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Preliminary program

Self-paced learning package: Available from Friday 25 July 2025

Topic and presenters	Learning objectives
Getting started in haematology John Coutsouvelis, Senior Clinical Pharmacist, Alfred Health, Melbourne, Vic	• Describe the main components of blood and the dysfunction that leads to malignancy
Investigations and diagnosis of Haematological Malignancies Dr Anna Ostberg	 Describe methods used for diagnosing and characterising haematological malignancies Describe the differences between cytology/histology, flowcytometry and cytogenetics Describe a selection of relevant findings and how these impact on the diagnosis and treatment of haematological malignancies Blast and plasma cell percentage, B-cell vs T-cell CD20+ BCR-ABL status, BCL-2/6 and MYC
Lymphoma Dr Akshay Bapat	 Describe the main components of blood and the dysfunction that leads to malignancy Outline the most common types of lymphoma including Diffuse Large B-cell Lymphoma, Follicular Lymphoma, Chronic Lymphocytic Leukaemia, Hodgkin Lymphoma Outline common first line treatment options for lymphoma
Multiple myeloma Tristan Hughes, Specialist Pharmacist: Oncology and Haematology, Royal Hobart Hospital, Hobart, Tas	 Summarise the pathophysiology and staging of multiple myeloma (MM) Summarise the most common presenting symptoms of MM according to the acronym CRAB Describe the common therapies used in the treatment of myeloma Outline common adverse effects associated with proteasome inhibitors, dexamethasone, cyclophosphamide, immunomodulating drugs and daratumumab Describe common first-line combinations of the above therapies
Leukemia overview (ALL, AML, CML, CLL) Dr Ross Lindell-Jones, Bone marrow Transplant fellow, Royal Brisbane and Women's Hospital, QLD	 Outline key distinguishing features of (AML, ALL, CLL, CML) Explain pathophysiology of leukamia, when white cells become malignant. Can describe the difference between Acute chronic and Lymphoid and myeloid lineages.



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	Can explain risk factors for developing leukaemia
CML Vivan Day, Senior Pharmacist and Team leader, Royal Brisbane and Women's Hospital, QLD	 Describe pathophysiology of CML Describe significance of Philadelphia chromosome and BCR-ABL List the diagnostic investigations Describe the three phases of CML (Chronic, Accelerated, Blast crisis) Explain role of TKIs in treatment of CML (first vs 3rd gen) Explain BCR-ABL target ranges and progression and mutation analysis
Hodgkins Lymphoma overview Hodkins Lymphoma treatment	•
Coagulation and thrombosis Hadley Bortz, Senior Pharmacist - Anticoagulation Stewardship / HTH, Alfred Health, Melbourne, Vic	 Explain the pathophysiology of developing cancer associated thrombosis Determine which patients are at high risk for cancer associated thrombosis and need thromboprophylaxis Describe recommendations for the management of cancer associated thrombosis Describe the potential role of Direct Oral Anti-Coagulants (DOACs) in cancer associated thrombosis
Supportive care Shevon Fernando, Senior Haematology Pharmacist, Alfred Health, Melbourne, Vic	 Classify common haematology cancer therapies according to emetogenic potential and recommend appropriate anti- emetic therapy Recognise risk factors for tumour lysis syndrome in lymphoma and myeloma and describe appropriate prevention and treatment strategies. Describe the role of growth factor support in common regimens used for the treatment of lymphoma and myeloma Overview the role of PPIs in oral hygiene in haematology patients
Introduction to haematology emergencies Kris Johnstone, Senior clinical Pharmacist and team leader, Cairns Hospital, QLD	 Identify some haematological emergencies Describe pathophysiology and clinical presentation of hypercalcaemia, TLS, Febrile neutropenia, hyperleukocytosis and cytokine release syndrome Initial management strategies for haematological emergencies
Infections in the immunocompromised Dr Claire Dendle, Infectious Diseases Physician; Director Infection and Immunity Service; Director of Physician	 Recognise common risk factors for PJP, HSV/VZV and IFI infections Outline common treatment regimens and haematological malignancies that carry a higher risk of PJP/HSV/VZV/invasive fungal infection



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Education, Monash Health, Melbourne, Vic	•	Describe appropriate management strategies for the prevention of PJP, HSV/VZV and IFI
Phil Selby, Specialist Clinical Pharmacist – Haematology, Royal Adelaide Hospital, SA Pharmacy, SA Health, Adelaide, SA		



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All times listed are in AEDT

Saturday 6th September 2025

Time (AEDT)	Session
0850-0855	Online login available
0855-0900	Welcome, introduction, housekeeping Tristan Hughes, Kristoffer Johnstone
0900-0940	Review of self-paced learning package material and Q&A <i>Tristan Hughes, Kristoffer Johnston</i>
0940-0950	Case session overview and introduction Tristan Hughes, Kristoffer Johnstone
0950-1120	Case session 1 (case #1 and #2)
1120-1140	Break
1140-1230	Case session 2 (case #3)
1230-1300	Recap and Q&A
1300-1330	Break
1330-1530	Case session 3 (case #4 and case #5)
1530-1550	Break
1550-1650	Recap and Q&A Tristan Hughes, Kristoffer Johnstone
1650	Close of live virtual seminar

Please note: presentation recordings from the live virtual seminar will not be available.