clinical Haematology as a large number of clinical areas provide SACT to both specialties.

The SACT Model of Care document is supported by a spreadsheet tool that reconciles the recommendations and their alignment with the Cancer Action Plan and Te Aho o Te Kahu values and ensures the patient and whānau voice is woven through the final Model of Care document.

**Action:** HWG members to provide further feedback for the SACT Model of Care by the 11<sup>th</sup> of August.

## **ACT-NOW IMPLEMENTATION**

Alex Dunn provided an update on the Anti-Cancer Therapy – Nationally Organised Workstreams (ACT-NOW) implementation. He extended his thanks for the contribution of the HWG for their work in defining the haematology treatment regimens to date.

The ACT-NOW programme seeks to develop standardised conventions for naming, describing and counting systemic anti-cancer therapy and other data such as describing diagnosis. Through implementation of the standardised definitions in electronic prescribing systems a solid foundation of data can be formed. This data will inform the analytics programme ensuring the data is used to drive improvements in equity, clinical quality and resource utilisation.

Once ACT-NOW is fully implemented, there is a range of data that could be extracted from electronic prescribing systems. The Medical Oncology Working Group has provided information on the data focus areas that Medical Oncology would be interested in. There are different graphs and visualisations for the data currently in development.

The data focus areas and visualisations can be refined for Clinical Haematology. This would require a small group of haematologists to meet regularly and provide feedback. The Group were interested in this work and recommended that initially members of the Group should focus on finalising the Clinical Haematology regimens.

There are 30 regimens for acute lymphoblastic leukaemia (ALL) that require a final review as part of the ACT-NOW programme. This includes adult and Children's Oncology Group (COG) regimens. The Group suggested dividing the ALL regimens into three tranches:

- Adult and Young Adult COG regimens
- Hyper CVAD regimens
- UKALL regimens

These tranches would support the regimens being reviewed by three different people/groups who routinely use the treatment regimens. A paediatric haematologist would be required to finalise the COG regimens. Hyper CVAD regimens are used within Waikato and Palmerston North Hospitals. While UKALL regimens are used in Dunedin Hospital.

The Group suggested dividing that the tranches between Tim Prestidge, Waikato Hospital, Palmerston North Hospital, Dunedin Hospital and Auckland City Hospital for finalisation of the ALL regimens.

## **CANCER SERVICES PLANNING – STEM CELL TRANSPLANT MODEL OF CARE PROJECT UPDATE**

Humphrey Pullon, Cushla Lucas and Ashley Shearer presented an update on the Haematopoietic Stem Cell Transplant (HSCT) project.

An overview of the Cancer Services Planning Programme, and Stem Cell Transplant Project was provided. In 2021 the Cancer Services Planning He Mahere Ratonga Mate Pukupuku report was published that described the current state of cancer services within Aotearoa. The Stem Cell Transplant project, alongside the OCCPs and SACT project, is part of phase two of this work. It seeks to describe what optimal cancer services look like.

Feedback is welcome over the next two to three weeks. Following this, the feedback will be collated into the document and shared with the Group.

Cushla Lucas presented an overview of the stem cell transplant access dataset. This dataset was developed to spotlight the issues and increase understanding about the pathway for those without a background in haematology. There have been challenges for the centres contributing to the dataset. Collecting the data is highly manual and time consuming. Discussions are underway as to how this process can be improved and automated. The datasets populate a dashboard that displays metrics visually and can be interrogated by transplant type and provider location.

### **CAR T-CELL THERAPY UPDATE**

Cushla Lucas and Humphrey Pullon updated on Chimeric Antigen T-Cell therapy (CAR T-cell therapy) in New Zealand.

There is a growing need to move forward with CAR T-cell therapy within New Zealand. Currently CAR T-cell therapy is only available in New Zealand through a clinical trial with the Malaghan Institute in Wellington. There are private companies with interests in CAR T-cell therapy beginning several conversations with stakeholders. However there has not been a public response formulated.

In order to develop this, there will be a symposium held in Wellington. The symposium will include representatives from Te Whatu Ora, Te Aho o Te Kahu, Manatū Hauora Ministry of Health, PHARMAC, the Ministry of Business, Innovation and Employment and lead haematology clinicians. This group will be able to discuss CAR T-cell therapy from a public decision-making perspective.

A member commented that it would be useful to have a wider discussion as there is lots of interest in this area. Patients are calling Leukaemia and Blood Cancer New Zealand to ask about CAR T-cell therapy. The Group discussed that CAR T-cell therapy is standard of care internationally. Clinical trials are now demonstrating its benefits as second line therapy, with the possibility of it being used as a first line therapy in the future. It does need to be established in New Zealand with some urgency.

### **NURSING UPDATE**

Ashley Shearer presented an update as part of Action item 66 at the start of the meeting.

A member raised that there are limited medicines that nurse prescribers are able to prescribe. There are no haematology specific medications approved. The medications available for prescription are specified in the New Zealand Gazette. This list is approved by the Director General of Health. The process to update this list requires investigation. Marie Hughes and Rosie Howard have offered assistance to support work to expand the list of gazetted medications.

### **MEMBER UPDATES**

Members provided updates, starting from the north and moving to the south of New Zealand.

**Leukaemia and Blood New Zealand:** There is a virtual Blood Cancer Patient Forum scheduled for September 15<sup>th</sup> and 16<sup>th</sup>, which will be held in Christchurch this year. This is usually well attended with 200 – 300 attendees. Patients have been experiencing increased pressures with the cost of

living. Leukaemia and Blood New Zealand are focussing on wrapping additional support around patients in this space.

**GENERAL BUSINESS**

The location of the next in person meeting was discussed. It was suggested that the next Face-to-Face meeting could be held in Auckland, preferably near the Airport.

*Papers for noting:*

- Adolescent and Young Adult patients with Acute Lymphoblastic Leukaemia (AYA ALL) – Kirsten Ballantine and Heidi Watson
- HISO endorsement for Haematology requesting and reporting Data Standards – John Manderson and Kate Wakefield

The meeting closed at 3.10pm