

Minutes

Haematology Working Group (HWG)

Date: Thursday 9 March 2023

Time: 4.00pm to 5.30pm

Location: Via Zoom

Chair: Humphrey Pullon, Clinical Haematologist PathLab Waikato & Clinical Adviser to Te Aho o Te Kahu

Attendees: Te Whatu Ora
Huib Buyck, Clinical Leader Haematology, Capital, Coast and Hutt Valley
Andrew Butler, Clinical Leader Haematology, Waitaha Canterbury
Leanne Berkahn, HSA NZ and Haematologist, Te Toka Tumai Auckland
Marie Hughes, Clinical Leader Haematology, Hauora a Toi Bay of Plenty
Natalia Gavrilova, Clinical Lead Haematology, Ora Waikato
Peter Fergusson, CEO, Leukaemia and Blood Cancer New Zealand
Sharon Jackson, Clinical Leader Haematology, Counties Manukau
Tim Prestidge, Paediatric Haematologist, Te Toka Tumai Auckland
Sarah Poplar, Clinical Leader Haematology, Te Tai Tokerau
Rosie Howard, Haematology Nurse Practitioner, Te Toka Tumai Ora Auckland
Fionnuala Fagan (on behalf of Lucy Pemberton) Southern

Te Aho o Te Kahu
Cushla Lucas, Central Hub Manager
Ashley Shearer, Project Manager, Central Hub

Apologies: Bart Baker, Clinical Leader Haematology, Te Pae Hauora o Ruahine o Tararua MidCentral
Elizabeth Shaw, Clinical Lead Haematology, Te Toka Tumai Auckland
Eileen Merriman, Clinical Leader Haematology, Waitematā
Lucy Pemberton, Clinical Leader Haematology, Southern
Luke Merriman, Lead Haematologist, Nelson Marlborough

He Ara Tangata

Theona Ireton

Te Aho o Te Kahu

Dawn Wilson, Chief Advisor, Acting Manager Clinical Advisory Team
Elizabeth Dennett, Clinical Director, Te Aho o Te Kahu
Simon Pointer, National Pharmacist, Clinical Advisory Team

Guests Claire Hemmaway, Clinical Haematologist, Te Toka Tumai Auckland
Heidi Watson, Clinical Lead, AYA Cancer Network
Kirsten Ballantine, Research and Data Project Lead, AYA Cancer Network Aotearoa
Tristan Pettit, Paediatric Oncologist, Waitaha Canterbury

Secretariat: Melinda Greshoff, ONZL

WELCOME:

The meeting opened with a Karakia at 4.03pm

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 on 1 December 2022 were accepted as a true and correct record.

Action Register

The **Action Register** was reviewed.

Action items 46, 60, and 62 were signed off as completed items.

Action 63:

The Chair advised the group that a communique had been distributed suspending the use of Evusheld for immune-compromised people. There has been an announcement that a revised bivalent Pfizer COVID-19 vaccination will be distributed from 1 April 2023. This will be available for people aged over 30 and those who are immune-compromised.

Action: Ashley Shearer to clarify use of boosters for revaccination following stem cell transplant.

HAEMATOLOGY SOCIETY OF AUSTRALIA AND NEW ZEALAND (HSANZ) ANNUAL BRANCH MEETING:

The upcoming HSANZ Annual Branch meeting will be in Palmerston North, from 2nd to 4th April, 2023. Registrations are still being taken. There is a medical and nursing programme with a range of sessions.

The "Ash Symmans Morphology Memorial Session" was discussed. This session was named after Dr. Ashley Symmans, Haematologist, who passed away in 2001. Recently, there have been other people within the clinical haematology community pass away. It was raised that it may be timely to discuss how sessions at the annual NZ HSANZ conference are named, and if this should be time limited. This topic will be discussed at the NZ Branch HSANZ Annual General Meeting at the Palmerston North Conference. Members are encouraged to make suggestions and discuss this with their colleagues.

CENTRE UPDATES:

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

Northland: Recently a senior nurse has completed their Chemotherapy Nurse Practitioner training. The waitlist is currently increasing for follow ups and remains stable for FSAs. Following Cyclone Gabrielle there were two days where treatment was impacted.

Waitematā: *No update*

Te Toka Tumai Auckland: The region is still experiencing significant staff fluxes but is managing to provide cover. The centre is continuing to manage both allogeneic and autologous stem cell transplant patients. Of note, there is a tuberculosis outbreak in Auckland at present.

Counties Manukau: Counties Manakau are continuing business as usual. There are ongoing efforts to manage waitlists and clinic capacity. The electronic chemotherapy prescribing pilot roll out has been delayed until late June/early July.

Waikato: There are currently eight clinical haematologists. Cyclone Gabrielle did impact haematology services in Tairāwhiti/Gisborne, but contingencies were rapidly put in place, so as patients have largely continued to receive their treatment as planned.

Tauranga: Tauranga is continuing business as usual. The workload remains steady with follow up clinics. There is a lack of infrastructure to support any increases in staffing.

Te Pae Hauora o Ruahine o Tararua MidCentral: *No update*

Capital, Coast and Hutt Valley: The centre has increased staffing vacancies currently. One Clinical Haematologist is on sabbatical leave. There are high numbers of nursing vacancies with the inpatient ward that supports transplant patients. In order to treat patients without exceeding the nursing capacity, patients are being transplanted at a frequency of one allogeneic and one autologous transplant per fortnight. This is not currently impacting the CAR T-Cell Enable Trial.

There is a business case in progress to expand the service, including increasing the number of hepa filtered rooms/developing hepa filtered pods. This process has stalled. Support from the Chair to progress the business case is requested. Chair to discuss this offline.

Action: Chair to discuss offline how Te Aho o Te Kahu can support the Capital, Coast and Hutt Valley Business Case.

Waitaha Canterbury: There is no funding for the roles of nurse prescribers and nurse practitioners. The region finds it challenging to administer new therapies in a constrained environment.

Southern: This region currently has a number of staffing vacancies. It is hoped that it will be fully staffed from next week and waitlists will be able to be reduced. Within the new Dunedin Hospital re-build, the revised plans have decreased the footprint for the diagnostic laboratory. This will have a major impact on the haematology section of the laboratory and may impact accreditation if not resolved.

Nursing Update: Nursing vacancies are regularly raised within this forum. It is recommended that a nursing update section should become a standing agenda item.

Action: Ashley Shearer to add Nursing Update section to future agendas and work with centres to compile a national list on nursing vacancies.

AYA ALL PATHWAYS:

Claire Hemmaway and Heidi Watson presented on the Adolescent and Young Adult (AYA) pathway for people with acute lymphoblastic leukaemia (ALL) in New Zealand.

The presentation provided an overview of the AYA pathway for people with ALL in the North Island from Palmerston North and north. In 2017 Waikato joined this pathway, with Palmerston North joining in 2019. The pathway supports AYA people with ALL to receive treatment at Auckland City Hospital on paediatric regimens at a Children's Oncology Centre (COG) accredited facility. Where possible, AYA people access paediatric COG accredited trials. On average, Auckland treats 3.3 to 4.8 AYA people with ALL per year.

The impact of access to paediatric treatment regimens and COG accredited paediatric clinical trials is significant. Treatment with a paediatric treatment regimen is most beneficial early on.

Previous research studies have shown that those who are Māori or Pacific, and those who live rurally, have much lower survival rates compared to those receiving treatment on a paediatric COG accredited treatment regimen.

A 2018 Canadian study describes the survival cliff and distinct benefits of people receiving treatment with a paediatric regimen. One crucial difference between adult treatment regimens and paediatric regimens is that paediatric doctors are more likely to maintain dose intensity despite symptoms of toxicity. Clinicians who treat

adult patients are more likely to decrease dose intensity in response to symptoms of toxicity. Maintaining dose intensity can lead to longer complex inpatient admissions for patients.

Moving forward, it is suggested that New Zealand adopt a two-centre approach to AYA ALL. This would include Auckland City Hospital continuing to treat AYA people with ALL from Palmerston North and north. While a pathway is developed for those south of Palmerston North to access paediatric ALL treatment regimens and clinical trials in a second COG accredited centre. A national MDM would be established for AYA clinical haematology to support this model.

One disadvantage of the two-centre approach is relocation. People receiving treatment would relocate closer to the treatment centre for approximately nine months. This has financial implications for the family or whānau. There are concerns that people could fall through the gaps between the referring service and the treatment centre.

At present, the AYA Cancer Network are writing a paper to define formal referral and treatment pathways for AYA people presenting with ALL. The pathway will address shared care arrangements, late effects monitoring, COG accreditation requirements and psychosocial aspects. Heidi Watson will be sending out a consultation document for advice and input.

The members discussed the proposed pathway and current treatment regimens.

Currently Wellington Regional Hospital treats approximately two to four AYA people with ALL per year. Patients 40years or under are treated with a COG-like regimen. Overall, Wellington is supportive of formalising a pathway they can access for AYA people with ALL. People aged 25 – 40years would still require ALL treatment in Wellington Regional Hospital.

In Christchurch, AYA people aged under 18 are treated in the Child Haematology and Oncology Centre. People aged over 18 are treated with a clinical trial when there is space on the trial. While Christchurch is supportive of the idea of formalised pathways, there would need to be further assessment and allocation of resources before Christchurch Hospital could become COG accredited or a designated AYA ALL treatment centre.

Members discussed the possible requirements for implementation. An assessment of available resources and business case may be required. Data on the impact on hospital bed capacity would be required to understand the wider patient flow. The second centre would be required to undertake COG certification and meet the requirements of this.

It was suggested that initially one AYA ALL centre might be appropriate given the low volume of patients. This would ensure the centre treats a minimum of ten people per year and maintains expertise in this area. Currently, Auckland City Hospital is unlikely to be able to support all AYA people receiving treatment for ALL in New Zealand.

The Chair acknowledged Claire Hemmaway's contribution to AYA ALL care in New Zealand over the past 7 years. Sadly, she is having to leave NZ and return to the UK. The Chair thanked Claire and Heidi for their presentation and asked members to please respond to Kirsten and Heidi's email regarding a consultation document which will be circulated shortly.

GENERAL BUSINESS:

No general business.

NEXT MEETING/S:

June 2023 – Date TBC. Face-to-face in Wellington

CLOSE:

The meeting closed at 5.45pm.