Chris’ empathy based on his own experiences with CML

Since Chris Davis’ diagnosis with CML, he’s had three different treatments, endured debilitating side-effects, has taken part in an international clinical trial, and is now disease-free.

Chris, 69, of Melbourne, discovered he had CML by accident in August 2005. Prior to that, he was “really fit”, regularly rode 100km on his bike, had taken up rowing again, and was about to rack up 30 years operating his own trucking business.

“In April 2005 I noticed I was starting to feel like I was getting old. I was getting low on horsepower and every time I exerted myself I had pain in my back and shoulders,” Chris said.

When his daughter found out she had haemochromatosis, Chris had a blood test to see if he had the inherited iron overload disorder too. It turned out that his iron levels were fine but his white blood cell count was up to 673; he had CML.

“I had no idea what it [CML] was. I asked my GP for a rough prognosis and he said my best case scenario was 12 months of ‘normal life’; he wasn’t aware of the new treatment (imatinib) which had become available.”

When he consulted a haematologist after his diagnosis, Chris mentioned the pain he felt when he did anything strenuous, only to discover he was on the brink of a massive heart attack. Not as it turned out because he had a heart problem, but because his blood was too thick to pump normally through his heart.

His treatment for CML was delayed for a week while he had his heart checked and in September 2005 Chris went on the first generation tyrosine kinase inhibitor (TKI), imatinib (Glivec®).

He was severely affected by a range of side-effects including eye problems that affected his sight, extreme sensitivity to the sun, nausea, fatigue and walking was always difficult.

“It felt like I was continually walking upstream, pushing against the current. Glivec used to make me sick every time I took it. It was horrible. But it did the trick – it got my white blood cell count down and I have to be grateful for that. It went down from 100 to 6-7 in 18 months.

“But the Glivec was very hard on my liver in particular, and after 18 months of treatment, I had to go off the drug before my liver collapsed.

“There was a bright side,” said Chris with a touch of humour. “I was getting a bit of colour back in my face ... from the jaundice!”

“My eye troubles cleared up as soon as I went off Glivec and my liver recovered very quickly.

Story continued on pages 4 & 5.
‘Members only’ CML Network Facebook group

The Leukaemia Foundation recently launched a ‘members only’ CML Network Facebook group and you are encouraged to join.

Within 24 hours more than 100 people joined the online network! It was formed by the Foundation to connect Australians whose lives are affected by CML, to give them a private space in which they can share their personal experiences with this rare blood cancer.

Members introduce themselves, often summarising their diagnosis and treatment experiences and sharing their feelings in this friendly, supportive environment. It’s an ideal forum to express concerns, ask questions, and offer tips and feedback on one common theme – living with this rare blood cancer.

Some members have partners, parents, children or significant others who have a CML diagnosis and the group is a way for them to “connect with others and hear their stories and share their hope”. If you are living with CML, or care for someone who is, you may like to join this CML Network for treatment/research updates, support and education.

To take part, visit: https://www.facebook.com/groups/CMLLFA

World CML Day – September 22

September 22 was World CML Day.

The date of this international awareness-building day is symbolic because 22/9 represents the exchange of genetic materials between chromosomes 22 and 9. This results in the BCR/ABL fusion gene, which usually indicates a diagnosis of CML.

The Foundation’s Head of Blood Cancer Support, Anthony Steele said advances in treatment and care had transformed CML into a disease where people have the chance to live a long life, if treated effectively.

“An estimated 4500 Australians are living with this chronic illness and each year around 350 people across the nation are diagnosed with the rare form of blood cancer,” Mr Steele said.

“People with CML still face huge challenges, like the effective management of their side-effects and adherence to therapy. They have to learn to live with this often life-long cancer.”

Non-adherence to treatment is a well-known problem for people with CML, as it is for other chronic diseases where people need to take their medication on a daily basis.

“One of the main reasons why people don’t respond to treatment is that they take themselves off treatment periodically, due to the side-effects, or because they have something important coming up for which they want to feel good,” said Mr Steele.

The study revealed that a significant number of people with CML are non-adherent and that there was a high demand for reminder tools. More than a quarter of survey participants said they would appreciate a reminder tool for use on their smartphone.

CML Today was developed specifically for people with CML to serve as a helpful tool to ensure a good treatment outcome.

“Aimed at contributing to an overall improvement of adherence in CML, this app can be used on iOS and Android devices to assist people on CML treatment to:

- track the regular intake of their medicine
- remind them to take their prescribed medication
- track their PCR test results and other laboratory parameters
- facilitate people’s connection with their local support groups.

The app is not limited to a specific therapy and therefore can be used by any person with CML, in accordance with current therapeutic standards.

CML Today can be downloaded free from the Apple App Store (iPhone) and Google PlayStore (Android) and is available in seven languages.
**Treatment**

**Q & A: generic imatinib**

On October 1, ‘generic’ imatinib became available in Australia.

As the patent to the original imatinib (called Glivec®) ends, new brands of the drug will enter the market. This increased competition between pharmaceutical companies supplying this medication will lead to the cost of imatinib becoming much cheaper for the Pharmaceutical Benefits Scheme (PBS), saving the Government millions of dollars. In the coming months, your doctor may choose to ask if you would like to change from your current brand of imatinib, to a different, cheaper brand. Some people may feel hesitant about changing their medication, which has been holding their disease at bay.

**Q** What is meant by the term ‘generic’ imatinib and why is the PBS changing access to this drug?

Novartis – the company that originally developed imatinib as a successful treatment for CML – has had sole rights to manufacture and distribute imatinib under the brand name Glivec®, under patent protection. That patent has expired in Australia. This means other pharmaceutical companies now can legally make and distribute imatinib tablets but under different brand names, as Glivec remains a trademark of Novartis. Generic imatinib is expected to be significantly cheaper than the originally branded Glivec. To market a generic drug, manufacturers must demonstrate that their drugs are identical to the original branded drug in terms of dosage form, safety, strength, route of administration, quality, performance characteristics, and intended use. For more information: [https://www.tga.gov.au/sites/default/files/information-generic-prescription-medicines.pdf](https://www.tga.gov.au/sites/default/files/information-generic-prescription-medicines.pdf)

**Q** Is generic imatinib a lower quality medicine to Glivec?

The Therapeutic Goods Administration (TGA) license and set standards for medicines in Australia. We (Australian doctors) have confidence in the TGA in its role ensuring that medicines available in Australia are efficacious and made to acceptable standards, regardless of the manufacturer. The TGA will ensure all imatinib distributed in Australia, regardless of whether it is generic imatinib or Glivec, will be safe and effective. We believe all imatinib tablets sold here will have the same active imatinib ingredient, and at the same doses, regardless of manufacturer. Generic versions of a number of drugs already are sold in Australia, such as anti-hypertensives and cholesterol lowering agents, and studies have established that generic versions of these drugs, used in cardiovascular disease, lead to the same results as the original brands. Generic imatinib is already available in other countries, including New Zealand and Canada.

**Q** How is generic imatinib different to Glivec?

Several companies are expected to manufacture generic imatinib. They will have different brand names and the shape, size and colour of the tablets are likely to be different too. However, each tablet will have the standard quantity of the active compound, imatinib. Apart from the active compound, tablets usually contain ingredients that are added to the tablets to stabilise the active compound, and to add colour and shape. These inactive ingredients may vary between different products made by different companies. We do not expect patients to have different side-effects when and if they switch to generic forms of imatinib, unless they have a reaction to one of the inactive ingredients.

**Q** Do I have to go on generic imatinib or can I choose to stay on Glivec?

In Australia, patients and doctors can choose the manufacturer of their medicine. This includes the choice to choose Glivec. In some cases, there may be a cost difference to the patient if the premium brand is dispensed, compared to the generic. However, the cost of a month’s supply of imatinib will not exceed $38.30 (or $6.20 for concession card holders), as at 2016, regardless of brand. Patients can also choose between different brands/manufacturers of generic imatinib. However, pharmacies may only stock drugs from one or two manufacturers, and non-generic forms may not be available at certain pharmacies. At this stage, it is not clear how many brands of imatinib, including Glivec, will be available to Australian patients.

**Q** What are the benefits of going on generic imatinib?

Generic imatinib is likely to cost less for the PBS system to purchase. This will lower the Federal government’s cost of providing care to CML patients in Australia, making our health system more cost effective. At the same time, treatment outcomes will not be compromised.

**Q** Should I take extra precautions if I do switch to generic imatinib?

The usual precautions you take when having Glivec apply. Take tablets at the same dose, around the same time each day, with a substantial meal.

**Q** Will switching to generic imatinib affect my ability to enter an imatinib cessation trial in the future?

No. Patients with undetectable disease for prolonged periods should be eligible to participate in cessation studies regardless of the treatment they had received.

**Q** Will I need more frequent follow-up with my doctor for a time to ensure my CML remains under control?

For patients already established as having a stable molecular response, we do not expect extra monitoring to be necessary. However, in some cases where treatment response is not as well established, extra monitoring may be necessary. Your haematologist will work this out with you.

**Q** Some people fear losing their response to CML if they begin treatment with generic imatinib. How likely is this to occur?

Patients with no new side-effects and who are taking their pills as directed should not lose their treatment response. This will apply to the majority of patients who decide to use generic imatinib.

**Q** Would generic imatinib be recommended for everyone or are there some patients who should remain on Glivec?

The very occasional patient may have new side-effects when switching to generic imatinib. This is likely to be due to changes in formulation and in particular, to the inactive ingredients. If this occurs, going back to Glivec may solve the problem.

**Q** How is Glivec applied and what are the benefits of taking this medication?
"I needed another treatment but there wasn’t anything available at the time."

Over the next six weeks, Chris felt that the CML was coming back, and this was confirmed by a blood test.

"Then I was offered a three-month free trial for dasatinib (on compassionate grounds) before it was listed on the PBS."

After four months on the second generation TKI, dasatinib (Sprycel®), his BCR-ABL count reached zero: "It got down to less than one cell in 10 million and stayed at that level."

This was confirmed with a blood test every three months. However, after 18 months on dasatinib, Chris could hardly walk and was literally drowning from the build up of fluid in his lungs.

"If I tried to mow the lawn, I’d pass out."

So, in October 2008 Chris changed his treatment again, moving on to nilotinib (Tasigna®).

"It was the pick of the three for me and Glivec was the worst by a long way," said Chris.

He took nilotinib consistently for 4½ years until he was asked to take part in a clinical trial for people with a deep molecular response to their TKI treatment.

"I thought I’ve got nothing to lose and everything to gain and I was glad to get off drugs for a while," said Chris about his decision to go on the trial.

"My motive was to get off the stuff that I had to take every day for the rest of my life. I constantly felt sick and was always half an hour away from vomiting."

By that time he’d had more than five years with less than one (CML) cell in 10 million – considered a deep molecular response.

"I had taken my tablets religiously for 2674 days (seven years and four months). There was hardly a day when I missed a dose. I wasn’t going to wimp up on anything and because I stuck to it so hard, the CML had become undetectable.

The protocol for participants on the international multi-centre trial was to stop their TKI medication and that’s what Chris did in January 2013.

"I still felt like crap," said Chris about the side-effects he continued to experience.

But, importantly, he had no (disease) returning symptoms and after seven months his CML had not come back.

In August that year, Chris was given the ‘all clear’. "It’s like I’ve had three lives. There’s the life I used to have before CML, my life on drugs that I have no memory of, and now, when I have another chance at life and it’s utterly brilliant."

"I feel relaxed and peaceful and there’s nothing else I want," said Chris.

"Sometimes, these fierce challenges show you what’s right and what’s wrong in the world. I’ve fought off the devil and won, I’ve tested myself to the limit and won. I never gave up. The thought did cross my mind, but I had to keep going."

Chris says he’s happily married to Mary, his wife of 48 years, and they have a wonderful life together in retirement.

He has five “beautiful grandchildren” and prides himself in being ‘the softest granddad in the world’. And when he spoke to CML News, he was spending a few days in the country at Ararat, near the farm where he grew up, restoring an old 1951 Fordson tractor that was his father’s when he was a kid.

Chris currently has two tractors, a truck he kept from his business, and an old plough on the go.

"Life’s pretty darn good – I can tell you that."

Story continued on the next page.
Chris and the Leukaemia Foundation

The first thing Chris did when he retired was to work for the Leukaemia Foundation as a volunteer driver.

“I get the biggest buzz out of doing this and a big warm feeling inside. The great advantage of having had leukaemia is that you have immediate empathy with the people whom you are driving to and from appointments. And you don’t have to talk about the weather or football, you can talk about leukaemia and about how their treatment is going.

“I picked up a lady in her seventies one day who was accompanied by her daughter. She wore a little red hat and a lock of hair protruded from it.

I said to her ‘at least you haven’t lost all your hair. I was an eggshell blond when I was on chemo. The only time I ever had hair on my chest was after I had picked up the cat!”

“She had looked a bit sad and sorry for herself so I cracked a few cancer jokes and she was smiling by the by the time I dropped her off. Her daughter rang me later and said ‘thanks for making mum laugh’! God, I felt good.

“A number of people treated with dasatinib get side-effects. Of particular concern is pleural effusion (fluid around the lungs in the chest cavity) which may occur in up to 40% of older CML patients treated with this drug. In the DIRECT study, doctors will measure drug levels and lower the dasatinib doses, if necessary, to minimise pleural effusions. At the same time, they will do blood tests to ensure the leukaemic cells are being killed effectively. The CML12 DIRECT study is due to open this month and will be run at approximately 15 hospitals, in all states.

To find out more about these ALLG CML trials, visit the ALLG website (http://www.allg.org.au/current-trials.html), and speak to your haematologist about your eligibility for the CML11 or CML12 trials.

Australian CML trials update

By Janey Stone, ALLG Research Officer

Since the class of drugs known as TKI-inhibitors (including imatinib, nilotinib and dasatinib) became standard use, treatment outcomes for CML have greatly improved.

Despite their effectiveness, however, these drugs don’t totally remove CML-affected cells from the body. To achieve this goal, and to potentially enable patients to live without the need for daily TKI medication, other features of a person’s immune system may need to be harnessed.

The Australasian Leukaemia & Lymphoma Group (ALLG) has conducted a series of trials in CML that have played a major role in defining the best way to administer TKIs, and to significantly reduce mortality due to the disease. The leader of this program is Professor Tim Hughes at the South Australian Health and Medical Research Institute in Adelaide.

The ALLG CML11 PinNACLE trial, for younger, fitter patients, has been underway for two years and adds the drug pegylated interferon (Peg-IFN) to standard nilotinib. Interferon has been used to treat CML in the past, but the current form is a modified version, used at a lower dose, and has fewer side-effects: Interferon belongs to a large class of proteins known as cytokines – molecules used for communication between cells to trigger the protective defences of the immune system.

Both drugs are currently available in Australia, but the combination of nilotinib and Peg-IFN is still considered experimental for the treatment of CML. The trial is open at 10 hospitals, in all Australian states, and has accrued 41 patients.

A new ALLG CML trial is about to open. The ALLG CML12 trial (the DIRECT study) is aimed at older patients (aged 60 years or over) and investigates a new way to deliver dasatinib – a highly effective CML agent for preventing disease progression and prolonging survival.

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The CML12 DIRECT study is due to open this month and will be run at approximately 15 hospitals, in all states.

Clinical Trials

Since retiring in mid-2014, Chris has been a volunteer driver for the Leukaemia Foundation.

Chris and the Leukaemia Foundation

The first thing Chris did when he retired was to work for the Leukaemia Foundation as a volunteer driver.

“I get the biggest buzz out of doing this and a big warm feeling inside. The great advantage of having had leukaemia is that you have immediate empathy with the people whom you are driving to and from appointments. And you don’t have to talk about the weather or football, you can talk about leukaemia and about how their treatment is going.

“I picked up a lady in her seventies one day who was accompanied by her daughter. She wore a little red hat and a lock of hair protruded from it.

I said to her ‘at least you haven’t lost all your hair. I was an eggshell blond when I was on chemo. The only time I ever had hair on my chest was after I had picked up the cat!”

“She had looked a bit sad and sorry for herself so I cracked a few cancer jokes and she was smiling by the by the time I dropped her off. Her daughter rang me later and said ‘thanks for making mum laugh’. God, I felt good.

“I’m also a Blood Buddy and have been a Buddy to two people so far. It’s good for me and I hope it’s good for them too.”

His first contact with the Foundation was when he picked up a brochure in hospital soon after getting CML, and he subsequently went along to a support meeting.

“I was still working for myself and was struggling. I just wanted to talk to someone with CML.

“I think the Foundation is terrific. I love the camaraderie and doing something positive – that’s a big thing.”
Talking to Shelley helped Elle make a life-changing decision

When Elle Halliwell found out she was pregnant earlier this year – two days after being told she had CML – a Leukaemia Foundation newsletter dating back to 2008 gave her hope. It featured a story about Shelley Bell who was 10 weeks pregnant when the blood test that confirmed her pregnancy also showed she had CML. That was in 2007 and today her daughter, Amelie is a thriving eight year-old.

Elle’s husband, Nick Biasotto, found Shelley's story on the Foundation’s website during a weekend of intense internet research prior to Elle’s first appointment with a haematologist on Monday May 2.

Their GP had already broken the news of Elle’s diagnosis on Thursday April 28.

Elle’s discovery that she had blood cancer, like Shelley’s, was a twist of fate. Planning to start a family later this year, Elle, 30 of Sydney, who is the fashion editor of a Sydney newspaper, had a blood test to check her folate and vitamin D levels. These were fine, but she had an abnormally high platelet count.

Although Elle had a negative result from a pregnancy test two weeks earlier, she “had this weird feeling” that she needed to do another test, which she did at home on Saturday April 30.

“When I looked at the result and saw two little blue lines, I was just in shock. I was carrying my first child and thought – well, that’s not going to happen. How can someone with cancer carry a baby to full term?”

“But Nick showed me some videos he’d found about pregnancy and CML, where doctors were open to the idea of continuing with a pregnancy in that situation although it was rare, and I read the story about Shelley.

“It instantly gave us hope that there was light at the end of the tunnel.”

The advice of the haematologist, who Elle met with two days later, was to terminate the pregnancy, have fertility treatment and freeze some eggs, go on TKI treatment for at least five years, then go off the treatment and try to conceive.

The Halliwells sought a second opinion, from internationally renowned CML specialist, Professor Tim Hughes in Adelaide.

“He gave us a vote of confidence that, although there were risks, I could see the pregnancy through, without the CML going to the accelerated or blast phase,” said Elle.

“My CML had been caught early. My Sokal* level was right at the bottom, I felt great, my spleen was fine, my white blood cell count was okay and I had no other sign of CML other than high platelets.

“It was still so early and I didn’t know if I’d make it through the first trimester.

“We made the decision to go through with having the baby, and then we reached out to the Leukaemia Foundation to get in touch with Shelley.

“She agreed to have a chat and we had a really nice phone conversation about her experience and how she managed her eight-month pregnancy,” said Elle, who at that stage hadn’t begun treatment.

This gave her added hope and confidence, as did knowing that Shelly’s child was prospering, and that CML was not hereditary.

“We decided for the moment to continue as we were and felt that we had made the right choice and that if I exercised and had a good diet, and had treatment, then my son had a good chance of being born and having a healthy start to life.”

In July, Elle started treatment on slow release pegylated interferon which she has intravenously once a week.

“I’ve responded very well, have hardly any side-effects apart from a bit of fatigue which could be from being pregnant, and I feel good.”

Elle said her BCR-ABL level was sitting stable at 15% (down from 18%) and her baby is thriving and at 23 weeks, was at the top end of the weight scale.

He is due on January 6 but is likely to be induced a month early, and Elle hopes to breastfeed for at couple of days, before she goes on to TKI treatment.

In August, Elle wrote a story for her newspaper about how she was coming to terms with having leukaemia and being pregnant with her first child. She continues to work full-time as a journalist, a couple of days a week from home, and is considering taking an additional six months on top of standard maternity leave.

“I’m taking things day-by-day and step-by-step,” said Elle.

“It’s hard to make plans when you don’t know what’s happening.

“Work has been a great support, and from day dot I’ve been really grateful to the Leukaemia Foundation which has been so helpful. It’s made a difference and it’s meant I haven’t felt alone.”

* Sokal: a prognostic evaluation of CML.

See next page for follow-on story.
New test improves survival by early detection of resistance to CML therapy

In a world-first breakthrough, Australian researchers have developed a new test that detects resistance to a common treatment for CML that could be adopted by doctors worldwide.

Early detection of resistance means a change of treatment sooner, thereby improving the chances of survival for people with CML.

One in five people with CML are resistant to imatinib, the leading treatment for their condition, according to postdoctoral researcher, Dr Laura Eadie.

"Development of the targeted drug, imatinib, for chronic myeloid leukaemia has been one of the most remarkable success stories in cancer treatment over the past two decades. This is because the drug targets the mutant protein that causes this leukaemia," said Dr Eadie, a former Leukaemia Foundation funded PhD scholar.

"However, about 20% of patients have a poor response to imatinib and until now we haven’t fully understood why. Unfortunately, this means that one-in-five patients could be receiving treatment that ultimately is not benefitting them, losing response to therapy and reducing their chances of survival."

The results of a study by Dr Eadie and fellow researchers at the South Australian Health & Medical Research Institute (SAHMRI) and the University of Adelaide’s School of Medicine have been published in the international journal, Leukemia.

Dr Eadie, the lead author, said the study looked at the role of P-glycoprotein, a protein that pumps many drugs, including imatinib, out of leukaemia cells, and found the higher a patient’s levels of this protein, the poorer the response to the treatment.

"Some patients were found to have higher levels of P-glycoprotein in their leukaemic cells after just a few weeks of starting therapy. These patients were much more likely to develop resistance to imatinib later on," Dr Eadie said.

"Assessing levels of P-glycoprotein soon after starting Glivec therapy helps predict long-term response to the drug."

"We’ve found the greater the increase in P-glycoprotein in patients, the greater their risk is of becoming resistant and not responding to their drug any more, or even succumbing to their disease."

The research team’s work shows, for the first time, that assessing a patient’s levels of the P-glycoprotein soon after they start receiving Glivec therapy will help to predict that patient’s long-term response to the drug.

The power of sharing personal stories

Dr Melissa Oxlad, the Leukaemia Foundation’s National Blood Buddies Coordinator, comments on the value of people with CML being connected to share experiences and insights.

"Elle and Shelley’s story is a powerful example of how people who are willing to share their personal stories can make a huge difference to the lives of others facing a similar experience.

"...stories such as Elle’s and Shelley’s remind us of how valuable it is to speak with others in a similar situation...

"Because Shelley generously shared her story of being diagnosed with CML during pregnancy, in the Leukaemia Foundation’s national and CML newsletters, when Elle found herself in a similar situation, searching our website led her husband to Shelley’s story.

"From there, the Foundation connected Elle and Shelley with each other to exchange their experiences. It was hoped that through this connection, Elle would feel less isolated from the opportunity to speak to someone with first-hand knowledge about the difficult decisions she faced, and that this would provide Elle and Nick with hope for what lay ahead.

"Time and again it is stories such as Elle’s and Shelley’s that remind us of how valuable it is to speak with others in a similar situation, particularly in relation to serious health issues.

"We are very proud, as an organisation, that through our website, publications, support groups, telephone forums and Blood Buddies program that we are able to help people forge these powerful connections. If you are willing to provide support to others through our Blood Buddies program or would like to be supported, please contact us.”

Dr Laura Eadie.

A second story on Shelley Bell was featured in CML News in 2013 when her youngest child, Amelie, right, was aged four.

For more information and to register your interest in becoming a Blood Buddy, or being matched with a Buddy, email: bloodbuddies@leukaemia.org.au or call 1800 007 343.
## NORTHERN TERRITORY
- **Alice Springs Support Group**: 27 Oct 10-11.30am
- **Hobart Blood Cancer Support Group**: 26 Oct 11am-2.30pm
- **Clinical Trials, Hobart**: 9 Nov 11am-1pm
- **Caring for the Carers, Launceston**: 15 Nov 1.45-2pm
- **Southern Tasmanian Christmas Party, Hobart**: 30 Nov 11am-2pm
- **Blood Cancer Christmas BBQ, Launceston**: 6 Dec 12-2pm

## TASMANIA
- **Hobart Blood Cancer Support Group**: 12 Oct 11am-1pm
- **Man Cave**: 26 Oct 11am-12.30pm
- **Clinical Trials, Hobart**: 9 Nov 11am-1pm
- **Caring for the Carers, Launceston**: 15 Nov 1.45-2pm
- **Southern Tasmanian Christmas Party, Hobart**: 30 Nov 11am-2pm
- **Blood Cancer Christmas BBQ, Launceston**: 6 Dec 12-2pm

## VICTORIA
- **Melbourne Metro**:
  - 7 Oct 10-11.30am: Man Cave
  - 10 Nov 10.15-11.45am: Bone Marrow and Stem Cell Transplant Support Group, Hawthorn
  - 26 Nov 12-3pm: Financial Wellbeing Forum
- **Barwon South West**: 27 Oct 10am-12pm: Barwon South West Region Blood Cancer Support Group
- **Gippsland**: 10 Oct 1.30-3pm: Traralgon Blood Cancer Support Group
- **Central Coast**: 25 Oct 10am-12pm: Gosford Blood Cancer Education & Support Group
- **ACT & Southern NSW**: 10 Oct 11am-1.30pm: Goulburn & Surrounds Blood Cancer Coffee Group
- **Central West & Far West**: 5 Oct 10.30am-12pm: Dubbo Blood Cancer Education & Support Group
- **Hume**: 23 Nov 10am-12pm: Hume Blood Cancer Support Group, Shepparton
- **Grampians**: 3 Nov 9.30-11am: Ballarat Blood Cancer Support Group
- **Perth Metro**: 17 Oct 10am-12pm: Perth Blood Cancer Education Session
- **Bunbury**: 3 Nov 10.30am-12pm: Bunbury Regional Blood Cancer Network
- **Great Southern**: 12 Oct 10am-12pm: Great Southern Albany Blood Cancer Network
- **Peel**: 20 Oct 10.30am-12pm: Peel Region Blood Cancer Network


To register for an education or support event, freecall 1800 620 420 or email info@leukaemia.org.au

To become a member of the CML Network closed group on Facebook: https://www.facebook.com/groups/CMLLFA