

## BRIAN'S SHARING HIS "FLIGHT PLAN APPROACH" TO MYELOMA

**Brian Hardaker's lifelong passion is flying, so it was natural for him to deal with myeloma as he would a long distance flight to a remote destination.**

His diagnosis was confirmed in April 2007, just a week before setting sail for the UK on a four-month holiday, with his wife of 48 years, Chris.

Brian was aware his myeloma would develop while they were away, but it happened sooner than expected. One week into their 36-day cruise, "the pain started".

"Panadol® did nothing and the pain was really awful, indescribable," said Brian.

"At the time I said to myself, 'come on Hardaker – treat it like planning and executing one of your favourite flights to the Kimberley'".

That's how Brian developed his 'flight plan approach' which is based on ensuring he's fully informed and has expert advice at all times, so he knows where he's going. He breaks his experience with myeloma down into legs and constantly sets himself targets and goals.

"When you go flying, you need information about the weather from meteorologists," explained Brian, 72, of Mandurah, south of Perth.

"You need to plan, so you know where the airfields are, to land and refuel, and when flying there are three levels of turbulence – mild, moderate, and severe, which you keep clear of, such as a thunderstorm."

'Severe' is how Brian described the time he was admitted to hospital and nearly died: "I don't want to go there again".

It was in May 2006, after a third bout of pneumonia in three years, that Brian was suspected of having myeloma.

"The disease plateaued from mid-2006. I wasn't getting any symptoms and I was physically fit. This gave us sufficient confidence to plan a trip overseas in 2007," explained Brian.

Attending his school reunion in England, which Brian had organised, made him "absolutely determined to go", and the Hardakers also went to the Isle of Man International TT motorbike races and visited Ireland and Paris.

Within a week of returning to Australia, in early-August 2007, Brian was admitted to hospital "to get the pain under control". Then he had "all the usual treatments" including thalidomide,



*Brian and Chris Hardaker - talking to people about myeloma as they ride around Australia*

oral chemotherapy and radiotherapy, prior to a stem cell transplant in early-2008.

After discussions with his haematologist and a pain control specialist, Brian chose to use regular massage to control his discomfort, and he exercises as much as he can – ballroom dancing, cycling, walking and swimming.

"Two things have helped me to recover. My dogmatic, pushy attitude to life, and setting goals," he said.

"I firmly believe when anything like this (myeloma) happens, to survive, 50% of the effort is up to you, with the balance from your doctors and medical specialists, your family and friends.

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# NATURE OR NURTURE? VIC STUDY LOOKS AT LIFESTYLE AND GENETICS

Little information is available about risk factors for myeloma. Uncovering the cause(s) of myeloma is the aim of an epidemiology study by a research team at the Cancer Epidemiology Centre in Victoria.

## About myeloma

Myeloma is a type of cancer that affects the plasma cells in the bone marrow. Normally, the body makes as many plasma cells as it needs. When a person has myeloma, too many plasma cells are made. This causes overcrowding in the bone marrow, which prevents adequate numbers of normal blood cells from forming.

Myeloma spreads from the bone marrow into the bone. This can result in deposits in the bone called lytic lesions, or can cause the bone to become thin, weak and more likely to break (also known as osteoporosis). The breakdown of the bone can

cause an increase in the level of calcium in the blood (also known as hypercalcaemia) which can also affect the kidneys, so they cannot filter and clean the blood properly.

## How common is myeloma?

Myeloma is a rare cancer. More than 1400 people are estimated to have been diagnosed with myeloma in Australia last year.

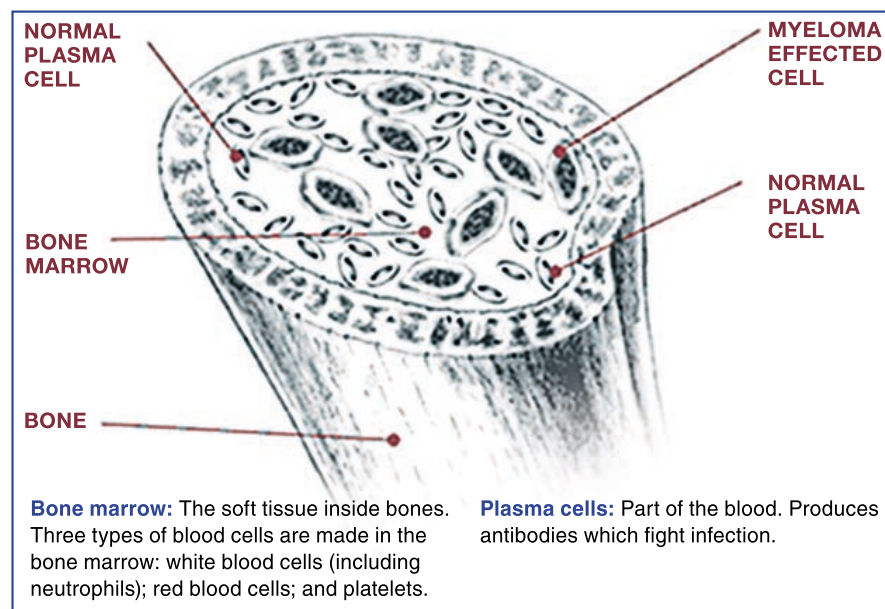
## What causes myeloma?

The cause(s) of myeloma are not yet known, although more men than women are affected. Myeloma is uncommon before the age of 40 years, is strongly age-dependent, and declines after the age of 85 years. Those with African ancestry and a family history of lympho-haematopoietic cancer (cancers affecting the lymphatic and blood-production systems of the body, which include the bone marrow, spleen, thymus, lymph nodes, lymphatic vessels and blood cells) are also more commonly affected. To date, the little information that has been gathered about risk factors for myeloma has come from studies with small numbers of patients. Small studies can give rise to inaccurate estimates of risk. Other studies have had problems with low participation rates.

## What is being done to find out more about the causes of myeloma?

Professor Graham Giles, Director of the Cancer Epidemiology Centre at the Cancer Council Victoria, is leading a research team that aims to uncover the causes of myeloma.

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## BRIAN'S SHARING HIS "FLIGHT PLAN APPROACH" TO MYELOMA

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"It's essential to know as much as you can about what's likely to happen to you, and to get a doctor you can work with. I get on extremely well with all the key medical personnel in my life."

After five weeks in hospital during his transplant, Brian found walking a major effort, so he set himself a goal. When he could walk more than 100m, he would buy a new watch to replace the one he'd had for 30 years, which he did.

"Another goal was to get back on my push bike again. That's what I do, I set goals," said Brian.

Last December, over breakfast one morning, Brian and Chris planned another trip, this time on their new three-wheel motorbike, beginning with a ride to Port Hedland to visit their son.

"Then instead of going home, we thought we'd continue our journey to visit friends at Tewantin in Queensland," said Brian.

Last month, the Hardakers set off on what had evolved into a three-month trip, travelling 18,000km around Australia.

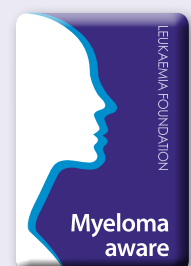
"Instead of having a holiday, I needed a purpose, and my main purpose is to talk to as many people with myeloma as I can about my experience and how I've handled myeloma," said Brian.

The couple also are raising funds for the Leukaemia Foundation.

"We'll have a holiday when we get back," quipped Brian.

**The Hardakers are selling the Leukaemia Foundation's 'Myeloma aware' badges as they travel around Australia.**

**These badges can be ordered using the donation coupon enclosed with this newsletter, and are available from the Foundation by calling 1800 620 420.**



# MAY 18 IS NATIONAL MYELOMA DAY

**Wednesday 18 May is National Myeloma Day, and it promises to be even larger than the inaugural event created by the Leukaemia Foundation last year.**

This year, the Leukaemia Foundation is joining forces with the Myeloma Foundation of Australia to host a range of awareness raising activities and education events.

This special day has three objectives:

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

One of the key activities for the Leukaemia Foundation on National Myeloma Day is the launch of a nationwide myeloma survey. The survey of people who are living with myeloma will look into their experiences with treatment and their day-to-day life with the illness. The data collected will help the Foundation to better understand the issues faced by these people and to provide support services that are tailored to meet their specific needs. Information from the survey results also will enable us to better advocate for improved health services for Australians with myeloma.

National Myeloma Day also will include the launch of a DVD on myeloma and the latest treatments, funded and produced by the Leukaemia Foundation and presented by leading haematologist, Dr Hang Quach, from Melbourne's Monash Medical Centre. An objective of the DVD is to assist people with myeloma and to educate them about current developments with the disease and its treatment. The DVD includes a personal insight by two patients on their experiences with myeloma and what has been helpful to them.

## National Myeloma Day events

*New Treatments and Research in Myeloma* is the theme for this year's National Myeloma Day events that will provide specific education and support to the myeloma community.



**National Myeloma Co-ordinator, Kaye Hose, left, Jasmine Latash and Dr Silvia Ling at last year's National Myeloma Day**

As well, GP education sessions on myeloma will help increase awareness and assist with early detection and diagnosis of the disease.

## How you can get involved

1. *Promote community myeloma awareness by buying a 'Myeloma aware' badge.* You can participate in National Myeloma Day with our special commemorative badges. They cost just \$7, can be worn by people with myeloma, as well as their family and friends, and are available from the Leukaemia Foundation office in your state. Badge sale proceeds will support our research and free services for people with myeloma.
2. *Support others with myeloma by attending a National Myeloma Day event during May.* A range of activities has been planned and these are listed on the back page of this newsletter. If you are not physically able to attend, you can register for the myeloma telephone forum on May 5, by calling 1800 620 420.

If you'd like to join the Leukaemia Foundation in promoting and recognising National Myeloma Day by hosting your own event, speaking at a Foundation event, or if you have any other suggestions, please contact Kaye Hose:

[myeloma@leukaemia.org.au](mailto:myeloma@leukaemia.org.au).

## NEWLY IDENTIFIED GENETIC TARGETS COULD LEAD TO BETTER TREATMENTS

**Researchers in the US have discovered new genetic and molecular pathways that could cause myeloma, which signifies a major advance in developing a personalised medicine approach to treating myeloma.**

These discoveries have resulted from the Multiple Myeloma Research Foundation's (MMRF) cutting-edge Genomics Initiative – a genome-mapping program established six years ago to identify new targets that would lead to better treatments for patients.

The MMRF brought together world-class genomics experts and clinical partners in the Multiple Myeloma Research Consortium (MMRC), and myeloma patients have donated tissue samples to the MMRC Tissue Bank.

The overall aim of the initiative is to significantly advance biological understanding of this blood cancer, to accelerate next-generation treatments and eventually find a cure, according to Kathy Giusti, CEO of the MMRF and MMRC, and who has myeloma.

In March, the prestigious journal, *Nature*, published groundbreaking results about 38 myeloma genome sequences\*, which is the largest data set ever published on myeloma. These findings will help identify targets for developing new, more tailored drugs, and matching patients to the most effective drugs based on their genetic profiles.

The authors of the journal article uncovered new connections between myeloma and important molecular targets and at least one of these could have immediate clinical significance.

"Our vision is that upon diagnosis, patients will have access to a range of treatments, chosen based on individualised insights from a patient's molecular profile," said Kathy.

"This publication is an important step toward that goal, and a foundation upon which the scientific community can build, to help improve the treatment of patients with myeloma and other cancers."

\* a laboratory process that determines the complete DNA sequence of a person's hereditary information

# PROJECT TO IDENTIFY INHERITED GENES CAUSING MYELOMA

**The Leukaemia Foundation is funding one of the few studies ever undertaken internationally to identify inherited genes that contribute to a range of blood cancers, including myeloma.**

Researchers involved in the collaborative project recently discovered three genetic regions potentially associated with multiple cases of blood cancers.

Their discovery came after scanning the genomes of 13 large family pedigrees with 120 individuals affected by myeloma, leukaemia, lymphoma and related blood disorders.

Project co-leader, Senior Research Fellow Cancer Genetics and Member of the Menzies Research Institute in Tasmania, Dr Joanne Dickinson, said the collaborators were very excited by the finding.

“With the Leukaemia Foundation Grant-in-Aid, we can now look closely at these key genetic regions to identify the inherited genetic defects causing blood cancers,” said Dr Dickinson.

The team accessed the Tasmanian Familial Haematological Malignancies Genetic Resource, comprising data on generations of families dating back to British settlement, in combination with the Menzies Research Institute genealogical database and the Tasmanian Cancer Registry.

Large collections of families with multiple-affected individuals are rare, so in the past researchers have focused on single subtypes of blood cancers.

“Our families were selected by identifying families with multiple cases of any form of blood cancer, including myeloma, and this type of approach hasn’t really been taken before,” Dr Dickinson said.

“Using this resource, we can actively look for evidence of a shared genetic basis for blood cancers and the genes contributing to an increased risk of developing these types of cancers.

“Finding these gene variations won’t be a simple matter, but we have the advantage of being among the first to apply recent advances in DNA technology to a multi-generational study.

“It’s a long-term, deep-discovery project that in the end could make an enormous difference to patients’ quality of life, especially if we uncover underlying genetic causes of blood cancers.

“This research wouldn’t be possible without the participation of the Tasmanian community and the families who are willing to share their blood samples and time, as well as the wider Australian community for supporting organisations such as the Leukaemia Foundation,” said Dr Dickinson.



*Dr Joanne Dickinson with James Marthick, from her cancer genetics research group*

# JOSEPHINE TOOK PART IN STUDY TO HELP FUTURE PATIENTS

**Josephine Dare took part in the Tasmanian genetic research study in the hope that the information she provided contributes to better outcomes in the future for other people with blood cancer.**

"It's good to be involved in something that may be of interest to future studies and information gathering on blood cancers, which are one of the most rapidly growing cancers," said Josephine, 67, of Hobart.

She has two first cousins who also have a type of blood cancer.

Josephine joined the Tasmanian Leukaemia and Lymphoma Research Study in November 2009, which was two years after being diagnosed with Waldenström's Macroglobulinaemia\*.

The study, carried out by the Menzies Research Institute, has recruited Tasmanian families with several members affected by leukaemia, lymphoma, myeloma and other blood disorders.

Josephine said it wasn't difficult to be involved and her details were confidential.

"I filled out some paperwork to show my family history and had a blood test," she said.

"The more research that's done and information that's provided will benefit others in the future.

It all works together and contributes to better drugs and other treatments which are constantly being adapted and improving over time."

*\* Studies have shown increased susceptibility within families, indicating a genetic component.*

## NATURE OR NURTURE? VIC STUDY LOOKS AT LIFESTYLE AND GENETICS

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The EMMA (Epidemiology of Multiple Myeloma in Australia) study would like to answer the question - *are there any lifestyle-related (and therefore possibly changeable) factors associated with myeloma risk?*

In Australia, the lifestyle exposures that are potentially adjustable, and which could make a measurable difference if changed, include:

1. body size and obesity
2. diet and nutrition (including alcohol), and
3. sun exposure / vitamin D.

These three factors are linked by complex pathways in the human body.

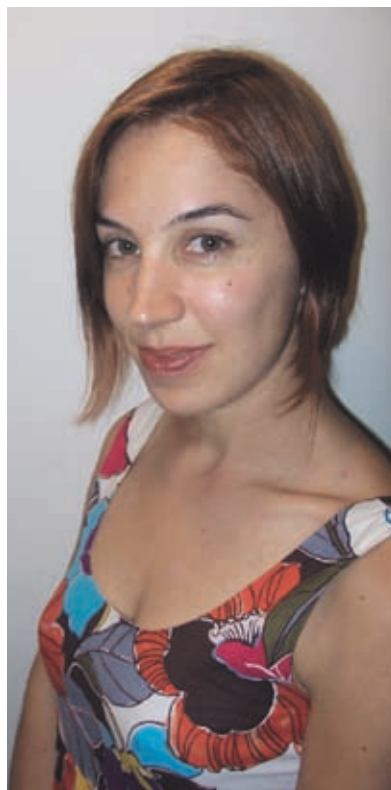
An issue that requires further investigation is whether occupational exposures to pesticides, such as in the agricultural industry, have any effects on multiple myeloma risk.

### What are the researchers testing?

The researchers believe that specific exposures throughout life, and variations in some genes, are associated with myeloma risk: some with increased and others with reduced risk.

This research study will test if:

- sun exposure throughout life is associated with reduced risk
- being overweight and obesity throughout life is associated with increased risk
- dietary intake of fish, vegetables, omega-3 fatty acids, alcohol and folate are associated with reduced risk
- occupational exposures to pesticides are associated with increased risk
- variations in genes that affect immune response, inflammation, DNA repair, body growth and obesity, or folate metabolism, are associated with risk.



**EMMA Project Manager, Marijana Lijovic**

### Who can take part in the EMMA study?

The study is currently underway in Victoria, with plans to extend to NSW in the near future. You can take part if you:

- live in Victoria, AND
- are aged between 20 and 74 years when diagnosed with myeloma, AND
- were/are diagnosed between January 2010 and December 2014.

Participants will ideally join within 12 months of their diagnosis.

For each person with myeloma who joins the study, one family member not affected by myeloma will also be invited to take part. It is necessary to compare people with myeloma with those not affected by myeloma, to determine the differences in risk factors.

Recruitment of study participants will continue over the next five years. The aim is to investigate 1500 people with myeloma and 1500 people not affected by myeloma.

Participants must be able to complete questionnaires in English.

### What does study participation involve?

Participants will be asked to complete questionnaires (at home, over the phone, or online) about their diet, health, lifestyle and occupational history. Family history of any cancer will be also collected. The questionnaires take about 45 minutes to complete. A small blood sample from each participant will be collected and used for future genetic research.

### Want more information about the EMMA study?

If you would like more information, or to join the EMMA study, contact Dr Marijana Lijovic, EMMA Project Manager, on 03 9635 5342 or at [marijana.lijovic@cancervic.org.au](mailto:marijana.lijovic@cancervic.org.au).

# DEALING WITH PAIN IN MYELOMA



**By Dr Derek Eng (left)**  
MB BS (UWA) FRACGP FACHPM  
Palliative Medicine Specialist

**Pain is 'an unpleasant sensory and emotional experience associated with actual or potential tissue damage or described in terms of such damage', according to [www.iasp-pain.org](http://www.iasp-pain.org).**

The two important points to note from this definition are that:

- (a) pain is both a physical and an emotional experience; and
- (b) it may be the result of potential tissue damage, as in the case of inflammatory conditions, and when healed, pain improves.

## Why pain is harmful

Everyone has experienced pain in some form or another. It serves an essential protective function as we move about in a potentially hazardous world. When pain occurs in myeloma, it can serve to warn people with myeloma of problems like the presence of disease in the bones. However, it is also important to be aware that not all new aches or pains may be related to myeloma. Any new pain needs to be reported to your treating doctor and may require further investigation.

In most people, myeloma pain may continue for many weeks or months (known as chronic pain) and serves no protective function. Chronic pain can take its toll. It leads to tiredness, poor sleep, low mood, and interferes with movement or activities. Research tells us that untreated or inadequately treated pain will lead to more severe and stubborn pain, as the body turns up the pain volume until you do something about it. (For example, remember the last headache you had, and did not treat until it was really, really bad. By this stage, Panadol® does not work.)

## Why pain is not properly treated

Pain is not adequately treated for three main reasons. Firstly, many people are not thrilled about taking pain medications, for fear of side-effects, such as stomach irritation, constipation or addiction (discussed below). Secondly, people fear that if they take pain drugs, they may not be aware of further injury, should it occur. Thirdly, people want to save the medications for later, because they fear the body will get used to them. These last two points are not based on evidence.

## Pain and myeloma

When people are diagnosed with myeloma, 58% will be experiencing pain. This is common because myeloma cells invade the bones, causing them to inflame, and this inflammation triggers pain receptors in the bone. In more severe cases, myeloma in a bone causes weakening and fracture (break) and sudden, severe pain. Remember that NOT all pains are due to myeloma and they might be arthritis, muscle strains or constipation - which are much more common. See your doctor for a thorough check-up.

## Management of pain

The most important treatment for myeloma pain is treatment of the myeloma itself. As you would expect, removing the cause of the pain will improve the pain. Treatment of the myeloma may include chemotherapies, novel therapies, or radiotherapy. Bone strengthening medications like Zometa® can help improve pain over a few weeks. Unfortunately, treatment of the myeloma may take some time.

While you wait for the bones to heal, it is important to use pain medications to avoid the harmful effects of pain as described above.

Commonly available pain medications, like paracetamol and anti-inflammatories, can be useful for milder pains. Be careful of stomach irritation with anti-inflammatories, and always talk to your treating doctor before using these drugs.

When strong pain becomes a problem, it is usually not sufficient to rely on paracetamol and anti-inflammatories. You might be prescribed paracetamol with codeine (eg. Panadeine®, Panadeine Forte®, Codalgin®), morphine (eg. MS Contin®), oxycodone (eg. Endone®, OxyNorm®, OxyContin®) tablets/capsules, or even fentanyl patches (eg. Durogesic®). There are slow release and immediate release versions of morphine and oxycodone.

Slow release drugs (eg. MS Contin, OxyContin) are important for continuous/background pain. These medications are designed to give you 24 hour/seven days a week pain relief, by slowly releasing a little drug at a time, as the tablet passes through the gut. Durogesic works in a similar way, except it is absorbed into your system over three days, through the skin. Immediate release drugs (eg. Ordine® liquid, Endone, OxyNorm) are meant to work quickly, within 30 to 60 minutes, to control pain flare ups/breakthrough. Use these medications only as directed by your doctor.

Common side-effects of these drugs can include constipation, drowsiness, dizziness, blurred vision, or difficulty passing urine. If these occur, please see your doctor who will be able to change the dose or medication. Note that while on these medications, you must not drive a motor vehicle or operate heavy machinery until approved by your doctor. Although many people are afraid these medications can cause addiction or tolerance (becoming immune to the pain relieving benefits), this does not occur when used for cancer-related pain. When the myeloma is treated, pain medications can be reduced.

Should your pain be more difficult to control, your doctor might refer you to a palliative care specialist, who is a doctor who specialises in controlling cancer pain. Occasionally, surgery is needed or a special cement can be injected into certain bones to stabilise fractures or impending fractures (vertebroplasty).

## Conclusion

Pain from myeloma does not need to be tolerated. There is a range of medications that, when prescribed and taken correctly, will help control the pain and enable you to continue leading an active lifestyle. Pain or palliative care specialist advice and assistance may be required in more challenging situations.

# BE POSITIVE AND NEVER GIVE UP URGES LEONIE

**While in hospital recovering from her second stem cell transplant, Leonie Hughes planned her 50th birthday party.**

"I was determined to have 25 of my family and friends around to celebrate my 50th at home, when I got through the transplant. That was my goal," said Leonie, now 52, of Adelaide.

She celebrated her landmark birthday three months later, and a highlight of the party was enjoying the menu she'd planned from her hospital bed, including turkey and pork roasted on a spit.

Seven years earlier, Leonie was diagnosed with smouldering myeloma, in 2002, aged 43.

"I'm young with this disease," explained Leonie, who had to wait six years until her myeloma reached the stage that required treatment. Apart from having regular tests, Leonie described this period of her life as "normal", but it was also "very stressful".

"I felt like a living time bomb – waiting for the treatment."

Even though Leonie knew treatment was inevitable, it was a shock to start chemotherapy in December 2007, in preparation for a transplant in May 2008. She had a second transplant in August 2008, "to get a better response".

Leonie lives with her long-term partner, Mark Heinrich, and she was determined her life would remain "as normal as possible" throughout treatment.

"I was having masses of chemo, but I didn't go home and lie down and think someone has to look after me. I looked after myself, and Mark, and kept the social thing going.

"This kept me strong and positive, and I had to be super positive," said Leonie.

"Mark was frightened I'd give up on life. His encouragement and support was the backbone of my determination to fight this disease."

After her second transplant, Leonie began rebuilding her life and building herself up, but she had a major setback in May 2009. She tripped and fell at home, breaking all the bones in her ankle. After two weeks in hospital she went home in a wheelchair and dealt with having a frame on her leg for nearly four months.

"The fall put me back so many months and, in a way, recovering from that was as hard as a transplant.

"We're just starting to get our lives back on track now," said Leonie, who had to learn to walk again.

She was told she would have a limp, but again her determination kicked in, and she did more exercises than prescribed.

"I pushed it beyond the barrier, but within careful boundaries," said Leonie, who began walking up and down the passage at home, with a walking stick.

"Whatever they told me to do, I doubled it."

Now Leonie walks without a limp around her suburb every day. She also has regained the confidence to get behind the wheel of a car again, having not driven for two years. The medication made her feel "spaced out and things were moving".

"Now I feel like I've got my mind back.

"Unfortunately with myeloma, everyone is different. You have to accept the medication you are given and learn to adapt your life around it, and that can be challenging," said Leonie, who is on a



*Leonie Hughes celebrating her 50<sup>th</sup>, with her partner, Mark Heinrich*

maintenance program of lenalidomide (Revlimid®), and a bone strengthener, Pamidronate®, every eight weeks.

"You also have to be positive and never give up. It would be easy to give up.

"I did the second transplant for Mark and for my sister, and now I'm glad I did it. But it would have been easy for me not to have, and that's why I wouldn't let Mark take me in to hospital that time, because it would have been too easy to say 'I can't do it'.

"So I took the leukaemia car, and treated it like a normal hospital visit," said Leonie, who greatly values the Leukaemia Foundation's patient transport service.

"It's magnificent. They pick you up from home and take you in, so you don't have to worry your friends and family, and the drivers are so kind.

"They say things like – 'you're getting hair now' and 'you're looking better'. No-one knows how important that is. And the support staff phone up to see how I am and if I need anything.

"Your friends think that when you're out of hospital, it's over, but that's when the fight starts. In hospital you're being looked after, but when you get home, you can't ring the bell and ask a question.

"I was told that six months after the transplant – I'd be fine, I'd be normal. But I'm never going to be normal," explained Leonie.

"I had all the side-effects of the transplant when I came home. Coping with fatigue is very difficult and I have to learn to pace myself."

Leonie recently took up lawn bowls, which she thoroughly enjoys but finds exhausting.

"I have to eat carbohydrates to keep me going and I never go anywhere without a banana or yoghurt-covered health bar.

"My biggest issue now is not being able to sleep at night, which makes it very difficult to go away camping for the weekend.

"Sometimes I don't want to get out of bed, but at 7am I'm out of bed, I get dressed and get on with my day. I have a home to run and meals to cook. But it would be very easy to stop and that's where the positive attitude comes in.

"I've been given a chance to have a better and longer life with this disease. I want to get out and do things," Leonie said.

# NATIONAL MYELOMA DAY EVENTS 2011

NEW SOUTH WALES		
<b>SYDNEY</b> Contact: Kim Daley 02 9902 2222		
6 May	10am	National Myeloma Day Seminar, Harbourview Hotel, 17 Blue St, North Sydney
<b>CENTRAL WEST</b> Contact: Helen Snodgrass 02 6361 3774		
5 May	10:30am – 12noon	Patients' Morning Tea, <i>Myeloma Update</i> , Suite 5, Anson St Plaza, Orange
10 May	10:30am – 12noon	Patients' Morning Tea, <i>Myeloma Update &amp; DVD</i> , Daffodil Cottage, Bathurst
25 May	10:30am – 12noon	Patients' Morning Tea, <i>Myeloma Update &amp; DVD</i> , Alan Coates Cancer Centre, Dubbo
<b>HUNTER</b> Contact: Helen Moore 02 4960 9828		
28 May		Newcastle Myeloma Education Day
<b>MID NORTH COAST &amp; NEW ENGLAND</b> Contact: Kerry Wagland 0423 782 969		
26 May	11am – 1pm	Lunch with Brian and Chris Hardaker, <i>Around Australia on a Motorbike for Myeloma</i> , Shearwater Lodge, Coffs Harbour Health Campus
<b>NORTHERN RIVERS</b> Contact Cathy Paine 02 6663 1288		
19 May	10am	Patients' Morning Tea, <i>Myeloma Update &amp; DVD</i> , Turning Point Café, Alstonville
<b>RIVERINA &amp; SOUTH-WEST NSW</b> Contact: Carmel Duck 02 6023 4128		
6 Jun		Lunch with Brian and Chris Hardaker, <i>Around Australia on a Motorbike for Myeloma</i> , Canoe Clubrooms, Noreuil Park, Albury

AUSTRALIAN CAPITAL TERRITORY		
<b>CANBERRA &amp; SURROUNDS</b> Contact: Krista Baczyk 0412 706 789		
18 May	10am – 2pm	National Myeloma Day Seminar, Southern Cross Club, Woden

WESTERN AUSTRALIA		
<b>PERTH</b> Contact: Karen Farley 08 6241 1024		
26 May	11am	National Myeloma Day Seminar, Level 3, Conference Room, St John of God Hospital, Subiaco

VICTORIA		
<b>MELBOURNE</b>		
21 May	9:30am – 2:30pm	National Myeloma Day Seminar, Bayview Eden, 6 Queens Rd. Contact: Steve Higgs 03 9863 6953
9 June	10am – 12noon	National Myeloma Day Support Meeting, Leukaemia Foundation, Bell City Event Centre, 205 – 215 Bell St, Preston. Contact: Support Services Staff 1800 620 420
<b>LODDON MALLEE</b> Contact: Melissa Conroy 03 5333 2700		
11 May	10am – 12noon	National Myeloma Day Support Meeting, Bendigo Club, 22 Park St, Strathdale

TASMANIA		
<b>LAUNCESTON</b> Contact: Jo Beams 03 6331 5479		
18 May	12noon – 2pm	National Myeloma Day Seminar. <i>What is happening in Myeloma Research and Therapies?</i> Dr Al Khalafallah, Tamar Yacht Club, Park St
<b>HOBART</b> Contact: Jane Anderson 03 6223 6177		
18 May	11am – 1pm	National Myeloma Day Seminar, Bellerive Yacht Club, 64 Cambridge Rd, Bellerive

SOUTH AUSTRALIA		
<b>ADELAIDE</b> Contact: Support Services Staff 1800 620 420		
18 May	12noon	National Myeloma Day Seminar, BioSA Incubator Conference Centre, 40-46 West Thebarton Rd, Thebarton

QUEENSLAND		
<b>BRISBANE</b> Contact: Scott Martin 07 3840 3844		
18 May		National Myeloma Day Seminar, ESA Village, 69 Raymond Tce, South Brisbane
<b>TOWNSVILLE</b> Contact: Michelle Leis 07 4727 8021		
18 May		National Myeloma Day Seminar, Freemasons Village Townsville, 41/100 Angus Smith Dve, Douglas

TELEPHONE FORUMS		
Telephone forums are held regularly for myeloma patients in regional and remote areas, and for metropolitan patients who have difficulty accessing the Leukaemia Foundation's regular education activities. To register, contact your local support services co-ordinator on 1800 620 420.		
Myeloma Phone Forum	Facilitator: Kaye Hose Ph: 03 9863 6951	5 May (1-2:30pm AEST); 2 Jun; 7 Jul; 4 Aug; 1 Sep; 6 Oct; 3 Nov; 1 Dec
Transplant Phone Forum	Facilitator: Natasha Manoharan Ph: 03 9863 6952	28 Apr (Speaker: Morgan Atkinson, exercise physiologist); 23 Jun (Speaker: Dr Simon He, Graft vs Host Disease Trial); 25 Aug; 22 Dec

**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](http://www.leukaemia.org.au)**  
**(Services > Education & support programs section)**

## 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 these 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 you, phone 1800 620 420 or visit [www.leukaemia.org.au](http://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.*