

PETER HAS MADE THE MOST OF LIFE WITH LYMPHOMA

Having relapsed with lymphoma seven times since his diagnosis 20 years ago, Peter Daniel understandably takes a philosophic approach to life.

“Each relapse is simply a barrier that gets in the way for a while,” explains Peter, 51, of Wollongong.

“It’s a matter of dealing with things and not letting yourself get overwhelmed. I’ve accepted lymphoma as my lot in life and get on with living regardless.”

Peter describes himself as an “outdoors freak”. He believes being physically fit and having plenty of positive things to do have added to his will to live and desire to overcome the setbacks.

“You have your moments, and when I was first diagnosed I questioned ‘why me?’. I felt sorry for myself for a while, then decided to just get on with things,” he said.

“Fear of the unknown is the biggest challenge. The more information you can get to make decisions does help ease the burden and you can move on.”

Peter noticed a swelling of his lymph nodes in February 1991. Having worked as a paramedic for the ambulance service for more than a decade, he wasn’t unduly alarmed but was very concerned.

“But as the swelling wasn’t painful and I hadn’t had an infection, I went to see my doctor,” said Peter, and a biopsy showed he had non-Hodgkin lymphoma (NHL).

After being treated for three months, Peter was given the all clear and he got on with life. That included getting back to work, keeping fit playing competition squash, and resuming his love of outdoor extreme sports like climbing, abseiling, canyoning and bush walking.

Nine years later, a symptom signalling his first relapse occurred as Peter and his wife, Vicki, were heading off on a sailing holiday. When they returned the following week, Peter saw his doctor and discovered NHL had infiltrated his bladder. Despite “fairly significant side-effects”, Peter had a good response to the CHOP and MabThera regimen and in June 2000 his CT scan was clear.

“I knew I’d have this (lymphoma) for a long time, so I was saving my sick leave,” said Peter, who tended to continue working during chemotherapy.

His next relapse was in April 2004 and he had a complete response from that treatment routine - COP. Then, after another relapse two years later, Peter had yet another treatment regimen (RICE) prior to an autologous bone marrow transplant in July 2006.



Peter, with wife Vicki, holds the gold coin from his German donor

Within a couple of months he was back in training and in mid-2007 Peter did the rigorous paramedic Special Casualty Access Team training program, which he said was the most physically and mentally demanding course in the ambulance service.

In December 2008, shortly after completing a clinical trial for MabThera, Peter was on a two-day training session in the Blue Mountains when he noticed his legs “weren’t working as they should”. He was referred to a neurologist and was diagnosed with Guillain-Barre Syndrome - this was unrelated to his lymphoma.

“My peripheral nervous system was very affected. I had virtually no motor activity to my lower limbs and could barely walk,” said Peter, who gradually recovered and within three months he was back on deck.

In November 2009, severe pain accompanied his sixth relapse with lymphoma. He had enlarged nodes in his chest and abdomen and was put on another chemotherapy regimen - fludarabine and cyclophosphamide.

“I resigned from work, then thought, hang on. I had second thoughts and asked for my resignation to be put on hold.”

Continued on page 2

FOUNDATION FUNDS SYSTEMATIC SEARCH FOR LYMPHOMA GENES

Researchers at the Peter MacCallum Cancer Centre in Melbourne are using new DNA sequencing technologies to decipher the genetic cause of lymphoma.

Funded by a \$100,000 Leukaemia Foundation Grant-in-Aid, the researchers have begun systematically searching a model of Burkitt's B-cell lymphoma for genetic and epigenetic* changes contributing to lymphoma development.

Team co-leaders Dr Richard Tothill, Associate Professor Ross Hannan, Associate Professor Ricky Johnstone and Dr Gretchen Poortinga are using 'next-generation sequencing' to generate DNA sequence and epigenetic maps during disease progression in lymphoma and precursor B-cells.

Dr Richard Tothill said the research project was only feasible due to recent technological advances in gene sequencing.

"Next generation sequencing technology is driving huge international efforts to characterise thousands of cancer genomes," said Dr Tothill.

"In our case, we're using the technology to study an important model system for lymphoma. We believe this will answer important questions about lymphoma and perhaps other cancers."

One of the research team's aims is to find secondary cancer drivers – gene mutations and epigenetic changes – that arise during key stages of tumour development.

In particular, they are expecting to identify genes and mutations cooperating with the cancer driving oncogene** MYC. The MYC gene is mutated in a large number of lymphomas and other cancer types, and discovering MYC co-operating cancer genes could lead to new cancer therapeutics.



Dr Richard Tothill (right) with co-investigators Associate Professor Ross Hannan (left) and Associate Professor Ricky Johnstone

"We've only just started analysing the data but already we've found some exciting gene candidates that require further validation," said Dr Tothill.

"Our work should provide an important insight into the events that drive lymphoma onset and progression, and our hope is that it will lead to better therapies, diagnostic tools and the rational use of drugs like the epigenetic modifying drug vorinostat, which is a separate focus of the work.

"Despite the project only beginning in January this year, it has already begun to gain momentum with other research groups at Peter MacCallum. The results are expected to generate international interest among lymphoma researchers.

"We probably wouldn't have been able to pursue this research without the Leukaemia Foundation's funding, so we feel incredibly lucky to have been successful in getting a grant," said Dr Tothill.

** Epigenetics – when the way genes are expressed is changed by mechanisms other than by changes in the underlying DNA sequence.*

*** An oncogene is a gene which has been mutated and causes tumour growth.*

PETER HAS MADE THE MOST OF LIFE *Continued from page 1*

Peter went back to work in May 2010 but because his physical fitness had been so knocked about by nearly 20 years of treatment and side-effects, he gave up the intense helicopter rescue work he'd been doing, and went on the road.

"It was such a shame when I had to give it all up when I had my seventh relapse in October last year. This was the big one. I was told to get my affairs in order, so I hung up my uniform and resigned, which was pretty hard after 30 years of doing a job I really loved," he said.

Peter is an only child and after a matched donor was found in Germany, he had a stem cell transplant from an unrelated donor in January this year in Sydney. During Peter's transplant Vicki stayed in a Leukaemia Foundation unit across the road from the hospital and afterwards the couple stayed there for another month before going home to Wollongong in March.

"Living a distance from the hospital, we could never have managed without the (Leukaemia Foundation) apartment. I was so weak, I could barely walk and was breathless."

Now Peter is enjoying his retirement and he's working at regaining his fitness by fishing, walking and going for a surf.

"I do a little bit at a time and improve slightly every day. I'm not back to my old self yet but we know the transplant has worked and hopefully I'm lymphoma free."

All Peter knows about his donor is that he's a 27-year old German male who was a very close match.

"I will apply to meet up with him and my intention is to travel to Germany to thank him and return the German gold coin that he sent along with his donated stem cells."

Peter thanks all the medical and non-medical staff who have helped him over the years, including "the very special transplant team who have just possibly cured me of lymphoma after 20 years of relapses".

TOP LYMPHOMA TIP

"Gather as much information as possible, try not to be over stressed and make informed decisions."

Quote from Lymphoma Research Survey (see pages 4-5)

LYMPHOMA SENSITIVITY - TARGET FOR NEW DRUG

The Leukaemia Foundation is funding a new research project to investigate potential new drug targets for B-cell lymphoma.

Peter MacCallum Cancer Centre PhD student, Jennifer Devlin, is following up a recent discovery by her supervisor, Associate Professor Rick Pearson.

In laboratory-based experiments, Associate Professor Pearson and his team found that lymphoma cells were extremely sensitive to a new cancer drug which stops the production of ribosomes.

Ribosomes are small structures within a cell that manufacture protein. Their function is fundamental to the growth process in all cells, but is particularly critical to rapidly dividing cancer cells.

Cancer cells rely on key cellular pathways to make more ribosomes, and they absolutely require these pathways to grow and survive, according to Jennifer.

"Associate Professor Pearson found that inhibiting these pathways and reducing ribosome synthesis killed lymphoma cells," she said.

"I'm using a B-cell lymphoma model and several new drugs to piece together which signalling pathways and genes are essential for ribosome synthesis.

"We need to understand how these pathways are regulated and how they control ribosome synthesis to show they really are potential therapeutic targets for treating lymphoma.

"It's definitely a long term goal of my laboratory to translate our research into a clinical setting for treating blood cancer patients," Jennifer said.

Her research will extend to investigating the impact of interfering with ribosome synthesis in myeloma and acute myeloid leukaemia cells.



Leukaemia Foundation funded PhD student, Jennifer Devlin

SKIN LYMPHOMA CONFERENCE – MELBOURNE

Patients, carers and health professionals from across Australia are urged to attend the national skin lymphoma conference in Melbourne on October 28 and 29.

The two-day conference is sponsored by the Leukaemia Foundation and will focus on current and new treatments and the range of support available to people affected by cutaneous T-cell lymphoma (CTCL) and will be an ideal forum for sharing personal experiences with this rare disease.

Judy Jones, co-founder of the Cutaneous Lymphoma Foundation in the US, is coming to Australia to attend the conference as guest speaker.



Guest speaker, Judy Jones

Diagnosed with CTCL in 1990, Judy has learned to live with the disease, after feeling her world was falling apart. Recognising the lack of support and information available for people with CTCL, she became a dedicated patient advocate.

Leading Australian skin lymphoma specialists including haematologist, Professor Miles Prince, dermatologist, Dr Chris McCormack, and radiation oncologist, Dr Gail Ryan, will present at the conference.

For more information, please contact Odette Blewitt, skin lymphoma nurse consultant Odette.Blewitt@petermac.org.

NEW BOOK FOR CHILDREN WITH LYMPHOMA

The Leukaemia Foundation has published an illustrated book for children diagnosed with lymphoma, called *Tom has Lymphoma*.

The 32-page picture book tells the story of a child with Hodgkin lymphoma.

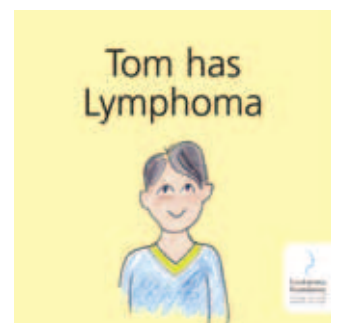
Tom is 10 years old and lives with his large blended family and dog, Mutley. When Tom discovers a lump on his neck, he tells his mum and they go to see their family doctor.

The story explains clearly and in a child-friendly manner, what is wrong with Tom and what happens to him as he has a series of tests and is treated 'to make Tom's lymphoma go away'.

At the end of the book, there's a section called 'What these words mean', with simple explanations for the 'strange new words' children are likely to hear when they are going through the lymphoma experience.

Copies of *Tom Has Lymphoma* are available free from the Leukaemia Foundation (call 1800 620 420) and at many treatment centres and hospitals where children are treated. They can also be downloaded from the Foundation's website: www.leukaemia.org.au (About the diseases > Information booklets).

Tom has Lymphoma has been modified and republished by the Foundation with permission from CLIC Sargent and the Lymphoma Association, both in the UK, and is funded by Hospira, through an unrestricted education grant.



NATIONAL SURVEY GIVES BETTER UN

To better understand the needs of those affected by lymphoma and provide improved services and support, the Leukaemia Foundation commissioned its largest study to date involving people affected by lymphoma. The findings from the survey will be explored in the next few issues of *Lymphoma News*. In this issue, the following topics will be discussed: Diagnosis; Symptoms

prior to diagnosis; and Treatment centres. As part of World Lymphoma Awareness Day last September, 349 participants took part in the survey which was conducted by Sweeney Research. The findings are based on participant recollection of their experience. Of the participants, two-thirds had been diagnosed more than two years ago and nearly half lived in regional areas.

SYMPTOMS PRIOR TO DIAGNOSIS

The most common lymphoma symptoms experienced by participants were:	
Swollen glands / Lump	56%
Fatigue / Tiredness	56%
Excessive sweats / Night sweats	27%
Unexplained weight loss	22%
Shortness of breath	18%
Fever / Chills	17%
Itching	16%
Difficulty concentrating	12%
No symptoms	6%

DIAGNOSIS

How long symptoms persisted before seeing a doctor:	
Less than 2 weeks	43%
2-4 weeks	17%
1-3 months	19%
More than 3 months	21%
Time between first doctor visit and lymphoma diagnosis:	
Less than 1 week	19%
1-2 weeks	17%
2-4 weeks	23%
1-3 months	18%
Over 3 months	23%
Most common tests undergone during diagnosis:	
Biopsy	74%
Blood tests	67%
CT scan	66%
Bone marrow biopsy	58%
X-ray	30%
MRI	18%
Was a different diagnosis given before lymphoma?	
Yes	47%
No	53%

Early detection and diagnosis of lymphoma is desirable, so the best outcomes can be achieved. These findings highlight the challenge of early diagnosis, given the very general and broad range of symptoms experienced by patients. Some time is then needed to assess these symptoms and eliminate many other medical conditions that possess similar symptoms. Hence a delay in diagnosis can be expected as reflected in the data above.

TREATMENT

Wait to commence treatment:	
Less than 1 week	21%
1-2 weeks	27%
2-4 weeks	22%
1-2 months	18%
Over 2 months	12%

Some types of lymphoma - the indolent or 'slow-growing' types - are often managed using a 'watch and wait' approach as part of best practice therapy. This can explain some of the data above that demonstrates delays experienced in receiving treatment in some patients.

Being informed about treatment prior to commencement of treatment:	
Wanted more information	15%
Adequately informed	71%
Given too much / Did not want information	14%

People often feel they have a lack of control over their lives during the treatment period. Accessing information on lymphoma and its treatments is very important for many people. This survey demonstrates that many people would like more information than they were given access to, but interestingly, it also shows that 14% did not want information or felt they were given too much information. It is important for people to communicate to their treatment teams exactly how much information they are ready to receive at any particular time to ensure their needs are met.

Offered a clinical trial opportunity:	
Yes	15%
No	85%

It is also part of best practice therapy that, where possible, patients are offered an opportunity to participate in a clinical trial. The Leukaemia Foundation would ideally like to see this become a reality for all patients, although the findings from the survey show we are a long way from this in practice. Factors such as cost and patient location have a bearing on both the availability and accessibility of clinical trials, which are costly and therefore usually only offered in treatment centres with large patient populations within metropolitan areas. Patients in regional and rural areas are often at a disadvantage when it comes to accessing clinical trials, and in response to this the Federal Government is taking steps to make clinical trials more accessible to patients in Australia. Please contact the Leukaemia Foundation if you would like more information about this national initiative.

Relapse since treatment:	
No	70%
Yes	30%

UNDERSTANDING OF LYMPHOMA

A number of people who have relapsed after their initial treatment took part in this survey. It is good to know that there are various therapies available in Australia for the treatment of lymphoma. This gives the treatment team choice in utilising a treatment that is best for your particular situation. No two people with lymphoma will respond in exactly the same way to therapy. You are unique.

TREATMENT CENTRE

Opportunity to choose own treatment centre:	
Yes	47%
No	53%
Treated in a public or private hospital:	
Public	71%
Private	29%
Had health insurance at time of diagnosis:	
Yes	66%
No	34%

We can see that while 66% of patients had private cover, only 29% had their treatment in a private hospital, with 71% of patients receiving treatment in a public hospital. One of the benefits of having private cover is that it gives people options about who treats them when they become ill and where they are treated. It is interesting that 53% of participants stated that they felt they had no choice where they were treated – even though many of them had private cover.

Services offered to patient by treatment centre:		
	Public	Private
Social worker	61%	20%
Dietician / Nutritionist	53%	28%
Counsellor / Psychiatrist	30%	15%
Chaplain	23%	21%
Physiotherapist	14%	7%
Complementary therapist	2%	4%
Treatment centre's communication with GP:		
Very well	51%	
Reasonably well	32%	
Not very well	17%	

How does this compare to your experience of having lymphoma? Are there any patterns in this data that you find particularly interesting or concerning? We would love to hear your thoughts.

Please contact Jane Miles at lymphoma@leukaemia.org.au to share your views and Jane will share this feedback in the next issue of *Lymphoma News*. Alternatively, log on to our online discussion forum www.talkbloodcancer.com and share your thoughts with the lymphoma community.

15 SEPT IS WORLD LYMPHOMA AWARENESS DAY

World Lymphoma Awareness Day is on September 15 and the Leukaemia Foundation is planning to hold events in all capital cities and many regional centres across Australia.

This special day has three objectives:

- to promote lymphoma awareness,
- to bring together people who are affected by lymphoma, to provide support, and
- to celebrate access to novel treatments for lymphoma in Australia and recognise current and future research into lymphoma.

Closer to the day, details about the range of awareness raising activities and education events for the lymphoma community will be listed on the Foundation's website:

www.leukaemia.org.au.

If you'd like to get involved and join the Leukaemia Foundation in promoting and recognising World Lymphoma Awareness Day by hosting your own event in your area, speaking at a Foundation event, or if you have any other suggestions, please contact Jane Miles: lymphoma@leukaemia.org.au.

TOP LYMPHOMA TIP

Does your health fund let you claim a rebate for massages? A remedial massage can be a great way to help with muscular cramps, which can sometimes occur as a side-effect of treatment. If you are not covered, check with your treatment centre as some can put you in touch with volunteer masseurs. Before having any massages, check with your haematologist that they are safe for you.



Jane Miles, the Leukaemia Foundation's national lymphoma co-ordinator

JOINING A SURVIVORSHIP GROUP CH

Toni Crisci was 17 years old when a lump the size of a tennis ball appeared on her neck overnight.

"I thought it was mumps and felt okay so I carried on and ignored it," said Toni, who was repeating her final year of high school in Adelaide at the time.

"I was really conscious of nothing going wrong. All I wanted was to get a good grade," explained Toni, who is now 46, married and has an eight-year old daughter, Alessia.

The lump didn't get any bigger and wasn't painful so Toni waited more than a month until after her exams before going to the local GP just before Christmas in 1983.

She was admitted to hospital and got a leave pass to spend a few hours on Christmas Day with her family. After tests and a biopsy, Toni found out she had Hodgkin lymphoma (HL).

"I was told this was one of the better cancers to get and I can see now that's right, but at the time it didn't mean much to me.

"I didn't take it too seriously. Being a teenager, I had lots of things to do in my life still, and dying was not part of it!"

Toni had radiotherapy treatment each week for three months and started university. Half way through her first year studying psychology, she met her future husband, Peter Stewart, at a party.

"I had just turned 18 and we've been together ever since. He never really experienced the lymphoma, and after five years I got the all clear.

"I was always told there would be a risk of complications from the radiotherapy and for a long time I didn't think of having children."

Toni said she never really dealt with having HL and hadn't had any counselling. She had a restricted upbringing and as her lymphoma was a taboo subject among her Italian family, she never had a conversation about it with her mother.

"I blocked it out and didn't think it was an issue until I got this mysterious letter at a time in my life when I was most stressed and wasn't looking after my health."

In 2008, Toni was contacted along with other HL survivors regarding participation in a survivorship program that had been established at The Queen Elizabeth Hospital in Adelaide.

It has been recognised globally that survivors of HL have an increased risk of late-effects* from curative treatment and Toni was given the opportunity of being screened for the early detection of health complications.

At the time, Toni was working "night and day" in a "huge job" as program manager for a new mental health initiative.

"It was a project that I couldn't get to work. I was earning lots of money but I was miserable. I wasn't sleeping, I was having heart palpitations and the letter was the last straw," explained Toni.

"I was so scared there was something wrong with me and that I'd really pushed myself, and all those feelings of when I was 17 came back.

"It was a wake-up call and I decided I had to do something about my life and that I couldn't do this (job) one more day."

Toni underwent the first of a series of annual tests along with other HL survivors and, while everything was okay, she was rundown and came down with pneumonia.

SURVIVORSHIP - WHO IS A LYMPHOMA SURVIVOR?

The terms 'survivor' and 'survivorship' are often used in relation to people living with, or after, a diagnosis of cancer.

One of the world's most famous cancer survivors, Lance Armstrong, developed a survivorship program called *Livestrong*, based on his personal experience.

But what does survivorship actually mean and who is a lymphoma 'survivor'?

Since World War II, cancer treatments have been continuously developed and improved and as a result, more people are surviving cancer. Treatment for lymphoma has become very effective, leading to more people living with their disease. 90% of people with Hodgkin lymphoma can be cured.

Therefore an increasing number of people survive a lymphoma diagnosis and an estimated 30,000 people are living with lymphoma in Australia today.

In the early days of cancer treatment, it was assumed that once you were cancer free, you would simply return to the life you were leading prior to diagnosis, and patients in remission were expected to carry on as if nothing had changed.

Health professionals now acknowledge that a cancer diagnosis can be a life-changing experience and cancer survivors may face physical, emotional, social, spiritual and financial challenges as a result of their diagnosis and treatment¹.

Organisations, including the Leukaemia Foundation, are developing services to support people beyond cancer and cancer treatment and the Foundation has provided a three-year grant in support of the late-effects clinic at the Peter MacCallum Cancer Centre (Melbourne). Late-effects clinics are committed to addressing the physical, emotional, practical, spiritual and social issues faced by survivors:

- Physical – body changes, fatigue, fertility, lethargy and late-effects
- Emotional – coming to terms with what they have been through, dealing with the fear of relapse
- Practical – financial concerns, being able to return to work, travel insurance
- Spiritual – any life-threatening condition can open up questions such as 'why me?' and 'what does this all mean?'
- Social – changed relationships with partner, family and friends.

There is discussion about when a patient becomes a survivor. Initially a survivor was considered to be someone who had survived five or more years after treatment for cancer, but not every cancer patient has treatment. For example, the condition of some lymphoma patients is monitored rather than treated (known as 'watch and wait'). For other patients, treatment may be ongoing and is never completed.

ANGED TONI'S LIFE

"From that day on, with my husband's support, I decided not to go for big stressful jobs. I resigned and took six months off. We sold investments and got our mortgage down.

"I'm enjoying life. I sleep well, exercise a little more, work part-time and am more involved in my daughter's life."

Toni said being a part of the survivorship group, which meets every few months at the Leukaemia Foundation's office in Adelaide, has changed her life.

"There's something really important about going to this group. There's a special bond and we can relate to each other," she said.

"It's good to meet others who've been through what I have and to hear their stories.

"Some of them were diagnosed the same year as me and now they're dealing with other cancers. I'm more conscious of the risks of getting breast cancer and heart and lung disease.

"I'm really trying to be healthy in terms of my eating and I would never smoke.

"I did a mindfulness course at work and I try to incorporate mindfulness into my life through meditation and looking at being in the present moment and appreciating every moment."

** Late-effects are caused by the curative treatment, not the disease itself, are recognised globally, and are based on research.*



Toni Crisci celebrating her 46th birthday with daughter, Alessia

Another definition of a survivor comes from Lance Armstrong: "Survivorship begins at diagnosis, the moment your battle with cancer begins, and continues through your treatment and beyond. A survivor is anyone battling cancer: the person with cancer, a spouse or partner, a child, a friend, a parent or a care-giver²."

This definition is broad as it not only includes the person who is diagnosed with cancer, but also their carers and significant others, thereby acknowledging that the lives of everyone around the patient are also changed by the diagnosis. This definition is important in that it comes from a survivor – someone who has had personal experience of survivorship, rather than a professional making a definition.

Being a survivor, however, is more than just having had cancer. For many people it is a strong and positive way of explaining their situation. Using it helps them to cope with accepting their life after their illness³.

People with cancer are often labelled with negative terms such as 'victim' and 'sufferer', whereas calling oneself a 'survivor' is an empowering way of explaining what you have been through, and are going through, and your approach to life. The concept of survivorship is about taking control of your life and maintaining a sense of wellbeing so that you not only survive, but thrive⁴.

Does the term survivor only relate to people cured of their lymphoma? No, it does not. Lance Armstrong's description of survivorship, for example, tells us that people are considered survivors from diagnosis, no matter what the future brings. Armstrong's definition reiterates the importance of focusing on the positives in life. Using a life-affirming term to describe yourself can empower you to see that *your life is more than your disease*. Where there is life, there can be hope.



Alison Keenan (front row, centre) helped set up the survivorship meetings in Adelaide. Behind her is Toni Crisci.

The experience of being diagnosed and treated for lymphoma can be a positive, life-changing experience, as evidenced by the inspiring stories in this newsletter. The Leukaemia Foundation would like to celebrate all the lymphoma survivors living in Australia today and will continue to support lymphoma survivors – from diagnosis and beyond.

- 1 Centers for Disease Control and Prevention 2009, *Cancer Survivorship*, Atlanta, GA, USA, viewed 31 May 2009, <http://www.cdc.gov/>.
- 2 *Livestrong 2004-2005, Livestrong: resource for cancer survivors*, Lance Armstrong Foundation, Austin, TX, USA.
- 3 *The Cancer Council Victoria 2007, Life after cancer: a guide for cancer survivors*, Melbourne, The Cancer Council Victoria.
- 4 *Livestrong 2004-2005, Livestrong: resource for cancer survivors*, Lance Armstrong Foundation, Austin, TX, USA.

EDUCATION AND SUPPORT PROGRAMS

NEW SOUTH WALES		
2 Aug	10-11.30am	Patients and carers' morning tea, Hunter Wetlands (also 4 Oct, 6 Dec)
29 Aug	10am-12noon	Lymphoma Support Group, St George Hospital, Sydney (also 31 Oct)
30 Aug	11.30am-1pm	Tuesday Chat, Taree Haematology Educational & Support Group, Sydney (also 27 Sept, 25 Oct, 29 Nov)
6 Sep	10-11.30am	<i>Complementary Therapies & The Cancer Council</i> , patients and carers' morning tea, Hunter (also 1 Nov, <i>Getting Back Into Life After Treatment</i>)
15 Sep	2pm	World Lymphoma Awareness Day lymphoma patient education, Tweed Heads
20 Sep	11am-1pm	<i>Understanding lymphoma</i> , Liverpool
29 Sep	2pm	World Lymphoma Awareness Day lymphoma patient education, Lismore
27 Oct	1-2.30pm	Laughter Yoga for patients and carers, Alstonville

VICTORIA		
3 Aug	10am-12noon	Lymphoma Information & Support Forum, Preston
4 Aug	10-11.30am	Bone Marrow Transplant Information & Support Forum, Preston
11 Aug	10-11.30am	Mornington Blood Cancer Information & Support Forum
16 Aug	1.30-3pm	Central Gippsland Blood Cancer Information & Support Forum
18 Aug	1.30-3pm	West Gippsland Blood Cancer Information & Support Forum
23 Aug	10.30am-12noon	Shepparton Blood Cancer Information & Support Forum
25 Aug	10am-12noon 10-11.30am	Horsham Blood Cancer Information & Support Forum Barwon Blood Cancer Information & Support Forum (also 29 Sep)
10 Sep		Annual Patient Conference, includes World Lymphoma Awareness Day breakout sessions – NHL & HL, Melbourne
21 Sep	10.30am-12noon	Yoga program, Preston
22 Sep	6-8pm	South East Melbourne Blood Cancer Information & Support Forum

NORTHERN TERRITORY		
5 Aug	10-11.30am	LMB Support Group, Coconut Grove (also 2 Sep)

WESTERN AUSTRALIA		
5 Aug		Staying Healthy, Busselton
25 Aug	1.30-3pm	Patient Support Group, North Perth (also 19 Sep)
	12.30-2.30pm	Free Yoga Session, Perth (also 29 Sep)
26 Aug	10.30-11.30am	Bunbury Patient & Cancer Support Group (also 30 Sep)
19 Sep		Look Good Feel Better, Perth
29 Sep	11am-1pm	World Lymphoma Awareness Day, Perth
30 Sep		Lymphoma Awareness, Mandurah

SOUTH AUSTRALIA		
11 Aug	10.30-11.30am	Southern Metro Coffee Group, Adelaide (also 8 Sep, 13 Oct, 10 Nov)
16 Aug	10.30-11.30am	North East Metro Coffee Group (also 20 Sep, 18 Oct, 22 Nov)
18 Aug	10.30-11.30am	Strathalbyn Coffee Group (also 15 Sep, 20 Oct, 17 Nov)
26 Aug	10.30-11.30am	RAH Carers' Coffee Group, Adelaide (also 30 Sep, 28 Oct, 25 Nov)
31 Aug	5.30-6.30pm	The Men's Group (also 28 Sep, 26 Oct)
6 Sep	10.30am	World Lymphoma Awareness Day, Adelaide
5 Oct		Transplants / IMVS tour, Adelaide

TASMANIA		
2 Aug	11am-1pm	Hobart Taking Control Program: <i>Emotional Support</i> (also 17 Aug, <i>Role of Natural Therapies</i>)
16 Aug	11am-1pm	Launceston Blood Cancer Information & Support Group
31 Aug		World Lymphoma Awareness Day session: <i>Beyond Treatment</i> , Launceston
21 Sep	11am-1pm	World Lymphoma Awareness Day seminar, Hobart

NATIONAL TELEPHONE FORUMS

Lymphoma and transplant telephone forums are held regularly for patients in regional and remote areas, and for metropolitan patients who have difficulty accessing the Leukaemia Foundation's regular education activities. To find out more and to register, contact your local support services co-ordinator on 1800 620 420.

To register for all education and support programs, contact:

LEUKAEMIA FOUNDATION SUPPORT SERVICES
PH: 1800 620 420 (FREECALL)

For more information: visit www.leukaemia.org.au (education and support programs section)

LIGHT THE NIGHT THIS SEPTEMBER

Light the Night will be bigger and brighter this year and you're invited to shine a white 'Life Light' to reflect on your life with lymphoma.

As the Leukaemia Foundation's most inspiring event, *Light the Night* brings people together at events across Australia to help to create a brighter future for people with leukaemia, lymphoma and myeloma and related blood disorders.

This September, families, friends and work colleagues will gather at twilight to shine our beautiful new lanterns, in colours that have a special meaning:

- Shine a gold 'Love Light' to remember a loved one
- Shine a white 'Life Light' to reflect on your life with blood cancer
- Shine a blue 'Hope Light' to give hope and support to others.

As night falls and the lanterns glow more brightly, there will be inspiring stories before the special moment arrives – a gentle scenic walk to *Light the Night*.



Please register today at www.lightthenight.org.au or call 1800 500 088. Because if we all come together, we can create a brighter future.

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's free services include 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 you, phone 1800 620 420 or visit www.leukaemia.org.au.