

# Managing Oral Complications in the Cancer and Palliative Care Setting

A dedicated study day on oral complications developed and delivered by the **United Kingdom Oral Mucositis in Cancer Expert Group**

**Monday 31 October 2016**

---



For further details and to book on the course fill out the form on the back of this flyer.

Or book online at:

[www.royalmarsden.nhs.uk/ukomic](http://www.royalmarsden.nhs.uk/ukomic)

## Programme

**09.00 Coffee & Registration**

**Morning Chair**, Jeff Horn, Macmillan CNS Haematology, Aberdeen Royal Infirmary

**09.20 Welcome and introduction**, Jeff Horn

**09.30 Patho-physiology of Oral Mucositis**, Sonja Hoy, CNS Head, Neck & Thyroid, The Royal Marsden NHS Foundation Trust

**10.10 Pharmacology: Targeted therapies and impact on the oral mucosa**, David Houghton, Pharmacy Manager, Rivers Hospital

**10.45 Questions time**

**11.00 Coffee break**

**11.30 European Oral Care in Cancer: A European Perspective**, Dr Barry Quinn, Assistant Chief Nurse, Lead Nurse in Cancer & Palliative Care, Chelsea and Westminster NHS Foundation Trust

**12.00 Update on UKOMiC— guidelines and web access**, Jeff Horn

**12.30 Lunch**

**Afternoon session Chair**, Dr Barry Quinn, Divisional Director of Nursing/ Senior Lecturer, Chelsea & Westminster NHS Foundation Trust

**13.30 Management of Pain in oral Mucositis**, Suzanna Chapman, CNS Acute pain, The Royal Marsden NHS Foundation Trust

**14.15 Mucositis in Haematology**, Dr Barry Quinn

**14.45 Research update from the Beatson**, Maureen Thomson, Consultant Radiographer, Beatson West of Scotland Cancer Centre, Glasgow

**15.15 Management of acute and late effects of treatment**, Jane Mathlin, Superintendent Review Radiographer, Radiotherapy Department, Velindre Cancer Centre, Cardiff

**15.45 Questions from afternoon session and close**

Oral Mucositis (OM) is a significant health burden for the individual receiving cancer treatments and finite health services. We are aware that care of this debilitating condition varies across the UK. The aim of the UKOMiC Group is to update health care professionals on oral Mucositis, how to reduce or prevent OM, care and treat patients who develop OM, as well as highlighting the significant burden of Oral Mucositis in specific patient populations.

---

**Venue:** The Education and Conference Centre, Stewart's Grove, SW3 6JJ.

**Aims:** A study day for nurses, doctors, speech & language therapists, dieticians, radiographers, and other healthcare professionals dealing with oral complication in the cancer and palliative care setting.

Organised by the United Kingdom Oral Mucositis in Cancer Care Expert Group (UKOMiC)

**Cost:** £80 (by 30th September 2016) £90 (Thereafter)

The Study day has kindly been supported by our industry colleagues

# UKOMiC Study Day

Event ID:582      Date: 31/10/2016

## ONLINE BOOKING NOW AVAILABLE

Please visit [www.royalmarsden.nhs.uk/ukomic](http://www.royalmarsden.nhs.uk/ukomic)

### ALTERNATIVELY FILL OUT YOUR DETAILS BELOW

Please complete details clearly in block capitals as this information is used to prepare event materials.

#### PERSONAL

Prof/Dr/Mr/Ms/Mrs/Miss: Surname: \_\_\_\_\_

First Name: \_\_\_\_\_ Male/Female

Job Title: \_\_\_\_\_

Company: \_\_\_\_\_

Email: \_\_\_\_\_

Full Postal Address: (Please specify whether home  or work)

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_ Postcode: \_\_\_\_\_

Day Tel: \_\_\_\_\_

#### BOOKING CONDITIONS

In order to be registered for the event, full payment of the registration fee must be made with your application, unless an organisation is paying on your behalf. All bookings will be confirmed by email, unless otherwise requested. Please contact us if you have not received confirmation within 5-7 days of submitting your booking.

A 50% fee will be charged for cancellations made within 4-6 weeks of the event. For cancellations made within one month of the event, full payment will be due irrespective of whether the delegate attends the event or not.

#### PAYMENT BY CREDIT CARD OR CHEQUE

I enclose the sum of **£80 (by 30 Sept 2016)** or **£90 (thereafter)** by cheque made payable to **'The Royal Marsden NHS Foundation Trust'** or by credit / debit card (Visa / MasterCard / Switch only)

Credit Card / Switch Card No:

[ ] [ ]

Expires: [ ] [ ] [ ] [ ] Valid: [ ] [ ] [ ] [ ]

Issue no.: [ ] [ ] [ ] [ ]

Security No. (Last 3 digits on back of card) [ ] [ ] [ ]

Name of Cardholder: \_\_\_\_\_

Cardholder's Signature: \_\_\_\_\_

#### PAYMENT BY INVOICE

If your employer has **agreed** to pay your fees and an invoice needs to be sent, it is **essential** that you give full details below of the contact name, department and full postal address. If any information is missing, **your application will not be processed**.

If your application form needs to be approved by your finance/ personnel department, please ensure that it is processed and forwarded to us quickly. It is your own responsibility to ensure that your application is approved by your employer and forwarded to this office. We regret that we cannot do this for you.

Purchase Order Number (if required) \_\_\_\_\_

Contact name of whom the invoice should be addressed to:

\_\_\_\_\_

Department: \_\_\_\_\_

Organisation: \_\_\_\_\_

Direct dial tel no: \_\_\_\_\_

Fax No: \_\_\_\_\_

Email: \_\_\_\_\_

Postal Address:

\_\_\_\_\_

#### GENERAL

Special dietary/other requirements: \_\_\_\_\_

#### HOW DID YOU HEAR ABOUT THE EVENT?

Direct mailing       Email

Royal Marsden Website       Recommendation

Other website       Journal/Magazine

Please state \_\_\_\_\_      Please state \_\_\_\_\_

Other \_\_\_\_\_

#### APPLICANT'S DECLARATION:

*Data Protection Act 1998: I agree to The Royal Marsden NHS Foundation Trust processing personal data contained on this form, or other data which may be obtained from me or other people or organisations whilst I am applying for this event. I agree to the processing of such data for any purpose connected with my attendance at The Royal Marsden NHS Foundation Trust events, or my health and safety whilst on Trust premises or for any other legitimate purpose. I agree to the terms and conditions above and confirm that payment for this event is enclosed/will be made in full before I attend.*

Please tick if you do not agree to your email address being used to advise you of forthcoming events which may be of interest

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Please return this form to the Conference Office, Education and Conference Centre, The Royal Marsden NHS Foundation Trust, Stewarts Grove, London, SW3 6JJ

Email [conferencecentre@rmh.nhs.uk](mailto:conferencecentre@rmh.nhs.uk) or fax 020 7808 2334. Please call 020 7808 2924 for further information.