

LIFE IS DAY-BY-DAY FOR DEAN

It was a huge shock for Dean Hunter when he was told he had myeloma in December 2006. The Hobart father of two was only 38 years old and he'd already had a tough couple of years.

After a 20-year career as a carpenter, Dean was on annual leave from his job as a baggage handler, in March 2004, when he fell off a roof while helping out a mate. He hasn't worked since.

Dean started getting severe back pain 20 months after the accident. Some plates and screws were removed from his leg and foot as they were thought to be the cause and he had some physio.

Soon after, when Dean, his wife, Rebekka, and their sons Luke, 14 and Josh, nine, were having a great time together holidaying at Noosa in Queensland, his back pain got worse.

"Before I got to the airport my back was killing me. I thought maybe I'd slipped a disk," said Dean.

An ambulance was waiting for him when they arrived at Hobart airport and he went straight to hospital. Over the next couple of days Dean had blood tests, X-rays, a CAT scan and an MRI.

"Then the doctors came round and diagnosed me with myeloma. I hadn't heard of it. My wife was with me and it was a big shock. It was the week before my 39th birthday."

Dean had a tumour behind his spine. This was surgically removed the following week, the day before his 39th birthday.

"I had part of my spine cut out so I have to wear a back brace all the time," Dean explained.

"I can't lift anything heavy and Rebekka, who works two days a week, helps care for me."

Dean began chemotherapy and radiotherapy in January 2007 and he has tried several different types of chemotherapy to bring down his myeloma level.

In August last year he had a stem cell transplant which again helped reduce his myeloma level, and in September this year he began a new drug, Velcade®.

"I can't do much physically-wise so spend a lot of time at home. I like to socialise with family and friends and watch my boys play sport," said Dean.

"When my health allows, I play cards every Thursday night with some of my closest mates. They have a beer or two and



Dean Hunter with his sons, Luke and Josh

I have lemonade, and we always laugh which helps keep my spirits up.

"For me it's day by day. If I can do something today, then I say do it, don't wait until tomorrow."

The Leukaemia Foundation has provided Dean and his family with lots of support and he has attended information seminars and lunches. Rebekka helped raise funds for the Foundation by taking part in the *World's Greatest Shave*.

"She shaved her hair in April and raised \$18,500 which is the most anyone has raised in Tasmania," said Dean proudly.

MYELOMA IN THE NEWS

NEW TREATMENTS INCREASE MYELOMA SURVIVAL

While myeloma remains incurable, a raft of new and improved treatments has led to a dramatic increase in survival rates in the last decade.

In three recent papers, researchers pointed to the release of the new drugs, thalidomide (Thalomid®), lenalidomide (Revlimid®) and bortezomib (Velcade®).

Used alone or in conjunction with chemotherapy, these drugs along with improved stem cell transplantation have been remarkably effective in treating newly diagnosed or relapsed myeloma patients.

In addition, researchers from Cliniques Universitaires St-Luc in Belgium noted that clinicians were also individualising treatments through gene expression studies.

A team from the German Cancer Research Center and Weill Cornell Medical Centre in New York analysed the survival rates over a decade of more than 26,000 myeloma patients. They found average survival had increased by three years for patients diagnosed in 2002-2004, compared to those diagnosed in 1990-1992.

European Journal of Haematology (2008) Vol. 81, No. 2, pp 83 – 164; Blood (2008) Vol. 111, No. 5, pp. 2521-2526 and pp. 2516-2520.

SURVIVAL RATES HIGHER IN YOUNGER PATIENTS

While myeloma incidence is uncommon in people under 50 years of age, the survival rates are better according to the International Myeloma Working Group (IMWG). After analysing more than 10,500 myeloma patients, of which 1689 were under 50 years, the IMWG reported that younger patients generally had more “favourable prognostic features” which appeared to account for their significantly longer survival. The group also said age remained “a risk factor during conventional therapy”.

Nature Clinical Practice Oncology (2008) Vol. 5, pp. 365-366

NEW DRUG REGIMEN FOR MYELOMA PATIENTS INELIGIBLE FOR TRANSPLANT

Researchers have reported that adding Velcade® to the traditional regimen of melphalan and prednisolone improved the survival of myeloma patients who are not candidates for stem cell transplantation. The two regimens were compared in more than 600 newly diagnosed patients in a Phase III clinical study. The overall two-year survival was 83% for the new treatment compared with 70% for the traditional regimen.

New England Journal of Medicine (August, 2008), Vol. 359 No. 9, pp:906-917

PATIENTS CAN TAKE PART IN THE PBS LISTING PROCESS

Myeloma patients can now comment on medicines being considered for listing on the Pharmaceutical Benefits Scheme (PBS).

They are welcome to have an input into the decision-making process along with other patients, carers, health professionals and consumer groups, thanks to increased transparency of the PBS listing process by the Australian government.

Patients with myeloma can access the drug listing process and provide a ‘patient impact statement’ to the Pharmaceutical Benefits Advisory Committee (PBAC).

The PBAC is an expert, advisory body of health professionals and a consumer representative that meets in March, July and November each year to review applications from pharmaceutical companies for PBS listings.

Patients are invited to provide information for PBAC consideration on how a particular disease has impacted them and the difference a therapy might have on their prognosis.

The PBAC meeting agendas will be publicly available six weeks before each meeting is held. Individuals or groups then have two weeks to complete an online form to explain how they, their family and carers would benefit from the PBS listing of a medicine to be considered at the next meeting.

Comments are then examined by the PBAC and the relevant pharmaceutical company, which has applied for the Government’s subsidisation of the medicine.

To be considered for PBS listing, a medicine must have received marketing approval from the Therapeutic Goods Administration, to indicate that it is safe and effective for treating a particular condition. A medicine may then be recommended for PBS listing if it also meets the PBAC’s criteria of medical effectiveness and value for money.

The agenda for the next PBAC meeting (in March 2009) will be published on January 28 along with the comments form on the Department of Health and Ageing website at: <http://www.health.gov.au/internet/main/publishing.nsf/Content/PBS+Publications+and+Forms-1>.

The comments form is also available in hardcopy on request from the PBAC Secretariat on (02) 6289 7299. The form must be either completed online or the completed hardcopy form returned by February 11. All comments received by the PBAC will be considered.



PHD STUDENT OPENS WAY FOR MYELOMA VACCINE

A vaccine to prevent myeloma patients from relapsing is being developed at the Mater Medical Research Institute in Brisbane.

Leukaemia Foundation funded PhD student, Jennifer Hsu (nee Freeman), has been developing the vaccine under the supervision of Dr Frank Vari.

Jennifer, who is scheduled to submit her PhD in 2009, has defined and validated four antigens for potential use in a myeloma vaccine.

In her laboratory research, the antigens successfully triggered an immune response with dendritic cells inducing T-cells to recognise and kill the myeloma cells.

“The identification of these tumour antigens for myeloma immunotherapy provides hope for the development of an effective immunotherapeutic vaccine that may be able to help prevent relapse in myeloma patients with minimal residual disease,” said Jennifer.



Jennifer Hsu

WHAT ARE CLINICAL TRIALS?

Clinical trials are the vital, final research stage in developing new medical treatments to improve people's health and wellbeing.

They are the most exciting research stage, often following decades of comprehensive investigation, because they herald the arrival of a potential new treatment which can be used in humans for the first time. All new drugs and treatment regimens are legally required to go through clinical trials to ensure they are safe and effective. The benefits, side-effects and cost are also assessed. Clinical trials undertaken in Australia generally involve four sequential phases and in each phase, the number of people involved is increased.

Phase I – determines the safe dosage of a treatment to be given to a patient and whether there are major side-effects.

Phase II – tests how effective the treatment is and collects further information on safety.

Phase III – compares the new treatment with current standard treatments to work out which is best.

Phase IV – after approval, researchers continue to monitor the risks, benefits and optimal use of new treatments.

New treatments which successfully complete a Phase III trial are submitted to the Australian Therapeutic Goods Administration to be approved for general use in treating patients.

Clinical trials give blood cancer patients the opportunity to access a new treatment several years before it becomes routinely available. By taking part in a clinical trial, blood cancer patients also benefit future patients by

enabling researchers to obtain essential information about the possible benefits while reducing side-effects of new treatments – details that cannot be discovered by any other means.

Patients are carefully screened to assess their suitability for a clinical trial and are monitored throughout to ensure they are receiving the most appropriate treatment for their blood cancer.

It is a patient's choice to join a trial. They can withdraw at any time and return to the standard treatment for their type of blood cancer.



RECENT TREATMENT ADVANCES AND

The following is a summary of Dr Laurence Catley's talk at the Leukaemia Foundation's myeloma seminar in July at ESA Village patient and family accommodation centre, Brisbane.

Myeloma is an incurable malignant hematological disorder. It represents approximately 1% of all malignancies and 13% of haematological malignancies in adults. Each year, about 1115 patients are diagnosed with myeloma in Australia, and around 13,200 patients in the United States. The incidence of myeloma increases with age. The mean age of affected men is 62 years (75% < age 70) and for women it is 61 years (79% < 70).

Myeloma is caused by an uncontrolled increase in malignant plasma cells (a form of white blood cells) in the bone marrow. Normally, the immunoglobulin (also called antibodies) produced by plasma cells consists of a heavy chain (IgG, or IgA) in combination with a light chain (kappa or lambda). In a healthy immune system, antibodies consist of an even mixture of kappa or lambda light chain. In plasma cell malignancies, the light chain is either kappa or lambda, but not both. This characteristic constitutes light-chain restriction and the antibodies are called a paraprotein. In normal marrow, less than 3% of nucleated cells are plasma cells. Myeloma is diagnosed by the finding of 10% plasma cells in the bone marrow, a paraprotein, and lytic lesions (areas of thin bone in the skeleton).

Skeletal involvement, characterised by bone destruction, is observed in approximately 80% of patients with newly

diagnosed myeloma. Bone complications result from increased bone resorption (destruction), by cells called osteoclasts, of bone that is not accompanied by increased bone formation. The increase in osteoclast activity in patients with myeloma is promoted by the release of osteoclast stimulating factors by myeloma cells. Most lytic lesions are accompanied by some attempt, albeit incomplete, of repair or bone formation. The bone disease can lead to pain, pathologic fractures, spinal cord compression, and hypercalcaemia (high calcium levels in the blood), and is a major cause of morbidity and mortality in affected patients.

The treatment of bony complications of myeloma has been significantly improved since the introduction of bisphosphonate therapy in the 1990s. Bisphosphonates are incorporated in the bone and inhibit osteoclastic activity (bone destruction). A landmark publication in 1996 showed the results of an international clinical trial demonstrating a markedly reduced number of first skeletal events in patients on bisphosphonate therapy compared to patients who were not. Patients also had significant decreases in bone pain, no increase in scores for analgesic-drug use, no deterioration in quality of life, and longer overall survival.

Bisphosphonates are sometimes associated with manageable gastrointestinal toxicity and kidney dysfunction. In recent years, up to 5-10% of patients have experienced osteonecrosis of the jaw (ONJ), especially after more than two years of bisphosphonate therapy. ONJ is characterized by exposed bone in the jaw that occurs either spontaneously, or

IS IT SAFE TO EXERCISE WHEN DIAG



by Karen Anderson, exercise physiologist

Exercise physiologists can help people with myeloma to become functionally fit. Research shows that exercise is beneficial and starting a physical activity program when you are first diagnosed will help you through your treatment phase.

Exercise can:

- reduce fatigue
- increase the quality of your sleep
- reduce risk of developing secondary cardiovascular complications
- increase your self-esteem and independence
- regain your independence
- reduce the length of your hospital stay
- help walking, standing and general daily household tasks
- give you something fun to do with your carer
- build your muscle strength
- reduce the side-effects of your medication.

Fatigue is a more common problem experienced by people with cancer than pain and nausea. Despite the common

saying: "I feel too tired to exercise", you need to exercise through the fatigue barrier. The way to do this is to start slowly and increase the quantity of exercise gradually so you reduce your level of fatigue rather than increasing it.

Exercise may be the last thing you feel like doing when you have no energy and feel sick, but it does not have to be a 10 km run. There are several simple ways to increase your fitness and there will be days when you won't feel like doing anything, and that is absolutely okay.

Special considerations before you exercise

An important consideration is for the activity to improve your functional fitness and daily living activities. Loss of leg strength is the most common problem for people who are sedentary for periods of time. This can affect standing, sitting, walking, the ability to carry out household chores and most importantly, your balance. It is recommended that you get out of bed and do a few simple exercises to prevent loss in leg strength.

- Do not exercise in the heat, use an air-conditioned room
- Do not exercise if you have a high fever
- Choose exercises that you can do at home or in hospital. Start doing a few exercises a day which will only take a few minutes and slowly build up as you become stronger
- Avoid direct sunlight
- Avoid busy gyms and swimming pools (a low neutrophil count means high risk of infection)

IMPROVED PATIENT SURVIVAL

in association with dental surgery, with no evidence of healing. To prevent ONJ, excellent oral hygiene is recommended, as well as limiting use of alcohol and tobacco. Importantly, dental procedures should be avoided once bisphosphonates have been commenced. Patients who are starting bisphosphonates should have a dental assessment first.

Treatment aimed at reducing the malignant bone marrow plasma cells has for many decades involved the use of cytotoxic chemotherapy such as melphalan, in combination with steroids or radiotherapy. The use of high-dose chemotherapy and a stem cell transplant, as well as novel therapies thalidomide, lenalnamide and bortezomib has extended the average survival by three years. Over 90% of patients achieve a response to these novel drugs in combination with conventional chemotherapy as first-line therapy, which represents a significant improvement over response rates of 40-50% with VAD, or melphalan and prednisolone. These novel therapies are quite well tolerated with manageable toxicity.

Current evidence supports stem cell transplants as recommended first-line consolidation therapy for newly diagnosed patients with myeloma whose health status permits. Many patients achieve significant (>90%) reduction in paraprotein levels after a single stem cell transplant. For those who do not, a second (tandem) stem cell transplant may be of benefit to a significant number of patients. Early trials for stem cell transplants were limited to patients under age 65.

Several studies have now demonstrated that patients over age 65 may also undergo this procedure, and older age and renal failure are not necessarily exclusion criteria.

Consideration of potentially increased post-stem cell transplant morbidity in these patients should be made when planning the procedure. Furthermore, recent studies have shown that novel therapy combinations are superior to stem cell transplant for older patients. Altogether, treatment with bisphosphonates, stem cell transplants, and novel therapies has resulted in a significant improvement in the overall survival of patients diagnosed with myeloma in the last six years, compared to previous decades.

In conclusion, during the last decade there have been major advances in the treatment of myeloma. Improved survival for patients with myeloma has been achieved as the result of the rapid application of new discoveries to the treatment of myeloma. Numerous possibilities exist for current treatment strategies and patients should discuss treatment options with their treating haematologist.

*Associate Professor Laurence Catley MBBS, FRACP, FRCPA
Director, Clinical Haematology, Mater Adult Hospital*



Dr Laurence Catley

NOSED WITH MYELOMA?

- Use good equipment (a low platelet count increases your risk of bruising and bleeding)
- A low haemoglobin reduces oxygen delivery
- Increased pain
- Breathlessness
- Severe nausea or dizziness

Exercise is important for your carer

While exercise is very beneficial for the patient, it is also extremely important for the carer to stay fit. Exercise is a great distraction for both the patient and carer during and after treatment. The carer can spend endless hours at the hospital in support of the patient and this sedentary lifestyle affects their aerobic capacity and muscle strength. It is advisable that the carer starts their exercise program at their current level of fitness and gradually improves. The carer's exercise program can be designed to be carried out with or without the patient.

Places to do an exercise program

When choosing a suitable place to exercise, remember you need an exercise physiologist to help you design your program. Then go and have a look at a few places to make sure they are clean and safe. The centre you choose should be convenient, affordable and a place that you would enjoy going to regularly. If it is not convenient to regularly visit a centre, ask your exercise physiologist to design a home program for you.

Medicare rebates

Medicare rebates are available for people with chronic conditions. This entitles you to rebates for special allied health services like exercise physiologists, physiotherapists, dieticians, podiatrists and psychologists. Your doctor is eligible to allocate five visits to one service or a combination of different allied health professionals.

How to access an exercise physiologist?

You can locate an exercise physiologist in your area by visiting the website of the Australian Association for Exercise and Sport Science (AAESS) on www.aaess.com.au.

AAESS was formed in 1991 and is the peak professional organisation that promotes excellence in, and recognition of, tertiary-trained exercise scientists, exercise physiologists and sports scientists who are in turn committed to best practice and client wellbeing.



MY EXPERIENCE WITH MYELOMA

Mohammad Jillur Rahman's experience with myeloma over the last decade has been testing. He has also learnt a lot. When sharing his story with others, the Darwin secondary school mathematics teacher, 57, compares cancer to 'a weed in a healthy lawn', describing the treatment options as: "You can cut it out (surgery); burn it (radiation therapy); or spray it with chemicals to poison it (chemotherapy)". He returned to teaching in July.

"Back in 1998 I noticed unusual pain on the side of my chest. It turned out to be a plasmacytoma - the singular form of a cancer called myeloma, the second most commonly diagnosed blood cancer. In my case, it occurred in one of my ribs.

"Myeloma affects a patient's bone marrow, causing plasma cells (white blood cells that secrete antibodies to aid the body's immune system) to become malignant. These changes in turn cause lesions, which are like 'punched out' holes in your bones.

"After diagnosing my condition, doctors recommended I undergo radiation treatment in Adelaide. That treatment was scary but ultimately not really painful or time-consuming and it was also very successful. For the next seven years my cancer did not progress and my health was regularly monitored - usually with blood tests but sometimes also with X-rays, MRIs and skeletal surveys.

"Then, in 2007, I began to have similar symptoms to those I'd previously experienced earlier, this time in my head, and a biopsy in my skull confirmed I had more lesions and myeloma again.

"Doctors at Royal Darwin Hospital started treating the problem with three rounds of mid-strength chemotherapy between November 2007 and February 2008. This combination of tablets and intravenous chemotherapy was uncomfortable and gave me headaches and mood swings but was otherwise OK. It was after this treatment that the really testing times began.

"I was sent to the Royal Adelaide Hospital for a stem cell transplant, a procedure which would 'destroy the whole lawn and replant new grass', and was fortunate my sons, Tanzil and Farhan, chose to take the year off from their studies to be with me. I arrived in Adelaide with my younger son, Farhan, on February 3. He took care of my day-to-day needs while Tanzil worked and looked after things in Darwin, checking on us in Adelaide every couple of weeks.

"We were provided with accommodation by the Cancer and Bowel Research Trust, at Hawthorn, about seven kilometres from the hospital, and most of my treatment-related transportation was provided by the Leukaemia Foundation. I can't say enough about how generous and helpful people are from both these organisations.

"After a series of tests, when I was in and out of hospital virtually daily, I had the first round of more aggressive chemotherapy. It wasn't easy to deal with - it made me very sick, nauseous and weak. Eventually my blood counts became normal again and we moved on to stem



Jillur Rahman with sons, Farhan, back left, and Tanzil, back right and his daughter, Taima

cell collection at the hospital. This process was another challenging experience and involved insertion of a double PICC line into a major vein, to deliver fluid, collect blood and extract stem cells. Adult stem cells act as a repair system for the body, replenishing specialised cells and maintaining the normal turnover of regenerative organs. In my case, they acted like seeds to regrow the grass the chemo had destroyed.

"After three weeks to recover from the stem cell collection, chemo and other tests, I was re-admitted to hospital on March 26 for high-dose chemotherapy. This was the most difficult and painful time, filled with nausea, vomiting and my body basically breaking down. A couple of days later the actual stem cell transplant took place. It was an awfully frightening experience. From a big drum, which was placed by my bedside and made everything smell like garlic, the stem cells were thawed, then transfused into my body. It only took about 30 minutes, but was very scary. Then I was again attached to a series of drips and lines and placed in an isolated room. Isolation was also tough but necessary to prevent infections as I no longer had a functioning immune system.

"Every day doctors and nurses took blood tests to see how my blood counts were recovering and after six very difficult days they started picking up. By Day 10, blood was being infused to increase my haemoglobin, and finally, on Day 14, the doctors decided I had enough protection to come out of isolation and recover at home - a week earlier than scheduled. This was also possible because Farhan was around to look after me.

"All in all, the experience was tough. One of the things that made it easier though was the support of my sons, family, friends and colleagues in Darwin and Adelaide. Their warm wishes, cards and prayers really made a difference.

"My health has slowly improved. I have returned to work and am getting back to my normal life with renewed enthusiasm and gratefulness for the second chance I have been given."

COMPLEMENTARY THERAPIES

Source: Myeloma UK website

By focusing on their emotional and psychological wellbeing, some patients have found complementary therapies help alleviate symptoms and side-effects such as nausea and pain.

Using complementary therapies can give patients a feeling of control over their disease and treatment, and carers may find therapies aimed at reducing tension and promoting relaxation especially useful.

Complementary therapies can be used in addition to doctor-prescribed treatments and should not be confused with alternative therapies, which are used instead of conventional treatment. There are many different types of complementary therapies and it is important to choose those that best fits a patient's needs. Some of the more common types are listed below.

Acupuncture

Part of traditional Chinese medicine that uses the balance of the body's own life force to restore wellbeing. Practitioners of Chinese medicine believe the body has a system of Chi (life force) which becomes unbalanced when someone is ill. Acupuncture needles are applied to areas where this flow has been blocked in order to restore balance and health. Acupuncture can be used to alleviate pain and sickness and to relax muscles.

Aromatherapy

The use of essential oils (concentrated plant oils) and massage to reduce stress and improve symptoms of anxiety. The scent and properties of different oils vary and a variety of oils are used to produce different results. It may be best to avoid using oils on the skin when undergoing chemotherapy or radiotherapy as the skin can become very sensitive, but lightly scented candles can be used to help with nausea and aid relaxation.

Massage

Used to relieve muscle pain and tension and can be both therapeutic and relaxing. A trained masseuse will gently manipulate problem areas to ease tightened muscles and relieve pain. Myeloma patients need to tell their masseuse of their condition as forceful massage could cause bone damage.

Meditation

A relaxing mental exercise that can help reduce anxiety, stress and pain. Breathing techniques and concentration are used to relax each part of the body in turn. Meditation can be used to aid sleep and relieve tension.

Reflexology

A specialised form of therapeutic foot massage based on the theory that different areas of the foot represent and are connected with the body's internal organs. Pressure is applied to different points on the sole of the foot to help relieve pain and sickness. This type of massage can be very relaxing.

Reiki

An ancient form of healing which claims to use the body's own energy or life force to restore a sense of balance or calmness, release tension and reduce pain. The reiki healer may channel energy through their hands to various parts of your body. No actual touch is involved in this treatment and



recipients, who can be fully dressed while receiving reiki healing, may feel sensations of heat, cold, vibration and tingling on the skin.

Visualisation

Involves the use of mental imagery while in a state of meditation or relaxation. Picturing oneself within a peaceful scene can encourage a relaxed feeling as a relaxation tool or to reduce stress and anxiety. Other forms of visualisation are more closely linked to the symptoms of illness. Some patients imagine their immune system destroying the myeloma cells or visualise their blood counts coming up.

People thinking of using any of these therapies should look for a qualified, registered therapist with experience in treating cancer patients.

Visit www.naturaltherapypages.com.au for a list of registered practitioners and check on a therapist's qualifications and previous experience.

It is important for patients to let their doctor know about any complementary therapies they are using.



NEW NATIONAL MYELOMA CO-ORDINATOR

The Leukaemia Foundation is in the process of recruiting a National Myeloma Co-ordinator to lead a team of support services staff and patient advocates.

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

The Foundation also is seeking opportunities to work with other healthcare and research organisations to raise the profile of myeloma and dedicate significantly more funding to myeloma research in Australia.

SUPERANNUATION AND INSURANCE RIGHTS FOR MYELOMA PATIENTS

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

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 that is 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 myeloma. 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.

WORLD'S GREATEST SHAVE 2009

12 – 14 March 2009. Mark this date in your diary today and join thousands of Australians who will shave or colour their hair for the Leukaemia Foundation next year.

Visit www.worldsgreatestshave.com to sign up or call us on 1800 620 420 for more information.



EDUCATION AND SUPPORT PROGRAM ACTIVITIES

Myeloma seminar series	Nov 11	Brisbane, Qld
Understanding myeloma	Nov 11	Bathurst, NSW
Understanding myeloma	Nov 12	Dubbo, NSW
Velcade® and Revlimid®	Nov 13	Adelaide, SA
The role of stem cell collection and stem cell transplantation	Nov 26	Sandy Bay, Tas
Transplant support meeting	Dec 4	Melbourne, Vic
Port Pirie support group	Dec 10	Port Pirie, SA
Using complementary therapies	Dec 11	Subiaco, WA
Living with leukaemia, lymphoma & myeloma – a guide for patients & carers	Dec 20	Sandy Bay, Tas

For more information and a complete list of education and support programs for myeloma 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.



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

