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Haematology Society of Australia and New Zealand
NEW ZEALAND ANNUAL BRANCH MEETING
9 – 11 MAY 2024

HANDBOOK

Claudlands, Hamilton, 9 – 11 May 2024

ANNUAL BRANCH MEETING 2024

Claudlands, Hamilton
Thursday 9 – Saturday 11 May 2024



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Helen Moore

Helen.Moore@waikatodhb.health.nz

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Marie Hughes

Marie.Hughes@bopdhb.govt.nz

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Nurses Convenor

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Courtney MacDonald

Courtney.MacDonald@waikatodhb.health.nz

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Faith Springall

faith.springall@bopdhb.govt.nz

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Erika Gardiner

Erika.Gardiner@bopdhb.govt.nz

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Joanne Ballard

joanne.ballard@waikatodhb.health.nz

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Meeting Manager

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Sue Peck

SP Conference Management

PO Box 4400, Palmerston North 4442

Delegate List

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T: +64 6 357 1466

E: sue@spconferences.co.nz



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THURSDAY 9TH MAY 2024 – PANAMA SPACE – WORKSHOP, PANAMA SQUARE, 14 GARDEN PLACE, HAMILTON

10.00 - 18.00 Haemophilia Education Day (supported by educational grant from Sanofi) in association with the NZ HSANZ branch meeting.

THURSDAY 9TH MAY 2024 – BRYANT EDUCATION CENTRE, WAIKATO HOSPITAL

10.00 - 13.00 NZHQAG meeting incorporating laboratory haematology Working group meeting.

14.00 - 15.20 Bone marrow pathology workshop
T and NK disorders – part 1

Dr Stephen Lade, Dr Helen Moore

15.20 - 15.40 Afternoon Tea

15.40 - 17.00 Bone marrow pathology workshop
T and NK disorder – part 2

Dr Stephen Lade, Dr Helen Moore

18.00 - 20.00 Welcome reception – Iguana, Hamilton

REGISTRATION OPEN

FRIDAY 10TH MAY 2024 – CLAUDELANDS, HAMILTON

08.15 - 08.40 Registration Open

**08.40 - 09.00 Welcome and Karakia
Session 1 – Chair Dr Helen Moore**

Dr Helen Moore/Dr Matt Wheeler

09.00 - 10.00 Disease progression of MPN and other myeloid neoplasm:
well-recognized and not so well-known manifestations

Prof Attilio Orazi (virtual)

10.00 - 10.30 Germline hereditary testing

Dr Imogen Caldwell

10.30 - 11.00 Morning tea

Session 2 – Chair - Dr Jessie Ma
11.00 - 11.45 Sexual change during illness and treatment
11.45 - 12.30 Obstetric/Transfusion haematology

*Ms Simone Sheridan
Dr Anastazia Keegan*

12.30 - 13.15 Lunch

Session 3 – Chair Dr Marie Hughes
13.15 - 14.00 Myeloma
14.00 - 14.30 CAR-T therapy, NZ update
14.30 - 15.00 Equity update for NZ Haematology

*Dr Rodger Tiedemann
Dr Robert Weinkove
Dr Matt Wheeler*

15.00 - 15.30 Afternoon tea

15.30 - 17.00 David Heaton Memorial Session - Registrars presentations - Sponsored by Takeda – Chair Dr Vidya Mathavan

15.30 - 15.50 PCNSL audit - A real world, single tertiary centre, retrospective analysis of
transplant-ineligible patients with newly diagnosed primary central nervous
system lymphoma (PCNSL) treated on the PRIMAIN protocol

Dr Jason Windleborn

15.50 - 16.10 First-Line Dasatinib Therapy in Newly Diagnosed Chronic Phase Chronic
Myeloid Leukemia: Insights from the KISS Study

Dr Jenny Yoon

16.10 - 16.30 Donor-Derived Leukaemia Twenty-Seven Years After Sibling Allogeneic Stem Cell Transplantation

Dr Elisabeth Nuttall (virtual)

16.30 - 16.50 ABO non-identical platelet transfusions, immune platelet refractoriness and platelet support

Dr Min-Hi Han (virtual)

17.00 - 18.00 HSANZ NZ branch AGM

19.00 - 23.00 Conference dinner – The Atrium, Hamilton. Band: Algorhythm

SATURDAY 11TH MAY – CLAUDELANDS, HAMILTON

07.15 - 08.15 **Janssen Breakfast (breakfast served at 0700)** - The changing landscape in Multiple

Prof Gordon Cook

Myeloma – lessons from abroad on bringing medicine innovation into the clinic
Session 1 – Chair – Dr Gustavo Faulhaber

08.30 - 09.30 Hodgkin lymphoma

Prof Peter Borchmann (virtual)

09.30 - 10.30 Venetoclax - past/present/future?

Dr Mary Ann Anderson (virtual)

10.30 - 11.00 Morning tea

Session 2 – Chair Dr Julia Philips
11.00 - 12.15 HIT/VITT in all its forms
12.15 - 12.30 Discussion and Q&A

Dr Ted Warkentin (virtual)

12.30 - 13.15 Lunch

13.15 - 14.45 Edward Theakston Memorial Session – Morphology quiz – Chair Dr Marie Hughes

14.45 - 15.00 Farewell and Afternoon Tea

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NURSING PROGRAMME

THURSDAY 9TH MAY 2024

18.00-20.00 Welcome reception – Iguana, Hamilton

FRIDAY 10TH MAY 2024 – CLAUDELANDS, HAMILTON

08.40 - 09.00	Welcome and Karakia - JOINT WITH MEDICAL	<i>Dr Helen Moore and Dr Matt Wheeler</i>
	Session 1 – Chair Erika Gardiner	
09.00 - 09.45	International CAR-T update (virtual)	<i>Associate Professor Saar Gill (virtual)</i>
09.45 - 10.30	CAR-T in New Zealand and survivorship care	<i>Tess Ostapowicz, Clinical Trials Nurse</i>
10.30 - 11.00	Morning tea	
	Session 2 – Chair Dr Jessie Ma	
11.00 - 11.45	Sexual change during illness and treatment - JOINT WITH MEDICAL	<i>Ms Simone Sheridan</i>
11.45 - 12.30	Obstetric/Transfusion haematology - JOINT WITH MEDICAL	<i>Dr Anastazia Keegan</i>
12.30 - 13.15	Lunch	
	Session 3 – Chair Dr Marie Hughes	
13.15 - 14.00	Myeloma - JOINT WITH MEDICAL	<i>Dr Rodger Tiedemann</i>
14.00 - 14.30	CAR-T therapy, NZ update - JOINT WITH MEDICAL	<i>Dr Robert Weinkove</i>
14.30 - 15.00	Equity in healthcare - JOINT WITH MEDICAL	<i>Dr Matt Wheeler</i>
15.00 - 15.30	Afternoon tea	
	Session 4 – Chair NP Melissa Rogers	
15.30 - 16.00	Allogeneic Nurse-led late effects clinic	<i>Nurse Practitioner Rosie Howard</i>
16.00 - 16:30	Nurse practitioner experiences in Haematology, Waikato	<i>Nurse Practitioner Melissa Rogers and Janet Hullah</i>
16.30 - 17.00	NP role in SCT transplant	<i>Nurse Practitioner Julija Sipavicius</i>
17.00 - 18.00	HSANZ NZ branch AGM	
19.00 - 23.00	Conference dinner – The Atrium, Hamilton. Band: Algorhythm	

SATURDAY 11TH MAY – CLAUDELANDS, HAMILTON

	Session 1 – Chair Dr Gustavo Faulhaber/Erika Gardiner	
08.30 - 09.30	Hodgkin lymphoma - JOINT WITH MEDICAL	<i>Prof Peter Borchmann (virtual)</i>
09.35 - 10.30	Venetoclax – past/present/future	<i>Dr Mary Ann Anderson (virtual)</i>
10.30 - 11.00	Morning tea	
	Session 2 – Chair Jo Ballard	
11.00 - 11.45	Transplant in elderly	<i>Nurse Practitioner Julija Sipavicius</i>
11.45 - 12.30	Managing myeloma in 2024	<i>Tracy King</i>
12.30 - 13.15	Lunch	
	Session – Chair Faith Springall	
13.15 - 13.45	Myeloma symptoms and side effects – tools and tips from TK!	<i>Tracy King</i>
13.45 - 14.15	Sexual harassment in nursing	<i>Simone Sheridan</i>
14.15 - 14.45	Self-care for nurses	<i>Mark Norburn</i>
14.45 - 15.00	Farewell and afternoon tea	

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SOCIAL PROGRAMME

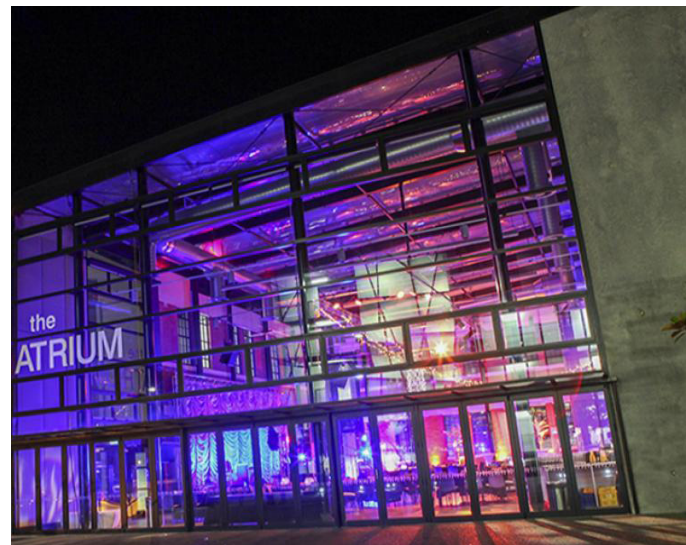
Thursday 9th May

Welcome Function held at Iguana, 203 Victoria Street, Hamilton Central, Hamilton 3204.



Friday 10th May

Conference dinner held at The Atrium, Wintec Te Pūkenga City Campus, Wintec House Tristram Street, Whitiara, Hamilton.





SURVIVAL DATA:

More than 50% of patients were still alive 6 years after first relapse^{1,2*}

*Median OS not reached with DARZALEX/Vd at 72.6 months median follow-up; HR=0.56 vs Vd alone, 95% CI: 0.39-0.80; p=0.0013; *post-hoc* analysis.

DARZALEX SC Cost-Share Programme now open

Click here for more information



DARZALEX[®] SC
daratumumab subcutaneous

Minimum Datasheet DARZALEX[®] SC (daratumumab) 1800 mg/15 mL solution for injection **Indications:** Treatment of adult patients (18 years and over). Newly diagnosed multiple myeloma in combination with: bortezomib, thalidomide and dexamethasone (ASCT eligible); bortezomib, melphalan and prednisone, or lenalidomide and dexamethasone (ASCT ineligible). Multiple myeloma after at least one prior therapy in combination with: bortezomib and dexamethasone, or lenalidomide and dexamethasone. Monotherapy after at least three prior therapies including a proteasome inhibitor (PI) and immunomodulatory agent or refractory to both PI and immunomodulatory agent. Treatment of patients with light chain AL amyloidosis in combination with bortezomib, cyclophosphamide and dexamethasone.

Dose and administration (Adults ≥18 years): 1800 mg administered subcutaneously over approximately 3-5 minutes. See full DS for dosing schedules for combination therapy. For concomitant medications pre- and post-injection. If history of chronic obstructive pulmonary disease, consider post-injection medications including short and long acting bronchodilators, and inhaled corticosteroids. Consider anti-viral prophylaxis prevention of herpes zoster virus reactivation. No dose reductions recommended. Dose delay may be required in event of haematological toxicity. DARZALEX SC should be administered by a healthcare professional. DARZALEX SC may be used as alternative to intravenous daratumumab formulation starting at the next scheduled dose. **Contraindications:** History of severe hypersensitivity (e.g. anaphylactic reaction) to daratumumab or excipients. Before starting combination therapy, refer to DS for medicinal products used in combination with DARZALEX SC. **Precautions:** Infusion-related reactions (IRR): DARZALEX SC can cause serious infusion-related reactions, including anaphylactic reactions. Monitor and counsel patients during and after first and second injections. Pre-medicate with antihistamines, antipyretics and corticosteroids and administer post-injection oral corticosteroids to reduce risk of IRR (see Dose and Administration). If ocular symptoms occur, interrupt DARZALEX SC injection and seek immediate ophthalmologic evaluation prior to restarting DARZALEX SC. If anaphylactic reaction or life threatening (Grade 4) IRR occurs, institute emergency care and permanently discontinue DARZALEX SC. Neutropenia/Thrombocytopenia: Monitor complete blood cell counts periodically during treatment. Monitor patients with neutropenia for signs of infection. Dose delay may be required. Higher rates of neutropenia observed in patients ≤ 65kg. Consider supportive care with transfusions or growth factors. Hepatitis B Virus (HBV) reactivation: Screen all patients before initiation. If positive HBV serology, monitor for clinical and laboratory signs of HBV reactivation during, and for at least six months following end of treatment. If HBV reactivation occurs, suspend treatment with DARZALEX SC and any concomitant steroids, chemotherapy, and institute appropriate treatment. Resumption of treatment in adequately controlled HBV reactivation should be discussed with a HBV specialist. Effect on laboratory tests: **Interference with indirect antiglobulin test (indirect Coombs test):** Daratumumab-mediated positive indirect Coombs test may persist for up to 6 months after the last daratumumab dose. Daratumumab bound to red blood cells (RBCs) may mask detection of antibodies to minor antigens in patient's serum. Type and screen patients prior to initiation. For planned transfusion, notify blood transfusion centres. For emergency transfusion, non-cross-matched ABO/RhD-compatible RBCs can be given. **Interference with determination of complete response:** Daratumumab can be detected on serum protein electrophoresis and immunofixation assays used for clinical monitoring of endogenous M-protein. Interference can impact determination of complete response and disease progression in some patients with IgG kappa myeloma protein. Pregnancy: Category C. Women of reproductive potential should use contraception during and for 3 months after cessation of DARZALEX SC treatment. For combination with lenalidomide and dexamethasone or thalidomide and dexamethasone, patients (male and female) should adhere to pregnancy prevention programme of lenalidomide or thalidomide. Breastfeeding: Discontinue breast-feeding or discontinue DARZALEX SC therapy, taking into account the benefits and risks to mother and child. **Adverse Reactions:** Infusion-related reactions, injection site reactions, infections, upper respiratory tract infection, pneumonia, urinary tract infection, influenza, sepsis, diarrhoea, nausea, constipation, vomiting, decreased appetite, pyrexia, fatigue, asthenia, chills, headache, cough, bronchitis, dyspnoea, hypertension, anaemia, thrombocytopenia, leukopenia, neutropenia, lymphopenia, hypocalcaemia, hyperglycaemia, peripheral oedema, pulmonary oedema, musculoskeletal chest pain, muscle spasms, arthralgia, back pain, peripheral sensory neuropathy, paraesthesia, dizziness, insomnia, rash, pruritus, dehydration, atrial fibrillation, pancreatitis, anaphylactic reaction, HBV reactivation, Covid-19, cytomegalovirus infection, syncope, hypogammaglobulinemia. **Medicine Classification:** Prescription Medicine **Presentation:** Daratumumab 1800 mg/15 mL solution for injection. **Storage Conditions:** Unopened vials: store in refrigerator (2°C – 8°C) and equilibrate to ambient temperature (15°C–30°C) before use. Keep out of direct sunlight. Do not shake. May be stored at ambient temperature and light for up to 24 hours. Prepared syringe: If not used immediately, store DARZALEX SC solution for up to 24 hours refrigerated followed by up to 12 hours at ambient temperature (15°C–25°C) and ambient light. Discard if stored more than 24 hours of being refrigerated or more than 12 hours of being at 15°C–25°C. **DARZALEX SC is an unfunded medicine – a prescription charge will apply.** Before prescribing, please review full Data Sheet (available from https://www.janssen.com/newzealand/sites/www_janssen_com_newzealand/files/prod_files/live/darzalexsc_data_sheet.pdf). Janssen-Cilag (New Zealand) Ltd, 507 Mount Wellington Hwy, Mount Wellington, Auckland 1060, New Zealand. Prepared 04 July 2022. References: 1. Sonneveld P *et al.* Poster P04, presented at EMN 2022. 2. Mateos M *et al.* *Clin Lymphoma Myeloma Leuk* 2020;20:509-518. Abbreviations: CI: confidence interval; HR: hazard ratio; OS: overall survival; Vd: VELCADE[®] (bortezomib)/dexamethasone. DARZALEX[®] is a registered trademark of Janssen-Cilag. Janssen-Cilag (New Zealand) Ltd, 507 Mount Wellington Hwy, Mount Wellington, Auckland 1060, New Zealand. CP-447466 TAPS BG3867 EMVDAR1060 Date of preparation: April 2024.

janssen Oncology
PHARMACEUTICAL COMPANIES OF Johnson & Johnson

Access VENCLEXTA patient and healthcare professional resources

PATIENT RESOURCES

venclexta.co.nz

Simple, easy-to-find information and videos to empower your patients on their journey with VENCLEXTA.



HCP RESOURCES

abbv.ie/nz-login-ven

Prescribing information, dosing guide and videos to aid with treating patients on VENCLEXTA.



abbvie

 **VENCLEXTA™**
venetoclax tablets

VENCLEXTA in combination with rituximab is fully funded for relapsed refractory chronic lymphocytic leukaemia (CLL). Special Authority criteria apply. VENCLEXTA in combination with obinutuzumab for 1L CLL is not funded – a charge will apply. VENCLEXTA is not funded for acute myeloid leukaemia (AML) – a charge will apply.

VENCLEXTA is a Prescription Medicine containing venetoclax 10 mg, 50 mg or 100 mg for oral use. **VENCLEXTA is indicated for:** the treatment of patients with chronic lymphocytic leukaemia (CLL) or small lymphocytic lymphoma (SLL) or, newly diagnosed acute myeloid leukaemia (AML) who are ineligible for intensive chemotherapy. **CONTRAINDICATION:** Concomitant use with CYP3A inhibitors at initiation and dose titration in patients with CLL or SLL. **PRECAUTIONS:** Tumour lysis syndrome, neutropenia, and serious infection are identified risks associated with VENCLEXTA. Do not administer live attenuated vaccines before, during or after treatment until B-cell recovery occurs. Please review full Data Sheet for information on dosage, contraindications, precautions, interactions and adverse effects before prescribing. **Full Data Sheet is available on request from AbbVie Limited, 6th Floor, 156-158 Victoria St, Wellington by calling 0800 900 030, from the AbbVie Pro website for healthcare professionals, or on the Medsafe website at abbv.ie/nz-venc-ds.** TAPS BG3697. NZ-VEN-240003. ONO0131. March 2024.

BRONZE SPONSORS



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GENERAL INFORMATION

Registration and Information Desk

The conference registration desk will be staffed by Sue who welcomes your enquiries. Registration will be open during conference hours.

Useful telephone numbers

Registration Desk Staff

Sue 0274 423122

Taxis

www.hamiltontaxis.co.nz 0800 477 477

www.redcabs.co.nz 07 839 3939

Accommodation

For those delegates who booked the conference accommodation at Novotel Tainui or Ibis Hamilton check out time is 11am.

If you wish to change or amend your accommodation booking at these hotels, please arrange with Sue at registration desk. Luggage can be stored at either hotel on the day of your departure.

Attendee List

There is a list of attendees in the handbook. Please note this list does not include delegates who may have requested privacy.

Certificate of attendance

A certificate of attendance pdf has been emailed to you. Please write your name in the space provided on the certificate to authenticate.

Insurance

Registration fees do not include personal, travel or health insurance of any kind. Neither the Haematology Society of Australia and New Zealand nor SP Conference Management take any responsibility for delegates failing to take out adequate insurance cover.

Messages

For anyone wishing to leave you a message during the conference hours, please ask them to use the following number for the registration desk. Registration desk - Sue: 0274 423122

Mobile phones

During conference sessions, mobile phones must be turned off or set to vibrate. Mobile phones are not to be used when sessions are in progress.

Name Badges

All conference attendees and industry representatives are asked to wear their name badges at all times during the conference and social functions.

It is your official entrance pass to sessions and conference catering. Please return your name badge and plastic registration envelope to the conference registration desk at the close of conference for recycling.

Presenters' information

Presentations can be given to Sue at registration desk on USB. Sue will get them loaded to the technician's computer. If you plan to present using your own laptop please also advise Sue. If you require a practice run with your presentation please advise Sue and these can be arranged during the breaks prior to you speaking.

Please make yourself known to session chairs as they may wish to meet you and obtain an introduction from you prior to you speaking.

Trade Bingo Cards - win a \$300 Harvey Norman voucher!

Bingo cards will be handed out to you. This year's quiz theme is 'Hamilton Gardens'. Visit each of the trade stands, have a chat with the stand holders, answer the question at each stand and write your answer on your bingo card in the space provided. Once your card is complete you can hand it in to Sue Peck at registration to go into the draw to win a \$300 harvey norman voucher. The draw will take place Tuesday during morning tea so make sure you visit all trade stands by then and hand your card in.

Special diets

If you have advised us of any special dietary requirements on your registration form, these will be available to collect from the catering tables and they will be named.

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EXHIBITORS



Janssen

Johnson & Johnson

507 Mt Wellington Highway,
Mt Wellington
Auckland 1060, New Zealand
Matthew Tyson
Therapeutic Area Manager – Oncology

M: +64 27 218 0546
P: 0800 800 806
E: mtyson2@its.jnj.com

At Janssen, we're creating a future where disease is a thing of the past. We're the Pharmaceutical Companies of Johnson & Johnson, working tirelessly to make that future a reality for patients everywhere by fighting sickness with science, improving access with ingenuity, and healing hopelessness with heart. We focus on areas of medicine where we can make the biggest difference: Cardiovascular, Metabolism, & Retina; Immunology; Infectious Diseases & Vaccines; Neuroscience; Oncology; and Pulmonary Hypertension.

Learn more at www.janssen.com. Follow us at [www.twitter.com/JanssenGlobal](https://twitter.com/JanssenGlobal). Janssen-Cilag (New Zealand) Limited is one of the Janssen Pharmaceutical Companies of Johnson & Johnson.



AbbVie Limited

156-158 Victoria Street, P O Box 11437,
Manners Street
Wellington, New Zealand

T: +64 21 243 8237
F: +64 4 802 2981
E: helen.millard@abbvie.com
W: www.abbvie.co.nz

AbbVie is a global, research-based biopharmaceutical company with the vision of making a remarkable impact on patient lives. Our heritage in New Zealand reaches back more than 70 years with a focus on Immunology, Liver Disease, Neuroscience and Oncology.



BeiGene

BeiGene Aus Pty Ltd (Home based in Melbourne)
Suite 11.01, Level 1, 66 Goulburne Street, Sydney,
NSW 2000

T: +61 430 470 770
E: raj.gauga@beigene.com
W: www.beigene.com.au

BeiGene is a global oncology company that is discovering and developing innovative oncology treatments that are affordable and accessible to cancer patients worldwide. With a broad portfolio, we are expediting development of our diverse pipeline of novel therapeutics through our internal capabilities and collaborations. We are committed to radically improving access to medicines for far more patients who need them. Our growing global team of more than 10,000 colleagues spans five continents, with administrative offices in Basel, Beijing and Cambridge, U.S. To learn more about BeiGene, please visit <http://www.beigene.com.au> and follow us on LinkedIn and X (formerly known as Twitter).

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EXHIBITORS



Novartis New Zealand Limited
PO Box 99102,
Auckland 1149, New Zealand

T: 0800-838-909
M: +64 21750224
E: zoe.mullaghan@novartis.com
W: www.novartis.com.au

At Novartis, we reimagine medicine to transform cancer care. We focus on key cancer areas where we have identified patient needs and promise within our portfolio – breast cancer, lung cancer, melanoma, kidney cancer and haematology.

We use innovative science and technology to address some of society's most challenging healthcare issues. We discover and develop breakthrough treatments and find new ways to deliver them to as many people as possible.



Pfizer New Zealand
PO Box 3998
Auckland 1024, New Zealand

T: +64 9 354 3065
E: aliza.glanville@pfizer.com
W: www.pfizer.co.nz

Breakthroughs that change patients' lives™

At Pfizer, we apply science and our global resources to improve health and wellbeing at every stage of life. We strive to set the standard for quality, safety and value in the discovery, development and manufacturing of innovative medicines, with a diversified global healthcare portfolio, including biologic and small molecule medicines and vaccines.

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CSL Behring

CSL Behring Australia and New Zealand
Level 1, 655 Elizabeth Street,
Melbourne, VIC 3000, Australia

E: di.ching@cslbehring.com.au
M: 64 215 66759
W: www.cslbehring.com.au

CSL Behring is the chosen national plasma fractionator of New Zealand, a role held since 1963. Today CSL Behring works with New Zealand Blood Service and health care professionals to deliver a broad range of plasma products, including small volumes of lifesaving products, specifically tailored for New Zealand's healthcare professionals and patients.



Leukaemia & Blood Cancer New Zealand
PO Box 99182, Newmarket
Auckland 1149, New Zealand

T: +64 9 638 3556
F: +64 9 638 3557
E: info@leukaemia.org.nz
W: www.leukaemia.org.nz

Leukaemia & Blood Cancer New Zealand (LBC) is the only not-for-profit organisation in New Zealand dedicated to supporting patients & families living with leukaemia, lymphoma, myeloma, MPNs and serious blood conditions, including haemochromatosis. In addition, LBC supports and funds research, advocates on behalf of patients, provides information and education and raises awareness.

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EXHIBITORS



Roche

Helen Payne

Roche Products (NZ) Ltd

Level 3, 98 Carlton Gore Road

Newmarket

Auckland 1023

T: 0800 276 243

E: helen.payne.hp1@roche.com

W: www.roche.co.nz

Established in 1973, Roche New Zealand operates across two key businesses - Pharmaceuticals and Diagnostics. The aim of Roche locally is to ensure New Zealand patients have access to our medicines and diagnostic tests in order to detect and treat illnesses.

Roche is working to advance the concept of personalised healthcare; to transform people's lives by delivering care tailored to each individual with the goal of helping to prevent, diagnose and treat illnesses more effectively. New Zealand plays an important role in the global research and development network for Roche. More than 550 New Zealanders currently have access to treatments through these clinical trials. Our trials include cancers of the lung, breast, liver and blood, multiple sclerosis and influenza. No matter which part of the business we work, our team understands that life-changing discoveries will only matter if the right medicines get to the right patients.

For information relating to a Roche product, email: auckland.medinfonz@roche.com

To report an adverse event, email: nz.drugsafety@roche.com



Recordati Rare Diseases Australia

Suite 1802, Level 18, 233 Castlereagh St, Sydney,

NSW 2000 AU

Contact: Philip Moore, Rare Disease Manager NZW/NZ

T: + 61 (0)437077085

E: moore.p@recordati.com

W: www.recordatirarediseases.com

At Recordati Rare Diseases, we focus on the few - those affected by rare diseases. We believe that every single patient has the right to the best possible treatment. Patients with rare diseases are our top priority. They are at the core of our planning, our thinking and our actions.

Recordati Rare Diseases is a pharmaceutical company that provides treatment for patients with rare diseases created in 1990. Recordati Rare Diseases is one of the most active companies in the field of rare diseases.

Our speciality rare diseases products are marketed directly by Recordati Rare Diseases in Europe, the Middle East, the USA, Canada, Russia, Japan and Australia, in some Latin American countries, and through selected partners in other parts of the world.

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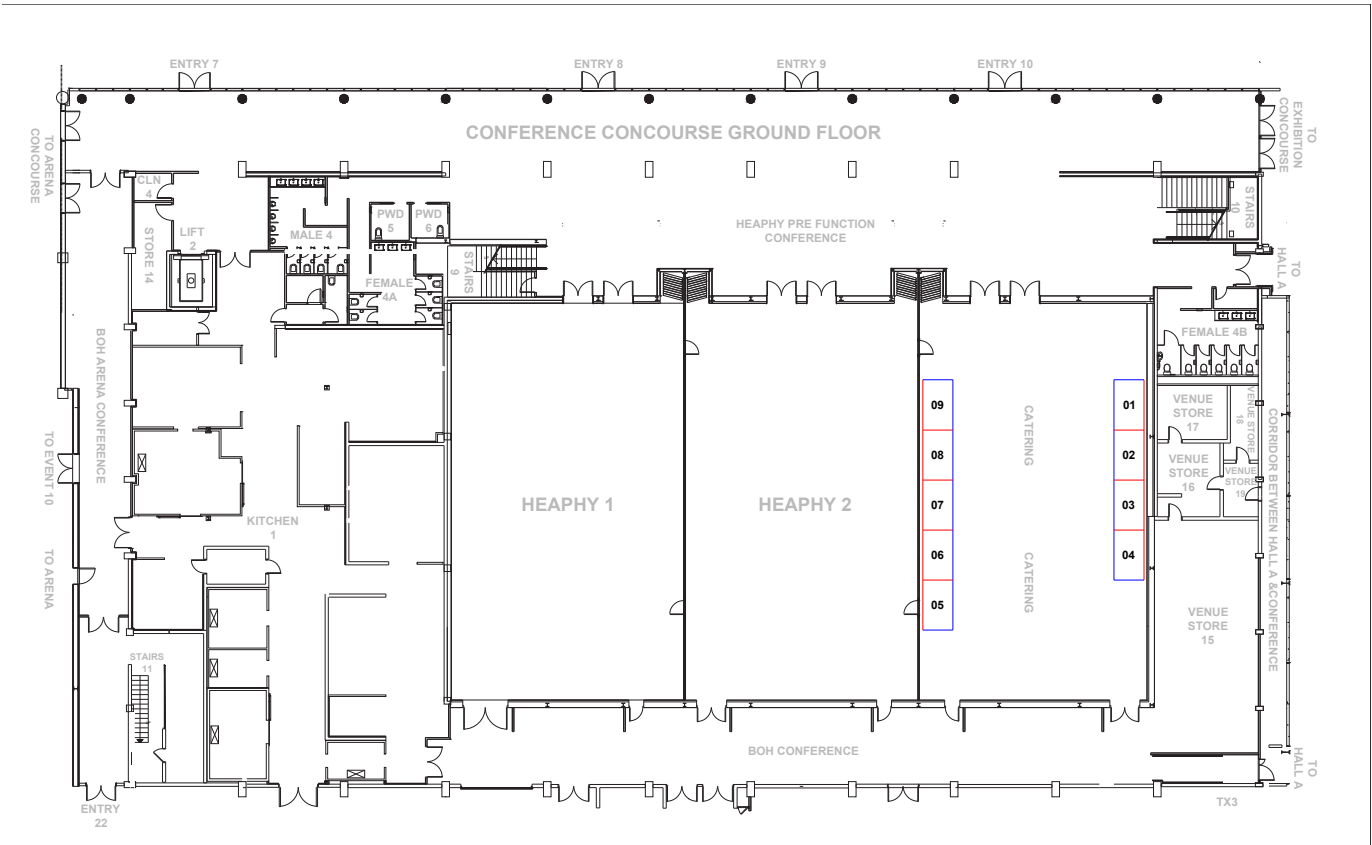


EXHIBITORS' INFORMATION

The trade area will be open each day from 8am for you to gain access to your stand.
Catering for exhibitors will be served 1/2 hour prior to delegates breaks.



EXHIBITORS' FLOOR PLAN



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DELEGATE LIST

Ahmed Ali	Waikato DHB	ahmed.aali078@gmail.com
Wan Yi Ang	Waikato Hospital	11s14wany@gmail.com
Cherry Ayroso	Waikato Hospital	cherrybelle.ayroso@waikatodhb.health.nz
Caitlin Badenhurst	Blood & Cancer Centre, CCDHB	caitlinbadenhurst@gmail.com
Marie Bajarias-Roman	Te Whatu Ora	marie.bajariasroman@waikatodhb.health.nz
Bart Baker	Palmerston North Hospital	bart.baker@midcentraldhd.govt.nz
Jo Ballard	Health NZ Te Whatu Ora Waikato	joanne.ballard@waikatodhb.health.nz
Emma Barker	Leukaemia & Blood Cancer NZ	georginas@leukaemia.org.nz
Rahul Batra	Auckland DHB	rbatra@adhb.govt.nz
Julie-Anne Bell	Bell Haematology Consulting	bellhaematology@outlook.co.nz
Katie Berney	Novartis	katie.berney@novartis.com
Vanessa Bradley	Palmerston North Hospital	vanessa013@hotmail.com
Oliver Brake	Tauranga Hospital	ojbrake@gmail.com
Sarah Brewer	Waikato Hospital	sarah.brewer@waikatodhb.health.nz
Vicki Campion	Wellington Blood & Cancer Centre	vcampion@gmail.com
James Campling	Health NZ - Waikato	james.campling@waikatodhb.health.nz
Di Ching	CSL Behring	di.ching@csllab.com.au
Joey Chio	Waikato Hospital	joey.chio@waikatodhb.health.nz
Sam Cooper	Te Whatu Ora	sam.lydia@hotmail.com
Richard Doocey	Auckland City Hospital	rdoocey@adhb.govt.nz
Tim Edmonds	Leukaemia & Blood Cancer NZ	georginas@leukaemia.org.nz
Eric Elias	Pfizer	eric.elias@pfizer.com
Anna Elinder	Camburn North Shore Hospital, Waitemata	anna.elindercamburn@waitematadhb.govt.nz
Anne-Marie Evans	Te Whatu Ora Waitaha, Health NZ Canterbury	anne-marie.evans2@cdhb.health.nz
Gustavo Faulhaber	Waikato Hospital	gustavo.faulhaber@waikatodhb.health.nz
Erika Gardiner	BOPDHB	erikagardiner@yahoo.com
Madeleine Golaboski	AbbVie	madeleine.golaboski@abbvie.com
Maria Gomez-Lozano	AstraZeneca	maria.gomez-lozano@astrazeneca.com
Caroline Grist	Te Toka Tumai	cgrist@adhb.govt.nz
Shona Haggart	Waikato Hospital	shonahaggart@mac.com
Maxine Handford	Waikato Hospital	maxine.handford@waikatodhb.health.nz
Merit Hanna	Waitemata DHB	merit.hanna@waitematadhb.govt.nz
Sarah Hartley	Tauranga Hospital	sarahmcintosh1000@gmail.com
Barbara Hodges	Takeda New Zealand Ltd	barbara.hodges@takeda.com
Leslie Hou	Waikato Hospital Cancer & Blood Research Trials Unit	leslie.hou@waikatodhb.health.nz
Rosie Howard	Auckland City Hospital	rosieh@adhb.govt.nz
Jan Hullah	Jim Carney Cancer Treatment Centre	janet.hullah@northlanddhd.org.nz
Aine Hurley	Malaghan Institute of Medical Research	113389606@umail.ucc.ie
Dan Ieremia	Te Whatu Ora Lakes	daniel.ieremia@yahoo.co.nz
Shahid Islam	Waikato Hospital	shahid.islam@waikatodhb.health.nz
Anju Issac	Waikato DHB	anju.issac@waikatodhb.health.nz
Wendy Jar	Health NZ - CCDHB	wendy.jar@cdhb.health.nz
Anastazia Keegan	King Edward Memorial Hospital	anastazia.keegan@gmail.com
Tracy King	Royal Prince Alfred Hospital / Sydney University	tracy.king1@health.nsw.gov.au
Elayne Knottenbelt	Medlab Central	elayne.templecamp@gmail.com
Yin-Chun Kuo	Waikato Hospital	yin-chun.kuo@waikatodhb.health.nz
Stephen Lade	Peter MacCallum Cancer Centre	stephen.lade@petermac.org
Heidi Landman	Pfizer New Zealand	heidi.landman@pfizer.com
Clara Leow	Te Whatu Waikato	clara.leow@waikatodhb.health.nz
Joanna Lin	Te Whatu Ora Waitemata	joanna.lin@waitematadhb.govt.nz
Fretzie Ann Lobredo	Te Whatu Ora Waitemata	fretzie.lobredo@waitematadhb.govt.nz

ANNUAL BRANCH MEETING 2024

Claudlands, Hamilton
Thursday 9 – Saturday 11 May 2024



DELEGATE LIST

Anthony Lun	Waikato Haematology	anthony.lun@waikatodhb.health.nz
Tania MacBeth	AbbVie	tania.macbeth@abbvie.com
Courtney MacDonald	Waikato Hospital	courtney.macdonald@waikatodhb.health.nz
Matthew Mackey	Waikato Hospital	matthew.mackey@waikatodhb.health.nz
Bridgett McDiarmid	Dunedin Hospital	bridgett.mcdiarmid@southernhb.govt.nz
Emma Jane McDonald	Christchurch Hospital	emma-jane.McDonald@cdhb.health.nz
Araceli McIntosh	Te Whatu Ora, Counties Manukau Health	araceli.araya@middlemore.co.nz
Vidya Mathavan	Waikato Hospital	vidya.mathavan@waikatodhb.health.nz
Alice Mazengarb	AbbVie	alice.mazengarb@abbvie.com
Nellene Meyburgh	Middlemore Hospital	Nellenmeyburgh@live.com
Helen Millard	AbbVie	helen.millard@abbvie.com
Helen Moore	Te Whatu Ora Waikato	helen.moore@waikatodhb.health.nz
Phillip Moore	Recordati Rare Diseases	moore.p@recordati.com
Ian Morison	Awanui Laboratories	ian.morison@awanuilabs.co.nz
Zoe Mullaghan	Novartis New Zealand	zoe.mullaghan@novartis.com
Dr Matthew Naylor	Janssen Australia & NZ	mnaylor1@its.jnj.com
Annette Neylon	NZ Blood Service Dunedin	annette.neylon@nzblood.co.nz
Kelly Norris	Te Whatu Ora Tairāwhiti	kelly.norris@tdh.org.nz
Jaroslav Olearnik	Waikato DHB	olearnik.j@me.com
Stephanie Olegario-Geronilla	Waikato Hospital	stephanie.olegario@waikatodhb.health.nz
Tess Ostapowicz	Wellington Hospital	tess.ostapowicz@gmail.com
Tiligogo Paul	Health NZ - Waikato	tili.paul@waikatodhb.health.nz
Helen Payne	Roche Products (New Zealand) Ltd	helen.payne.hp1@roche.com
Lucy Pemberton	Te Whatu Ora Southern	lucy.pemberton@southernhb.govt.nz
Dr Cletus Pinto	Janssen	cpinto2@its.jnj.com
Julia Phillips	Te Whatu Ora Waikato	julia.phillips@waikatodhb.health.nz
Humphrey Pullon	Retired	h.pullon@gmail.com
Anthony Qyekunle	Health NZ - CCDHB	oyekunleaaa@yahoo.co.uk
Rajeev Rajagopal	Middlemore Hospital	rrajeevdr@yahoo.com
Niranjan Rathod	Waikato Hospital	drniranjanrathod@gmail.com
Francisca Reed	North Shore Hospital, Waitemata	francisca.reed@waitematadhb.govt.nz
Danielle Rewi-Wetini	Waikato DHB	danielle.rewi-wetini@waikatodhb.health.nz
Melissa Rogers	Waikato Health NZ Te Whatu Ora	melissa.rogers@waikatodhb.health.nz
Rosie Shaw	Leukaemia & Blood Cancer NZ	georginas@leukaemia.org.nz
Simone Sheridan	Austin Health & Royal Melbourne Hospital	simone.sheridan@austin.org.au
David Simpson	Beigene	david.simpson@beigene.com
Louisa Stone	LabPlus Auckland	louisast@adhb.govt.nz
Dr Kerryn Symons	Roche Products (New Zealand) Ltd	kerryn.symons@roche.com
Assoc Prof Rodger Tiedemann	University of Auckland, Auckland City Hospital	rodger.tiedemann@auckland.ac.nz
Matt Tyson	Johnson & Johnson	mtyson2@its.jnj.com
Yuen On Wan	Awanui Labs Dunedin	anna.wan@awanuilabs.co.nz
Robert Weinkove	Malaghan Institute of Medical Research	rweinkove@malaghan.org.nz
Carlos Wijnekus	Te Whatu Ora Health NZ	carlos.wijnekus@waikatodhb.health.nz
Jason Windleborn	Waikato Hospital	jason.windleborn@waikatodhb.health.nz
Darren Wood	Grifols Australia	darren.wood@grifols.com
Jenny Yoon	Te Whatu Ora Auckland	s.jennyoon@gmail.com
Laura Young	Auckland Hospital	laurayoung@adhb.govt.nz
Sarah Zhao	NZBS	fayhilia@yahoo.com.sg
Eliza Zychska	Recordati Rare Diseases	zychska.e@recordati.com

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