

MYELOMA NEWS

For people with myeloma & their families


Leukaemia
Foundation
VISION TO CURE
MISSION TO CARE

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Tony Thorne and sons, Harvey, left, and Roland, who feature in 'The 100 Days'.

TONY'S 100-DAY JOURNAL USEFUL FOR OTHERS UNDERGOING ALLOGENEIC TRANSPLANTS

Tony Thorne, who is in “complete remission at the moment”, describes his survival with aggressive myeloma as “kind of a miracle”.

“Technically, I should be dead now,” said the animation director, 57, of Hobart.

And it's possible he would have been, had he not chosen to go to Melbourne for an allogeneic stem cell transplant (allograft) in September 2017.

“I knew I was in a dire situation. My particular condition was the most aggressive form of myeloma, and the reality of this disease is... it's pretty nasty,” said Tony, father of Harvey, 7 and Roland, 5.

Diagnosed in December 2016, Tony was treated with chemotherapy before having an autologous stem cell transplant in April 2017.

As soon as he had recovered from that procedure, he went on to have a more aggressive and risky allogeneic transplant. A haematologist had told him he was “doomed within a year” if he didn't have the second, potentially lifesaving allograft.

“Some haematologists in Hobart would tell you... ‘I'd never send a myeloma patient to Melbourne for an allograft’... that was really not encouraging,” said Tony.

But instead, he took the advice of the head haematologist at the Royal Hobart Hospital.

“She was good at cutting through all that and said... ‘you're doing this’.

Now, 18 months later, Tony is very much alive and feels “really good”.

That's the miracle; he was saved by his decision to have an allogeneic transplant and his sister, Kelly was his donor.

“I knew the risks. I'd sought out other allograft patients. One, for whom things had gone terribly wrong, who also said... ‘you've got to do it’.”

So he did, and the other thing Tony did was record his day-by-day experiences during the transplant as a series of 100 drawings, now a book called *The 100 Days – an allograft journal*.

Tony had started using his creative skills to tell ‘the whole story of his myeloma treatment’. At the time, he was very busy at work finishing the first season of a television series and recovering from treatment.

“When it came time to go to Melbourne for 100 days, I thought... this is a little simple thing I can do that's very contained; I'll cover that period.

Continued on page 6.

PBAC SUBMISSIONS FOR DARATUMUMAB AND LENALIDOMIDE

The Leukaemia Foundation made two submissions in February to encourage the Pharmaceutical Benefits Advisory Committee (PBAC) to recommend the availability of more and better drugs to treat myeloma*.

The submissions, for consideration by the PBAC at its March meeting, supported the reimbursement of daratumumab (Darzalex®) and lenalidomide (Revlimid®).

“There is a high unmet need for more treatments to add to the ‘toolbox’ available to fight this complex disease,” said Emily Forrest, the Leukaemia Foundation’s Head of Policy and Advocacy – Blood Cancer Partnerships.

“While treatment options and survival rates are improving, the effect of a myeloma diagnosis on a person’s life and their health outcomes remains severe,” said Emily.

“New, improved and more timely treatment options – that reduce toxicity and side-effects, improve survival outcomes and quality of life, and are affordable – are vitally important.

“Two people living with myeloma provided us with personal insights into what one described as a ‘devastating and frustrating disease’.

“Their comments were included in our submissions and included: ‘these drugs are our primary hope in keeping this mutating disease in check’, and ‘they allow us the possibility to plan ahead and participate ‘normally’ in the lives of our families and communities,’” said Emily.

One, having been through a range of treatments, hopes to have access to daratumumab when he needs it, and stressed the availability of a greater range of maintenance drugs.

“Treatment decisions for people living with myeloma are complicated,” said Emily.

“There are lengthy delays between when treatments are used in clinical trials and their availability on the PBS, and the cost of accessing these treatments privately is prohibitive.

“This makes it difficult for patients to have timely access to the best treatment option for their disease,” said Emily.

The Leukaemia Foundation’s submission supported Celgene’s application for a PBS listing of lenalidomide as a maintenance treatment for people with myeloma following an autologous stem cell transplant.

Study data suggests lenalidomide improves progression-free survival (PFS) outcomes and results in approximately two additional years of PFS, compared to best supportive care. And there may be a lower risk of peripheral neuropathy as a side-effect from the use of lenalidomide, compared to thalidomide.

The Leukaemia Foundation also provided comments in support of Janssen’s application for daratumumab, in combination with bortezomib and dexamethasone, for highly treatment-experienced and refractory patients.



Emily Forrest: new treatment options are vitally important.

Daratumumab has been shown to be effective and well tolerated, increasing a person’s time in remission and reducing the risk of disease progression and death. It also provides clinicians with a new treatment option for people who have relapsed or are refractory having failed prior therapies.

“The benefits of more effective and well tolerated treatments on the lives of people with myeloma can’t be underestimated, and neither can giving clinicians more options in the fight against myeloma and removing barriers, so patients can start treatments tailored to their disease without undue delay,” said Emily.

The Leukaemia Foundation’s priority is to ensure all Australians living with blood cancer have access to the best therapies and treatments available.

** Last year, more than 1800 Australians were expected to be diagnosed with myeloma and almost 1000 people were expected to lose their life from this disease.*

OUR NEW RESEARCH STRATEGY INVESTS IN INNOVATION

The Leukaemia Foundation’s new research strategy supports medical research that drives rapid advancements in treatments, encourages the careers of promising scientists and discovers new diagnostics and novel therapies.

Giving Australians with blood cancer access to global clinical trials is another key aim.

CEO, Bill Petch said this new research framework came from consulting with the Leukaemia Foundation’s stakeholders over the last two years.

“We’ve turned our attention to investment in innovation – in diagnosis, treatments and improving quality of life across the blood cancer spectrum,” said Bill.

“And by forging new, strong research partnerships with leading research agencies, including HSNZ, Cancer Australia, the Centre for Blood Transplant and Cell Therapy’s Centre of Research Excellence, our new research program is powered for maximum impact.

“Our research priorities are understanding the biology of blood cancers, tailor-made therapies to treat each patient’s cancer and the psychosocial aspects of blood cancer.

“Other key areas will include innovative clinical trials, new therapies and prevention research which includes



Bill Petch, Leukaemia Foundation CEO.

investigating risk factors and possible causes of blood cancers.”

Our current (2017-2019) multi-million dollar funding commitment to research will grow over coming years in line with generous support from the community.

FIRST 'NEXT GENERATION' GENETIC TEST AVAILABLE IN SIX MONTHS

Australian patient outcomes in the rapidly changing fields of genetic testing and precision medicine, where a therapy targets a particular genetic mutation, has been accelerated by Leukaemia Foundation funding.

Within six months, an accredited diagnostic gene test, that sequences 38 genes at the same time, will be available across Australia for people with a range of different myeloid neoplasms.

And this time next year, clinicians also will have access to a second test, for myeloma, with a third cutting-edge test for lymphoid malignancies well into development at that stage.

Each test will use a patient's bone marrow sample to screen a disease-specific panel of gene mutations for diagnostic purposes and to track treatment.

The single test for the myeloma gene panel will test 15 genes including deletion of TP53 – the major prognostic indicator – and mutations that predict response to standard of care immunomodulatory agents, as well as recently identified mutations for which targeted therapies are available.

"We've designed what we think is the next generation of genetic tests and they can be updated as genetic discoveries continue," said Dr Anna Brown, Head, Molecular Oncology in the Department of Genetics and Molecular Pathology at SA Pathology (Adelaide).

She is on the SA Genomics Haematology Malignancies Node development team which recently received a \$200,000 grant from the Leukaemia Foundation; an investment that enables the appointment of a medical scientist and bioinformatician for two years.

"Having these dedicated staff members will accelerate our progress and take these tests all the way from a research finding and concept, through development and the rigorous NATA* accreditation pipeline, to a standard of care diagnostic test," said Dr Brown.

The test results will be delivered within a week to clinicians along with clinical guidelines for target therapies, to help

them choose the best therapy in the care of their patients.

"Our ability to sequence and understand the mutations in large numbers of genes, using current technology, has revolutionised blood cancer diagnosis," said Dr Brown.

"We can see things in tumours we couldn't see even a few years ago."

Treatments can be designed that target a particular aspect of a cancer.

Dr Brown said researchers are identifying treatments that will attack or target a specific type of gene mutation and every targeted therapy will be different, depending on the mutation.

"The same gene mutations occur in a range of different types of cancer and rather than separating cancers into different types, based on the organ they affect, we can separate out cancers using a genetic classification based on the mutations they have.

"That means the way we treat cancer can be approached differently and precision medicine is changing the way we do clinical trials," said Dr Brown.

"For example, recent studies have shown gene mutations in myeloma that are the same as gene mutations in leukaemias and solid tumours, like melanoma.

"... we will reach a stage... where everybody will have genetic testing of their tumor."

"As they all have the mutation that matches the therapy, you can trial it.

"These are called basket trials, where entry for a trial is based on a genetic test that shows you have the mutation that matches the therapy.

"It's the beginning of this still, but groups in the U.S. have been getting big numbers [on basket trials] and are showing that the targeted therapies give you a better outcome than whatever the standard of care is," explained Dr Brown.

"Our group is focused on setting up systems where people can access those new cutting-edge targeted



Dr Anna Brown: a single test for the myeloma gene panel will test 15 genes.

therapies though a clinical trial and one of our jobs now is making sure we get clinical trials coming to Australia."

Precision medicine also provides more treatment options, especially in the relapsed setting, where the identification of mutations could mean there are potentially more therapies to try.

"Patients who progress on therapy have the poorest outcomes," said Dr Brown.

"A lot of trials are looking at this group of patients and are finding good responses from those on new targeted therapies, which is really exciting.

"And another aspect of precision oncology is being more precise in knowing who is and who isn't going to respond to a particular therapy.

"We're really grateful to the Leukaemia Foundation for partnering with us and the timing is really good," said Dr Brown.

"The extra resources will spur on a lot of extra activity we wouldn't have been able to do it without them.

"This grant is covering more than just developing the test technology. It's developing the entire pipeline and having dedicated staff members to do this work for the next couple of years will accelerate our progress.

"I think we will reach a stage, and I don't know how far away that is... not too far... where everybody will have genetic testing of their tumour," said Dr Brown.

* National Association of Testing Authorities (Australia).

TALKING MYELOMA WITH DR MICHAEL LOW

Dr Michael Low's seminar at the Leukaemia Foundation's National Blood Cancer Conference (Melbourne, September 2018) was a crash course on everything myeloma, covering diagnosis, treatment and research breakthroughs.

Both a practicing clinical haematologist and researcher at Monash University (Melbourne), Dr Low is dedicated to combating myeloma and assisting people through their treatment journey.

He said people with myeloma can present in diverse ways, from having no symptoms to being very ill, and this makes diagnosis "very difficult".

"There's no one symptom that people will all present," said Dr Low.

"The classic organs [affected] are the ones fixed to the kidneys, so kidney failure or renal failure are classic presentations.

"Myeloma can also eat away at bones and in that setting can predispose people to having fractures that can be painful and very debilitating.

"I think any patient with active myeloma should have bone strengthening medication and the bisphosphonates, such as zoledronic acid (Zometa®)

are the classic bone strengthening medications we use."

When it comes to treatment, Dr Low recommends a combination therapy approach where a thalidomide analogue is given in conjunction with a proteasome inhibitor, such as bortezomib, and a steroid, like dexamethasone.

"These new classes of drugs have revolutionised patient outcomes and have improved myeloma patients' life expectancy astronomically since being developed," said Dr Low.

Research continues to progress every day and people living with myeloma should be excited about further treatment breakthroughs. It's a rapidly changing field and one of the most exciting to be involved in," he said.

"Two of the big ones [new therapies] are targeting a protein on the myeloma called BCMA (B-cell maturation antigen) and that's really hotting up."

Dr Low said the second one, linked to CAR T-cells, is revolutionising myeloma treatments and is in trials overseas.

"We hope these trials will hit Australia in the next year."

While a big focus is on improving therapies, Dr Low also stresses the



Dr Michael Low's presentation, 'Talking Myeloma' can be viewed in full at: <https://youtu.be/eWmx9BrG7RM>

need to support patients through the emotional rollercoaster of living with an incurable disease.

"I spend a lot of time with my patients talking about how we can provide support from that perspective," he said.

"I can change your regimen, I can change your drugs, I can look at your numbers. I can do all that, but when I'm not there when you go home that night, or late on a Friday night when you're not feeling quite so well, you need that support from an organisation or from a loved one, your family and friends.

"That's one of the most critical things in the care of any patient."

MYELOMA MONTH 2019 EVENTS

In May, at locations across Australia, each Myeloma Month event starts with an expert talking briefly about myeloma (for those newly diagnosed)

and about what the future looks like regarding new treatments on the horizon. Other sessions cover a range of living well topics such as fatigue,

exercise, diet and nutrition. These events are held by the Leukaemia Foundation in conjunction with Myeloma Australia.

City	Date	Location	Event type
Adelaide	11 May	Fullerton Park Community Centre	Full-day event
Brisbane	21 May	ESA Village, Dutton Park	Half-day event
Gosford	13 May	TBC	Half-day event
Hobart	17 May	Royal Hobart Hospital	Half-day event
Melbourne	30 May	Royal Melbourne Hospital, seminar rooms	Half-day event
Newcastle	17 May	Club Charlestown	Half-day event
Perth	24 May	Independent Living Centre, Nedlands	Half-day event
Sydney	10 May	Royal Prince Alfred Hospital	Full-day event

For details including session times, the speakers, the programs for each location, and to RSVP go online to: bit.ly/2uo2HRJ

Q&A: PROFESSOR JOSEPH MIKHAEL

Professor Joseph Mikhael was the international guest speaker at last year's National Myeloma Awareness Day in Melbourne. His topic: *New and Emerging Myeloma Treatments*. The consultant haematologist at Mayo Clinic Arizona (U.S.) is principal investigator of many myeloma clinical trials.

Q What is the importance of being diagnosed early?

Myeloma is complex and is often diagnosed after there has been organ damage. Earlier diagnosis is always better, to catch the disease before it causes too much damage. We can't go back in time, so I reassure patients that we have to move forward from where we are. And we work hard to raise awareness in the general population and among treating specialists to detect this disease as soon as possible.

Q How important is the first line of therapy?

Every aspect of therapy is important, but frontline is particularly so. It's when the disease is most sensitive to treatment. We know a deep response in general correlates to prolonged response, so we do like to achieve a deep response when initially treated.

Q How does the stage of myeloma at diagnosis affect survival overall?

Staging is a little different in myeloma than most cancers. Frankly, it is less important. We have a staging system – the ISS and R-ISS – that can generally predict prognosis, but they are not perfect, and myeloma is such a variable disease that we usually don't allow stage to guide treatment.

Q There have been dramatic changes in the treatment landscape but are we closer to progression-free (PFS) and overall survival (OS)?

We are seeing a dramatic change with better drugs and combinations. Patients are indeed living longer in remission (PFS) and OS. Reaching a cure is still hard, so few patients are truly cured now, but we are working hard to see that.



Professor Joseph Mikhael: "As we understand the disease better, we move closer to a cure".

Q With so many new drug options now, what do you consider the best first-line treatment for when the disease returns?

This really depends on so many factors. We prefer a combination frontline like CyBord or VTD or VRD when available. First choice at relapse depends on multiple factors including response and tolerability of earlier treatment and available drugs.

Q How can people with myeloma live longer and with a better quality of life?

If only there was a secret answer! It depends on the person's definition of quality of life, but I believe having a strong communication network with your treating specialist is critical. Taking ownership of one's disease in the form of education and advocacy is also important and obviously adhering to one's regimen is crucial. I also strongly encourage people to enjoy what makes them happy in life – myeloma is what you have, not what you are. Attend to all the details of your health that are not myeloma-related, like exercise, diet, sleep, sex and fun!

Q After a stem cell transplant, what determines the time one stays on bone strengthening medication, such as Zometa®?

Most of us treat patients with a bone agent for two years from diagnosis, then step down its frequency to none or every three months. It will depend on the status of the myeloma and their bones.

Q Why is myeloma described as a very individual cancer and no two patients are alike?

Two main reasons: the disease itself is highly variable. Some patients have very aggressive disease while for others it develops slowly. The other reality, as we learn more about genetics – the host of myeloma also has an influence on how we respond to treatment and how the disease grows. So, every patient must be looked at individually.

Q How far away are we from finding a cure?

Cure is a hard word to define. We haven't cured high blood pressure or diabetes, but we control it. We hope to cure myeloma, but for now our goal is good control of the disease with drugs that impact patients as little as possible. As we understand the disease better, we move closer to a cure.

CHEMO TIP

When your mouth has that awful metallic taste, cut some fresh pineapple strips and freeze them for an hour or two before consuming. They really soothe and help your taste buds. Why? An enzyme called bromelain is present and this acts really well and make things a little easier for you after treatment.

CONTINUED: TONY'S 100-DAY JOURNAL USEFUL FOR OTHERS

"It was also the most pointy end of the treatment, the bit where there are real unknowns and it's very risky."

Armed with several A4 sketchbooks, Tony's intention was to draw something about what happened every day during the transplant, "so someone else could understand it, not just me".

"I tried not to think too much. It could be the view out the window, which it often was, and there were days when I was consulting with the doctor and it would be about how I understood the treatment at the time.

"You're down in this hole of information, swamped by it. You have to make your way through it. Gradually you understand it, like the significance of

immunosuppression, which wasn't apparent to me at the start."

There were days when Tony didn't feel like drawing or didn't have the time to do a full sketch. But he'd always pencil something, so he had the plot of the page for that day.

This meant all the content for the journal – each story of the day – was decided by Day 100. Then it was simply a matter of finishing it up with some inking and colour.

"I enjoy every day and every day is a bonus."

"I'm extremely sensitive to the sun, so staying inside and drawing was part of my strategy for survival, as well as making something useful."

Tony had several audiences in mind for his journal, starting with other people who might go through an allograft, and not just for myeloma.

"For anyone doing an allogeneic transplant, it's really helpful, such as... this is what the rooms are like. All the questions that were in my head is the stuff that is useful to know.

"Other people I made the journal for are the clinicians, so they can see the patient story.

"And one of the things I was thinking, and which my wife, Lucy and I discussed, was that I might not come back from Melbourne," said Tony.

"That was a real possibility and I saw it happen to other people.

"So for me, it would be a little record of what happened that might mean something to our sons, who were four and six at the time."

Tony's sons are in the journal "quite a lot". They visited him a couple of times during his transplant and Harvey drew the picture for one of the 100 days.

"One of the really hard things about cancer treatment is that it often takes someone else out, not just the patient... a carer, as well.

"We were very lucky. I was well enough to be mobile and lucky enough to have my brother, Stuart, in Melbourne.

While Lucy was in Melbourne for a month, "the kids were looked after by their grandparents", and when she went home to Hobart, Stuart was Tony's carer.

"He would come and see me pretty much every day."

For Tony, the transplant was all about "ticking all the boxes, getting through it and walking away".

"After the 100 days, I came home, had a bit of a pretty nice holiday in Tassie, and since then I've been really getting better – recovering from the immune suppression which was big.

"Then I got graft versus host disease which was very mild but persistent and is still frustrating. It bugs my eyes, with not enough tears, and I have ulceration and blistering in my mouth, which is annoying.

"Apart from that I'm pretty good, really well."

Tony started serious work again in April last year, as designer and director of the second series of a children's cartoon show, and when he spoke to *Myeloma News*, he was in Melbourne for a writing workshop.

He is very positive about his future, but also realistic.

"The big, controversial thing about the allograft is – is it a cure? It's probably more realistic to just think of it as postponement of the disease's return," said Tony.

It's very confusing. You have an incurable disease and you have the most aggressive form of it, so you get this particular treatment and you're told you could be cured by having an allogeneic transplant.

"I'm not foolish enough to be walking around saying I'm cured. It does look good and it looks like it's sustained. I'm not thinking I'm free and clear of this thing.

"I enjoy every day and every day is a bonus," said Tony.

Tony's journal *The 100 Days – an allograft journal* can be downloaded from the Leukaemia Foundation's website: bit.ly/100daysjournal

TONY'S ADVICE

"Stay strong. Don't dwell on it [myeloma]. Exercise, even sports (if you can do it, do it) and do weight bearing exercise. Enjoy every day. If you're working, keep working if you can. Don't let the disease rule your life. All those things helped me to get through this," said Tony, who surfs regularly, skateboards, and cycles to work every day.



"Don't let the disease rule your life" says Tony Thorne who surfs, skateboards and cycles to work.

NEW THERAPY BEING DEVELOPED FOR BORTEZOMIB-RESISTANT MYELOMA

People with myeloma inevitably become resistant to Australia's frontline therapy for myeloma – bortezomib (Velcade®).

This is a real clinical problem, according to Professor Stuart Pitson, a National Health and Medical Research Council (NHMRC) Senior Research Fellow and Head of the Molecular Signalling Laboratory of the Centre for Cancer Biology at the University of South Australia and SA Pathology.

He and Dr Craig Wallington-Beddoe, a Research Fellow at the Molecular Signalling Lab and Clinical Haematologist at Flinders Medical Centre, won a NHMRC project grant to address bortezomib resistance.

"In the last 12 months, I've had four patients who have been in this situation with a very poor prognosis and it's a very sad situation," said Dr Wallington-Beddoe.

"Bortezomib is a very good drug and lots of patients have benefitted from it greatly," added Prof. Pitson.

"But it's almost inevitable that patients develop resistance to it. Then we have to find another drug regimen that will work and that can often become quite difficult."

The reason for bortezomib resistance is mostly unknown, with myeloma cells developing mutations or defects, which make the patient no longer respond to the treatment.

"When you start going into second-, third- and fourth-line therapies, it tends to become more complex in the way the treatment is delivered and more expensive to the Pharmaceutical Benefits Scheme," said Dr Wallington-Beddoe.

Prof. Pitson and Dr Wallington-Beddoe have uncovered a new agent which could re-sensitise bortezomib-resistant myeloma cells.

"The main focus of the lab is in lipid metabolism – the way cells metabolise fat," said Prof. Pitson.

"In the last decade, there's been some strong evidence that cancer cells metabolise sugars and fats in a different way to normal cells, and that's certainly true in myeloma as well.

"Lipids make up the membranes in cells. These membranes keep the contents of the cell separate from the outside of the cell and also separate different components inside the cell.

Cancer cells are fast dividing. They need to make a lot of membranes, and in turn, make a lot of lipids, which leads to altered lipid metabolism.

"The lab has found that if we can disrupt lipid metabolism with new inhibitors we have developed, we can sensitise myeloma cells to bortezomib," said Prof. Pitson, who has been personally touched by myeloma.

He was initially reluctant to enter this line of research but was struck by the strong evidence being produced by the lab.

"The data we were generating was just so compelling. That we could actually have a potential therapy down the track for myeloma was just too much to resist working in this area."

Dr Wallington-Beddoe started his research career investigating acute lymphoblastic leukaemia but moved into myeloma research as post-doctoral work.

"I wanted to do something that was challenging and had a poor prognosis in which we could really make a difference. Myeloma, which is still classed as an incurable disease, was that."

The research project will involve both in-vitro (lab) and pre-clinical models and working collaboratively with other myeloma experts, including Prof. Andrew Spencer from the Australian Centre for Blood Disorders, Monash University (Melbourne) who is also on the team awarded NHMRC funding for this work.

"As one of the key myeloma clinicians in the country looking at bortezomib-resistance, Prof. Spencer has a wealth of clinical expertise and access to lots of patients and patient samples which are critical for this work", said Prof. Pitson.

"We will take the bortezomib-resistant myeloma cells and put them into advanced pre-clinical models with full-blown, very aggressive myeloma, and see if we can get a response. This will provide very good pre-clinical evidence that we can potentially then take to clinical trials."

Dr Wallington-Beddoe is excited about the impact this research could have for the people with myeloma he treats every day.

"When we get to the clinical trial stage, there'll be no shortage of patients in this setting as virtually everyone relapses at some stage," said Dr Wallington-Beddoe.

He sees the new agent being incorporated into a combination therapy regimen, to have the greatest results.

INVESTING IN NEW TALENT - KEY TO MORE BREAKTHROUGHS

Dr Craig Wallington-Beddoe has had a long association with the Leukaemia Foundation, having received one of our scholarship grants to complete his PhD in blood cancer from 2010-2012.

His work contributed greatly to better understanding sphingosine kinases (SKs), the enzymes in all cells. He found that inhibiting these enzymes in ALL cells can cause these cancerous cells to die.

From this work, he has published four papers in high profile journals, won several scholar and research awards and presented at many conferences.

The Leukaemia Foundation continues to support next-generation researchers. Read about our PhD Scholarship program at: bit.ly/2Hv3h80



The Myeloma Unit at the Molecular Signalling Lab, from left, Prof. Stuart Pitson, Lori Davies (research assistant), Melissa Bennett (PhD student) and Dr Craig Wallington-Beddoe.

WHAT'S ON NEAR YOU

NSW & AUSTRALIAN CAPITAL TERRITORY

Location	Date	Disease group	Event type
Ballina	7 May	Myeloma	Coffee & chat
Bowral	29 May	All blood cancers	Support group
Concord	29 May, 26 Jun	All blood cancers	Support group
Dubbo	1 May, 5 Jun	All blood cancers	Support group
Kogarah	29 Apr, 27 May, 24 Jun	All blood cancers	Support group
Gosford	30 May, 27 Jun	All blood cancers	Support group
Liverpool	16 Apr, 18 Jun	All blood cancers	Support group
Mudgee	11 Apr, 13 Jun	All blood cancers	Support group
Newcastle	4 Jun	All blood cancers	Coffee & chat
Newcastle	7 May	All blood cancers	Support group
Orange	2 May, 6 Jun	All blood cancers	Support group
Penrith	6 Jun	All blood cancers	Coffee & chat
Port Macquarie	10 Apr, 8 May, 12 Jun	All blood cancers	Support group
Randwick	17 Apr, 15 May, 19 Jun	All blood cancers	Support group
Shoalhaven	8 Apr, 13 May, 10 Jun	All blood cancers	Support group
St Leonards	3 May, 28 Jun	All blood cancers	Support group
Tamworth	16 Apr, 21 May, 17 Jun	All blood cancers	Support group
Westmead	24 Apr, 29 May, 26 Jun	All blood cancers	Support group
Wollongong	1 May, 5 Jun	All blood cancers	Support group

VICTORIA & TASMANIA

Location	Date	Disease group	Event type
Ballarat	16 Apr, 18 Jun	All blood cancers	65yo+ support group
Ballarat	21 May	All blood cancers	18-65yo support group
Berwick	10 May	All blood cancers	Support group
Burnie	10 May	All blood cancers	Support group
Croydon	23 May	All blood cancers	Support group
Hamlyn Heights	30 Apr, 25 Jun	All blood cancers	Support group
Hawthorn	18 Apr	All blood cancers	Support group
Hawthorn	27 Jun	Bone marrow transplant	Support group
Hobart	11 Apr, 20 Jun	All blood cancers	Support group
Hobart	15 May	All blood cancers	Wellbeing seminar
Kensington	13 Jun	All blood cancers	Support group
Launceston	12 Apr, 14 Jun	All blood cancers	Support group
Mildura	15 Apr, 17 Jun	All blood cancers	Support group
North Melbourne	11 Apr	All blood cancers	Carer's support group
North Melbourne	15 May	All blood cancers	Young adults (20-40yo)
Warrnambool	29 May	All blood cancers	Support group

WESTERN AUSTRALIA

Location	Date	Disease group	Event type
Bunbury	6 Jun	All blood cancers	Coffee & chat
Busselton	15 May	Myeloma	Support group
Greenfields	11 Apr, 16 May, 6 Jun	All blood cancers	Coffee & chat
Innaloo	15 Apr, 20 May, 17 Jun	All blood cancers	Coffee & chat
Innaloo	6 May, 3 Jun	New diagnoses	Support group
Spencer Park	8 May	All blood cancers	Support group

QUEENSLAND

Location	Date	Disease group	Event type
Brisbane (Paddington)	11 May	All blood cancers	20s + 30s chat
Brisbane (Dutton Park)	May TBA	Myeloma	Education seminar
Buderim	21 Jun	All blood cancers	Coffee, cake & chat
Cairns	16 May	All blood cancers	Coffee, cake & chat
Coolangatta	10 Apr	All blood cancers	Coffee, cake & chat
Mackay	29 Apr	All blood cancers	Coffee, cake & chat
Toowoomba	7 Jun	All blood cancers	Coffee, cake & chat
Townsville	29 May	All blood cancers	Coffee, cake & chat

SOUTH AUSTRALIA & NORTHERN TERRITORY

Location	Date	Disease group	Event type
Glenelg	20 May	Myeloma	Support group
Lightsview	23 Apr, 25 Jun	All blood cancers	Men's support group
Lightsview	7 May, 4 Jun	All blood cancers	Carer's support group
Mount Gambier	5 Jun	All blood cancers	Support group
Noarlunga Downs	11 Apr, 9 May, 13 Jun	All blood cancers	Support group
Port Lincoln	24 Jun	All blood cancers	Support group
Strathalbyn	17 Apr, 15 May, 19 Jun	All blood cancers	Support group
Torrensville	1 May	All blood cancers	Women's support group

LISTEN TO OUR ONLINE CONTENT

The Leukaemia Foundation has installed a 'text to speech' service on our website so people visiting leukaemia.org.au can listen to our webpages and online PDF and Word documents.

From our research, we understand that during treatment many people experience some difficulties with concentration, reading and information retention (often known as 'chemo brain').

The Leukaemia Foundation has installed an online product called ReadSpeaker so people can now choose to listen to information about all the different blood cancers including myeloma. Also, our support services, our disease information booklets, even this issue of *Myeloma News!*

The listening tool is not only useful for those affected by chemo brain, but also people with low literacy, vision impairments, English as a second language, and others who just prefer to listen to our content rather than read it.

To activate ReadSpeaker, click on the 'Listen' icon; usually found at the top left of the page you want to read. When in 'play' mode, the words that are being spoken are highlighted.

You can also download the audio as an MP3 file, or highlight text and listen to a translation through Google translate.

Join the Myeloma Network closed group on Facebook: <https://www.facebook.com/groups/MyelomaAus/>
 Visit 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

CONTACT US

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