

# Coping with Childhood Leukaemia



Leukaemia Foundation

VISION TO CURE. MISSION TO CARE.



# PATIENT INFORMATION BOOKLETS

This booklet has been prepared by the Leukaemia Foundation to provide information and advice on the various types of leukaemias and associated blood diseases.

Each booklet has been carefully written to answer most of the questions patients will have about the diagnosis and treatment of a particular disease. However, this does not mean that patients should assume the ideal treatment for them is described in these booklets.

Treatment programs will be selected by doctors in consultation with patients, taking into consideration the many special details that are relevant to an individual case. The clinical haematologists associated with the Leukaemia Foundation are aware that the experience of undergoing treatment for cancer can be difficult, and that patients wish to be informed about, and participate in the decision-making process with regard to what will be happening to them.

It is unlikely that patients will be able to take in all the information contained in this booklet in one reading. It may be more helpful to read one section at a time. In addition, please pass on this booklet to relatives and friends who would like to be more informed so that they can provide the support and understanding the patient may need during the course of their illness.



**The Leukaemia Foundation gratefully acknowledges the help and advice of the Leukaemia Foundation medical consultant, Dr Ian Bunce.**

**Special thanks to the Cory Charitable Foundation for sponsoring the production of this booklet.**

## THE LEUKAEMIA FOUNDATION OF AUSTRALIA

The Leukaemia Foundation of Australia (LFA) is a national organisation formed to raise significant funds to provide support and care for all Australians with leukaemia, related blood disorders and diseases where treatments have evolved from leukaemia therapies. The LFA also enhances collaboration between the scientific, pharmaceutical and medical professions across the continent.

Since 1975, the Foundation has been the driving force in Australia in improving the survival rates for patients. Three in four children and three in 10 adults now survive this devastating disease but in the next five years 30,000 Australians will be diagnosed with leukaemia, myeloma or a related blood disease

The Foundation provides patient support services, funds research and supports hospitals in the care of leukaemia patients. It is funded almost entirely by the generous support of the public. Government grants for major projects have assisted the Foundation on occasions.

The Leukaemia Foundation operates in New South Wales, Queensland, South Australia, Victoria and Western Australia, and new leukaemia support groups are being forged across the nation as part of the Leukaemia Foundation of Australia. Please refer to pages 18 – 20 of this booklet for information on the services and facilities offered by the LFA state partners.

This patient information booklet is a small example of how a national umbrella group can help people with bone marrow cancer. It saves on duplication costs, so donations and funding can be directed and utilized to achieve the greatest benefits for those who are fighting for their lives, regardless of where they live.

**For more information on the Leukaemia Foundation of Australia please call 1800 620 420, 07. 3250 0500 or visit our web site, [www.leukaemia.com](http://www.leukaemia.com).**



*Anthony Warlow and lymphoma patient, Callum Saunders.*

**“Become a *‘Partner in Life’*”**

*Anthony Warlow  
National Ambassador*

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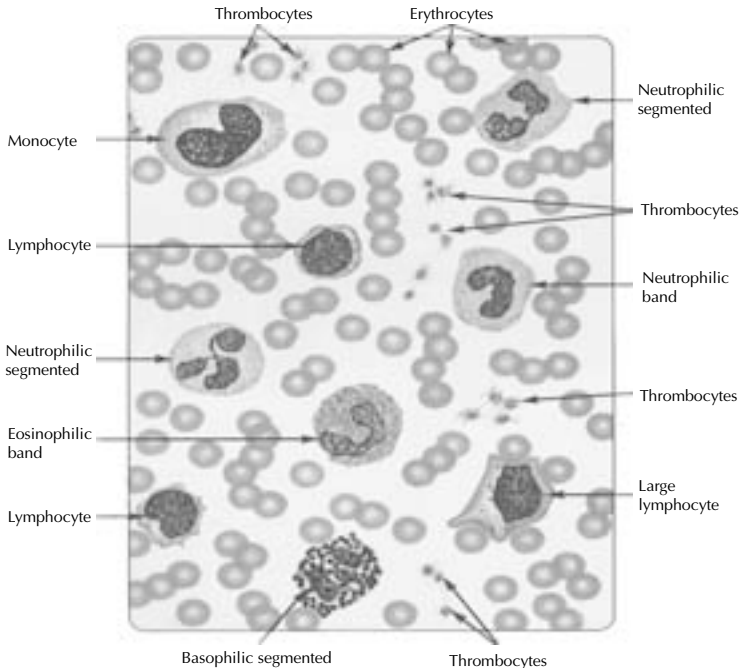
# WHERE DOES BONE MARROW CANCER BEGIN?

Many people think of leukaemia, lymphoma, myeloma and related blood disorders as cancer of the blood. It is in fact, cancer of the bone marrow - the 'factory' in the bones where the blood cells are made. To gain a better understanding of this disease it helps to understand:

- what blood is
- where it is made, and
- how it works.

## Blood

Blood consists of *blood cells* and *plasma*. Plasma is the fluid part of the blood. It is the transport medium for blood cells, which are microscopic particles suspended in plasma.

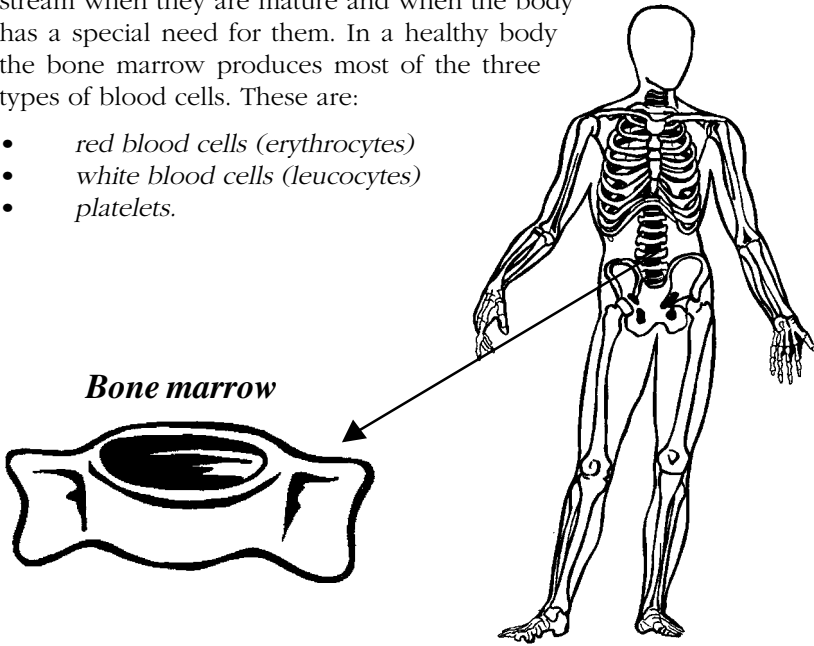


*Components of normal blood cells. (Artwork by G.J. Wassilchenko from Blood Disorders, A.E. Belcher [Ed.], pg. iii. Copyright 1993 Mosby-Year Book, Inc., St. Louis, MO.)*

## Bone marrow

The spongy tissue that fills up the cavities of the bones is the bone marrow. It is a blood cell 'factory'. It releases blood cells into the blood stream when they are mature and when the body has a special need for them. In a healthy body the bone marrow produces most of the three types of blood cells. These are:

- *red blood cells (erythrocytes)*
- *white blood cells (leucocytes)*
- *platelets.*



Blood cell growth and development is carefully controlled to produce the correct number of each type of cell to keep the body healthy.

- About three million red cells and 120,000 white cells are produced every second.
- Cells normally stay inside the bone marrow until they are mature enough to circulate in the blood and perform their various functions properly.
- All blood cells grow old and die, but the life span varies widely.
- Red blood cells live for about four months after they leave the marrow.
- White cells - granulocytes (neutrophils) - live for only a few hours.
- Platelets live for a few days.
- Because white cells and platelets have such short life spans they cannot easily be replaced by transfusion.

# WHAT DO BLOOD CELLS DO?

## Cell type

## Tasks

### Red blood cells

*(The petrol tankers)*



Contain haemoglobin to transport oxygen from the lungs to all parts of the body. Pick up waste products on their way around and carry them to the lungs, where they are exhaled as carbon-dioxide.

If you do not have enough red blood cells you may feel run-down and weak. You may be pale and tire easily because your body is not getting all the oxygen it needs. A shortage of red blood cells is called *anaemia*.

### White blood cells

*(The soldiers)*



Fight infection, ridding the body of disease-causing microbes (bugs) and the body's defective cells.

*T-lymphocytes* control immunity, kill viruses and cancer cells.

*B-lymphocytes* make antibodies.

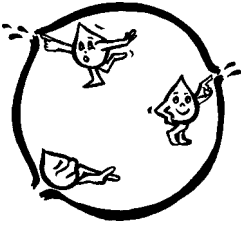
*Neutrophils* fight infection, kill bacteria and remove damaged tissue.

*Monocytes* work with lymphocytes to respond to infection, needed for antibody production.

If you don't have enough white blood cells, you may expose yourself to many infections, including serious ones. This happens because your body has no defences against infections.

## Platelets

*(The Dutch boy and the dyke)*



Congel or clot blood to prevent bleeding. If a blood vessel is damaged (e.g. by a cut or bruise) the platelets rush to the site and clump together to 'plug the leak'.

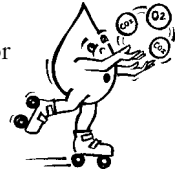
If you don't have enough platelets, you could suffer from frequent nose bleeds, prolonged bleeding from a cut, abnormal bruising, or bleeding from the bowel, urine or skin.



*Observing tissue culture at the Leukaemia Foundation's research laboratory.*

# BLOOD CELL FAMILIES

All blood cells come from the same original *stem* or *precursor* cell. However, early in their development these cells split into two main families - the *myeloid* and *lymphoid* families.



## The myeloid family includes:

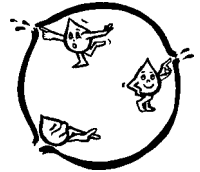
- all red blood cells, platelets and certain white blood cells.

The white blood cells in this family are called *granulocytes* or *monocytes*.

## The lymphoid family includes:

- all other white blood cells.

When mature, these cells are called *lymphocytes*.

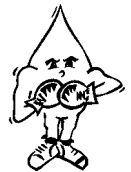


## How both families fight infection

Although the white blood cells of these two families fight the same war against infectious agents, their methods differ.

The myeloid white blood cells are the body's immediate defence against infection. The lymphoid cells take longer to work but are more specific in their fight against invading organisms.

Lymphoid cells also are found in the lymph tissue in all parts of the body. Special large collections of lymph tissue are found in the lymph glands, the liver, the spleen, and along the gut and lung passages.



The lymph system is the body's waste-collecting, filtering and drainage system. However, just as the blood system circulates blood, the lymph system circulates the transparent fluid called *lymph*, which helps transport lymphocytes. Thus, lymphocytes are found in both blood and lymph tissue.

## In summary

Blood consists of plasma (transport medium), red blood cells (oxygen carriers), platelets (clot or 'plug leaks') and white blood cells (infection fighters). The bone marrow is a blood cell 'factory'. Healthy bone marrow releases blood cells into the blood stream when they are mature and when the body requires them. White blood cells can be divided into two families: the myeloid line and the lymphoid line. The lymphoid cells are found not only in blood, but also in lymph channels and glands. The myeloid cells are found mainly in the blood.

# WHAT IS BONE MARROW CANCER?

Bone marrow cancer or leukaemia occurs when a person's body begins to accumulate apparently abnormal white blood cells. In the process, the army of mature white blood cells decreases drastically in number and ability. Numbers of mature platelets and red blood cells are also reduced.

Cells are 'abnormal' because they cannot mature properly. This inability to mature is the fundamental defect in leukaemia. These 'baby', or immature, cells accumulate in the body because they do not die and cannot be used up.

Once leukaemia starts, the leukaemia cells accumulate in the bone marrow. Eventually all the normal white and red blood cells and platelets are crowded out or not replaced. The healthy bone marrow is replaced by useless immature cells which eventually spill into the blood and are carried throughout the body. Therefore, while the number of immature cells in the blood is increasing, the number of normal red and white blood cells and platelets decreases. This means the remaining red blood cells cannot transport as much oxygen to the body's tissues and organs; the normal white blood cells cannot effectively fight infection; and the platelets cannot 'plug' all the 'leaks' in the blood vessels.

The leukaemia patient therefore may experience some of the symptoms or signs of particular blood cell shortages. For example, red blood cell loss would lead to fatigue and pallor (anaemia), white blood cell loss would lead to repeated infections, and platelet loss would lead to red skin blotches, numerous bruises, and nose bleeds. This explains why leukaemia results in anaemia, bleeding and infections.

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# WHAT CAUSES BONE MARROW CANCER?

The causes of leukaemia, lymphoma, myeloma and related blood disorders are not definitely known. However, a few factors do appear to affect its development.

## *Genetic Factors*

Down's syndrome children have an increased risk of developing acute leukaemia, as do children with some other rare chromosomal abnormalities. Genetic factors rarely play a role in the development of chronic leukaemia.

## *Radiation*

Leukaemia occurs at higher than average rates among people exposed to intense radiation. These include survivors of the nuclear bomb explosions in Japan; people exposed to radiation after the Chernobyl nuclear plant disaster in the Ukraine; and people who received large amounts of radiation necessary for the treatment of certain medical conditions in the past.

No well designed study has ever shown a relationship between leukaemia and power lines.

## *Chemicals*

Workers exposed to benzene have an increased risk of developing acute leukaemia. Some types of cytotoxic drugs used in organ transplant patients and cancer treatments also increase the risk of developing leukaemia.

## *Viruses*

In certain areas of the world, such as south-west Japan, parts of Africa and the Caribbean, a particular type of leukaemia can be spread among local residents by a virus known as Human T-cell Leukaemia Virus (HTLV).

These risk factors account for only a part of the cause of leukaemia in an individual patient and account for a very small number of all leukaemia cases. In most cases the cause remains unknown. Having one or more of these factors does not mean that you will definitely develop leukaemia. If you are concerned about any of these factors you should talk to your doctor.

# HOW IS BONE MARROW CANCER DIAGNOSED?

The symptoms of leukaemia and related bone marrow disorders are typical of many other diseases. Some types of leukaemia do not cause any symptoms until the disease is in the advanced stage. However, this does not mean that even very early diagnosis would prevent the disease from spreading, because leukaemia is widespread in the bone marrow from the time it starts.

*Leukaemia is diagnosed by two tests - a blood test and a bone marrow test.*

When a patient's blood sample is taken and analysed under the microscope, numbers of white blood cells and platelets in the sample are counted.

If the white blood cell count is abnormal there may be: a low platelet count; low numbers of red blood cells; a low count of mature white blood cells; or high numbers of immature or prematurely released white blood cells (called *blasts*).

A bone marrow test then would be performed. In this test, called a *bone marrow biopsy*, the doctor uses a needle and syringe to remove a section of bone marrow. Local or injected pain killers and relaxants are used during this procedure. These new medicines prevent pain and it is unlikely that the patient will remember the test being performed. There is no excuse for pain or distress during these procedures providing they are done with the right precautions.

The bone marrow sample is analysed using a wide variety of tests, from microscopic analysis to special bone marrow culture studies. The diagnosis is then made.

Contrary to common belief, leukaemia cells do not always grow more rapidly than normal cells. In fact, growth experiments suggest that leukaemia cells may actually grow more slowly than normal cells.

High blood counts are caused by the accumulation of leukaemia cells in blood vessels. The immature leukaemia cells accumulate in the blood vessels because they are not used by the body.

Therefore, their numbers grow larger and larger. Very high numbers of cells in the blood can lead to the blockage of blood vessels and damage to the body's tissues. The blood becomes more like treacle than its usual milk-like consistency. This problem is a characteristic side-effect of leukaemia that treatment seeks to overcome.

## **COPING WITH CHILDHOOD LEUKAEMIA**

This booklet was written to help you as a family to cope with the stresses and problems of having a child with leukaemia.

Not all of the difficulties discussed will necessarily apply to you but they may be important factors for other members of your family or other similar families.

The booklet has been divided into four sections. We suggest that you read the first two sections within a few days of hearing the diagnosis as they will help you through the first weeks.

The remaining two sections are more concerned with the future, and are best left a little while. They deal with practical problems, the help that is available, and how to set about getting this help. They also discuss possible long term difficulties and how to handle them.

### **THE DIAGNOSIS AND THE FIRST FEW DAYS**

You may have recently suffered a very severe shock because you learned that your child has leukaemia. You may have suspected this diagnosis but naturally hoped that you were wrong. Now that you know the truth you may be besieged by many bewildering thoughts and feelings. It is important for you to know that this is natural and that you are not unusual in having these thoughts.

The doctor in charge of your child's treatment will by now have talked to you and tried to explain to you what leukaemia is and how it is likely to affect your child. You will probably have taken in very little of what was said and will have forgotten a great deal. Do not worry about this. The doctor understands this and will be prepared to explain everything again. If he/she does not suggest this then do not be afraid to ask for the opportunity of another talk. It is often a good idea to write down the questions which keep coming to your mind – you can then go through them with the doctor, otherwise you might forget them.

It is hard at first not to be very depressed or angry about the news but you must remember that so much can be done today for children with leukaemia and you must have hope. More than half the children diagnosed and treated in the special centres are successfully treated and this number is increasing. Some children have as good as an 80

per cent chance of treatment being successful and these children will go on to lead completely normal lives. It is never possible for your doctor to be absolutely certain about the outlook for your child but what you are told will be a fair assessment and, even if there is some uncertainty, the doctor is being honest. No-one knows at the time of diagnosis what the outcomes of treatment will be. The doctor can only talk of risks and chances.

The doctor will explain to you what the treatment for your child is likely to entail. While it will sound very complicated and frightening to you, remember that the doctors and nurses carry out these treatments every day, and for them it is as much a routine as it is, for example, a policeman to direct traffic, a mechanic to find and mend a fault in a car engine or a lawyer to draw up complicated legal documents. The people treating your child are experts in their field. While this should give you confidence, it may also make you feel inadequate.

Remember, you are very important to your child and by remaining calm and giving encouragement you can help him/her with the numerous tests and investigations which have to be done.

The doctors and nurses are aware of your feelings and they will want you to help nurse your child and assist in other ways. If you feel able to stay with your child while tests are being done, then that should be possible, but if you find it upsetting then it is probably better for you to wait close by. If you are agitated and upset you will convey this to your child and make the situation more frightening. You should not feel ashamed of these feelings; most people not used to hospitals are on edge when they first go to one and you are naturally even more anxious because of your child's serious illness. You probably are much better waiting so that you can comfort your child and play with him/her after the procedure is over.

These days most children's centres treating leukaemia give the patients an anaesthetic to do the more painful tests. In this case, you will probably be allowed to stay with your child until he/she is asleep and afterwards you will be able to sit at the bedside waiting for him/her to wake up.

## VISITING AND LIVING IN HOSPITAL WITH YOUR CHILD

Children's hospitals always have free visiting for parents and this also should be the case in all children's units of district general hospitals. This means parents can come at any time and stay until the evening. Obviously the nurses have to settle the young in their beds and cots in the early evening, but they will encourage you to see your child settled and it is best to follow your usual routine. Numerous visitors are not welcomed because children get tired quickly and are easily overwhelmed. They also are prone to many infections and therefore it is not good to have too many people around their bed. The ward nurse will, however, usually allow brothers and sisters to visit at weekends and this is important so that the family can get together.

Most children's hospitals have facilities that allow you to live with your child. Many parents want to do this but it is important to give it some thought, especially if you have other children at home. The nature of your child's illness means that repeated hospital visits and further admissions are likely in the future and as a result the rest of the family may feel neglected.

You and your partner need to talk with each other about the shock your family has experienced and to discuss your feelings, reactions and worries. You both need comfort and support, and it is easier to give this to each other if you have time alone together. This is very difficult if one partner is living in at the hospital and the other is trying to keep the rest of the family together. Some parents find that the most sensible solution is to spend as much time as possible with their child during the day and go home in the evenings. The circumstances are different from those of short-lived acute illness where the child soon recovers and the usual family routine can be quickly restored. The family can cope for a few days in these cases but with a disease like leukaemia the ongoing treatment, although mostly on an out-patient basis, may last several years and it is important from the onset to work out a method that works for your family so that no one feels neglected or put upon.

No-one will think the less of you for spending some time away from your child. We all need some time to ourselves especially at periods like this when we need to 'refuel'. The staff all realise how stressful it is to be in a busy ward for long hours with little to do yourself.

## COPING WITH THE PROBLEMS OF TREATMENT

In the majority of cases, a child with leukaemia responds quickly to treatment and returns to an active normal life. The period of time in hospital will vary according to the type of leukaemia and treatment program but most children have a first stay in hospital of about three to six weeks. Your doctor will be able to give you some advice as to how long your child is likely to remain in hospital.

On your return home, and despite the resumption of normal life and activity, there will be constant reminders of your child's illness, for example: loss of hair, variable appetite, moodiness and sometimes a more dependent attitude. The majority of these symptoms are due to the effects of the drugs which your child has to take and it is important not to pay too much attention to them.

On returning home it is essential that you try to return to the normal day-to-day life of your family and also maintain your usual routine. You will of course have to make regular visits to hospital but these will usually occur on average every two to three weeks and the doctors will not expect serious complications or deterioration to occur suddenly. You will be warned of the symptoms to look out for, which should alert you to contact the doctor. Do not hesitate to discuss problems with the doctor who can advise you how to handle them.

Some children, who have received a lot of attention while in hospital, will continue to be demanding at home. This should be discouraged as it is detrimental to normal family relationships – brothers and sisters will feel neglected and then they will also play up to gain attention. Your child with leukaemia will be happier and better able to deal with the disease if you accept it as something which you all have to try to overcome. While it cannot be ignored, it should not become the centre of all attention and conversation. Everyone in the family must remain important, with their own special needs and requirements.

Your doctor will tell you when your child is fit to return to school, nursery or playgroup. This will usually be within a couple of months of diagnosis but it depends on the treatment schedule. If your child has to be readmitted for further drug treatment or for radiotherapy then return to school may be delayed. Return to normal activities should be a goal to look forward to as should family holidays.

In the early days following diagnosis, one or both parents will probably have had time off work. This should not be prolonged unless your child's life is in immediate danger, which is very rarely the case and if it is the doctor will have told you. Cutting yourselves off as a family from workmates, friends and other contacts leads to isolation and this makes coping more difficult.

## **THE PEOPLE WHO CAN HELP YOU**

There are several groups of people whose job it is to provide help and support to families in your circumstances. In addition there may be relatives and friends who would like to help in practical ways as well as sitting and talking with you about your child's illness. Within the hospital, as well as doctors treating your child, the nurses on the ward and in the clinic will have had a lot of experience regarding the way you are feeling and the kind of difficulties you may have. Most of the large children's units have nurses, social workers and health visitors specially appointed to provide assistance. It is wrong to think that these people are only there to help with 'problem families'; people with financial difficulties; or people who cannot cope on their own. There may be a simple solution to the problem which is worrying you and even if there isn't, discussing it will always help. Many regional centres now also have parent self-help groups. You may find it very valuable to meet other parents who have 'been through it all' themselves, so that you can share your experiences. Your local group's organiser will help to put you in touch with appropriate other parents.

Your general practitioner will be happy to listen to your personal fears and anxieties – your feelings of guilt and anger. Your neighbours and friends will be pleased to look after other children, do some shopping and maybe drive you to the hospital. Grandparents often feel lost and do not know what attitude to adopt. Family discussions can be helpful so that they too understand what is to be expected. In their young days leukaemia was almost invariably a fatal disease and they may need the reassurance of a talk with the doctor before they can believe that your more optimistic attitude is realistic.

This booklet has tried to cover many aspects. It is not intended to imply that every family will experience all the difficulties mentioned. We all have different circumstances and our response to anxiety, stress, and illness is a very individual thing. It is hoped that you will be helped by those comments which seem to apply to you and if



## THE LEUKAEMIA FOUNDATION

The Leukaemia Foundation is dedicated to helping people with leukaemia, lymphoma, myeloma, aplastic anaemia, related bone marrow disorders and diseases where treatments have evolved from leukaemia therapies. Also, to finding better treatments and cures for these debilitating cancers.

Since 1975, the Foundation has been a driving force in Australia, improving the survival rates for patients and caring for them and their families.

The Foundation is an innovative, national leukaemia support network which aims to provide all Australian leukaemia patients with access to excellent, world-class services and facilities regardless of where they live, where they are diagnosed, or where they are treated.

The Leukaemia Foundation is represented in New South Wales, Queensland, South Australia, Victoria and Western Australia, and has affiliates in Tasmania, New Zealand and other countries worldwide.

The Leukaemia Foundation's services and facilities across Australia include:

- Patient and family accommodation/support centres in Adelaide, Brisbane, Fremantle, Perth and Townsville. At any one time these provide a comfortable home base and a supportive environment



*Patients and their carers at the **Taking Control** self-help educational course at ESA Village, South Brisbane.*

for around 55 patients and their families who have to go to these major centres for life-saving treatment. Planning is well underway to expand these services further and in the meantime, alternative accommodation can be arranged.

- A team of support services professionals across Australia.
- Extensive patient education and resource materials on leukaemia and the related bone marrow disorders.
- An innovative range of support courses for patients, families and carers, including the Taking Control program.
- Grief counselling and the Living Well With Grief program.
- Specialised groups such as the survivor's group, Thankfully I'm Still Here (TISH) and Cellink, a haematology specialist group for health professionals.
- A fleet of patient transit vehicles to assist patients travelling to and from hospital for treatment.
- A 'buddy' system of support using past patients to help current patients.
- Counselling and assistance with employment, social services, and patient transport assistance.



*ESA Village accommodation and support centre at South Brisbane*  
- a 'home away from home'.

- Funding to establish a cord blood bank and three bone marrow transplant units in Brisbane.
- Educational grants to haematologists and nurses, and the Greg Johnson Memorial Scholarship for young scientists.
- Patient advocacy in areas including state and federal government grants for medical, nursing, scientific, pharmaceutical, social and financial uses.
- Appointment of Australia's first Professor of Experimental Haematology. The research program at the Leukaemia Foundation Research Unit, established in 1992, is recognised worldwide for its front line research into better treatments and cures for bone marrow cancer.
- Establishment of a psychosocial research program. The results are used to guide strategic planning for the Foundation's support services as well as health policy development elsewhere and has brought strong international recognition to the Foundation's innovative programs.

The Foundation's policy is to provide any form of support which is an appropriate use of existing resources and maintains the flexibility to be as supportive as possible in this uncertain environment.

**For more details on the Leukaemia Foundation's services available in your state, contact the Support Services division:**

**New South Wales: 02. 9969 1762**

**Queensland: 07. 3840 8044**

**South Australia: 08. 9272 9332**

**Victoria: 03. 9620 1815**

**Western Australia: 08. 9272 9332**

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# Leukaemia Foundation

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***Please send me a copy of the following patient information booklets:***

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| <input type="checkbox"/> Understanding Leukaemia       | <input type="checkbox"/> Acute Myeloid Leukaemia   |
| <input type="checkbox"/> Acute Lymphoblastic Leukaemia | <input type="checkbox"/> Chronic Myeloid Leukaemia |
| <input type="checkbox"/> Chronic Lymphocytic Leukaemia | <input type="checkbox"/> Multiple Myeloma          |
| <input type="checkbox"/> Leukaemia in Children         | <input type="checkbox"/> Myelodysplastic Syndromes |
| <input type="checkbox"/> The Lymphomas                 | <input type="checkbox"/> Aplastic Anaemia          |
| <input type="checkbox"/> Stem Cell Transplantation     | <input type="checkbox"/> Dictionary of Terms       |

***Or information on:***

- The Leukaemia Foundation's support services.
- How to make a bequest to the Leukaemia Foundation.
- How to become a volunteer.
  
- I would like to receive your newsletter.

Name: .....

Address: .....

..... Postcode .....

Email: .....

Send to:

The Leukaemia Foundation, GPO Box 9954, in your capital city,  
or free call 1800 620 420.

Information, as listed above and more, is available from  
the Leukaemia Foundation's website - **[www.leukaemia.com](http://www.leukaemia.com)**.





# Leukaemia Foundation

VISION TO CURE. MISSION TO CARE.

The Leukaemia Foundation's aim is to provide the very best in treatment, care and support for people with leukaemia and their families, and research into a cure.

You can help by making a donation. Please fill out the form below or visit [www.leukaemia.com](http://www.leukaemia.com) to make your gift online.

Dr/Mr/Mrs/Ms/Miss: .....

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..... Postcode: .....

Telephone: (H) ..... (W) .....

Email: .....

Please accept my tax deductible donation for \$.....

My cheque, made payable to the Leukaemia Foundation, is enclosed,  
or, please charge \$.....to my credit card.

Bankcard  Visa  Mastercard  Amex  Diners Club

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**Send to:** Reply Paid AAA 9954  
The Leukaemia Foundation  
GPO Box 9954  
in your capital city











**Leukaemia Foundation**  
VISION TO CURE. MISSION TO CARE.

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