

GOOD MATES HELPED CRAIG THROUGH TREATMENT

Craig Kelly's next six-monthly check-up is also his last and it will mark a momentous occasion - 10 years in remission.

"I'll never have to see my oncologist again for the rest of my life," said Craig who was 21 when he was diagnosed with Hodgkin lymphoma purely by chance.

At the time Craig was living in Brisbane and was only one week into a new job when he got a migraine and had to go to the doctor for a medical certificate.

"Luckily he asked if there was anything else he could help me with that day," said Craig, who then mentioned a painless lump near his collarbone he'd had for nearly a month.

"I wouldn't have done anything about it if he hadn't asked and then it may have been too late.

"I thought I'd had a virus and my glands were up and maybe he could give me some antibiotics. Just to be safe, he decided to do a blood test and it showed something wasn't right."

Craig's doctor then arranged for a biopsy of the lump. Within days Craig was told he had Hodgkin lymphoma and began an 18-month regimen of chemotherapy.

"It was all a bit surreal - being a 21 year-old male, fit, and in the prime of life. It wasn't something I was expecting."

Craig described the chemo as "quite shocking" but the experience was made easier by a great support network of friends, particularly a group of friends he'd grown up with in Mackay who had moved to Brisbane to go to university.

"Whenever I got down, there was always someone to say 'harden up'.

And every two weeks when Craig went to the clinic for chemotherapy, five or six of his good mates would join him.

"They'd order in pizza and we'd play Monopoly for four or five hours," said Craig.

"When I was having treatment I was the youngest one there and our group brought quite a bit of life into the room."

Craig would spend a week lying low and recovering from his treatment, then he'd be "back to normal" for a week and he'd go out to house and uni parties.



Craig Kelly and his girlfriend, Michelle Patterson, at the end of the Milford Track

"I used to have a good night on two light beers."

At a 21st party that Craig missed, his friends decided to shave their heads.

"It was hilarious when these six tough rugby blokes walked into the clinic with white bald heads, and the nurses locked up the drugs."

One way Craig chose to tackle lymphoma was by not knowing much about his disease. He wasn't interested in how aggressive it was or the survival rate.

"It didn't matter... I just had to get over it," he explained.

"And having lymphoma absolutely changed my life for the better," Craig said.

"It really gives you perspective and you know who your real friends and family are. It's changed my outlook on life and my empathy for other people."

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CALENDAR GIRLS STAGE CHARITY PREVIEWS

The Leukaemia Foundation will benefit from charity performances of the stage play, *Calendar Girls*.

The movie, *Calendar Girls*, was based on the true life story of a community affected by the death of a man taken at the young age of 53 by lymphoma.

John Baker, who was apparently fit and healthy and "who'd never had a day's illness in his life" according to his wife, Angela, was diagnosed with non-Hodgkin lymphoma in February 1998.

John's many friends in the close-knit picture postcard village of Cracoe in the UK's Yorkshire Dales were shell-shocked and they rallied round Angela and her family, determined to do something positive to help.

From the onset of his illness, John grew sunflowers and gave them to friends and family in the hope that he would have recovered by the time they flowered. Sadly, this was not the case, but the sunflower lives on as a reminder of John's life and has become a symbol for the *Calendar Girls* fundraising.

A scene from the movie explains the significance of the sunflower.

"I don't think there's anything on this planet that more trumpets life than the sunflower. For me, that's because of the reason behind its name. Not because it looks like the sun but because it follows the sun. During the course of the day, the head tracks the journey of the sun across the sky - a satellite dish for sunshine. Wherever light is, no matter how weak, these flowers will find it. And that's such an admirable thing. And such a lesson in life".

The Girls' initial aim was to raise funds for a new sofa for the hospital where John was being treated but the nude calendar of mature ladies they created became a world-wide sensation.

GOOD MATES HELPED CRAIG THROUGH TREATMENT

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After completing his treatment Craig went back to work fulltime and that's where he met his girlfriend of six years, Michelle Patterson. Now they live together and he works as a project manager for a leading technology company.

"The big thing for me is taking time to appreciate the small things and to experience what life is actually giving you, like sunrises, sunsets and the rain.

"We like to go bushwalking and last year we did the Milford Track (in New Zealand) and every 15 minutes we'd stop and just listen," said Craig who enjoys sitting on his front deck when he gets home from work and watching the world, with an occasional beer in hand.

"It's really calming and gives me a sense of peace."

With the approach of a decade in remission, Craig recently contacted the Leukaemia Foundation through the *Talk Blood Cancer* website (www.talkbloodcancer.com).

"I didn't contact them earlier because I wasn't that interested in what I had. But now, if I can I'd like to help or give encouragement to someone else. I feel it's like payback for what I got from my friends and family."



Starring in the Australian stage production of *Calendar Girls*, from left, Cornelia Francis, Amanda Muggleton, Rhonda Burchmore, Lorraine Bayly, Rachel Berger, Jean Kittson and Anna Lee

They have raised more than £1.5 million for leukaemia and lymphoma research and became the subject of a smash hit Hollywood film in 2003, starring Helen Mirren and Julie Walters.

With a subsequent stage play on London's West End, the story continues to delight and raise funds for the British not-for-profit, Leukaemia & Lymphoma Research Fund.

In April 2010, the *Calendar Girls* stage play opens in Australia with a run in Brisbane, Sydney and Melbourne. Continuing the tradition of partnering with a not-for-profit, the Australian production will have three special charity previews - the last dress rehearsal night in each city, and the proceeds will go to the Leukaemia Foundation in Australia. In addition, merchandise sales throughout the season will benefit the Foundation.

The Special Charity Previews are in Brisbane on Wednesday April 7 at the Queensland Performing Arts Centre, in Sydney on Wednesday April 28 at the Theatre Royal Sydney, and in Melbourne on Wednesday June 16 at the Comedy Theatre.

Visit www.qtix.com.au to book for the Brisbane charity performance and www.ticketek.com.au to book for the Sydney and Melbourne charity performances. Sunflower merchandise is available at the performances and online at <http://www.leukaemiashop.org.au/bringing-sunshine>.



Craig's mates were a constant source of support

TOP LYMPHOMA TIPS

"I always used to eat chocolate before chemotherapy. I found it was one of the few things that tasted good on the way back up. And icy poles are great for numbing your gums and seemed to stop the aches in my mouth."

Craig Kelly, Queensland

CLINICAL TRIAL TO IMPROVE DIAGNOSIS & TREATMENT FOR HODGKIN LYMPHOMA

The Leukaemia Foundation, in partnership with Cancer Australia, is co-funding a Phase III clinical trial to help improve survival rates for Hodgkin lymphoma.

The clinical trial is being run in Australia and New Zealand by Associate Professor John Seymour from the Peter MacCallum Cancer Centre, and his colleagues Dr Judith Trotman, Dr Leanne Berkahn, and Professor Michael Fulham.

The clinicians hope to predict long-term treatment response and risk of disease progression for newly diagnosed advanced stage Hodgkin lymphoma patients, using Positron Emission Tomography-Computerised Tomography (PET-CT) scanning.

“Using PET-CT in the early assessment of treatment response will allow us to evaluate the strategy of selectively providing more intensive therapy to those patients with a poor prognosis, and a de-escalation of treatment to minimise long-term toxicity for those with a good initial response,” said Professor Seymour.

“Results of this study are likely to very quickly change the standard management of Hodgkin lymphoma,” he said.

The clinical trial has been co-funded by the Leukaemia Foundation and Cancer Australia for three years as part of the Priority-driven Cancer Collaborative Research Scheme (PdCCRS).

The PdCCRS is a federal government program to fund research that reduces the impact of cancer on the community and improves outcomes for people affected by cancer.



Associate Professor John Seymour

Leukaemia Foundation of Australia CEO, Peter Cox said having lymphoma recognised as a national research priority was an important outcome.

“The Leukaemia Foundation had identified lymphoma as a significantly under-funded disease in proportion to its incidence in the Australian community,” Peter said.

“Cancer Australia agreed and listed lymphoma as a key research priority for the PdCCRS in 2009 and beyond. This is excellent news for the many people diagnosed with lymphoma each year in Australia.”

LOW-DOSE RADIATION IS HIGH RISK FOR SECOND CANCERS

Low-dose radiation treatment for Hodgkin lymphoma puts children at a significant risk for second malignancies, according to researchers at Stanford University Medical Center in California, U.S.

Lead author, Dr Maureen M. O'Brien who is now at Cincinnati Children's Hospital Medical Center, Ohio, said “because it is now well established that radiation exposure is associated with the development of second cancers, particularly solid tumours later in life, we wanted to find out if adult survivors treated with a lower dose radiation based protocol as children would suffer second cancers.”

In a February 1 online paper in the *Journal of Clinical Oncology*, Dr O'Brien and her colleagues reported on 110 paediatric Hodgkin lymphoma survivors who received chemotherapy and low-dose radiation between 1970 and 1990.

The children were treated with two treatment protocols that included six cycles of chemotherapy in addition to various doses (15 to 25.5 Gy; and 10 Gy) of radiation to bulky sites.

During follow-up over a median of 20.6 years, 18 patients developed at least one second cancer, including four cases of

leukaemia, 17 solid tumours, five thyroid cancers, six breast cancers and four sarcomas (cancer of connective tissue).

The estimated cumulative incidence of a second malignancy was 17% at 20 years and 29.4% at 30 years after diagnosis.

“The majority of the risk is due to solid tumours with a cumulative incidence of 14.3% at 20 years...and 27.2% at 30 years.”

Among patients who developed solid tumours, the mean five-year disease-free survival was 76%, and the mean five-year overall survival was 85% (with a median follow-up of five years since the diagnosis of the initial second cancer).

Dr O'Brien said these results supported the need for continued basic science research to better understand the genetic factors that predispose some survivors to develop second cancers while others do not, despite exposure to similar treatment.

“The results are a reminder of the importance of the need for ongoing care and education of cancer survivors, with close surveillance and screening for second cancers as well as other long term effects of treatment,” said Dr O'Brien.

HOW TO COPE WITH THE SIDE-EFFECT OF HAIR LOSS

From Lymphoma Matters, courtesy of the Lymphoma Association, UK

Many people experience hair loss (sometimes referred to as alopecia) as a side-effect of treatment. Hair loss can be one of the most distressing side-effects because hair is a large part of self image and identity. Men might have the added upset of losing their facial hair. Hair loss can affect self-esteem and confidence. Being informed, supported and practically prepared may help to make it easier to cope at this emotional time.

HAIR LOSS DUE TO CHEMOTHERAPY

Why does chemotherapy cause hair loss? Chemotherapy drugs kill lymphoma cells, but they also affect healthy cells, in particular those cells that divide rapidly. Hair loss occurs because chemotherapy damages the cells of the hair follicles in the skin and the follicles are unable to make new hair cells. Hair loss following chemotherapy is usually only temporary and when treatment has finished the hair starts to grow back.

Does everyone lose their hair? No. Although many chemotherapy drugs used in the treatment of lymphoma cause hair loss, not everyone will lose their hair.

How much hair will I lose? This will vary. Generally people who have chemotherapy will lose all the hair on their head, but some people only have partial loss and others none at all. Hair can also be lost from the eyebrows, eyelashes, pubic area, and under the arms. Some men may lose hair from their beards and moustaches.

When will it start to fall out? Hair usually starts to fall out a couple of weeks after treatment has started, but can sometimes start within the first few days. Some people find that their hair falls out evenly, whereas for others hair loss is patchy.

How long will it take to grow back? Hair may begin to grow back very fine, but will probably return three to six months after treatment has finished. Hair growth is very individual and some may find it takes longer to grow back. Sometimes the new hair may be a different texture, possibly curlier, or even a different colour. This is normal.

HAIR LOSS DUE TO RADIOTHERAPY

Why does radiotherapy cause hair loss? Radiotherapy uses high energy rays which destroy cancer cells. These are like X-rays, but are given in higher doses. The rays of radiotherapy cause changes to a cell. This stops the cell from dividing and kills it.

Will I lose all my hair? No. Radiotherapy is a treatment that is delivered to a precise area of the body. In those who receive radiotherapy, hair loss occurs in the area that is being treated.

When will it start to fall out? Hair loss most commonly occurs towards the end of treatment and then the hair often falls out quite rapidly.

How long will it take to grow back? Hair loss following radiotherapy is usually only temporary. On average it takes six to 12 months for hair to grow back after treatment has finished. Sometimes hair will grow back curly or with a slightly different texture. A few people may experience permanent loss of hair in the treated area. This will depend on the dose of radiotherapy and should be explained to you before your treatment starts.

SUPPORT

Losing your hair can be a blow to your self-image and can be a reminder that you are undergoing treatment. Spending time with people helps to build up confidence and makes it easier to adjust to going out.

Before treatment starts

- Long hair can be cut shorter before treatment. This will reduce the weight of the hair pulling on the scalp and possibly minimise hair loss. It might also make it easier to cope when the hair starts to fall out.
- Men can shave their beards/moustaches before treatment starts, to allow time to adjust to a different look. It can also give back a sense of control.
- Experiment with trying on hats to see what style suits you. Styles found to be popular are baseball caps, berets, bandanas and hats. Avoid straw hats as these can irritate the scalp.
- Order a wig as soon as possible to allow for a close match to your natural hair colour. Wigs come in many different styles and colours. Some people take this opportunity to explore different looks.

Once treatment starts

- Take care to follow any instructions given to you by the radiographer, nurse or doctor about the use of soaps, shampoos and baby lotions.
- Try not to brush or comb your hair too hard. A wide-toothed comb or soft baby brush may be more comfortable to use, especially if the scalp is tender.
- Try using gentle hair products such as baby shampoo, as these will not cause the hair to become too dry or irritate the scalp.
- Wash your hair using tepid rather than hot water.
- Avoid rubbing hair dry as this puts unnecessary strain on the strands. Try patting it instead.
- If you are receiving chemotherapy, it is advisable to avoid any chemicals such as those used in hair dyes and perms. Residual chemicals may still be present in the hair strands, which may react.
- Heat can cause the hair to become dry and break, so it's best to avoid using heated rollers, hair dryers and hair straighteners.
- Avoid using elastic bands and rollers at night, which may damage hair. Plaiting hair can also cause unnecessary strain.
- Try wearing a hair net or towelling turban at night. This will catch the hairs when they fall out and keep your head warm.
- Rubber gloves can be helpful in removing hair from bed linen.
- The loss of eyelashes can cause eyes to become more sensitive. Sunglasses can give some protection.
- Using make-up can help to boost confidence. Eyeliner and eyebrow pencil can be used effectively to disguise lost eyebrows and lashes.
- A wig liner can be used under any headwear for added comfort. They are extremely soft and made from 100% cotton. Try www.lusciouslids.com.

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DISPLAY RAISES AWARENESS ON KANGAROO ISLAND

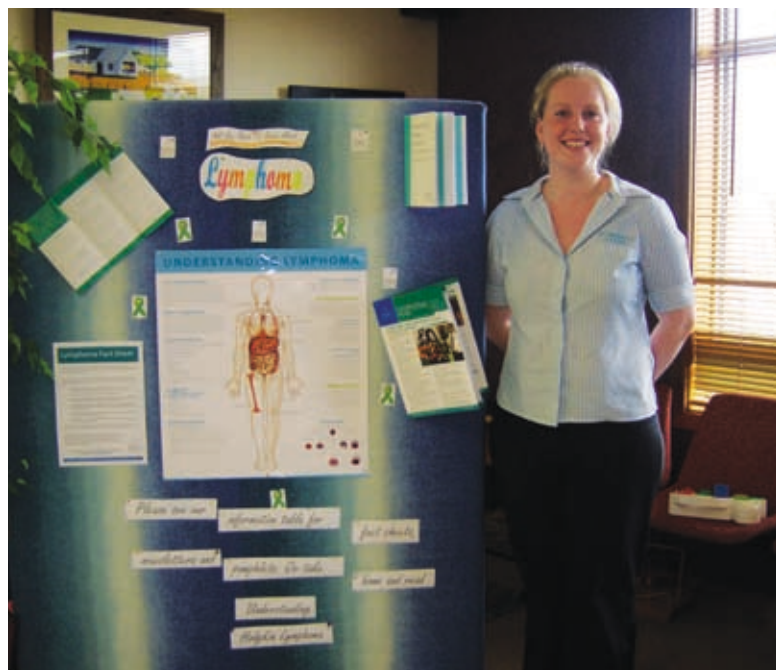
To help raise awareness of lymphoma, the Leukaemia Foundation provides materials for educational displays at a range of venues.

In December, the Kangaroo Island Medical Clinic set up a display in the foyer so patients and families could learn about lymphoma and the impact this form of cancer can have on families. Information was also provided on how the Foundation can support people who are diagnosed with the disease.

Each year almost 5000 Australians are diagnosed with lymphoma – that's around 700 more people than the regular population of Kangaroo Island.

Kangaroo Island Medical Clinic receptionist, Sally Campbell, said there had been keen interest in the display that included a lymphoma poster, the *Lymphoma News*, the Foundation's *Understanding Lymphoma* educational booklet, fact sheets and a brochure.

"A few people have asked for a copy of the booklet because they know people with lymphoma and they want to learn more about the disease," said Sally.



Sally Campbell beside the lymphoma display at the Kangaroo Island Medical Clinic

LATEST RESEARCH DATA FROM ASH 2009 MEETING

This summary of 'what's hot in lymphomas', particularly non-Hodgkin lymphoma (NHL), is from new data presented at the 2009 American Society of Hematology (ASH) meeting in New Orleans, last December.

NHL is a varied group of diseases that affects white blood cells and has a distinct clinical appearance, subtypes and actions.

The German and French NHL groups methodically take each new potential treatment regimen and compare it in a randomised trial to the current standard of care to determine which is better, in terms of safety, tolerability or effectiveness. In New Orleans, several interesting studies in indolent (slow growing) NHL were presented for discussion.

The standard of care for NHL is likely to change soon with new data on the bendamustine-rituximab combination looking to overtake standard R-CHOP in first line treatment of newly diagnosed patients.

At ASH, Germany's Dr Mathias Rummel presented data from a study of bendamustine plus rituximab (BR) versus R-CHOP in patients with indolent lymphoma. Most of the study population were patients with follicular lymphoma (50%), 20% have mantle cell lymphoma and the remainder, other indolent lymphomas.

The complete response rate and progression-free survival both significantly favoured BR. The two-drug regimen versus the five-drug R-CHOP regimen was associated with a far superior safety profile, with patients having much less neutropenic fever and all the other associated side-effects seen in patients with R-CHOP.

Dr Owen O'Connor from the NYU Cancer Institute for Clinical Research described the study as having the potential to change the way we think about treating indolent lymphomas, although the BR regimen will inevitably cost more than R-CHOP.

Whether a shorter R-CHOP regimen over 14 days would lead to better results than the standard 21-day regimen is a long-standing issue. Dr Pfreundschuh and colleagues from Germany have long suggested that accelerated CHOP-based chemotherapy was superior to classic or conventional R-CHOP21 therapy, based on data from the Ricover trial.

However the French presented data from the GELA trial, which demonstrated that R-CHOP21 (given in 21-day cycles) was superior to R-CHOP14 (given in 14-day cycles), both in terms of safety and toxicity profile, as well as efficacy, presumably because the shorter regimen was associated with more adverse events. Patients in the French study were aged over 65 so these results may apply to that specific population, where tolerability is very important.

Many interesting compounds are now being tested in NHL, such as AT-101 and ABT-263. Both compounds appear to have manageable tolerability in the phase I trials completed to date and the idea behind ABT-263 probably favours the strongest outcomes in follicular lymphoma. Future studies may see either agent in combination with rituximab, to determine if efficacy and tolerability can be further improved.

Additional suggestions of new agents in development in NHL from Novartis and Roche include:

- Use of mTOR inhibitors such as everolimus (Afinitor) offers a potential new therapeutic strategy for patients with refractory Waldenström macroglobulinemia, a rare, indolent NHL.
- RO5072759 (GA101), the first humanised and glycoengineered type II monoclonal anti-CD20 antibody to enter clinical trials, is being explored as a single agent in phase II in relapsed/refractory indolent/aggressive NHL and B-CLL and in combination with chemotherapy in a phase Ib study.

PHONE FORUMS CONNECT PEOPLE

The Leukaemia Foundation now offers a new level of support for regional lymphoma patients and families – a telephone support program.

The lymphoma telephone forums, held on the fourth Thursday of every second month, are designed specifically for patients in regional and remote areas who cannot access the Foundation's established education and support program. This new support service is also available for metropolitan patients, particularly those who have difficulty accessing the Foundation's regular education activities.

Participants can discuss any issue that arises from living with lymphoma and share their experiences. People can talk with others who are affected by the disease, as well as provide tips, education and support for each other in a relaxed forum.

To join the telephone discussion, simply register by calling or emailing the Foundation (details below). Once you have registered you will receive a phone number, a PIN access code, and details of the next lymphoma telephone forum.

The cost to take part is free for regional and rural patients and is only the cost of a local telephone call for metropolitan participants.

The forums are facilitated by the Leukaemia Foundation's National Support Services Manager, Anthony Steele, who has a background in haematology nursing.

To learn more and to register, contact Anthony Steele on 07 3866 4061, lymphoma@leukaemia.org.au or contact your local Support Services Coordinator on 1800 620 420.

LYMPHOMA DIAGNOSTIC TOOL ASSISTS GLOBALLY

A diagnostic tool developed by the Leukaemia Foundation is now helping GPs around the world to diagnose lymphoma early.

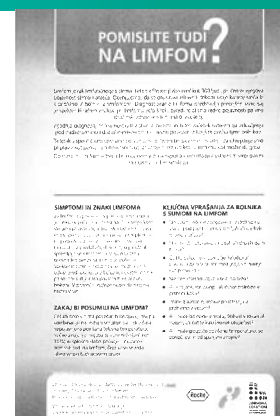
In 2008, the Leukaemia Foundation developed a diagnosis pathway to allow Australian GPs to diagnose lymphoma early, as early diagnosis and treatment has proven to lead to better patient outcomes.

This diagnosis pathway has now been translated into multiple languages and reprinted around the world through the efforts of the Lymphoma Coalition – an international coalition of organisations dedicated to promoting lymphoma awareness and research.

The chair of the Lymphoma Coalition is Dr Anna Williamson, the Leukaemia Foundation's General Manager, Research, Advocacy and Patient Care.

It is a testament to the work of the Leukaemia Foundation that organisations around the world use materials developed in Australia to promote lymphoma awareness, support and research.

Australians are in the enviable position of having access to treatments and services that are not available in many other countries. However, continual investment, support and research are needed until the discovery of cures for all lymphomas.



The lymphoma diagnostic tool has been translated into Slovenian

HOW TO COPE WITH THE SIDE-EFFECT OF HAIR LOSS

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- Tying an attractive scarf around your head can keep you warm on cooler days and protect your scalp from the sun. Scarves also make a nice change from a hat, and they need to be at least 50cm long to be able to cover the scalp.
- Turbans are also a popular alternative and are available in a variety of materials including cotton, towelling and velvet.
- Earrings, necklaces and make-up can draw the eyes away from the head.

Caring for your scalp

- Wearing a hat can help protect the scalp from the sun and retain heat during winter.
- Sun block cream is advisable if a hat is not worn, even during cold weather, as the skin is still susceptible to damage from the sun, wind and cold.
- If the scalp is dry, try a mild, unperfumed moisturiser. If the scalp becomes flaky, moisten some cotton wool with natural oils such as almond or olive oil and gently massage into the scalp.
- Try using a milk baby shampoo as a medicated shampoo may aggravate the scalp. Avoid frequent washing.

- Aloe vera lotion gently massaged onto the scalp is known to have a soothing effect.
- If you notice spots or the scalp feels moist, let the team at the hospital know as this may indicate infection.
- Use pillowcases made of 100% cotton rather than man-made fibres which can irritate the skin.

When your hair starts to grow back

- The scalp may itch as hair grows back. Moisturising the scalp and more frequent shampooing.
- Hair can usually be styled when it is 2.5 – 5cm long.
- It is advisable to wait one year following treatment before colouring or perming hair. Residual chemicals may remain in the hair strands which may react with other chemicals used in the colouring or perming processes. Hairdressers can advise on natural products such as henna or vegetable-based colourants.

The Cancer Council has a wig service that sells new and near new wigs to people experiencing hair loss as a result of cancer treatment. Other headwear is also available. Ph: 13 11 20.

ASHLEY'S LIVING WELL WITH A RARE LYMPHOMA

In November 2005 at the age of 37, Ashley Zanker was diagnosed with an extremely rare type of low-grade lymphoma.

He was working as a critical care nurse part-time at the Warrnambool Hospital at the time.

Ashley appeared fit and healthy and the first indication that his immune system "wasn't at its best" was when lots of antibiotics didn't shake a "shocking ongoing root canal infection" discovered after having a tooth removed.

He also experienced an occasional dull ache in his lower abdomen, which he put down to a torn muscle or strain, or perhaps a hernia. But after two months, and feeling tired and rundown, Ashley went to his GP who ordered a blood test and an ultrasound of his abdomen.

The ultrasound didn't show anything and the operator, who Ashley knew, decided to check a bit further. This showed his kidneys and liver were fine but his spleen was "a bit big".

Ashley went back to the doctor two weeks later with the ultrasound result and to find out about his blood test. They showed grossly abnormal white blood cell and lymphocyte counts and pointed to non-Hodgkin lymphoma.

"It was as much of a shock to my GP - a friend who also had delivered our children - as it was to me," said Ashley.

"We are lucky to have a haematologist in town who I knew personally, so within 24 hours my diagnosis was confirmed."

Ashley had a very rare splenic marginal zone lymphoma and was young to have this slow progressing form of cancer.

"I shouldn't have had it all, and certainly not for another 30 years," he said.

A CT scan showed a grossly enlarged spleen and other tests including a bone marrow biopsy indicated no other lymph nodes were involved. The disease was coming from the spleen.

"The approach for me was to sit and wait and see. If I became grossly ill, the first line of treatment was to remove my spleen," Ashley explained.

As a precaution against infection, which is very common once a spleen is removed, Ashley had his tonsils taken out and had a course of immunisations. A couple of months later, in March 2006, Ashley's spleen was removed.

"It was enormous and weighed nearly two kilos. They hoped my bloods would then recover but initially they got worse. Then they got progressively better. Now all my counts are pretty much back to normal," he said.

After his diagnosis, Ashley read some literature about Chinese herbal medicine and went to see a doctor in Melbourne who had training in this area. She suggested a mixture of roots, berries and tubers that were to be taken twice per day. Five years later, Ashley still takes it once a day.

"My haematologist is happy as long as he knows what's in it," said Ashley.

When he found out he had lymphoma, Ashley had a lot of sick leave up his sleeve, so he took a seven-month break from work to focus on getting fit and recovering.

Ashley's wife is also a part-time nurse and they have two young children.



Ashley Zanker kayaking with his family at Warrnambool

"My wife bought a juicing machine and we had lots of fresh vegetable and fruit juices which are immune boosting. I did a lot of walking and decreased the stress in my life so I was in the best situation to recover.

"My wife increased her work hours and I spent a lot of time with the kids at home," said Ashley who went back to part-time work in July 2006.

"I'm not in remission but I don't have any symptoms, just the low grade lymphoma," said Ashley, and he's not worried about his condition.

"Hopefully I'll be 84 or 86 and I'll fall off a boat while water skiing. I'm the optimist and my wife is the pessimist. It hovers in the back of her mind, but as far as I'm concerned I'll get old, miserable and grumpy."

** As some complementary therapies actually work against conventional treatment regimens, it is important that all vitamin and herbal remedies you may wish to take are discussed with your treating doctor.*

TOP TIPS

Have you got a top tip for living well with lymphoma? Would you like to share it with other readers of *Lymphoma News*? Send your top tips to: lymphoma@leukaemia.org.au.

"Some people expect you to always feel positive to fight the good fight against lymphoma. I can tell you that that is just not possible. Take the pressure off yourself and let yourself feel whatever it is you feel. Once you have acknowledged how you feel honestly, you can then choose how you want to deal with those feelings. To me, this is a healthy way to cope with having lymphoma. Don't let other people tell you how you should feel – we are all doing the best we can." Melinda, Victoria

EDUCATION AND SUPPORT PROGRAMS

NEW SOUTH WALES		
April 2010		
7 Apr	10.00am	Clinical Trials, Tamworth
8 Apr	10.00am	Support Group, Warnervale (also 10 Jun)
19 Apr	10.00am	Blood Cancer Network Meeting, Parramatta
23 Apr	10.00am	Patients and Carers Morning Tea, Grafton
29 Apr	10.30am	Lymphoma Support Network, Albury
30 Apr	TBA	Lymphoma Education Day, St Leonards
May 2010		
11 May	10.30am	Complementary Therapies, Coffs Harbour
13 May	2.30pm	Support Group, San Remo
18 May	11.00am	Complementary Therapies, Port Macquarie
24 May	10.00am	St George Area Lymphoma Support Group, Keogarah
June 2010		
1 Jun	11.30am	Understanding Chemotherapy, Taree
8 Jun	10.30am	Understanding Chemotherapy, Coffs Harbour
9 Jun	11.00am	Carers' Health and Wellbeing, Rockdale
15 Jun	11.00am	Bone Marrow Transplants, Port Macquarie
QUEENSLAND		
April 2010		
28 Apr	11.30am	What Patients Want to Know: Addressing the most common questions regarding the diagnosis, treatment & future implications of lymphoma, ESA Village South Brisbane
June 2010		
9 Jun	11.30am	Autologous Transplants in the Treatment of Lymphoma, ESA Village, South Brisbane
SOUTH AUSTRALIA		
April 2010		
7 Apr	10.00am	Coffee Morning, Victor Harbor
14 Apr	10.00am	Coffee Morning, Noarlunga (also 12 May, 9 Jun)
June 2010		
2 Jun	10.00am	Coffee Morning, Victor Harbor (also 9 Jun)
26 Jun	10.00am	Patient Conference, Hilton Hotel, Adelaide
VICTORIA & TASMANIA		
April 2010		
1 Apr	10.00am	Transplant Education & Support Meeting, Preston
7 Apr	10.00am	Lymphoma Education & Support Meeting, Preston (also 5 May, 2 Jun)
11 Apr	11.00am	Blood Cancer Support Group, Launceston (also 20 Apr, 18 May, 15 Jun)
13 Apr	10.00am	Look Good Feel Better program, Preston
	10.45am	Taking Control, Hobart
	10.00am	Latrobe Blood Cancer Support Network, Traralgon (also 11 May, 8 Jun)
15 Apr	10.30pm	Baw Baw Blood Cancer Support Network, Warragul (also 20 May, 17 Jun)

21 Apr	10.00am	Session 1: <i>Understanding Blood Cancers</i> , Bendigo
22 Apr	1.00pm	Blood Cancer Support Network, <i>Medications: Q&A Session</i> , Ballarat
27 Apr	10.00am	<i>Understanding the Role of Complementary Therapies</i> , Launceston
28 Apr	11.00am	<i>Lymphoma – New Trends & Treatments</i> , Hobart
	10.00am	Session 2: <i>Coping with a Blood Cancer</i> , Bendigo
May 2010		
4 May	TBA	Support Group, Hobart
5 May	1.30pm	South Gippsland Blood Cancer Support Network, Leongatha
	10.00am	Session 3: <i>Financial Impact of a Blood Cancer</i> , Bendigo
12 May	10.00am	Session 4: <i>Navigating the Hospital System</i> , Bendigo
13 May	10.00am	Mornington Coffee Mornings, Frankston
June 2010		
TBA	10.00am	Patient Conference: <i>Managing Treatment Side-Effects & Supportive Care</i> , Melbourne
3 Jun	10.00am	Transplant Education & Support Meeting, Preston
23 Jun	TBA	<i>Understanding Lymphoma</i> , Launceston
24 Jun	10.00am	Blood Cancer Support Network, Ballarat
WESTERN AUSTRALIA		
June 2010		
24 Jun	1.00pm	<i>Managing Fatigue</i>

NATIONAL TELEPHONE FORUMS		
April 2010		
22 Apr	7.00pm (ESDT)	Lymphoma Telephone Forum
27 Apr	TBA	Transplant Telephone Forum
June 2010		
22 Jun	TBA	Transplant Telephone Forum
24 Jun	7.00pm (ESDT)	Lymphoma Telephone Forum

For more information, visit the education and support programs section on www.leukaemia.org.au.

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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.

Roche proudly supports the Leukaemia Foundation in its educational activities through an unrestricted education grant.

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

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.

