

## MARK'S JUST FISHING AND JUST LOVING IT

**When *Lymphoma News* caught up with Mark Rawles he was travelling for three months, living in a caravan in the south-west corner of Western Australia and fishing most days.**

"I have to be back in Adelaide for a doctor's appointment in May," said Mark, who having just returned from a morning aboard a friend's cray boat was proud of their catch: "two sampson fish, 107 crayfish and two octopus".

"It's pretty boring here, you're either fishing or fishing and it's better than working, but I wish I didn't have the disease," said Mark, 49, who described his diagnosis with non-Hodgkin lymphoma, follicular lymphoma, in April 2005 as "life-changing".

At the time Mark and his wife, Kerren, owned a bakery and charter boat at Tumby Bay, 660 kms west of Adelaide. When he had a pain in his stomach he went to see his doctor who referred him to another doctor 50 kms north at Port Lincoln.

"She felt around, asked a lot of questions and felt it was either Hodgkin or non-Hodgkin lymphoma. I didn't know anything about the disease, only that Delta Goodrem had something like it," he said.

"When I was told it was cancer, I didn't think, it just blew me away.

"Then it came on that quick, I was flown to Adelaide three days later and I plummeted, losing six kilos in six days. I was out to it for a week and a half and when I came to, I'd had my first round of chemo."

Mark didn't return home for more than five months. "I was lucky to have loyal staff who kept the door open and the lights on at the bakery."

Once he was home he had to make a 1300 km round trip to Adelaide every three months for a check-up and at the first one Mark was told he was in remission.

"That was the word I wanted to hear. I've been told there is no cure, so remission is the best thing they can offer and it's better than being dead."

But after six months he ran into a few problems.

"I'd started to get some lumps and bumps and it was suggested that I have another round of chemo before a transplant.

"They said it was slow-growing, so I decided to wait

three weeks and when I went back everything had disappeared. There was no sign of it whatsoever and the blood test showed no activity, so the treatment was put on hold.

"There's no reason to ask why you've got it," said Mark about his disease. "You just get on with it, so I sold both businesses, bought a large cabin cruiser and retired.

"Basically we fish every second day – my wife, myself and my dog, Issabelle.

"I do all the things that I want to do now but I'd gladly swap and go back to work. Lymphoma destroyed my life as I knew it, completely, but it's given us an awakening and we make every minute count.

"It sounds good to sit by the pool and suck in the sunshine but I can't work. I puff out easily," said Mark who was self employed for 20 years.

"Some days I'm tired and grumpy, I haven't got the muscle and I peter out quickly so I have a bit of a sleep."

He's learnt to pull back a bit and he's changed his diet.

"I used to have up to seven cokes a day and a block of chocolate every night in front of the tellie. Now I drink water, eat apples and no lollies."

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# LYMPHOMA DVD A VALUABLE RESOURCE



Mark Rawles and Lauren Hubert at the documentary launch in Sydney.

**A DVD documentary produced to mark World Lymphoma Awareness Day 2006, entitled *Journey through lymphoma: finding new horizons*, is a valuable part of the Foundation's information, education and support resources.**

Opera singer and lymphoma survivor, Anthony Warlow, takes viewers on a journey of survival, tears and triumph as three Australians of varying ages

## The Rawles family and the Foundation

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Two years ago Mark Rawles knew nothing about the Leukaemia Foundation.

"Now I wouldn't donate a coin to anyone but them. That's where my loyalty lies," he said.

While Mark was being treated in Adelaide, he and Kerren stayed in a two-bedroom unit of the Leukaemia Foundation's in King William Road which was just across the parkland from his hospital.

"It wasn't just a unit, this was our home where we could have friends and family to stay and spend time with them. This made life easier for us," he said.

"The Foundation looked after us very well and even drove me to hospital. They've helped me out and we've helped them," he said.

The Rawles bought a DVD player for each of the Foundation's four units in King William Road because they didn't have them.

Mark also shared his experience with lymphoma on radio in Adelaide along with another patient. Their stories were so moving, they raised \$60,000 for the Foundation's patient and family accommodation program. And last year Mark took part in a documentary to mark World Lymphoma Awareness Day (September 15) for the Foundation, called *Journey through lymphoma: finding new horizons*.

"There's nothing new in what I've got, but if I can help somebody, I'll do it," Mark said.

talk about their personal experiences of living with lymphoma.

The half-hour Australian Story-style documentary features Mark Rawles (SA), Lauren Hubert (NSW) and Dr John Golder (QLD), their friends and family, as well as clinical haematologists, Dr Paula Marilton and Dr Mark Bentley.

The documentary helps the general community to better understand the disease, its diagnosis and impact on people's lives, and to provide hope and inspiration to those currently living with lymphoma.

The Leukaemia Foundation's General Manager, Research, Advocacy and Patient Care, Dr Anna Williamson, said the general public's awareness about lymphoma was still relatively low, despite its incidence and rapid growth.

"World Lymphoma Awareness Day and initiatives such as this documentary help build a greater understanding of the disease and the need for earlier diagnosis and immediate appropriate treatment," Dr Williamson said.

"And we hope this will ultimately lead to improved survival rates."

Production of the documentary was supported by Roche Products as part of an unrestricted educational grant. Copies of the DVD are available by contacting the **Leukaemia Foundation** on **1800 620 420** (Freecall).

## INTERNATIONAL LYMPHOMA EXPERT COMES TO AUSTRALIA

Dr. Michele Ghielmini, an international expert in the treatment of malignant lymphoma, will give patients an overview of non-Hodgkin lymphoma and treatment options at the Leukaemia Foundation in Melbourne on May 17 (12.30 - 1.30pm). This talk will be available through a video link up at several locations. Contact the Leukaemia Foundation for more information.



Dr Ghielmini (*right*) is deputy head of the Oncology Department at the Oncology Institute of Southern Switzerland where he leads the autologous stem cell transplantation program. Dr. Ghielmini is also Professor of Medicine at the University of Bern, Switzerland and Chair of the Lymphoma Section of the Swiss Group for Clinical Cancer Research. He originally studied medicine in Lausanne and Zurich, followed by post-graduate training in Bern and a research fellowship at the Christie Cancer Centre, Manchester, UK, and the University Hospital of Frankfurt, Germany. An expert in the treatment of malignant lymphoma, Dr. Ghielmini's recent clinical research has focused on the treatment of lymphoma with monoclonal antibodies.

# TRENDS IN FOLLICULAR LYMPHOMA & LARGE CELL LYMPHOMA

*By Dr Leanne Berkahn, consultant haematologist, Auckland City Hospital*

**Follicular lymphoma is the second most common type of lymphoma and represents around 24% of all cases.**

Recent clinical data demonstrates an improvement in survival for follicular lymphoma patients diagnosed in the 1980s and 1990s that predated the approval of rituximab (MabThera®), the monoclonal anti-CD20 antibody.

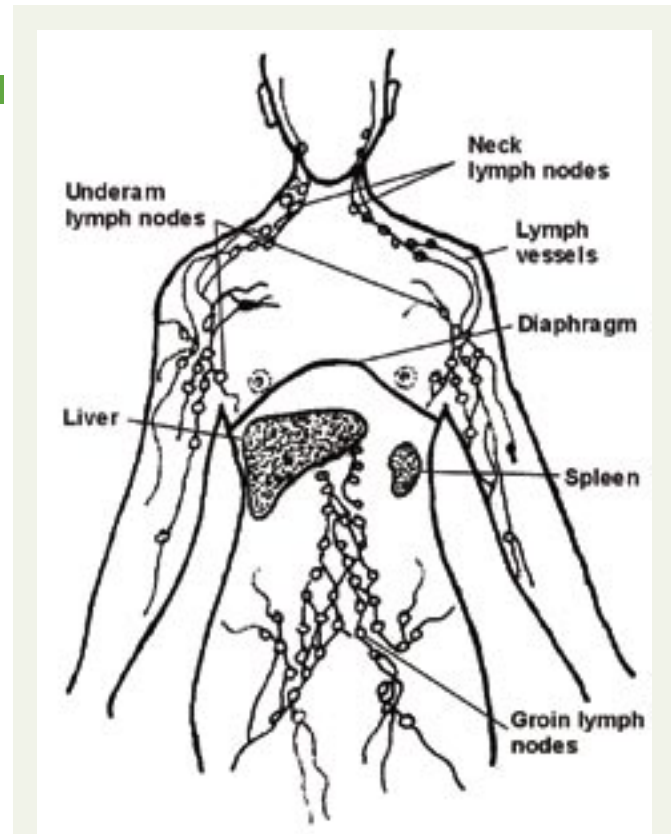
Now, more advanced trials compare conventional treatment to new regimens that incorporate MabThera®. This type of treatment, termed chemo-immunotherapy, shows survival benefits for patients but there are many unanswered questions and can these trends be sustained?

Several ongoing studies are investigating these important questions in follicular lymphoma. Many centres in Australia and New Zealand participated in the PRIMA study which looked at whether the use of MabThera® in the two years following chemotherapy is beneficial to patients with follicular lymphoma. There were 900 patients enrolled in this study worldwide.

Many patients diagnosed with follicular lymphoma initially don't need treatment with chemotherapy as they may not become symptomatic for some time. While this can be a difficult concept for patients, caregivers and doctors to grasp, it is well backed by randomised studies of early treatment with chemotherapy versus waiting until the patient shows some sign of needing treatment.

Given the relatively benign effects of MabThera®, a recent question is whether asymptomatic patients would benefit from MabThera® at the time of diagnosis? The aim being to prolong the time before chemotherapy is required. Australian and New Zealand centres hope to participate in an international randomised study which has been designed to answer this question.

While most lymphoma cells are exquisitely sensitive to radiotherapy, radiation treatment is not routinely given because the lymphoma is often widespread and the side-effects of the radiation to normal tissues need to be taken into account. Monoclonal antibody therapy (similar to MabThera®) also has been combined with radio-labelled isotopes to create a drug called Zevalin, which is a form of radio-immunotherapy. Zevalin can target radiation just to the cells that contain the CD20 antigen, that is, most lymphoma cells. This is a way of delivering radiotherapy without the side-effects we see of radiation to normal tissues. This is not a new treatment and it has been studied extensively in Europe and USA. Zevalin is approved for use



*The spleen (an organ on the left hand side of the abdomen), thymus (a gland found behind the breastbone), tonsils and adenoids (glands in the throat) and bone marrow (spongy tissue inside bones) all contain lymphatic tissue and are considered to be part of the lymphatic system. Lymphatic tissue is also found in other parts of the body.*

in New Zealand by Medsafe but it has not been approved for use in Australia. Ongoing international studies are looking at the best way of incorporating radio-immunotherapy into treatment for follicular lymphoma, to decide how to best sequence therapies to maximize outcomes.

The role of stem cell transplantation in follicular lymphoma is another important question. In autologous stem cell transplantation which uses a patient's own stem cells, very high doses of chemotherapy are used to eradicate the lymphoma. These doses also affect normal bone marrow to the extent that blood counts are unlikely to recover to normal and the patient is vulnerable to infection and forever dependent upon transfusions. This is termed myeloablative therapy. The infusion of the patient's own stem cells to rescue the depleted marrow ensures that after an obligatory period of low blood counts (two weeks) the bone marrow function returns. Autologous stem cell transplants are given after a patient has responded to conventional doses of chemotherapy and are best used early in the course of the lymphoma, such as first or second remission/response.

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## LYMPHOMA WIZARD

**Lymphoma patients may soon have greater involvement in their treatment decisions as well as better survival rates due to new desktop blood cancer software.**

The Australian Blood Cancer Registry's Lymphoma Wizard\* is a desktop pilot computer program that supports clinical haematologists in their daily clinical practice.

The aim is to improve the capacity of clinical haematologists to make informed, accurate and timely decisions on the diagnosis and management of blood cancers and to efficiently provide data for the ABCR.

The Lymphoma Wizard helps with the planning of treatment for lymphoma and collects the necessary clinical data for a clinical registry to go along with the electronic pathology request. The clinical data can then be sent along with the pathology report to the registry providing that patient privacy is protected. The Wizard allows clinicians to keep electronic records of pathology and treatment for their lymphoma patients.

It seeks to provide information and guidelines on best practice models and as a result, improve the survival rates of patients with lymphoma.

While the project is focused on lymphoma, if successful, it will be extended to other blood cancers.

Also being trialled is patient access to their personal electronic health record including viewing pathology reports and other reports from their treating doctor as well as being able to keep personal notes. This allows patients to be more involved in the decision-making on the management of this cancer with their specialist.

Workshops have been held with stakeholders to take the existing lymphoma guidelines and apply them to the software. The Lymphoma Wizard has been installed on the desktop computers of a select group of private and public sector medical specialists treating lymphoma patients across Queensland and is currently being tested. They can exchange messages with three private sector laboratories for the four-month trial period. The software also will be assessed by clinicians in other states, although not with the pathology practice linkage.

*\* A clinical desktop wizard to support specialists' diagnosis and management of blood cancers. Lymphoma Wizard is supported by the Australian Government through the Information Technology Online (ITOL) Program of the Department of Communications, Information Technology and the Arts.*

## IS IT SAFE TO EXERCISE

*by Karen Anderson, exercise physiologist*

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



Exercise can:

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

Fatigue is a more common problem experienced by people with cancer than pain and nausea. Despite the common saying, "I feel too tired to exercise", you need to exercise through the fatigue barrier. The way to do this is to start slowly and increase the quantity of exercise gradually so you reduce your level of fatigue rather than increasing it.

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

### **Special considerations before you exercise**

An important consideration is for the activity to



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

# E WHEN DIAGNOSED WITH LYMPHOMA?

- Do not exercise in the heat, use an air-conditioned room
- Do not exercise if you have a high fever
- Choose exercises that you can do at home or at hospital. Start doing a few exercises a day which will only take a few minutes and slowly build up as you become stronger
- Avoid direct sunlight
- Avoid busy gyms and swimming pools (a low neutrophil count means a high risk of infection)
- Use good equipment (a low platelet count increases your risk of bruising and bleeding)
- A low haemoglobin reduces oxygen delivery
- Increased pain
- Breathlessness
- Severe nausea or dizziness

## Exercise is important for your carer

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

## Places to do an exercise program

When choosing a suitable place to exercise, remember you need an exercise physiologist to help you design your program. Then go and have a look

at a few places to make sure they are clean and safe. The centre you choose should be convenient, affordable and a place that you would enjoy going to regularly. If it is not convenient to regularly visit a centre ask your exercise physiologist to design a home program for you.

## Medicare rebates

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

## How to access an exercise physiologist?

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



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

## Trends in follicular lymphoma & large cell lymphoma

*Continued from page 2*

Allogeneic stem cell transplants use stem cells from a sibling or unrelated donor with the same tissue type as the patient. There is about a one in four chance of a match for each sibling. The advantage is the stem cells do not contain any lymphoma and also have functional T lymphocytes that can initiate 'cellular warfare against the lymphoma cells'. This is called 'graft versus lymphoma' effect, which is potentially curative, but unfortunately is coupled with graft versus host (GVH) disease in which donor T cells attack the patient's skin, bowel lining and liver. The GVH effect makes allogeneic stem cell transplantation a relatively risky procedure that is reserved for younger patients (less than 60-65 years of age).

Large cell lymphoma is the most common form of lymphoma and unlike follicular lymphoma is best treated at diagnosis. The standard treatment is with chemotherapy, often CHOP\* and the addition of MabThera® to each cycle, termed R-CHOP, has improved survival in patients with large cell lymphoma.

Haematologists are looking at ways of further improving the outcome for these patients. At some treatment centres R-CHOP treatment is given over two weeks instead of three weeks, to speed up the lymphoma cell kill process. This approach requires the use of an injection of G-CSF (granucloyte-colony stimulating factor) under the skin to stimulate normal white cell recovery.

Despite the use of R-CHOP, about 40% of patients have a recurrence or relapse of their lymphoma. In this case the lymphoma can still be successfully treated with an autologous stem cell transplant.

Whether the use of maintenance MabThera® can reduce the risk of relapse post chemotherapy is also being examined in patients with large cell lymphoma in an international trial.

\* CHOP = Cyclophosphamide, Adriamycin (Doxorubicin/ Hydroxydoxorubicin) Vincristine (Oncovin), and Prednisone

# MABTHERA®'S IMPORTANT ROLE IN TREATING NON-HODGKIN LYMPHOMA

**MabThera® (rituximab) is a type of medicine called a monoclonal antibody that works with the immune system by specifically targeting a group of white blood cells called B-cells, involved in the development of non-Hodgkin lymphoma (NHL).**

MabThera® destroys only the B-cells, so other white blood cells remain to help protect the body against infection.

Depending on the stage of the disease, MabThera® may be prescribed on its own or in combination with other medicines, such as some chemotherapies.

In Australia, the Pharmaceutical Benefits Scheme funds MabThera® (8 x doses) for use in the treatment of previously untreated follicular NHL and diffuse large B-cell NHL, and in relapsed indolent and follicular NHL (4 x doses).<sup>1</sup>

Another MabThera® treatment approach is emerging for use in people with follicular/indolent NHL whose lymphoma responded to initial MabThera® therapy. Called 'maintenance therapy', it involves giving

further MabThera® doses at regular intervals (eg. every two to three months) without chemotherapy. This approach aims to destroy any new NHL cells which may be circulating in the body, to delay/prevent an actual relapse occurring.

At the American Society of Haematology Conference in December 2006, world NHL experts reported on MabThera® maintenance therapy clinical trial results which showed this treatment prolonged the time many people with follicular NHL live without relapsing.<sup>2,3</sup> These findings further add to the evidence that MabThera® is an important, effective treatment for NHL.

## References

1. *Pharmaceutical Benefits Scheme (PBS); January 2007.*  
<http://www.pbs.gov.au>
2. *Hainsworth J et al. Blood 2006;108:263b [Abstract 4723].*
3. *Dreyling M et al. Blood 2006;108:784a [Abstract 2769].*

## NEW NATIONAL REGISTRY - AUSTRALIAN BLOOD CANCER REGISTRY

Blood cancers such as lymphoma, leukaemia and myeloma are a significant health concern in Australia.

They account for 10% of all cancers and non-Hodgkin lymphoma is the fifth most common cancer.

State cancer registries have collected broad incidence and mortality data but the lack of a central repository to consolidate information on treatment patterns and patient outcomes, to optimise clinical decision-making, has been a gap in the management of blood cancers.

To address this unmet need, the idea of developing a national registry was conceived with the goal of providing complete, accurate data on the management trends and outcomes of Australians with blood cancers and related disorders.

Clinical haematologists and consumer organisation representatives formed a project management group and following a research and consultation phase, the first stakeholder meeting, *Working Towards An Australian Blood Cancer Registry*, was held in Sydney in September 2005.

There was unanimous support for the registry concept by delegates including representatives from consumer organisations, clinicians, researchers, academics, cancer registries, government, pathology

laboratories, the pharmaceutical industry and software developers.

Since then the Australian Blood Cancer Registry (ABCR) has made inroads into repository development, funding and standards setting and has embarked on various projects such as implementing and piloting data collection via the Lymphoma Wizard Project, communicating the development of the ABCR with key stakeholders while garnering clinical and financial support to bring the vision of the ABCR to fruition.

In November 2006, the ABCR's second annual stakeholder meeting in Sydney was attended by nearly 60 delegates and received unanimous support for the registry's work to date and a strong commitment from stakeholders to continue supporting future initiatives.

The ABCR is collecting detailed and accurate information on blood cancers.

This information will be used to improve the capacity of clinicians, patients, their families, carers and governments to make informed and timely decisions on the management of blood cancers.

The ABCR will provide clinical haematologists and oncologists with accurate and detailed information to improve survival and treatment outcomes and set standards to achieve best practise in clinical care.

# JUDITH CELEBRATES LIFE AS A LONG-TERM LYMPHOMA SURVIVOR

**When Judith Ade was diagnosed with lymphoma at the age of 42, she didn't think she'd celebrate her next birthday, let alone her 50th.**

Now aged 52, Judith is a long-term survivor and last year she became a grandmother.

In October 1997 she was shocked by her diagnosis with non-Hodgkin lymphoma (NHL).

"The chemotherapy changed me. I gained weight and I felt it aged me. Now I'm a lot slower than I used to be, but I am very glad to be alive," she said.

"I never thought something like this would ever happen to me. I was healthy, I didn't smoke, nor was I overweight."

Judith had felt "unwell" for some time and her GP was unable to diagnose what was wrong with her.

"I knew I was sick," explained Judith who had experienced pain in her neck, chest and abdomen, and other symptoms.

A chest x-ray and ultra sound finally revealed she had low-grade NHL.

"It is a slow growing type of lymphoma which I had probably had for several years. My GP was surprised to find out I was quite ill.

"I was in absolute shock and wanted to take my time to think about what I was going to do," said Judith, who decided against going on a recommended trial after reading about the side-effects.

In January 1998, she opted to begin six cycles of



*Judith with her grand-daughter, Natalie.*

chemotherapy, approximately three weeks apart, and went into remission until 2001 when pain in her back turned out to be lymphoma. It was successfully treated with radiotherapy.

Then in 2002 Judith relapsed again. She was treated with a combination of chemotherapy and MabThera®.

"I have been in remission since that time but I do expect to have further treatment at some time in the future as a permanent cure has not yet been found for this type of lymphoma."

## THIS TIME GOING BALD WAS JUDITH'S CHOICE

There was a time, before she got sick, when Judith Ade thought she'd rather die with long hair than lose it. That was before she lost her hair twice from life-saving chemotherapy.

This year, even though Judith's hair is still very important to her, she chose to shave it off to celebrate 10 years as a long-term lymphoma survivor.

She gave up her waist-length hair, which she had been growing since her last treatment nearly five years ago, to raise \$4500 for the Leukaemia Foundation.

"I participated in *World's Greatest Shave* because I believe the Foundation does a very good job in assisting patients and their families.

"I didn't find out that the Leukaemia Foundation helped people with lymphoma until after my second round of chemo.

"Now I attend meetings and seminars held by the South Australian branch and have found them very beneficial," said Judith.

For the last two years she has been the co-ordinator for the SA Lymphoma Education and Support Group and she writes the Group's newsletter.



*Judith shaved off her long hair.*

# WORLD LYMPHOMA AWARENESS DAY SEPTEMBER 15

**Know your nodes – know lymphoma is the slogan for World Lymphoma Awareness Day (WLAD) 2007 which will be held on September 15.**

A range of web-based and educational activities will be held across Australia to help increase general awareness of this widely unknown cancer of the lymphatic system, which is one of the fastest growing cancer types worldwide.

WLAD is a global initiative that is a collaborative effort by leading cancer organisations, physicians and patients to encourage earlier symptom recognition, diagnosis and treatment of lymphoma, to potentially improve and even save the lives of those affected by lymphoma.

Despite recent treatment advances, latest research shows more than 200,000 people around the world die from lymphoma each year.

## NATIONAL FUNDRAISING EVENTS

### Lavender for Leukaemia July 2 – 8

The aromatic scent of lavender will fill the air from July 2 – 8, when the Leukaemia Foundation holds its annual *Lavender for Leukaemia* which is held during *Leukaemia Week*. The aim is to raise \$100,000 for the Leukaemia Foundation to help support patients and families living with leukaemias, lymphomas, myeloma and other related blood disorders and to fund vital medical research to find a cure.

### Doorknock Appeal 21 July – 4 August

From 21 July - 4 August thousands of volunteers will knock on hundreds of thousands of doors to raise funds for the *Leukaemia Foundation Doorknock Appeal*. The Foundation's aim is to collect around \$950,000 through the Doorknock Appeal to fund research and support patients and their families living with leukaemia, lymphoma, myeloma and related blood disorders.



**For more information on these and other fundraising events, to remember the Foundation in your will, to sponsor a young lymphoma researcher or to become a volunteer, please contact the Leukaemia Foundation on 1800 620 420 (Freecall).**

**For information about education and support programs for lymphoma patients and families in your state, contact your local support services office for details.**

**Leukaemia Foundation Support Services  
Ph: 1800 620 420 (Freecall)**

### New South Wales / Australian Capital Territory

Gabrielle Prest Ph: 02 9902 2223

### Queensland

Barbara Hartigan Ph: 07 3840 3844

### South Australia / Northern Territory

Steve Marshall Ph: 08 8273 3515

### Victoria / Tasmania

Samantha Schembri Ph: 03 9949 5820

### Western Australia

Sandy McKiernan Ph: 08 9272 9332

## OUR VISION TO CURE AND MISSION TO CARE

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

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

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

To find out more about the work of the Leukaemia Foundation and how you can help, phone 1800 620 420 or visit [www.leukaemia.org.au](http://www.leukaemia.org.au)



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