

CAROLYN'S BACK PAIN WAS A SYMPTOM OF LYMPHOMA

When Carolyn Bullen had a bad back and was diagnosed with lymphoma, what shocked her most was being told she'd probably had the disease for 10 years.

Looking back, she recognised a range of symptoms that individually hadn't meant much, but when considered together and retrospectively were undeniably signs and symptoms of lymphoma.

"All of a sudden I would feel terrifically fatigued, but being a diabetic, I just thought it was my blood sugar level," explained Carolyn, 67, of Keith in South Australia.

"And out of the blue, I'd be terribly hot when others weren't. I'd also had itchy skin, headaches and problems sleeping.

"None of these things on their own were a definite indicator and you don't tend to go to the doctor and say you feel weak – perhaps you should," said Carolyn.

"I was lucky to get that bad back and to be diagnosed when I did."

The former teacher/librarian, who retired five years before her diagnosis, had suffered back problems all her life. Her GP didn't know about her back condition because Carolyn would do her exercises and take painkillers and the pain would pass.

But in February 2005, when Carolyn's latest bout of back pain persisted for more than a month, she decided to see her physiotherapist.

"She didn't like how it presented and made a note for my GP to organise a cat scan," said Carolyn.

She had to go to Adelaide for the procedure which she timed to coincide with her husband's previously scheduled heart tests the following Monday.

While waiting for the result, Carolyn said she was blissfully unaware anything was wrong. Then she was told they'd "found something that shouldn't be there" and that she needed to have another scan of her abdomen, using radioactive dye.



Lymphoma survivor, Carolyn Bullen with her husband, Tom

"I didn't hit the panic button, but I knew it wasn't going to be good," Carolyn said.

When she was handed the sealed radiographer's report, Carolyn said she had to have a look.

"It talked about unmarginated masses and I knew it was bad but it didn't give a name and I didn't know what it was, what the treatment was or the prognosis.

Her GP in Keith said it was likely to be leukaemia or lymphoma and she organised blood tests. The results indicated Carolyn had **non-Hodgkin lymphoma (NHL)** and when she saw an oncologist 10 days later in Adelaide, a CT-guided biopsy and a bone marrow test showed she had **follicular lymphoma** and she immediately began chemotherapy.

Carolyn was due to have six treatments, one every three weeks, but after the third treatment, she was told they weren't achieving the hoped for result so her treatment was changed to a combination of MabThera and chemotherapy. Her course of chemo also was increased to eight treatments and this regimen was completed the day after her wedding anniversary in August 2005.

"Since then I haven't had any new growth of the cancer, I'm well and I have a good quality of life," said Carolyn whose check-ups are now six months apart.

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ABOUT HODGKIN LYMPHOMA

Lymphoma is the general term for cancers that develop in the lymphatic system and of the 35 different types of lymphoma, five belong to a group of diseases called Hodgkin lymphoma (HL).

HL is distinguished from other types of lymphoma by the presence of a special kind of cancer cell called a Reed-Sternberg cell. HL may affect a single lymph node or a group of lymph nodes, or it may affect another part of the body such as the spleen, liver or bone marrow. In more advanced stages, HL can spread via the lymphatic system and the blood to almost any part of the body.

With treatment, most people with HL can be cured, especially younger patients diagnosed with early-stage disease. Advanced-stage Hodgkin lymphoma also can be treated successfully.

Data just released by the Australian Institute of Health and Welfare (AIHW) and the Australian Association of Cancer Registries (AACR) (2008) demonstrate the good survival rates for Australians with HL – one-year survival is 93%, five-year survival is 85% and 10-year survival is 81%.

HL can occur at any age but it is most common in adolescents and young adults with more than a third of all cases diagnosed between the ages of 15 and 30 years. Around 25 children (0-14 years) are diagnosed with HL each year. HL occurs more frequently in males than in females.

HL is a relatively rare disease and accounts for around 0.5% of all cancers and 10% of all lymphomas diagnosed. The latest data in Australia (AIHW and AACR 2008) showed 477 people were diagnosed with HL in 2004.

WHAT CAUSES HODGKIN LYMPHOMA?

No one knows exactly what causes Hodgkin lymphoma. Like many cancers, damage to special proteins which normally control the growth and division of cells may play a role in the development of HL.

There is evidence that people are more at risk of developing HL if their immune system has been weakened by a viral infection, such as human immunodeficiency virus (HIV), or as a result of the use of drugs which affect the function of the immune system (immune suppressants). These drugs are commonly used for heart, lung or other organ transplants. Infection with Epstein-Barr virus, which causes glandular fever, may put some people at a higher risk of developing HL.

In most cases, people diagnosed with HL have no family

history of the disease. However, there have been some cases where a brother or sister also develops HL, suggesting a rare familial predisposition to the disease. This is related to genetic factors.

THE SYMPTOMS OF HODGKIN LYMPHOMA

Some people do not have any symptoms when they are first diagnosed with Hodgkin lymphoma. In these cases the disease may be picked up by accident, for example during a routine chest X-ray.

HL usually presents as a firm, usually painless swelling of a lymph node (swollen glands), usually in the neck, under the arms or in the groin, but most people who go to their doctor with enlarged lymph nodes do not have HL. Swollen glands often result from an infection, for example a sore throat, in which case the glands in the neck are usually swollen and painful.

Other symptoms of HL may include:

- recurrent fevers
- excessive sweating at night
- unintentional weight loss
- persistent fatigue and lack of energy
- generalised itching or a rash.

These symptoms are also seen in other illnesses such as viral infections and most people with these complaints do not have HL.

This information is from the Leukaemia Foundation booklet *Understanding Hodgkin Lymphoma – A guide for patients and families*. Copies are available from the Foundation (ph 1800 620 420) and can be downloaded from www.leukaemia.org.au.

Understanding Hodgkin Lymphoma

(also known as Hodgkin's Disease)

A guide for patients and families



NEW NATIONAL LYMPHOMA CO-ORDINATOR

The Leukaemia Foundation will appoint a National Lymphoma Co-ordinator to lead a team of support services staff and patient advocates.

The team will produce national educational and support programs for lymphoma patients and their carers, and keep them updated with the most recent treatment information and research that is relevant to Australian patients. The

lymphoma team will enable the Foundation to better highlight the specific care, support and research needs of this growing patient population and advocate for the ongoing improvement of lymphoma services and treatment options. The Foundation also is seeking opportunities to work with other healthcare and research organisations to raise the profile of lymphoma and dedicate significantly more funding to lymphoma research in Australia.

UNLOCKING THE SECRETS OF LYMPHOMA DRUG RESISTANCE

Australian scientists are uncovering the genetic secrets which enable lymphoma cells to cheat death and resist chemotherapy treatment.

Melbourne University postgraduate student, Lina Happo was awarded the Betty Miller PhD scholarship by the Leukaemia Foundation to carry out potentially ground-breaking research into lymphoma drug resistance.

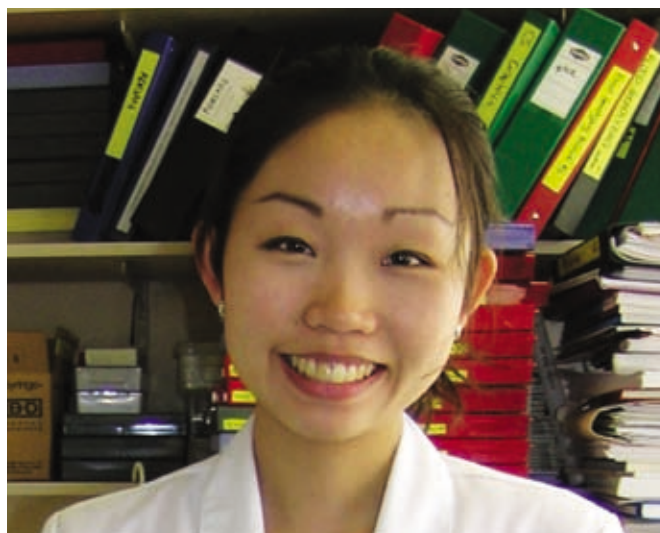
Ms Happo is undertaking her studies at the Walter and Eliza Hall Institute for Medical Research under the supervision of Drs Clare Scott and Andreas Strasser, who are investigating the Bcl-2 gene family.

The Bcl-2 gene family plays an important role in controlling the limited lifecycle of healthy cells by inducing survival or death. However, if these genes are defective in lymphoma cells it appears they enable the cells to resist anti-cancer treatment and survive indefinitely.

Ms Happo is studying mice with lymphoma, in which the cancerous cells are lacking different death-inducing members of the Bcl-2 family.

“Many human lymphomas have mutations or abnormalities in one or more members of the Bcl-2 gene family and we believe these defects are a major cause of resistance to anti-cancer treatment,” said Ms Happo.

“If I can identify the genes critical for controlling this resistance, it is likely we will be able to improve chemotherapy treatment and develop new, more effective anti-cancer drugs.”



Leukaemia Foundation PhD scholar, Lina Happo, is conducting research on lymphoma drug resistance

Ms Happo recently established the combinations of the two known ‘death-inducing’ Bcl-2 genes which allow for successful lymphoma chemotherapy treatment. However, she believes a third unknown gene also may be involved.

Following the completion of her PhD, Ms Happo hopes to continue her research career by undertaking a postdoctoral fellowship.

The first Bcl-2 gene was discovered in B-cell lymphoma patients, where the malfunctioning gene prevented the lymphoma cells from dying and enabled the disease to progress to high-grade lymphoma resistant to anti-cancer treatment.

RISK FACTORS FOR NON-HODGKIN LYMPHOMA

Lymphoma researchers from North America, Europe and Australia recently met in Sydney to share their latest findings at the seventh annual InterLymph meeting where the Leukaemia Foundation was the major sponsor.

With the continued worldwide increase in **non-Hodgkin lymphomas** (NHL), several research groups presented their findings on possible lifestyle and environment risks.

NHL is known to be caused when the immune system is not working properly, such as when it is affected by inherited disorders, immunosuppressive drugs, viruses such as Epstein-Barr virus, and potentially, obesity.

Individuals with specific gene variations could be more susceptible to these risk factors, according to US researcher, Dr Sophia Wang, who believes autoimmune conditions and obesity act partly through a common inflammatory pathway.

Her findings supported British researcher, Dr Eleanor Willett, who suggested that the link between obesity and NHL actually involved “dietary, lifestyle and genetic factors”.

Dr Willett and her research colleagues analysed 18

studies of 10,453 NHL patients to conclude there was little evidence to support obesity alone as a risk factor.

While hair dye has been touted as a possible cause of lymphoma for some time, a strong link has been found, placing up to half the adult population in developed countries, who spend \$12 billion annually on hair dye, at the risk of developing the cancer.

Dr Yawei Zhang from Yale School of Public Health and her research colleagues analysed the personal hair dye use of more than 4500 NHL patients and 5000 controls, to find that women who began colouring their hair before 1980 had a greater risk of developing NHL. After 1980, many hair dye chemicals were changed because they were found to damage DNA or cause cancer.

However, Dr Zhang found women who started dying their hair after this time also had an increased risk of developing **follicular lymphoma**. High frequency and long duration of use as well as permanent, dark colour dyes could place women at greater risk.

InterLymph researchers also reported that asthma, hay fever and recreational sun exposure (which stimulates vitamin D production) may reduce NHL risk.

INVESTIGATING EBV ROLE IN SUPPRESSING IMMUNE SYSTEMS OF NHL PATIENTS

Associate Professor Maher Gandhi and his research team have found evidence that the Epstein-Barr virus (EBV) – a member of the herpes family of viruses which causes diseases such as glandular fever – plays a crucial role in suppressing the immune system of some patients with non-Hodgkin lymphoma.

A novel mechanism of immunosuppression in B-cell lymphomas is the project title of the research Dr Gandhi is carrying out with a grant-in-aid under the Leukaemia Foundation's National Research Program.

Head of the Clinical Immunohaematology Lab at the Queensland Institute of Medical Research and Consultant Haematologist at Princess Alexandra Hospital's Department of Haematology, Dr Gandhi, is undertaking further studies of lymphoma patients to try and understand how EBV helps lymphoma cells stop the body's immune system from destroying them.

There is a lot of variation in the way people with lymphoma respond to treatment. Dr Gandhi believes the variability between individual patients is partly due to the relationship between the lymphoma cells and the "surrounding cellular environment". This relationship could prevent some patients from mounting an anti-lymphoma immune response.



Associate Professor Maher Gandhi from the Princess Alexandra Hospital's Department of Haematology is investigating lymphoma

"If we can understand how lymphoma cells evade the immune system then it will be possible to develop new targeted therapies to improve the outlook of patients with lymphoma," said Dr Gandhi.

FIRST CLINICAL TRIAL IN DARWIN BENEFITS NT LYMPHOMA PATIENTS

The first clinical trial for blood cancer patients in the Northern Territory began at the Royal Darwin Hospital in November 2007.

It follows the successful application by haematologist, Dr Ferenc Szabo, for funding by the NT Government to establish a trial centre in the Top End.

The study involves using a drug called enzasturin to lengthen remission in patients with **diffuse large B-cell lymphoma**. Treatment will span three years and the

progress of participating patients will be followed for a further five years.

Teresa Hyatt, Support Services Co-ordinator in the Northern Territory, said that until now only a few lymphoma patients from the Territory could participate in trials and receive the latest treatments because of the high cost of travelling to participate in trials in other cities.

The trial is still recruiting suitable lymphoma patients. For more information, contact Teresa on 08 8927 9611.

CAROLYN'S BACK PAIN – A LYMPHOMA SYMPTOM

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What helped Carolyn through her ordeal most was having a large network of friends and being in lots of groups.

"I'm pretty open and I decided to tell everyone what was going on," she said. "If I hadn't, it would be going around the town and they'd be buying wreaths in a fortnight."

Lots of people called in to see Carolyn and at every opportunity she showed people her scan.

"This was the right decision for me because I believe if you say something often enough, it loses its power."

Carolyn knows the lymphoma may come back.

"This lymphoma waxes and wanes and the expectation is that I'll have another run in three to five years. I just hope if it happens again I can be brave about it."

Carolyn said the Leukaemia Foundation was a great help by providing lots of information, books, videos and DVDs and she attended several education sessions. "They offered accommodation in Adelaide but I had already been offered accommodation privately so didn't need it." Another "really big help" was the day, when juggling her own medical commitments and her husband's, the Foundation came to the rescue by providing transport. "I don't know what I would have done otherwise," Carolyn said.

LEUKAEMIA FOUNDATION FUNDING NEW DRUG TRIAL

An Australian researcher is trialling a new class of drugs which has the potential to improve chemotherapy treatment for lymphoma patients.

The Leukaemia Foundation has awarded a three-year PhD scholarship to haematologist, Dr Jake Shortt, to evaluate new classes of anti-cancer drugs, including PI3-kinase inhibitors.

PI3-kinase inhibitors stop cancerous cells from multiplying and evading cell death. While still in the experimental stage, it is thought they may selectively kill cancer cells while leaving healthy cells intact.

We think that PI3-kinase drugs should have marked activity in aggressive lymphoma and help improve the effectiveness of chemotherapy treatment, which is currently limited by resistant cancerous cells, according to Dr Shortt.

“Resistant lymphoma cells multiply and ultimately chemotherapy treatment fails with relapsed and/or drug resistant disease,” he said.

“However, PI3-kinase inhibitors appear to sensitise cancerous cells to being killed by chemotherapy drugs without increasing treatment toxicity or side-effects for patients.

“This could mean that by combining chemotherapy treatment with PI3-kinase inhibitors, fewer, if any, resistant lymphoma cells are left after treatment and patients are less likely to relapse.”

Dr Shortt is one of the first researchers to test PI3-kinase

inhibitors in lymphoma. However, a closely related class of compounds has been extensively studied in his laboratory, showing promise in lymphoma.

As part of his research, Dr Shortt is running a pre-clinical trial to test the efficacy and toxicity of PI3-kinase inhibitors in treating aggressive lymphoma when used alone or in combination with chemotherapy.

He hopes his research may lead to PI3-kinase inhibitor drugs being used to treat and improve the outcome for lymphoma patients.

“This is a very exciting time to be involved in blood cancer research with the technological advances in the field and the many new promising agents which are in the pipeline.

“I foresee many previously incurable cancers becoming treatable within my career and so the opportunity to help bring new treatments forward is a great draw-card,” said Dr Shortt who is undertaking his research at the Peter MacCallum Cancer Centre in Melbourne.



PhD scholarship recipient, Dr Shortt

THE AUSTRALIAN BLOOD CANCER REGISTRY

The establishment of Australia's first national blood cancer registry is continuing to gain momentum.

The Australian Blood Cancer Registry (ABCR) project was initiated in 2005, with funding from Roche Products and the support of representatives from clinicians, researchers and patient support organisations, as well as registries, government and pharmaceutical organisations.

When fully established, the ABCR will collect detailed and accurate information on blood cancers to form a central database; providing essential information for research and improved treatment outcomes. Australian cancer registries currently only collect diagnosis and death data which means we lack information about the effectiveness of treatments for blood cancers in the Australian population.

Steady progress has been made towards creating the national registry, according to ABCR Co-Chairman, Dr David Joske.

“I'm excited and energised by the possibilities that are opening up to realise this complex, massive, and potentially rewarding project, both for the haematological clinical community and our patients,” Dr Joske said.

“This year, we expect to get some runs on the board to prove the value of blood cancer databases and to help make our case for wider rollout of the registries in Australia and New Zealand with stable long-term funding,” he said.

Dr Joske's primary focus for the ABCR in 2008 has been to help establish a blood cancer registry in Western Australia.

At the time of print, the registry was scheduled to begin collecting new cases of acute leukaemia in WA, with other



At the ABCR's 2007 Stakeholder Meeting, back row from left, Steve McKechnie, Campbell Tiley, Peter Brown, Michael Legg, Sarah Swain. Front row, Suha Patel, Anna Williamson, Susan O'Brien and David Joske

blood cancers to be added sequentially.

“The WA registry will provide the ABCR with invaluable information on the software, processes, database infrastructure and expertise required to expand the registry nationally,” said Dr Joske.

In 2008, the ABCR is working with several other projects which will support the national registry – including improved pathology reporting – as well as lobbying the Federal Government for support and funding.

In addition, the Lymphoma Wizard – software developed to help haematologists better diagnose and manage the disease – is being deployed.

The Leukaemia Foundation supports the establishment of the ABCR by providing administrative services as the organisation's Secretariat. For more information, contact Dr Anna Williamson on 07 3866 4060 or visit www.abcr.net.au.

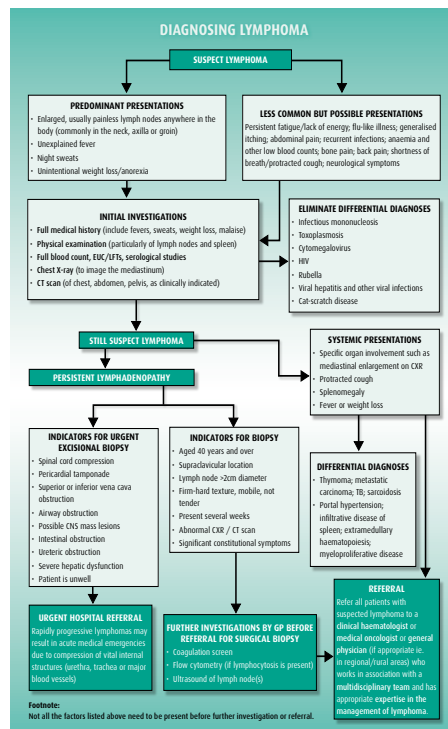
WORLD LYMPHOMA AWARENESS DAY

The main aim of World Lymphoma Awareness Day 2008, held on September 15, was to raise awareness of lymphoma symptoms and diagnosis with general practitioners (GPs).

This year more than 5000 cases of lymphoma will be diagnosed in Australia where it is one of the most rapidly increasing cancers.

Diagnosing lymphoma can be challenging as patients experience a wide range of signs and symptoms and the average GP may encounter only a handful of lymphoma patients during their career.

The Leukaemia Foundation is helping to raise the profile of lymphoma by encouraging GPs to 'think lymphoma' and positioning this increasing health problem on their radar. The result being - that GPs conduct the correct tests to eliminate lymphoma or provide early detection.



A patient's survival is enhanced by early diagnosis, referral to a haematologist or medical oncologist, accurate staging of the disease and the immediate commencement of appropriate treatments.

The Medical and Scientific Advisory Committee of the Foundation has developed a decision support tool that steps GPs through the predominant and less common symptoms, the initial investigations to be carried out and when to refer to a specialist. This tool, called ***Is Lymphoma on your Radar?***, (pictured) has been distributed to GPs throughout Australia and is available on the Foundation's website: www.leukaemia.org.au.

Other events were held in all states and territories to mark World Lymphoma Awareness Day including information seminars for patients and carers presented by haematologists, and GP educational evenings.

MOUTH CARE FOR LYMPHOMA PATIENTS

Information sourced from Myeloma UK information sheets



Good mouth care is important at all times to help ensure your mouth is kept clean, moist and free from infections. However, when you have lymphoma it is essential to be extra vigilant with your mouth care as you may be more prone to a variety of problems including a sore or inflamed mouth, infections, bleeding gums and a dry mouth.

CAUSES OF MOUTH PROBLEMS

When you have lymphoma you may have a weakened immune system because of the disease itself and also as a result of some of the common treatments (eg. chemotherapy and steroids). This can mean you are at an increased risk of picking up frequent or recurring infections. Common mouth infections include the fungal infection known as thrush (or candidiasis) and the viral infection herpes simplex (which often results in cold sores).

Some chemotherapy drugs used in the treatment of lymphoma can cause a variety of mouth problems, especially inflammation or ulceration of the lining of the mouth (known as mucositis). This is because chemotherapy attacks the rapidly dividing cells throughout the body, such as those in

the lining of the mouth. Mucositis can be extremely painful and can, especially after high dose chemotherapy and stem cell transplantation, make eating and drinking very difficult.

Some lymphoma treatments can temporarily lower your platelet count. As a result of this you may notice that you bleed more easily, especially from your gums or the corners of your mouth. This can sometimes lead to painful cracks around your mouth. Another common side-effect is a dry mouth, as many drugs can interfere with saliva production. Though unpleasant and uncomfortable, it is worth remembering that most mouth problems are usually a temporary and very treatable complication of lymphoma or its treatment.

WHAT TO LOOK OUT FOR

It is a good idea to get into the habit of inspecting your mouth every day to detect any visible changes. You need to look closely at your gums, tongue and the lining of your mouth and let your doctor or nurse know if you experience any of the following:

- unusual dryness of the mouth
- redness or swelling of the tongue, lips, gums or the lining of the mouth
- gums that bleed easily or are inflamed
- sores on the lips or at the corners of the mouth
- mouth ulcers
- altered taste or sensation in mouth
- white plaque coating the tongue and the lining of the mouth (this may indicate oral thrush)
- pain or numbness in the jaw or surrounding area
- loose or damaged teeth.

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NEW DRUGS TO TREAT LYMPHOMA AND LEUKAEMIA

Leukaemia Foundation funded researchers at the Peter MacCallum Cancer Centre in Melbourne are developing a promising treatment for leukaemia and lymphoma using experimental drugs.

Associate Professor Ricky Johnstone and his team have undertaken laboratory studies which combine the new class of low toxicity chemotherapy drugs, Histone deacetylase inhibitors (HDACi), and the novel drug ABT-737.

While the researchers found that HDACi drugs were potent killers of leukaemia cells, doubling the survival rate in mice with leukaemia, they also found a protein, called Bcl-2, could stop the drug from working.

However, ABT-737 has been developed to specifically block the production of Bcl-2 and the team reasoned it could sensitise resistant cancer cells to HDACi.

We used experimental models of human leukaemia and lymphoma to demonstrate that combination therapies using HDACi and ABT-737 can kill tumour cells that are otherwise unresponsive to conventional chemotherapeutic drugs," said Associate Professor Johnstone.

"This is a very exciting finding as we now have proof-of-principle that our combination approach is effective in killing cancerous cells that are resistant to HDACi alone.



Associate Professor Ricky Johnstone is developing a promising treatment for lymphoma

"However, there were still some forms of lymphoma that were resistant to this combination treatment."

With further funding, Associate Professor Johnstone hopes to trial the treatment combination in patients.

Both ABT-737 and HDACi drugs are still undergoing preclinical and clinical trials, with neither available commercially for patient treatment.

The Foundation thanks the Bennelong Foundation for generously supporting this research project.

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MOUTH CARE TREATMENTS AVAILABLE

It is important to inform your doctor or nurse as soon as you notice any changes to your mouth so appropriate treatment can be prescribed. Treatments may include:

- anti-bacterial mouthwash (to reduce the risk of infections)
- anaesthetic mouthwash (to relieve pain)
- anti-viral medication (to treat or prevent cold sores)
- anti-fungal lozenges, drops or mouthwash (to treat and prevent oral thrush)
- artificial saliva spray (to help relieve the discomfort of a dry mouth)
- painkillers, eg. codeine or morphine may sometimes be required, often in liquid form or via a syringe driver (for severe mucositis).

Try to get into a routine with your mouth care and ensure you comply with any treatment your doctor has given you. If your mouth is sore, ensure you take painkillers or an anaesthetic mouthwash before you eat. If you do need any invasive dental treatment, it is important your dentist knows about your lymphoma and any treatment you are receiving. It is also advisable to discuss any proposed dental treatment with your haematologist prior to undergoing the procedure.

TIPS FOR SELF-MANAGEMENT

Preventative measures

- Keep your mouth clean by brushing your teeth at least twice a day. Use a soft toothbrush and brush very gently around your gums.
- Avoid flossing your teeth unless you know your platelet count is normal.
- Keep your mouth moist and fresh and try to drink at least three litres of clear fluid a day.

- Use Vaseline or lip balm to help keep your lips moist.
- Keep your dentures clean.
- Visit your dentist regularly, especially prior to the start of any new treatment.
- Avoid smoking and take alcohol only in moderation.
- Inspect your mouth daily and inform your doctor or nurse of any changes.

Coping with a sore, dry or infected mouth

- Take painkillers regularly throughout the day (do not wait until you are in pain).
- Avoid spicy, acidic or salty foods as they can increase irritation in your mouth.
- Avoid alcohol and tobacco as they also can irritate your mouth.
- Eat soft or pureed foods or moisten foods with gravy, melted butter or sauces to make them easier to chew.
- Try to keep drinking as much as possible (use a straw if necessary).
- Eat ice cubes or boiled sweets (they can soothe a sore mouth and help with dryness).
- Avoid wearing dentures for a while if your mouth is very sore or inflamed.
- Ask to be referred to a dietician if you are having problems eating (they can prescribe supplements to boost your nutritional intake).
- Use mouthwashes regularly as they can provide temporary relief.

The information in this article is not meant to replace the advice of your medical team. They are the people to ask if you have questions about your individual situation.

SUPERANNUATION AND INSURANCE RIGHTS FOR LYMPHOMA PATIENTS

Claiming superannuation benefits or getting a new insurance policy can be a legal minefield for lymphoma patients.

To help patients understand their rights, Melbourne-based solicitor John Berrill, from Maurice Blackburn Lawyers, has provided the Leukaemia Foundation with a series of fact sheets. These contain a range of advice, specific to each State and Territory, from claiming disability benefits from your super or insurance policies, to how payouts may affect your Centrelink entitlements.

Mr Berrill has also established a Super and Insurance Advice Service to provide free legal advice to people with lymphoma. Call Maurice Blackburn Lawyers on 1800 810 812.

The fact sheets can be downloaded from the Foundation's website: www.leukaemia.org.au.

NB: this information has been provided independently as a guide only. The Leukaemia Foundation recommends you also consult your legal or financial advisers. If you have any queries, or would like to provide feedback, contact the Foundation at info@leukaemia.org.au.

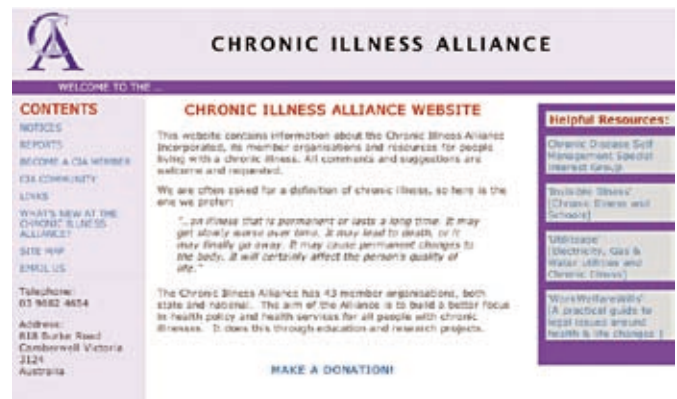
RESOURCES FOR PEOPLE LIVING WITH CHRONIC ILLNESS

Are you struggling with the legal aspects or looking for straight-forward practical information about Centrelink, superannuation, insurance, wills, Power of Attorney, or paying your power, telephone and other utility bills?

The Chronic Illness Alliance in Victoria provides good resources and web-based guides on its website, www.chronicillness.org.au (pictured). On the home page, under the Helpful Resources heading, click on the following:

Workwelfarewills: a practical guide to legal issues around health and life issues. Topics covered include Centrelink entitlements, health privacy, Power of Attorney, guardianship, superannuation, insurance, travel insurance and wills. Some of the information is Victoria-specific.

Utilitease: a guide that assists households with information and resources to help them maintain their gas, water and electricity supplies and access energy concessions, relief grants and other assistance to which they may be entitled.



If you don't have access to the Internet and would like more information about topics covered in either of these guides, contact the Leukaemia Foundation Support Services staff in your state (Freecall 1800 620 420) and ask them to download the specific information you need.

Chronic Illness Alliance, 818 Burke Rd, Camberwell, Victoria 3124. Ph: 03 9882 4654.

EDUCATION AND SUPPORT PROGRAM ACTIVITIES

Lymphoma seminar series	Sept 15 / Nov 18	Sth Brisbane, Qld
Understanding NHL	September 16	Bunbury, WA
Lymphoma information afternoon	September 23	Tamworth, NSW
Lymphoma awareness seminar	September 23	Launceston, Tas
Carer's coffee morning	Sept 26 / Oct 31	Nth Terrace, SA
Lymphoma education/ support meeting	Oct 1 / Nov 5	Box Hill, Vic
Taking Control seminar	Oct 14 / Nov 11	Launceston, Tas
GP Lymphoma education evening	October 29	Mayfield, NSW
Traralgon support meeting	Nov 18	Traralgon, Vic

For more information and a complete list of education and support programs for lymphoma patients and families in your state, visit the education and support programs section on www.leukaemia.org.au.

Leukaemia Foundation Support Services

Ph: 1800 620 420 (Freecall)

New South Wales / Australian Capital Territory

Ann Schiller

Ph: 02 9902 2223

Queensland

Barbara Hartigan

Ph: 07 3840 3840

South Australia / Northern Territory

Steve Marshall

Ph: 08 8273 3515

Victoria / Tasmania

Samantha Schembri

Ph: 03 9949 5824

Western Australia

Sandy McKiernan

Ph: 08 6241 1020

OUR VISION TO CURE AND MISSION TO CARE

The Leukaemia Foundation is the only national not-for-profit organisation dedicated to the care and cure of patients and families living with leukaemias, lymphomas, myeloma and related blood disorders.

The Foundation provides emotional support, accommodation, transportation and practical assistance for patients and their families. It also funds research into cures and better treatments for leukaemias, lymphomas, myeloma and related blood disorders.

The Foundation receives no direct ongoing government funding and relies on the continuous support of individuals and corporate partners to provide its services and to fund its research programs.

To find out more about the work of the Leukaemia Foundation and how we can help, phone 1800 620 420 or visit www.leukaemia.org.au.



Roche proudly supports the Leukaemia Foundation in its educational activities.

Disclaimer: No person should rely on the contents of this publication without first obtaining advice from their treating specialist.