AFTER CHEMO AND A TRANSPLANT BABY LUCA WAS A SURPRISE

Three years after starting treatment for AML, Josh Sullivan's life is pretty much 'back to normal', with one major exception – the unexpected arrival of another baby!

Luca, now eight-months old, is Josh and wife Tegan’s third child – sister to Jaydn, six, and Jai, four.

“All of a sudden I started feeling crook. I felt really flat, had no energy and quite a few flu symptoms. “I went to the doctor who said it was nothing, just a bit of stress. But I just didn’t feel right. After the third doctor’s visit I thought ‘stuff it’ and took myself to hospital and asked for a blood test.”

Within an hour, Josh got a call from the hospital doctor who said his neutrophils were low. He was to go straight to hospital in Perth. He arrived at 7.30pm, checked himself into Emergency and had a bone marrow test later that night.

“I was in quarantine, so it was obvious something was going on,” Josh said.

Tegan flew up the next morning and was with Josh when he was given his diagnosis. Knowing what leukaemia was, his first question was: “how bad is it?”.

“I was in the average to poor group. It hits you that hard, you don’t know what to think. Then I thought, right, let’s get on with it and hit this on the head.”

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BLOOD BUDDIES SUPPORT OTHERS

Surveys by the Leukaemia Foundation revealed the largest unmet need of people with blood cancer was their desire to talk to others who had first-hand experience living with a blood cancer.

To help meet this need, the Foundation has established Blood Buddies, which adds another arm to its extensive peer support program.

Blood Buddies is a phone-based peer support program that matches and connects those diagnosed with blood cancer (or those caring for a person with blood cancer) with a trained volunteer who has had blood cancer (or cared for somebody with blood cancer).

Coping with a difficult life experience becomes a little easier for many people after they talk to someone who has already been through a similar experience.

National Blood Buddies coordinator, Dr Melissa Oxlad said Blood Buddies volunteers* offer non-judgmental reassurance, support, encouragement and hope.

“You can feel less alone and more able to manage your health simply by talking to someone else who has already been there and done that,” Melissa explained.

“Blood Buddies volunteers are in a unique position – one that is quite different from health professionals and support agencies, in the sort of support and assistance they can provide to others.

The aim of this program is to:

- Improve outcomes for those diagnosed with blood cancer by connecting them with a trained volunteer who has survived blood cancer and who can offer short-term one-to-one emotional support.
- Support and empower families and friends through these connections.
- Offer hope and encouragement by speaking to a person who has survived similar diseases, treatments and situations.
- Reduce barriers that prevent people physically attending peer support events or groups, such as the risk of infection or geographic location.
- Increase the support options offered by the Foundation.

• Provide training and ongoing support to Blood Buddies volunteers to safeguard their physical and emotional well-being while they are contributing to the program.

For more information and to register your interest in becoming a Buddy, email: bloodbuddies@leukaemia.org.au or call 1800 007 343.

* No aspect of the Blood Buddies program is intended to guide medical treatment decision-making.

STUDY SEeks AML INSIGHTS

People with AML can experience difficulties re-adjusting to life after diagnosis and treatment.

Psychological resilience and physical activity programs can enhance wellbeing and recovery of people after treatment, but little is known about people’s opinions and attitudes about such programs.

Your experience could help in the development of new programs to improve and support the wellbeing of people with AML, improve their resilience to stress and how they cope with the hassles of everyday life.

The University of Queensland is seeking people to complete a 10-15 minute online survey about their physical activity and counselling preferences, motivators, and barriers. You are eligible to take part in the survey if you are aged 18 years or older and have been diagnosed with, or have finished treatment for a blood cancer.

For more information and to access the survey, visit: http://bit.ly/1Crfi5b.

For a printed copy, contact the project coordinator: v.allen@uq.edu.au.

READERSHIP SURVEY

To ensure our range of disease-specific newsletters, including AML News, continues to meet the needs of people with blood cancer, the Leukaemia Foundation is conducting a national survey. We are seeking your feedback and encourage you to take part in the readership survey: http://surveymonkey.com/s/Newsletter_Readership_Survey.

* Of the total responses to the survey received as this issue went to print, 15% were by CLL News readers.
ANOTHER $4M INVESTED IN RESEARCH

This year, the Leukaemia Foundation is investing in an additional 14 promising blood cancer research projects, in ‘the hottest areas of research in haematology at the moment’.

Announcement of the 2015 round of grants, worth almost $4 million, means the Foundation’s National Research Program now has 49 research projects underway at leading research institutions in Melbourne, Sydney, Brisbane and Adelaide.

The Foundation’s Head of Research and Advocacy, Dr Anna Williamson, said this new funding was across the whole blood spectrum – lymphoma, myeloma and the chronic and acute leukaemias.

“There are studies in some of the most important and influential areas of research – epigenetics (the non-DNA component of the cell), CAR T-cells and immunotherapeutic mechanisms,” said Dr Williamson.

“This means our researchers are working at the frontiers of medicine. This puts us right on the mark with what’s happening internationally, as highlighted at the world’s largest annual conference of the American Society of Hematology last December.”

INVESTIGATING IMMUNE-BASED THERAPIES FOR AML

QIMR Berghofer Medical Research Institute researchers believe it may be possible to treat AML with new immune-based anti-cancer therapies that enlist the immune system to kill cancer cells.

Immune-based therapies have already been successful in improving survival for melanoma patients.

QIMR Berghofer PhD, Rebecca Austin, is investigating factors that drive anti-cancer immune responses in AML.

“We know immune cells can recognise and respond aggressively to cancer, but in AML we suspect the cancer cells are using a range of tactics to successfully evade the immune system,” said Rebecca.

She is looking to identify how specific types of AML control or evade the body’s immune response, and will investigate how genes that are commonly mutated in AML patients affect the anti-cancer immune responses.

“Once we know how the key AML types affect the immune system, researchers can develop targeted immunotherapeutic strategies for treating the cancer,” Rebecca said.

“It’s hoped that the findings from this research will form the preclinical basis for clinical trials in AML.”

Rebecca is working under the supervision of previous Leukaemia Foundation research grant recipients, Dr Steven Lane, Team Head, Translational Leukaemia Research Laboratory, and associate supervisor, Professor Mark Smyth, Senior Scientist, Immunology in Cancer and Infection Laboratory.

Understanding how AML develops and progresses is the focus of three of the latest 14 research projects.

Rebecca Austin, QIMR Berghofer Medical Research Institute, Qld, received a PhD scholarship (total of $120,000 over three years / 2015-2017): What Factors drive immune response in acute myeloid leukaemia?

Post doctoral fellowships (each worth a total of $300,000 over three years / 2015-2017) were awarded to Dr Omar Gilan, Peter MacCallum Cancer Centre, Vic: Combination of drugs that regulate the packaging of DNA to treat leukaemia (see pages 4 & 5) and to Dr Andrea Newbold, The University of Melbourne, Peter MacCallum Centre, Vic: Studying the cellular changes that drive the initiation and progression of myeloid leukaemia (see pages 6 & 7).

For information about all the Leukaemia Foundation’s new 2015 research awards, visit: www.leukaemia.org.au.

“Epigenetic-targeted treatments have shown remarkable promise in treating AML”
The Sullivan family spent the next nine months in Perth as Josh had three rounds of chemotherapy and a transplant. “We stayed at the Leukaemia Foundation’s Bassendean* (apartments) which was absolutely wonderful. “When I was diagnosed, the Foundation followed the doctor in the door. Within a few days we knew we had somewhere to stay, so we didn’t have to think about that.

Tegan flew home and drove back with everything we needed. It was lucky Jaydn wasn’t at school yet.

“We couldn’t have asked for any more than they (the Foundation) gave us. Tegan was able to drive in to the hospital to see me every day and I’d come out of hospital (after treatment) to a clean environment.”

Josh said his first round of chemo “did the job” although he spent five days in ICU and “nearly died.”

“I got through luckily and went into remission – within three weeks of diagnosis!”

For his second round of treatment Josh had a different protocol and afterwards he went home for the first time, in early-May.

“It was wonderful to get back to the farm. I’m not a city person,” said Josh, who returned to Perth to begin his third round the day after his 31st birthday in mid-May.

“Everything went well. I came out early but got a blood infection and ended up in ICU for two days.”

Then the family went home for six weeks and “had quite a good break” before Josh had a matched unrelated bone marrow transplant in August. He had two potential compatible donors – a woman from south-east of Perth and a similarly aged fellow from Germany, who was the chosen donor.

“He was 92% compatible which was incredible and the transplant went really well. You imagine it will be huge, but after the chemo, it was just delivery of the donor’s stem cells into my body. I took them really well and didn’t have any reactions,” Josh explained.

A month later, he got some mild graft versus host disease in his mouth and liver.

Josh and his family moved back home in October 2012.

“I pottered around the farm and worked my way back to normal. For the last 12 months I’ve been doing everyday things.”

That means working from sunup to sundown most days.

“It is very seasonal so it can be 10 to 12 hours a day and if there’s no sport on, I can work all weekend too. Then other days you don’t work. This time of year (April), we’re flat out.”

When Josh first got sick in 2012, his parents, Ray and Shirley, who still live on the farm, stepped back in and managed the property.

“And with me being crook, it absolutely burnt them out. Farmers from the local footy club** I played for helped Dad and Mum out with seeding and the harvest, so they didn’t have to do it all. Then we leased the farm to neighbours, to ease the pressure. This year we’ve taken it back on.”

COMBINING EPIGENETIC-TARGETED TREATMENTS

Combining therapies targeting epigenetic mutations in cancer cells could provide a new strategy for treating AML, according to Dr Omer Gilan.

The Peter MacCallum Cancer Centre researcher is assessing a combination therapy of two epigenetic drugs in laboratory models. Researchers believe epigenetic changes play an important role in AML.

“Epigenetic-targeted treatments have shown remarkable promise in treating AML,” said Dr Gilan.

“However, these treatments aren’t effective long-term because they don’t destroy all the leukaemic stem cells producing the cancerous cells.

“To overcome this problem, I’m looking at how combination therapy with two epigenetic therapies can synergise and target leukaemia cells to potentially cure subsets of patients with AML.

“If successful, this research project will extend our options for treating this aggressive disease and provide the rationale for clinical trials using these two epigenetic therapies.”

In a previous research project, Dr Gilan showed that a new small molecular drug (from the class of drugs known as BET bromodomain inhibitors) had potential in treating AML. He also identified another, clinically available drug, which may work well with the BET inhibitor.
Every three months, Josh has a blood test and he goes to Perth for six-monthly check ups.

“After the flogging I had at the start (of treatment), I’m not even on a pill now. I haven’t been on anything for two years.

All I want to do is work, to be a successful farmer and a good dad.

“I feel magnificent. I have so much drive now. All I want to do is work, to be a successful farmer and a good dad. I absolutely love farming – it’s always what I’ve wanted to do and it’s a great lifestyle for the kids to grow up on a farm.

“Tegan and I work together. She helps out on the farm and does a fair bit of the sheep work.”

Josh says the love and support of his wife, family and friends is what has helped him get through it all.

“I could never thank any them enough, I don’t know what I would have done without them.”

In January, the Sullivans went back to Bali for a fortnight with Josh’s sister and family.

“It was the first time I’ve been allowed to go anywhere. It was wonderful. Nice and quiet and relaxing. We had our own villa and private pool so we didn’t have to mix with other people.”

It’s now more than two years since Josh’s transplant and he’s keen to meet his German donor.

Three months after the transplant Josh received a handwritten letter from him, which is framed and hangs inside the front door of the Sullivan’s home. Josh wrote a return letter and is waiting for a response.

“I can’t do anything until I hear back from him. I hope my letter got to him.”

* Bassendean is a ‘home away from home’ accommodation complex the Leukaemia Foundation has in Perth for those who relocate to access blood cancer treatment.

** A group of Josh’s footy mates and partners from Gibson Football Club took part in the World’s Greatest Shave in 2012, raising $76,000.

Letter from Josh’s German donor

G’day mate,

How are you?

I hope I was able to help you with my donation of stem cells. I am wishing you all the best and may you feel better very soon.

Right now, I have a million thoughts in my head about you, the donation, and so on. I don’t know what to think about first.

I hope you have saved the life of a young man (which) makes me feel so proud. I have donated my stem cells for you and I would do it again if you needed them again.

It would be really awesome if we got to know each other some day because I am very curious who you are.

For now I hope you will get well very soon.

Yours faithfully ;)

Josh Sullivan’s letter to his donor

G’day Mate,

I don’t really know how to start this letter cause I can’t thank you enough for what you have given me and my family.

On August the 16th I received your stem cells which was quite an anxious time not knowing what was in store for me.

It is now the 18th of March and I’m going really well. I have put weight back on and my energy levels are nearly back to normal. I feel the best I’ve felt in 18 months.

I’ve been wanting to write to you for a while but for some reason I just wanted to make sure the transplant was working right and it didn’t reject me.

I have checkups with my doctor every 4 weeks and results are very good, just a few pills to take to keep things in check.

I have a beautiful wife and two young children and a great family and friends around me which have been my absolute strength through out this journey. It was bloody hard at times.

I would love to be able to catch up and meet one day with you as well mate and once again Thank You. What a gift you have given me.

Cheers Mate.

Using pre-clinical models of AML, Dr Gilan will assess if the combination of therapies can overcome resistance and offer improved survival benefits over a single agent therapy. He also aims to understand how these two therapies work together at a molecular level.

Dr Gilan is working in the laboratory of Associate Professor Mark Dawson, Consultant Haematologist and Head of the Cancer Epigenetics Laboratory, Peter MacCallum Cancer Centre. The Leukaemia Foundation also awarded a 2015 PhD Scholarship to Dean Tyler, who is working in the same laboratory, to understand how azacitidine works in MDS.

Post doctoral fellowship recipient, Dr Omer Gilan.

Epigenetics is a term used to explain the cellular mechanisms that control the expression of genes. Mutations and changes can occur that affect the proteins that package and regulate our DNA, without the actual DNA sequence altering.

BET bromodomain inhibitors interact with several molecular targets to restore normal cell behaviour. Critically, researchers believe they switch on genes that stop cancer from making the RNA and DNA they need to grow and divide.

Some people with MDS can transform to AML.
“Class I and II mutations can occur in different combinations and it is not yet known how these different combinations affect therapies. In addition, we also suspect that damage to the epigenetic pathways controlling the expression of the Class II genes may be important to AML and offer another potential drug target.

To help improve AML treatment outcomes, my overall aim is to develop an accurate model of AML. In particular, I’m identifying proteins and regulatory pathways involving both classes of mutations and the epigenetic lesions, which are important in the onset and development of AML.

Dr Andrea Newbold is using sophisticated models of AML to develop new combination treatment regimens and to understand the molecular interplay between genetic and epigenetic changes driving this blood cancer.

According to Dr Newbold, AML is thought to arise from mutations in two classes of genes – known as Class I and Class II mutations.

“Class I and II mutations can occur in different combinations and it longer and may be harder to do things that used to be quick and easy.

During conversation, a person with chemobrain can miss key parts and have difficulty following the flow of conversation and thinking of the right word to use. Memory problems, both verbal and visual, and short-term memory lapses also are signs of chemobrain.

The severity and duration of the condition varies. If acute, it can persist for one to two years after treatment but after one year most people find their symptoms greatly improve or no longer exist. If chronic, the condition can exist for many years and patients should consider being referred to a neuropsychologist.

How to manage chemobrain

Management strategies for chemobrain include discussing the risk of cognitive impairment with your doctor before treatment. During and after treatment, note any problems with memory and/or concentration to discuss with your doctor.

Keep a detailed diary of any memory problems throughout the day, such as when, where and what you were doing when they occurred, as well as what medications you have taken and when.

Don’t assume the signs and symptoms you are experiencing are due to chemotherapy-related cognitive impairment, and ensure you are assessed by your doctor to rule out other causes including hormonal imbalance, anaemia, stress and depression.

When you talk to your doctor, prepare a list of questions and issues before the appointment, consider taking someone along with you, don’t forget your memory diary/journal and write down the answers or record them.

Research is underway but no medication is currently available to treat cognitive impairment associated with cancer treatment, although any medical factors that may be contributing to the condition can be identified and treated.

Ask your doctor to review your medications, to identify any that may be causing or exacerbating cognitive impairment. Also,

Strategies for managing chemobrain

By Dr Melissa Oxlad
Clinical & Health Psychologist and National Patient Advocacy Coordinator, Leukaemia Foundation

Chemobrain, also known as ‘chemofog’, ‘brains fog’ and ‘chemonesia’, refers to changes in cognitive functioning – one’s ability to think clearly, concentrate, remember and focus – during and after cancer treatment.

First identified and reported by women with breast cancer who were treated with chemotherapy, chemobrain can be as serious as other side-effects, including nausea, fatigue and hair loss.

Professionals refer to the condition as mild cognitive impairment or dysfunction, and post-chemotherapy related cognitive impairment.

The condition has become almost universally accepted but information about the types of cognitive impairment and their duration is not always consistent.

There are many unknowns such as the incidence of chemobrain, which cytotoxic drugs are responsible, and what causes the cognitive changes associated with chemotherapy.

What is known now is that anti-cancer treatments affect brain function through direct and indirect pathways.

These are the most common factors that contribute to cognitive impairment:

- Cancer related (brain metastases, radiation therapy, low blood counts/anaemia) and other medical conditions.
- Medications for pain, anxiety and nausea.
- Co-morbidities including pain, fatigue, sleep disturbance, depression and anxiety.
- Chemobrain manifests in each person differently and there is no set of diagnostic criteria.

Signs and symptoms

Common signs and symptoms are problems with memory or concentration, a general feeling of mental fogginess (not functioning as well mentally as usual) and changes in memory. Those affected report that greater effort is required to do daily activities and they feel very fatigued. They feel confusion, have trouble concentrating on one thing, are easily distracted, and have difficulty making decisions and multi-tasking.

They have difficulties processing information and may need to read something several times to get the meaning, and it may take longer and may be harder to do things that used to be quick and easy.

During conversation, a person with chemobrain can miss key parts and have difficulty following the flow of conversation and thinking of the right word to use. Memory problems, both verbal and visual, and short-term memory lapses also are signs of chemobrain.

The severity and duration of the condition varies. If acute, it can persist for one to two years after treatment but after one year most people find their symptoms greatly improve or no longer exist. If chronic, the condition can exist for many years and patients should consider being referred to a neuropsychologist.

How to manage chemobrain

Management strategies for chemobrain include discussing the risk of cognitive impairment with your doctor before treatment. During and after treatment, note any problems with memory and/or concentration to discuss with your doctor.

Keep a detailed diary of any memory problems throughout the day, such as when, where and what you were doing when they occurred, as well as what medications you have taken and when.

Don’t assume the signs and symptoms you are experiencing are due to chemotheraphy-related cognitive impairment, and ensure you are assessed by your doctor to rule out other causes including hormonal imbalance, anaemia, stress and depression.

When you talk to your doctor, prepare a list of questions and issues before the appointment, consider taking someone along with you, don’t forget your memory diary/journal and write down the answers or record them.

Research is underway but no medication is currently available to treat cognitive impairment associated with cancer treatment, although any medical factors that may be contributing to the condition can be identified and treated.

Ask your doctor to review your medications, to identify any that may be causing or exacerbating cognitive impairment. Also,

Improving treatment outcomes via new therapy

Dr Andrea Newbold is using sophisticated models of AML to develop new combination treatment regimens and to understand the molecular interplay between genetic and epigenetic changes driving this blood cancer.

According to Dr Newbold, AML is thought to arise from mutations in two classes of genes – known as Class I and Class II mutations.

“Class I and II mutations can occur in different combinations and it
seek information about the condition and request a referral to a psychologist for assistance with anxiety, depression, sleep disturbance and pain management.

You can help yourself by ensuring you get enough rest and sleep, maintaining a healthy diet (vegetables help maintain brain function) and exercising regularly. To keep your mind active you can take a class, join a book club, learn a new language, do crossword puzzles or sudoku, and play chess or scrabble.

Other self-help strategies include learning and using relaxation, meditation and/or mindfulness techniques. Also, talk about your memory and concentration problems to family and friends, and how they can help.

Try not to focus on your symptoms too much, and instead, focus on things you can do. Maintain a good sense of humour about what is beyond your control, and take time out. On a bad day, watch a movie or listen to music.

**Practical strategies**

There are practical things you can do too, such as simplifying your life. Be prepared to change your expectations and environment and reduce your workload and responsibilities. Identify and focus on your most important priorities and do them at times of the day when you have the most energy. Where possible, delegate other tasks or leave them undone. Divide larger tasks into smaller, more manageable ones, pace yourself and take frequent breaks. Set a routine and try to keep the same schedule each day. Use a calendar and timers when cooking or to remind you when to collect someone, and a medication box can assist you with when to take which medications.

Make the most of technology to help you remember, to remind you, to record appointments or information. Here are some ways to use your mobile phone, tablet, computer and camera.

- Use the notes section.
- Use the alarm/timer to remind you to leave for an appointment or to take your medication.
- Use the calendar for appointments, bill payment dates, etc.
- Use the alert function to give you a day’s/hour’s notice for appointments.
- Use a camera to take photos as memory aids such as where you parked the car when at a shopping centre.
- Use the alarm/timer to remind you to leave for an appointment or to take your medication.
- Download specific apps for medications and notes.

**Other practical things you can do.**

- Focus on doing one thing at a time.
- Use a notebook to list the things you need to do or buy, where you have left certain items, and details of appointments.
- Write down medications, telephone numbers and addresses, birthdays and anniversaries, the names of people you meet along with a brief description, and the titles of movies and books you’d like to see and read.
- Write yourself ‘post it’ notes and stick them up where you can see them to remind you to do things, and use a whiteboard to make notes.
- Use a front door checklist that includes things to remember or do when going out, such as taking keys, wallet and phone, and locking up, etc.
- When given important information, meeting someone or organising an event, write down the details and repeat them aloud.
- When you meet people for the first time, repeat back their name when introduced, and use word associations or rhymes to help you remember their name.
- Organise things so they are in familiar places, i.e., put your keys and other frequently misplaced objects in the same place each time you put them down, and park in the same car park when you go to the same place.
- Avoid distractions by letting the answering machine/voicemail take calls and not checking emails.
- Ask for time alone if needed, and write down any distracting thoughts.
- Talk to people in quiet places, with few distractions.

**Useful references/resources**


Cognitive Problems After Chemotherapy. Doctor, Can We Talk About Chemobrain? Keeping Your Memory Sharp. www.cancercare.org/publications


“With this knowledge, it will be possible to devise combination therapy approaches to treat AML, targeting proteins and pathways that are important for both classes of mutations.”

Using laboratory models, Dr Newbold is trialling several new drugs that target epigenetic lesions regulating the Class II mutations. After identifying one or more potential drugs, Dr Newbold will see if different Class I mutations alter the effectiveness of the drugs. She hopes to generate enough pre-clinical data to translate new combination therapies for AML into a clinical trial study. Her research also could provide a platform for evaluating drug targets and testing anti-cancer therapies.

This research project is under the supervision of Peter MacCallum Cancer Centre Assistant Director of Research, Gene Regulation Laboratory Head Professor Ricky Johnstone – a recipient of previous Leukaemia Foundation grants.

“Epigenetics is a term used to describe systems/pathways that control the expression of genes. These regulatory activities occur within the cells. Cumulative damage (often caused by environmental factors and/or stress and illness) can lead to ‘epigenetic lesions’ involved in cancers. Epigenetic damage is different to genetic damage, as it doesn’t lead to any change in the DNA.”

“I started as a subtle and nondescript sense of confusion” and manifested as “an inability to concentrate”.

Jana Rosenblatt

“COMBINATIONS”

1800 620 420 www.leukaemia.org.au

7
## Education & Support

### DIARY DATES

#### NEW SOUTH WALES

**Sydney Metro**
- 8 May: 10am-12pm, Concord Blood Cancer Education & Support Group (also 12 Jun, 29 Jun)
- 20 May: 10.30am-12pm, Kensington Blood Cancer Education Support Group
- 9 Jun: 10-11.30am, Westmead Blood Cancer Education Support Group

**ACT & Southern NSW**
- 6 May: 10am-12pm,堪培拉血癌教育支持小组
- 16 Jun: 10am-12pm,堪培拉血癌教育支持小组

**Northern Rivers**
- 7 May: 10am-12pm, Coffs Harbour Blood Cancer Education & Support Group
- 25 May: 10-11.30am, Tweed Heads Blood Cancer Education & Support Group

**Hunter**
- 26 May: 10am-12pm, Newcastle Blood Cancer Education Support Group
- 8 May: 10am-12pm, Port Stephens Blood Cancer Education & Support Group
- 11 Jun: 10am-12pm, Midgee Blood Cancer Information & Support Group

**Illawarra & Shoalhaven**
- 24 Jun: 10am-12pm, Wollongong Blood Cancer Education Support Group
- 28 May: 10am-12pm, Wollongong Blood Cancer Education Support Group

**Central North Coast**
- 21 May: 10am-12pm, Spectacle Blood Cancer Information Support Group (also 27 Jun, 27 Jul)
- 28 Jun: 10am-12.30pm, Tweed Heads Blood Cancer Education & Support Group

**Mid North Coast**
- 25 May: 10am-12.30pm, Armidale Blood Cancer Information & Support Group
- 8 May: 10am-12pm, Armidale Blood Cancer Information & Support Group
- 6 May: 10-4.30pm, Tamworth Blood Cancer Education Support Group

**Central Coast**
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**Central Coast**
- 28 May: 10-12.30pm, Coffs Harbour Blood Cancer Education Support Group
- 6 May: 10am-12pm, Newcastle Blood Cancer Education Support Group

### VICTORIA

**Melbourne Metro**
- 14 May: 10.15-11.45am, Bone Marrow & Stem Cell Transplant Support Group, Hawthorn (also 15 Oct)
- 17 Jun: 10.30am-12pm, Eastern Suburbs Blood Cancer Support Group, Croydon (also 16 Sep)

**Mornington**
- 16 Jun: 3.30-5pm, Geelong Blood Cancer Support Group (also 14 Jul, 5.30-7pm)
- 29 Jul: 10.30am-12pm, Mornington Blood Cancer Support Group

**Barwon South West**
- 13 May: 10-3pm, Keilor Support Group (also 26 Aug)
- 7 Jul: 2-3.30pm, Hamilton Blood Cancer Support Group (also 22 Sep)
- 8 Jul: 1-3pm, Warrnambool Blood Cancer Support Group (also 23 Sep)

**Grampians**
- 2 Jul: 10-11.30am, Ballarat Carers Support Group
- 21 Jul: 10-11.30am, Ballarat Mancave (also 17 Nov)

**Loddon/Mallee**
- 11 May: 10am-12pm, Bendigo Blood Cancer Support Group (also 13 July, 10 Aug, 14 Sep, 12 Oct)

### WESTERN AUSTRALIA

**Perth Metro**
- 25 May: 4.30-6pm, Bassendean Accommodation Support Group (also 27 Jul, 24 Aug)

**Peel**
- 21 May: 10.30am-12pm, Mandurah Blood Cancer Support Network (also 18 Jun, 20 Aug, 17 Sep, 15 Oct)
- 19 Jun: 1-2.30pm, Port Kennedy Blood Cancer Support Network (also 28 Aug, 23 Oct)

**Bunbury**
- 20 May: 10.30am-12pm, Bunbury Regional Support Network (also 17 Jun, 19 Aug, 16 Sep, 21 Oct)

**Great Southern**
- 10 Jun: 10am-12pm, Albany Blood Cancer Education Session

### NORTHERN TERRITORY

**Darwin Metro**
- 7 May: 10-11.30am, Darwin Support Group, Coconut Grove (also 4 Jun, 2 Jul, 6 Aug, 3 Sep, 1 Oct)
- 19 May: 6-8pm, Social Cinema Night & Support Group, Palmerston (also 21 Jul, 15 Sep)

### TASMANIA

**TASMANIA**
- 9 Jun: 10.30am-12pm, Northern Tasmania Blood Cancer Support Group, Launceston (also 11 Aug, 13 Oct)

### SOUTH AUSTRALIA

**Regional**
- 13 May: 10-3pm, Cobar Cancer Support Group (also 3 Jun)
- 7 May: 10am-12.30pm, Orange Blood Cancer Education Support Group (also 4 Jun)
- 13 May: 10-3pm, Bathurst Blood Cancer Education Support Group (also 10 Jun)
- 15 May: 11am-12pm, Parkes Blood Cancer Education Support Group (also 9 Jul, 10 Sep)
- 2 Jun: 10am-12pm, Cobar Blood Cancer Education Support Group (also 1 Sep)

### NATIONAL TELEPHONE FORUMS

Bone Marrow Transplant telephone forums are held for people in regional and remote areas and those in metropolitan areas who have difficulty accessing the Leukaemia Foundation’s regular education activities.

Contact Simone Waterman on 1800 620 420 to find out more and to register.

Visit [www.leukaemia.org.au](http://www.leukaemia.org.au) for our latest Education and Support Program Event Calendar. To register for an education or support event, freecall 1800 620 420 or email [info@leukaemia.org.au](mailto:info@leukaemia.org.au).

### OUR VISION TO CURE AND MISSION TO CARE FOR YOU

The Leukaemia Foundation is the peak body for blood cancer in Australia, funding research and providing free services to support people with leukaemia, lymphoma, myeloma and related blood disorders. Our free services include emotional support, accommodation, transportation and practical assistance. We also fund research into cures and better treatments.

We receive no ongoing government funding and rely on the continuous support of individuals and corporate partners to provide our services and to fund our National Research Program.

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

To find out more about how we can help you:

Freecall 1800 620 420
Email: [info@leukaemia.org.au](mailto:info@leukaemia.org.au)
Mail: GPO Box 9954 in your capital city
Website: [www.leukaemia.org.au](http://www.leukaemia.org.au)