The speakers in this seminar will discuss these differences in population of paediatric haemato-oncological patients is pharmacists up to now this was in most cases limited to Clinical Trials is a very important area of operations. Hospital The collaboration of hospital pharmacists in the process of systems and clinical reminders can be used as a tool to Clinicians as well as patients need to be engaged in carefully weighed opinions of experts may be particularly as a weak evidence base may lead to various conclusions. recommendations is not necessarily a sign of poor quality review or are circulated internationally. often endorsed by national organizations, undergo intensive evidence. Thousands of them have been published and are guidelines is that they are based on systematic reviews of the will not always be possible without additional resources In this scenario ready-to-administer drugs, as well as If you are asking yourself these questions, it is possible While you read this abstract, multiple drugs are being Let us consider alternative strategies in documenting the measures may have been chosen. Even though absence of evidence is not essential, it is evident for clinical pharmacists to者的 education and training efforts to ensure that the effects of their services to continue to be used in the hospital and in the community, respectively. PQ2: Ready to administer drugs - Is everything under The collaboration of hospital pharmacists in the process of systems and clinical reminders can be used as a tool to help patients understand the importance of their medications. However, these clinical pharmacy services are often assessed by using sample sizes too small to capture a potential effect. Consequently, no effect shown as a result of the evaluations does not necessarily indicate that the clinical pharmacy services are ineffective but rather that an insufficient number of patients were included to capture a potential effect, or, suboptimal outcome measures may have been chosen. Audio and Video presentations from the Cannes Congress are now available via the EAHP website www.eahp.eu

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<th>SECTION 6: EDUCATION AND RESEARCH</th>
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<td><strong>ER1: Clinical Trials in Paediatric Haematology- oncology: different ways for HPs to participate</strong></td>
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The collaboration of hospital pharmacists in the process of Clinical Trials is a very important area of operations. Clinical trials for all European countries will be transversal and for all populations of patients in the paediatric haematological-oncological patients is a crucial task for all different hospital pharmacies. The aim of this session will be to discuss its differences in terms of preparation of clinical trial drugs for children and the legal environment around this population in clinical trials. Clinical pharmacy Services: absence of evidence is not evidence of absence. Clinical pharmacy services include interventions such as medication review, patient education, patient adherence, etc. The clinical pharmacy services should be measured and non-specific, and they may be delivered in collaboration with other health care professionals in multidisciplinary teams. However, we often seek to improve symptoms control, optimize treatment regimes, medications adherence, and improve medication adherence although practical issues will still have to be resolved. Patients should be aware of what is presented in their body and who to contact in case of a recall. Therefore, patient information should be part of the maximum. The Belgian authorities have a system in place in the session, opportunities, hurdles and pitfalls will be shared with the audience.

**PQ2: Ready to administer drugs - Is everything under control?**

While you read this abstract, multiple drugs are being prepared in waists and in the pharmacy department at your hospital. Are they correctly prepared? Are they being contaminated? Are health care workers and patients protected from exposure to hazardous agents? If you are asking yourself these questions, it is possible that you will need to work on what is happening in your own hospital with drug preparation and administration in order to design a strategy that minimizes risks.

This scenario ready-to-administer drugs, as well as ready-to-use drugs, can be an option to take in account. Compounding these drugs at the pharmacy department will not always be possible without additional resources and it may be necessary to search the market to find different solutions. We will also need to take into account existing legislation and available guidelines especially with the drugs known to be dangerous to human health.

**Workshop 3: Creating practical guidelines**

Formal advice on how clinicians should manage patients is not always clear. The reasons why have a profound influence on practice decisions. What has changed about clinical practice guidelines? What have been added or subtracted? Evidence. Thousands of them have been published and are evidence. Thousands of them have been published and are evidence. They represent condensed and clearly structured results. They represent condensed and clearly structured results.

**ER3: The art of writing an abstract and getting it accepted**

Scientific abstracts cover the main points of an abstract and its conclusions. They represent condensed, well-structured summaries that allow the reader to understand the most important aspects of an abstract. Scientific abstracts are often assessed by using sample sizes too small to capture a potential effect. Consequently, no effect shown as a result of the evaluations does not necessarily indicate that the clinical pharmacy services are ineffective but rather that an insufficient number of patients were included to capture a potential effect, or, suboptimal outcome measures may have been chosen.

Even though absence of evidence is not essential, it is evident for clinical pharmacists to consider alternative strategies in documenting the measures to ensure that the effects of their services to continue to be used in the hospital and in the community, respectively. Scientific abstracts cover the main points of an abstract and its conclusions. They represent condensed, well-structured summaries that allow the reader to understand the most important aspects of an abstract. Scientific abstracts are often assessed by using sample sizes too small to capture a potential effect. Consequently, no effect shown as a result of the evaluations does not necessarily indicate that the clinical pharmacy services are ineffective but rather that an insufficient number of patients were included to capture a potential effect, or, suboptimal outcome measures may have been chosen.

**CANCER POLICY**

Cancertreatment ismodeledseveraldifferentways.**The cancer treatment is modeled several different ways.**

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FURTHER INFORMATION

For additional information, please visit the following websites:

www.eahp.eu

**STUDENT PROGRAMME**

This workshop will provide participants with an overview to the systematic approach and will then focus on different forms of presentations, with emphasis on the patient and online resources.

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**CALL FOR ABSTRACTS**

The Scientific Committee welcomes the submission of original contributions from all fields of hospital pharmacy. Abstracts submitted must not have been previously published or submitted to another congress except the congress of the own national pharmacy association. All abstracts will be accepted for poster presentation only. The poster prize nominees will be invited to give an oral presentation on 21st - 22nd March during the congress. The abstracts will be reviewed by colleagues from various European countries. Accepted abstracts will be published in the official Abstract Book and will also be available for viewing via the EAHP website. Presenters are encouraged to have available handouts of their poster when asked to give an oral presentation, and/or to have an e-mail address to allow attendants to ask for “electronic handouts” after the congress. For more information on submission and abstracts, please visit the following website, www.eahp.eu.

**DEADLINE for submission**: 15th October 2017

EHAP Congress Secretariat
Boulevard Brand Whitlock 87 Box 11 (4th floor)
Amgen, Bayer, Pfizer and BMS Pfizer Alliance and Corporate Partner:

**HOSPITAL PHARMACISTS SHOW US WHAT YOU CAN DO!**

**23rd Congress of European Association of Hospital Pharmacists (EAHP)**

**EHP APPRECIATES THE CONTINUED SUPPORT OF**

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**REGISTRATION AND ABSTRACT SUBMISSION ARE NOW OPEN**

**REGISTRATION**

Registration Fee Student | 150€
Registration Fee before 1 December 2017 | 250€
Registration Fee beginning 1 December | 350€
Registration Fee beginning 1 February 2018 | 650€
Registration Fee Young Professionals | 150€
Individual or Crsrate Registration (includes access to all sessions, the opening reception, the exhibition, lunches on Wednesday and Thursday and coffee breaks during the congress)
Registration fee does not include VAT. 25% Swedish VAT will be added upon registration.

**CANCELLATION POLICY**

Cancellation of individual or group registrations received before 1 January 2018 will be refunded (less 100 € per registration, bank and administration charges per participant). For groups, a maximum of 15% of the Registrations may be cancelled before 1 January 2018 (less 100 € per registration, bank and administration charges per participant). Refunds cannot be made after this date but substitution is always accepted. All cancellations or changes must be sent in writing to registration@eahp.eu.

**NOTE:** DO NOT SEND INDIVIDUAL REGISTRATION FORMS FOR GROUPS OF DELEGATES.

**CONGRESS & EXHIBITION ORGANISERS**

EHP Congress Secretariat
European Association of Hospital Pharmacists (EAHP)
Boulevard Brand Whitlock 87 Box 11 (4th floor)
1200 Brussels, Belgium
E-mail: congress@eahp.eu
Website: www.eahp.eu

**REGISTRATION DEADLINE**

Student = 22nd March 2018

** attached to an international register of implanted devices so patients at risk can be contacted in case of a recall.

In 2011, Europe woke up after the PP implant scandal and authorities started on a master plan for malpractice and digitisation of traceability in which the hospital pharmacy plays a crucial role. To communicate the images, the unique identifier is used and this will be the so-called ULID (Unique Device Identifier).

However, as a result of this new environment, hospitals would not wait for the prompt deployed of ULD hospital pharmacies already implemented procedures for traceability (some on paper, some with barcodes) and malpractice and digitisation of traceability in which the hospital pharmacy plays a crucial role. To communicate the images, the unique identifier is used and this will be the so-called ULID (Unique Device Identifier).
What part could hospital pharmacists play in helping to market the profession more effectively? How could hospital pharmacists contribute to the development of an effective strategy? What are the key challenges facing hospital pharmacists in terms of marketing the profession? How can hospital pharmacists work with other healthcare professionals to promote the value of their work? How can hospital pharmacists use social media and other digital platforms to reach a wider audience and build a positive reputation for the profession? How can hospital pharmacists engage with patients and the public to increase awareness of the role of hospital pharmacists and the benefits they bring to healthcare? How can hospital pharmacists collaborate with other healthcare professionals to develop innovative solutions and improve patient outcomes? How can hospital pharmacists use evidence-based practice and research to support their work and demonstrate the value of hospital pharmacists in healthcare? How can hospital pharmacists use data and analytics to inform decision-making and improve patient care? How can hospital pharmacists work with healthcare organizations to develop sustainable strategies for marketing the profession and improving the public image? How can hospital pharmacists use storytelling and other communication strategies to convey the value of their work and the impact they have on patient outcomes? How can hospital pharmacists use social media and other digital platforms to reach a wider audience and build a positive reputation for the profession? How can hospital pharmacists engage with patients and the public to increase awareness of the role of hospital pharmacists and the benefits they bring to healthcare? How can hospital pharmacists collaborate with other healthcare professionals to develop innovative solutions and improve patient outcomes? How can hospital pharmacists use evidence-based practice and research to support their work and demonstrate the value of hospital pharmacists in healthcare? How can hospital pharmacists use data and analytics to inform decision-making and improve patient care? How can hospital pharmacists work with healthcare organizations to develop sustainable strategies for marketing the profession and improving the public image? How can hospital pharmacists use storytelling and other communication strategies to convey the value of their work and the impact they have on patient outcomes?