

lymphoma matters

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Lymphoma
action 

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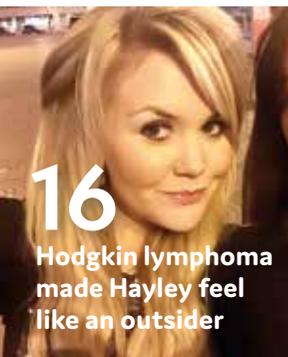
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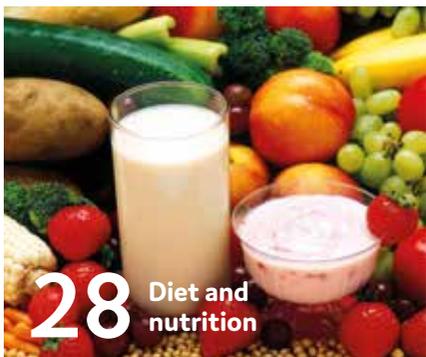
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Lymphoma Action is the UK's only charity dedicated to lymphoma, the fifth most common cancer in the UK, and the most common among young people aged 15–24. We've been providing in-depth, expert information and wide-ranging support for over 30 years, helping thousands of people affected by lymphoma. Our work drives improvements in the diagnosis, treatment, and aftercare of lymphoma. We're here for you.

Views expressed are those of the contributors. Lymphoma Action does not necessarily agree with or endorse their comments.

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Editor: Anne Hook
Front cover: Zipwire Challenge, see page 22

To make a comment, to sign up, or to unsubscribe to the magazine, email publications@lymphoma-action.org.uk or telephone 01296 619400.

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- Call us on 01296 619419.

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Ropinder Gill
Chief Executive

Our 2019 National Conference will be held on Saturday 11 May 2019 at etc. venues, City Hall, London (see page 19).



We hope you like this edition of *Lymphoma Matters*. You can sign up to regularly receive our magazine at www.lymphoma-action.org.uk/SignUp

Making a difference together

I'm delighted to have joined Lymphoma Action. In the short time I have been here I've been really impressed both by the expertise and dedication of the staff and the warmth and generosity of our supporters and volunteers – from the experts who sit on our Medical Advisory Panel to our donors and fundraisers.

I would like to thank everyone who supports the charity – it's your generosity that enables us to drive improvements in the diagnosis, care and treatment of individuals affected by lymphoma. I look forward to meeting some of you in person at our many events and conferences.

For Lymphoma Action to make a difference to the day-to-day lives of people affected by lymphoma and their future, it needs not just the commitment of its staff, but the commitment of everyone involved who understands the challenges we face.

Our immediate challenge is to close the shortfall in funding that we have had this year. This is, in part, due to a downturn in legacy income. It may be that our supporters are simply not aware that remembering us in their wills is an important way to support the charity. Whether you can donate your time, set up a regular gift, buy Christmas cards, or take part in an event, every pound is appreciated and makes a difference.

As we plan for 2019 and beyond, it's a perfect time of the year for me to get to know the organisation. What I have seen so far, is an amazing organisation with great people behind it, so I am truly excited for what the future holds.

Ropinder Gill
Chief Executive



Make Blood Cancer Visible

This nationwide campaign aims to inform, educate and increase awareness of blood cancer. This year the campaign called for the UK Government to give blood cancer the recognition it needs.

Olympic gold medallist Dame Kelly Holmes was the official ambassador and spoke for the first time about losing her mother last year to myeloma, a type of blood cancer.

In addition, an installation of transparent, motion-activated human figures representing the 'unseen' or invisible nature of blood cancer has been on display in London, Cardiff, Manchester and Edinburgh

during September for Blood Cancer Awareness Month. Make Blood Cancer Visible is sponsored by Janssen and supported by blood cancer charities including Lymphoma Action.

Lymphoma Action films highly commended by the British Medical Association



Our films about clinical trials have been highly commended by the British Medical Association at their 2018 BMA Patient Information Awards. The BMA recognise that information is an important part of providing good health care, so established their Patient Information

Awards in 1997 to encourage the production of information that is accessible, evidence-based and well-designed.

In conjunction with University College London Hospital, we produced films about clinical trials to help people decide whether to participate in a clinical trial. The films explain why clinical trials are done, what they involve and how they are organised.

View the films at www.lymphoma-action.org.uk/ClinicalTrialsVideos



Nobel Prize for Medicine

Scientists James Allison, of the US, and Tasuku Honjo, of Japan, won the Nobel Prize for Medicine. Their work on the immune system underpins the development of checkpoint inhibitors, a type of targeted drug used for some people with classical Hodgkin lymphoma and people with other types of cancer.

Checkpoint inhibitors harness the power of your immune system to destroy cancer cells. They block an interaction (the 'checkpoint') that helps cancer cells avoid being killed by your immune system. When the interaction is blocked using a checkpoint inhibitor, your immune system can recognise and kill the cancer cells.

Checkpoint inhibitors are becoming an important new type of treatment for many types of cancer and research continues apace into new checkpoint inhibitors and how they can best be used.

Find out more about targeted drugs at www.lymphoma-action.org.uk/TargetedDrugs

CAR T-cell therapy to be available on the NHS for people with lymphoma

Lymphoma Action is delighted at the news that NHS England have agreed a deal to make a CAR T-cell therapy available on the NHS for some people with relapsed or refractory large cell lymphomas, such as diffuse large B-cell lymphoma (DLBCL).

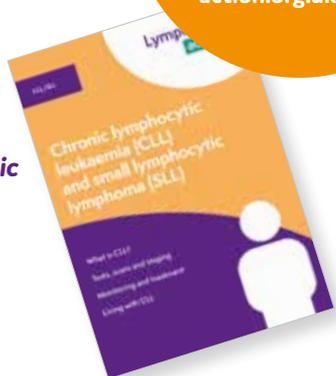
This ground-breaking type of treatment offers new hope to people with very limited treatment options. Over the next few months, CAR T-cell therapy will be made available at a limited number of centres able to offer the expertise in delivering this treatment.

Lymphoma Action Chief Executive Ropinder Gill commented: 'This is really good news for people affected by this type of lymphoma. By reaching this agreement patients and their families who will have had to face limited treatment options now have a hope for the future.'

New booklets now available

Lymphoma Action have recently published two new booklets:

- **Active monitoring (watch and wait) for lymphoma**
- **Chronic lymphocytic leukaemia (CLL)/ Small lymphocytic lymphoma (SLL)**



Thanks to the generosity of our supporters, we produce 10 booklets and 115 information pages. Order or download at lymphoma-action.org.uk/Shop

Why not take part in one of our challenge events?

VITALITY BIG HALF MARATHON

If you love a festival with a truly global feel then why not join our new running event, the Vitality Big Half, London's most exciting half marathon? This one day festival is unique and celebrates the wonderful cultural diversity of the great city of London. It promises to have an amazing atmosphere!

Come and join Team Lymphoma on the 10 March 2019 and be a part of this unique half marathon. Register for your place now by visiting www.lymphoma-action.org.uk/Run

OUR INAUGURAL BRIDGES OF LONDON WALK

Join us on Sunday 12 May 2019. Walking from Vauxhall Park to Tower Bridge by criss-crossing over 11 bridges is one of the best ways to see the capital, with plenty of time to take in all the sights. The walk is approximately 9km

and is suitable for all ages. The day will be rewarding and fun. See our back page for information about how to register.

GREAT WALL OF CHINA TREK

'You have not lived if you have not been to the Great Wall', or so the Chinese saying goes! So, in 2019, why not undertake this experience of a lifetime?

The Great Wall of China has been voted one of the New7Wonders of the World and this fantastic challenge will see you hiking for five days along this magnificent man-made structure.

Exclusive to Global Adventure Challenges, you will 'lend a hand' repairing a section of the Wall that is currently being reconstructed. You will place your brick in this newly restored section, ensuring your own place in the Great Wall of China forever! This trek will create memories

to cherish for a lifetime. Visit www.lymphoma-action.org.uk/Overseas for full details.

SKYDIVE

DAREDEVILS WANTED to take part in a tandem skydive to support people affected by lymphoma. Are you feeling brave and looking for a thrilling challenge? If the answer is yes, then take part at an airfield near you. No experience is necessary to enjoy the freedom of a freefall parachute jump.

If this thrilling skydive from 10,000 feet gets your adrenaline flowing, call Adele on 01296 619419 or visit the Lymphoma Action website www.lymphoma-action.org.uk/Challenge and complete the enquiry form. We will send you a full information pack and everything you need to take part in the experience of a lifetime.



You have not lived if you have not been to the 'Great Wall' or so the Chinese saying goes!



FOR FURTHER INFORMATION about any of the above, or to find out about other events, contact fundraising@lymphoma-action.org.uk or phone Adele on 01296 619419.

PLACES AVAILABLE NOW!

Carl talks about his diagnosis of chronic lymphocytic leukaemia (CLL)

Lymphoma was no stranger to me

'In 2011, I had a lump on the left hand side of my neck. I didn't think anything about it, but after a month or two decided I should see my GP, just in case.'

Although my doctor wasn't unduly worried, he arranged for blood tests. These came back fine, but further tests were arranged with the ear, nose and throat department, including a syringe biopsy.

As my glands were raised, the ENT consultant arranged a slot in surgery the next day. Alarm bells were ringing.

The day before I was due to go on holiday I was told I had non-Hodgkin lymphoma.

The nurses urged me to stick with my plans and go away on the holiday, but in reality I shouldn't have gone. I spent

the whole week just feeling anxious.

When I got home I was transferred to haematology where it was explained that I had chronic lymphocytic leukaemia (CLL). My diagnosis had been discussed at a multidisciplinary team (MDT) meeting and it had been agreed that the best course of action for me would be active monitoring, or 'watch and wait'.

I was 40 at the time and had so many questions. 'How long do I have to live?' 'How will things develop?' I wanted to run out of the hospital room and for it all to go away.

In fact, lymphoma wasn't a stranger to me as my father had been diagnosed with non-Hodgkin lymphoma. But I don't know whether that made it any better. All I did know was that my father hadn't wanted to know much about his condition, whereas I wanted to know everything I could about CLL. That's where Lymphoma Action came in.

I had been told that I may be on active monitoring for a couple of years, so decided the best way for me to cope was to keep things as normal as possible. Although I told management at work, I asked them to keep it

Lymphoma Action support group has been really helpful. It helps not to bottle things up and I have people I can talk to who understand what I'm going through.



private as I didn't want it to be general knowledge. I just told the people who needed to know and my close family and friends.

Over the next six months I could feel the lump getting bigger and could feel more lumps under my arms and in my groin. I found this really upsetting and counselling sessions were arranged to help with the stress. It was also suggested I try out a support group where I would meet others in a similar situation. The group were so friendly that I found the experience really positive. It was also reassuring to speak with others who had been diagnosed with NHL over 20 years beforehand.

I was on active monitoring from August 2011 until 2015 when it was agreed that it was time to consider treatment.

My consultant explained that I had a couple of options. I could either have standard treatment of FCR (chemotherapy with antibody therapy) or take part in a clinical trial called the FLAIR trial. FLAIR is a randomised trial comparing FCR with ibrutinib and rituximab.

I was pleased to be randomised onto the ibrutinib and rituximab arm. I had six months of rituximab and am due to take ibrutinib tablets three times a day for at least six years.

The treatment was very effective and it was phenomenal how much my lymph glands went down within the first two weeks. The lump in my neck had become very large, but within 12 months it wasn't visible, although I could still feel it.

The trial lasts six years and so far I have been on it for nearly three. I will continue to take three ibrutinib tablets daily for the remaining three years as long as it continues to be effective or until the CLL is no longer detected in my blood tests.

I have a few side effects. I feel much more tired, but I had been expecting this. I get far more infections, so take antibiotics daily to avoid chest infections. I also notice that my hands and feet feel frozen for about four or five days after having rituximab.

I had worked for the same organisation for 30 years and chose to take early retirement. I don't know whether it is because of the CLL, or whether I may have felt this way anyway, but I have plans to travel and want to have time to spend in the gym, which has really helped with my fatigue and my health generally.'

Carl

”

Having CLL, I realise how important it is to have people around me.



New book on CLL/SLL

We have a new booklet about chronic lymphocytic leukaemia and small lymphocytic lymphoma that is available now. You can also check out our YouTube videos where people talk about their experience of CLL and SLL.

www.lymphoma-action.org.uk/CLL



Back to basics

How cancer develops

We all start life as a single cell – the microscopic building block of our bodies. While we're in the womb, this cell divides to form two cells, then four, then eight, and so on.

As they divide, these cells gradually specialise into all the different types of cell we're made of, such as blood cells, muscle cells and nerve cells. This is called cell differentiation. By the time we're born, our bodies contain about 200 different types of cell – and trillions of cells in total.

After we're born, most of these cells carry on dividing to allow us to grow and develop. Even

when we're fully grown, cells continue to divide to replace old cells that die off naturally. In fact, every minute, around 100 million of our cells die and are replaced by new ones.

Different types of cell have different life spans. For example, neutrophils (a type of white blood cell) only live a few days before being replaced, while skin cells live up to a month. Brain cells

Cancers are more common in older people because their cells have undergone more cycles of cell division, increasing the chance of a mutation occurring.

cannot divide and can't be replaced when they die.

Normally, cell division and cell death are kept carefully in balance so we only make the number of new cells our body needs.

Cell division

During cell division, a cell copies all its DNA – the genetic code that tells it what kind of cell it is – and then splits into two new cells.

DNA is made of two strands. When it's copied, the two strands separate and each strand is used as a template to make a new, matching strand – a bit like unfastening a zip and then zipping each side to a new zip one tooth at a time until you have two identical zips.

Mutations

Copying DNA is very accurate, with less than one mistake for every billion 'teeth' added to the zip. However, sometimes it goes wrong – like adding a red tooth to a zip that's meant to be black. This is called a mutation. Mutations can happen spontaneously or they can be caused by external factors such as chemicals (for example, cigarette smoke), viruses or UV radiation.

Mutations are usually spotted and repaired by the

cell's own 'proof reading' function, but occasionally, abnormal DNA is passed on to a new cell. When this cell divides, the abnormal DNA will be passed on to its two daughter cells, which pass it to their four daughter cells, and so on.

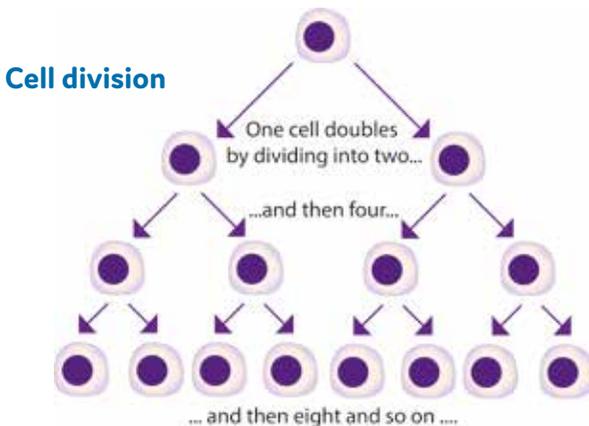
Some mutations are harmless. Some mutations make the cell die before it can divide. Some mutations are beneficial (this is the basis of evolution). However, some mutations change the function of a cell so it's more active than it should be, divides faster than it should, or makes an abnormal protein. Many of these mutated cells are detected and eliminated by our own immune system – but some slip through the net.

Control mechanisms

Cell division is carefully controlled by genes, short sections of DNA that make

particular proteins. These proteins attach to specific receptors on cells to switch cell division on or off, activate DNA repair mechanisms, or tell cells when it is time for them to die. Mutations in these genes can make cells live too long or divide uncontrollably.

- Mutated genes that stimulate uncontrolled cell division are called oncogenes. An example is the *c-MYC* gene, which is involved in the development of Burkitt lymphoma.
- Some genes can activate or inhibit cell death. These are called pro- and anti-apoptotic genes. Mutations in these genes can make cells live longer than they should. An example is the *BCL-2* gene, which makes a protein that stops lymphocytes dying. It is involved in some types of lymphoma.
- Other genes can repair damaged DNA or inhibit cell division in abnormal cells. These are called tumour suppressor genes. Mutations in tumour suppressor genes can cause abnormal cells to grow out of control. Well-known examples include the *BRCA1* and *BRCA2* genes, which are associated with the development of breast and ovarian cancers.



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How cancer develops

Cancer develops when a mistake in cell division creates abnormal cells that either divide when they shouldn't, keep dividing when they should stop, or don't die when they should. This forms a population of cells that divide faster than they die, leading to an uncontrolled build-up of abnormal cells.

Cancer develops from abnormal cells that divide faster than they die

One mutation on its own is not usually enough to cause cancer; it normally takes a number of different mutations to give the cell the properties it needs to divide and grow uncontrollably, hide from the body's immune system and get all the nutrients it needs to survive.

Because copying DNA is an accurate process and mutations are rare, it usually takes a long time for a series of mutations capable of causing cancer to build up. This is why cancer is more common in older people than younger people: their cells have undergone more cycles of cell division, increasing the chance of a mutation occurring.

Once they have formed, however, these abnormal cells can multiply

uncontrollably. As they build up, they may invade nearby structures or spread to other parts of the body. This is cancer.

The type of cancer that develops depends on the particular type of cell that becomes abnormal. In lymphoma, the cells that become abnormal are lymphocytes (a type of white blood cell).

Lymphocytes

Healthy lymphocytes are part of your immune system, which protects your body from infection and disease. The immune system recognises cells that belong to your body and tries to get rid of anything that it doesn't recognise as 'self', including abnormal cells.

Lymphocytes are made in the bone marrow from blood stem cells (immature cells that can develop into red blood cells or the different types of white blood cells). There are two main types of

lymphocyte: B lymphocytes (or B cells) and T lymphocytes (or T cells). Either type can give rise to lymphoma.

B lymphocytes (B cells)

B cells make antibodies. Antibodies are proteins that stick to other proteins, known as antigens, that occur on the surface of cells and that have been identified as 'non-self'. When an antibody sticks to an antigen, it acts like a flag to attract chemicals or other immune cells that can neutralise or kill the cell that's making the antigen.

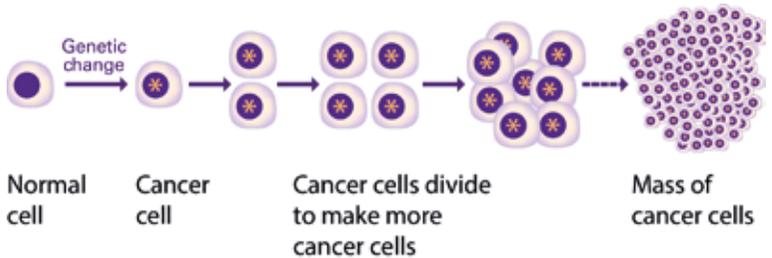
T lymphocytes (T cells)

T cells recognise antigens. This includes abnormal proteins made by cancer cells. T cells that recognise an antigen make copies of themselves and then either kill the cell that is making the antigen, send signals that switch on other immune cells, or tell B cells to make antibodies.

Control of lymphocytes

The way B cells and T cells divide, develop and respond

How cancer develops



Understanding the biology of cancer cells helps in the search for effective treatments.



is controlled by a huge number of different proteins. These include:

- B cell receptors, which cover the surface of B cells and bind to the specific antigen that the B cell can make antibodies to
- CD20, a protein on the surface of B cells that activates signalling pathways
- BTK, a protein that regulates B cell maturation after B cell receptor activation
- CD30, a protein made by activated B cells and T cells, which regulates cell death
- PD-1, a protein that reduces T cell activity.

Cancerous B cells and T cells often make more proteins than healthy cells, which makes them useful targets for lymphoma treatments.

Treating cancer

Understanding the biology of cancer cells helps in the search for effective treatments. For example:

- Cancer cells divide uncontrollably. This is the basis of chemotherapy and radiotherapy treatments, which kill cells that are actively dividing. Since cancer cells divide more

rapidly than healthy cells, more cancer cells than healthy cells die. Several cycles of chemotherapy and radiotherapy are needed to kill cancer cells that were not actively dividing in previous cycles. It also explains some of the side effects of chemotherapy and radiotherapy: other cells that divide rapidly, such as neutrophils or hair follicles, are also killed.

- Specific cells make specific proteins. For example, B cells make CD20, which is the target for some antibody treatments such as rituximab, ofatumumab and obinutuzumab. B cell receptors send signals using BTK, which is blocked by ibrutinib treatment. Hodgkin lymphoma cells overproduce CD30, which is the target for brentuximab vedotin treatment. Specific proteins made by cancerous cells are also the focus of CAR-T therapy, where your own T cells are genetically modified (changed) in a laboratory to recognise proteins made by lymphoma cells before being given back to you.

- Cancer cells 'hide' from the immune system. For example, some lymphoma cells make a protein that reacts with PD-1 to stop T cells being activated. Drugs called 'checkpoint inhibitors', such as nivolumab and pembrolizumab, block this interaction so your immune system can recognise and kill the lymphoma cell.
- Some cancer cells have particular genetic 'signatures'. For example, some lymphomas have specific mutations in a gene called *BCL-2*, which codes for a protein that inhibits cell death. Blocking this protein can make the lymphoma cells die. This is how venetoclax treatment works.

Scientists are discovering more about how different types of cancers develop all the time. This is likely to lead to the development of more new treatments targeted to specific types – and subtypes – of cancer, and even to individually tailored treatments based on the genetic profile of the cancer in each particular person. Hopefully, this will result in more effective treatments with fewer side effects. The future is promising!

With thanks to our medical writer, Dr Vicki Gregory, for writing this article.



Paying tribute to a loved one

In memory and tribute fund giving is the act of remembering someone you've lost by making a donation to charity in their name. According to an ICM Research survey, giving to charity is now the most popular way to pay tribute to someone, above giving flowers.

Here at Lymphoma Action it is a vital part of our income and has grown in

significance over the past few years, particularly through our online tribute fund pages. Many donors have expressed a desire to maintain a link with us and want to be able to remember their loved ones knowing their gifts will bring hope to others.

The two stories on the next page are about people raising money in memory of a loved one.

Tribute Funds

Both Jane and Steve's family and friends chose to raise money through JustGiving. Increasingly, however, people choose to set up a tribute fund in memory of their loved ones. A tribute fund page is a safe, online environment where family and friends can leave messages of support, share memories and also make in memory donations. Access to each fund can be as private

Lights for Lymphoma

A simple way that you can be involved is to take part in our Lights for Lymphoma campaign (see page 34). We will be lighting up lanterns on our website to shine the spotlight on lymphoma and all those living with a diagnosis, past and present, this Christmas. Please consider supporting Lymphoma Action in this way. Your donation makes a real difference.



Jane

or public as the family wishes. The fund can also be linked directly to fundraising activities on JustGiving. To find out more visit the Lymphoma Action website www.lymphoma-action.org.uk/TributeFunds.

Jane

Wife and mother of three, Jane was a teacher for over 14 years and was also very active in her local church community. She became an ambassador for us in 2016

having been diagnosed with lymphoma in February 2015. Sadly Jane died earlier this year.

Her son Tim ran the London Marathon for Lymphoma Action in 2016 and her daughter Susie took part in the Three Peaks Challenge in September 2018. This year, Jane's community have come together in her memory to raise funds for Lymphoma Action. Her school colleagues held a summer fayre and her church organised an Open Gardens event. Even Susie's work colleagues have been fundraising. So far her family, friends and colleagues have raised nearly £18,000 in her name.

Her children said: 'It's a great tribute to our mum that so many people have come together to raise money for Lymphoma Action and its work, in her memory. It means a great deal to us as a family.'

Steve

Steve was a doctor who passed away in November 2017, after developing a rare form of lymphoma. After his experience with lymphoma, Steve was keen to ensure support was available to those in a similar situation.

As a keen runner, Steve had completed three London Marathons and numerous half marathons, before his diagnosis. He organised a team of 15 family members to run the London Royal Parks half marathon. This fabulous group will be running for Lymphoma Action this October.

It is not just Steve's family who wanted to honour his wishes. The village of Holt has come together to pay tribute to Steve's life by raising over £15,000 for Lymphoma Action, from a variety of events, including a 24 hour tennis challenge, a supper safari and an Open Garden event. Steve's wife, Chris said: 'It was Steve's specific wish that any funds raised in his name should go to Lymphoma Action to support other people with lymphoma.'

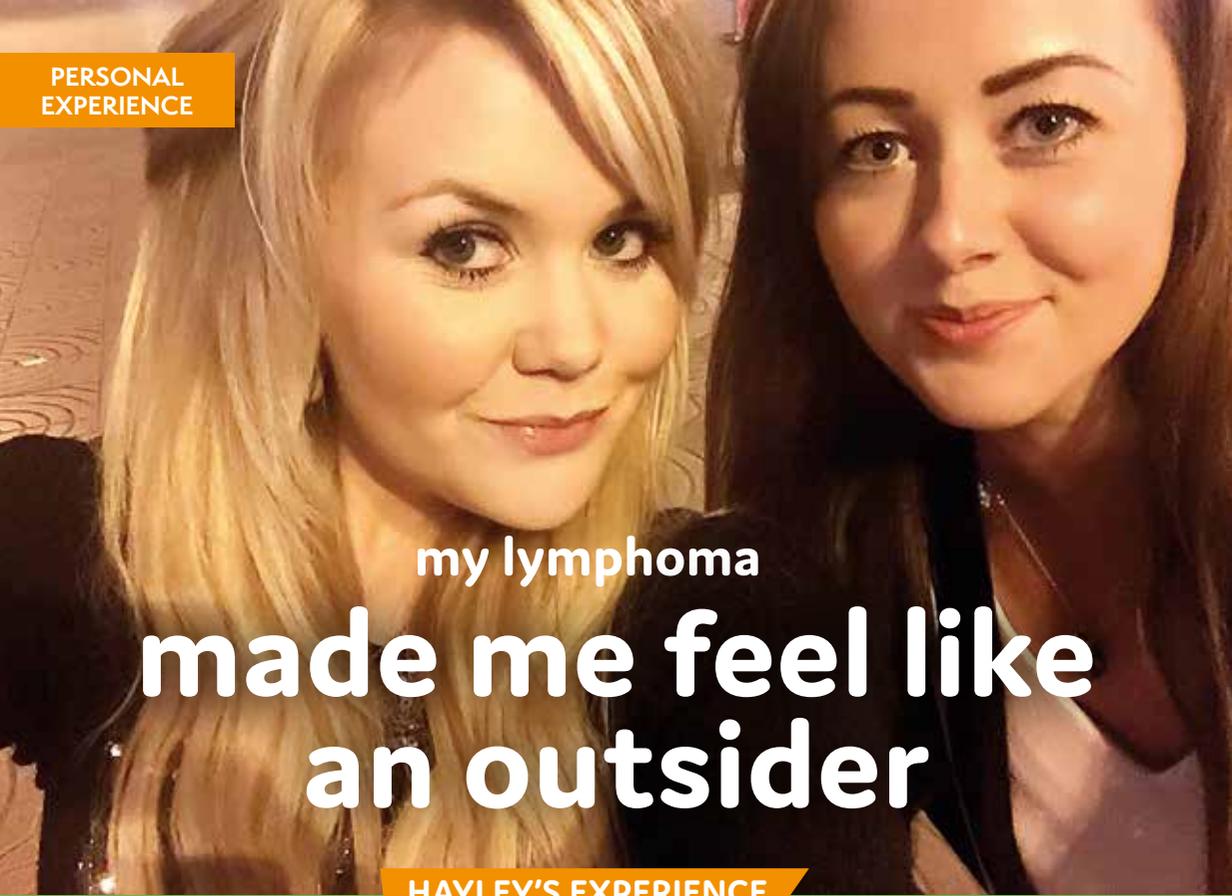
Leaving a legacy in your will is another way to pay tribute to a loved one www.lymphoma-action.org.uk/legacy



Steve

giftaid it

Boost your donation
by 25p of Gift Aid for every £1 you donate – it won't cost you any extra.

A close-up photograph of two young women with long hair, smiling warmly at the camera. The woman on the left has blonde hair, and the woman on the right has dark hair. They are both wearing dark clothing.

my lymphoma made me feel like an outsider

HAYLEY'S EXPERIENCE

Hayley talks about her experience of Hodgkin lymphoma and adapting to a new life.

I had been studying management and had worked really hard to secure a one year placement through the University of Central Michigan at Disney, Florida in 2009.

Although I was only 20 at the time, I'd been saving hard and looking forward to this exciting time in my life. I was there for less than four weeks when I was diagnosed with lymphoma.

Looking back, I had been feeling unwell for quite a while and certainly for the entire time I was in the USA. I had an awful itch and a rash which was getting worse. I had been out for the day and was in agony with pain at the top of my back. That evening I collapsed after having a shower. Luckily my flat mates were in and took me to the emergency room (ER).

Fortunately, the university include their own health

insurance for students, and Disney included health cover.

In ER all I wanted was my family, but they were so far away. I felt I couldn't call them as they would only worry, and I still felt sure it was nothing to worry them about.

When they first examined me they noticed the wounds on my legs from the itch and thought I had a deep vein thrombosis (DVT). They arranged a CT scan, expecting to find a clot, but instead they found a 9.5cm mass on the right side of my lung.



I dialled the number having no idea what I would say, but in the end just blurted everything out.

They then felt an enlarged node on my neck and seemed to suspect lymphoma straight away.

A biopsy was arranged so that a diagnosis could be made. At this stage, I decided to phone my Mum. I still worried that I would be making her anxious for nothing, but really needed to speak with her. Although I dialled the number having no idea what I would say, in the end I just blurted everything out. She told me that she and my dad would try and be with me as soon as possible.

The biopsy was carried out later that day and as I was coming to from the anaesthetic I could hear a Mancunian accent. You don't hear too many accents like that in Florida! My parents had managed to get a flight that day and were standing by my bedside. I can't tell you how relieved I was to see them.

The biopsy revealed that I had Hodgkin lymphoma and the consultant explained that my treatment would start straight away.

They said that they would carry out the first chemotherapy in America and then I could return home for the remainder of my treatment.

My sister and grandma rang up my GP, who immediately got in touch with both my local hospital and a major cancer centre nearby. When I got home I went to visit both hospitals. Although the big centre was further away from home, it had an oncology unit for young people, and seemed to have a lot more services for someone



I felt the experience of lymphoma had changed me.



Did you know?

Nearly 2,000 people are diagnosed with Hodgkin lymphoma in the UK each year.

my age. I instantly felt confident in the consultant, who had a lot of experience of treating people with Hodgkin lymphoma.

I had six cycles of ABVD chemotherapy followed by 15 fractions of radiotherapy to my neck and chest to make sure the cancer cells were gone. I finished treatment in April 2010, and was delighted when I was told that the treatment had been successful.

But I felt the experience of lymphoma had changed me. Even today I look back and think: 'What the hell just happened?'

At 20, I was just finding my feet as an adult, enjoying being independent and developing a good social life. But the treatment left me feeling anxious and depressed. I found I didn't have the attention span to do anything and started to have panic attacks.

I lost my elbow length hair; yet another thing that made me feel less 'me', and I struggled with peripheral neuropathy. In addition, I worried that I might not be able to have a family, something that I had always assumed would be part of my life. I wanted to be a mum, and although the medical

I wanted to share my story through Lymphoma Action and would urge anyone who has health concerns to contact their GP.

team had suggested that the risk of losing my fertility was relatively low, I felt it was yet another loss.

I felt angry that lymphoma had taken everything away from me, and it has only been recently that I have accepted that it is OK to be angry. But I also realised there was help and support out there.

What the hell just happened?

So I told my medical team how I felt and they organised for me to see a psychologist, which really helped.

I felt all the certainties of my life that I had taken for granted were now gone and the future looked very uncertain to me. Having a cough or cold made me anxious that the lymphoma had come back. Life seemed really challenging at that point and I felt like an outsider.

My family were amazing and really helped me through. For example, when I lost my hair, my younger sister would wear a head scarf when we went out, so that people wouldn't focus on me. Slowly I began to feel more myself again.

I went back to university to finish my degree, but that last year was very different to the first couple of years. I don't think people knew what to say to me, so tended to avoid me. I was still suffering from fatigue and peripheral neuropathy from the treatment, so wasn't involved in the drinking and party culture and found that the invitations quickly dried up.

I was delighted to gain a 2:1 in my degree. Shortly afterwards I met my husband and was shocked but also absolutely delighted to discover I was going to have a baby, something I hadn't expected to happen to me. I struggled with morning sickness and was anxious throughout the pregnancy in case anything went wrong, but the care I received was fantastic. My son was born in May 2014 and it felt amazing. I then went on to have my daughter in March 2017.

Finally, I would urge anyone who has any health concerns to get in touch with their GP. And if they are struggling with mental health, to not be afraid to seek help. It's something I wish I had done sooner.'

Upcoming Patient Conferences

County Hall - the venue for the 2019 National Conference

Before the end of the year we have two 'What's new in lymphoma?' events which will be of particular interest if you have ever asked yourself:

- How do my medical team decide which treatment to offer me?
- How can I find out more about a clinical trial?
- What lymphoma-specific support is available near to me?

The events are being held in:

Merseyside
10 November 2018

Basingstoke
17 November 2018

Find out more about these events at www.lymphoma-action.org.uk/Regional-Conferences or call 01296 619412.

Join us on Saturday 11th May 2019 at etc. venues, County Hall, London

Situated on the south bank of the river Thames, County Hall is located next to the London eye with views over the Houses of Parliament and Big Ben.

Sign up to hear when bookings open – email conferences@lymphoma-action.org.uk or phone 01296 619412.

Our 2019 National Conference is coming to the capital!



ask the expert

With thanks to Dr Cathy Burton, Consultant Haematologist at Leeds Teaching Hospitals for answering these questions.



Should I have a flu jab?

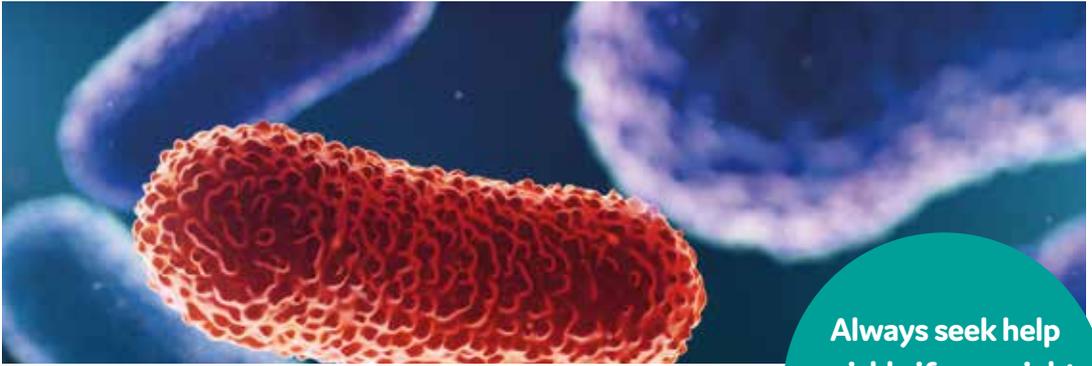
You are recommended to have an annual influenza vaccine or 'flu jab' if you have lymphoma, if you have had your spleen removed (splenectomy), if you are having chemotherapy, steroids or radiotherapy. These can suppress your immune system, making you more vulnerable to flu. People who are in close contact with you should also have the flu jab.

The timing of the flu jab is important. Ideally people should have this before they start treatment because once on treatments such as rituximab, there is evidence to suggest the flu vaccine is not as effective.

You need to be vaccinated every year as each year the vaccine available is developed based on the virus strains experts think are most likely to be around in the coming year. If you are attending hospital regularly for treatment, you may be able to have your flu jab there; otherwise ask your local GP surgery. The flu vaccine does not contain live virus, so you cannot catch flu from having the jab.

Important advice:

- Aim to have the flu vaccination before you commence treatment.
- If on treatment, ask your treating doctor about the best time to have the vaccination.
- If you have had a transplant, you should receive the flu vaccination six months post-transplant and annually thereafter.



Always seek help quickly if you might be neutropenic and feel unwell.

What do I need to know about neutropenic sepsis?

Sepsis is a serious, whole-body reaction triggered by an infection. Neutropenic sepsis is sepsis in someone who has a low neutrophil count (neutropenia). It is sometimes called 'febrile neutropenia' too.

People with neutropenia have a higher-than-usual risk of getting an infection and can develop sepsis much more quickly than normal. People having stronger chemotherapy are more at risk of this happening as their blood count can be very low, but it can affect people having quite gentle treatment. If it does develop, it is serious, possibly life-threatening, and must be treated urgently.

The most common sign of sepsis, whether or not

someone is neutropenic, is a raised temperature. If you are having treatment for lymphoma, try to keep a thermometer handy so you can measure your temperature accurately. Contact your hospital at once if your temperature is 38°C or more.

Sepsis doesn't always cause a high temperature though, especially if someone is taking steroids. Other symptoms of sepsis and infection can include:

- shivering episodes
- chills and sweating
- a fast heartbeat or breathing
- clammy, cold, pale or mottled skin
- feeling generally unwell, dizzy, confused or disorientated

- cough, sore throat or mouth, earache
- redness and swelling around skin sores, injuries or intravenous lines
- diarrhoea, nausea or vomiting
- a burning sensation when passing urine
- unusual vaginal discharge or itching
- unusual stiffness of the neck and difficulty with bright lights
- weeing less than usual
- loss of consciousness.

Contact your hospital team immediately if you have any of these symptoms, no matter how mild or vague they may seem. Always seek help quickly if you might be neutropenic and feel unwell. If you do have neutropenic sepsis and don't get treatment quickly, it could put your life in danger.

Zipwire challenge



Are you up for the challenge in 2019?

Our regional development manager, Karen, wanted to raise funds and decided to take on Zip World Velocity 2 in North Wales, which is the fastest zip line in the world and the longest in Europe.

Karen managed to recruit a team of brave people to join her and between them they raised nearly £5,000. What was so special is that they included patients, their families, clinical nurse specialists, volunteers and even a medical student. Here are their stories...

Leanne, diagnosed with diffuse large B-cell lymphoma in 2015

'I am really sorry to tell you Leanne, you have cancer.' I didn't hear much more, and in that split second I felt my whole life had blown to pieces. I was 33, how could I have cancer? In 2016, following treatment with R-CHOP chemotherapy, I was told I was in remission. I was happy to help the charity that had provided me with so much support and who I couldn't have got by without.'

Heather, a medical student and her friend Hattie

'A few years ago I had just started medical school when my dad was diagnosed with non-Hodgkin lymphoma. At the same time, my mum was diagnosed with breast cancer. They both decided not to tell a soul because they worried I may drop out of medical school. The challenge was a day I will always remember, and if the money and awareness means that one person like my dad gets the support they need, then my job is done.'

Ruth, diagnosed with chronic lymphocytic leukaemia (CLL) in 2016

'I joined the North West Lymphoma Action Facebook group and the Manchester support group to meet others with lymphoma. It has helped me accept my diagnosis and take some control. I have spent so much of my adult life being a bit scared of new things and had lost a lot of confidence, so was thrilled to be part of this challenge and achieve something completely out of my comfort zone. I figured if I couldn't be brave now after everything, when could I?'



Sarah and Julie, haematology clinical nurse specialists (CNSs)

'We are the key workers for many people with lymphoma and see the difficult journey they go through. Although apprehensive, we were delighted to take on the challenge and as soon as we had completed it, wanted to do it again immediately!'



Peter, diagnosed with chronic lymphocytic leukaemia (CLL) and his wife Linda

'I was diagnosed after a wellman clinic and a routine blood test. We were signposted to a Lymphoma Action support group and quickly felt part of a friendly bunch. We have also attended a Lymphoma Action conference and workshop, which has given us a lot of confidence. We wanted to give something back, and although apprehensive, thoroughly enjoyed the experience and would encourage anyone to give it a go.'

John, Lymphoma Action volunteer

'I'm married to Karen and have seen Lymphoma Action take great steps in supporting people and raising awareness of lymphoma. Let's do it again next year, but bigger!'

We are doing this again in May 2019. To get involved contact Karen on 07710 393891 or go to www.lymphoma-action.org.uk/Zipwire

Hot topics at BSH

The British Society of Haematology (BSH) held its annual meeting in Liverpool in April 2018. Our Senior Medical Writer, Dr Becky Salisbury, describes some of the hot topics discussed by haematologists in the take home messages session.

Cancer treatment in the era of antibiotic resistance

An unsettling topic of discussion was the prospect of treating people in the absence of antibiotics.

Antibiotic resistance is a rising concern, and it was a sobering prospect to learn that many people would not survive chemotherapy or other cancer treatments that affect the immune system if antibiotics no longer worked.

A review in 2014 suggested that antibiotic resistance could become the leading cause of death worldwide by 2050 if the problem is not tackled soon.

The good news is that this issue was one of the most talked-about at the BSH meeting, and clinicians are taking it into account when making decisions about antibiotics. A personalised approach is being championed, where



Visit the BSH
website at
www.b-s-h.org.uk

antibiotics are not given to everyone as standard, but each person is assessed individually. This is just one step that can help delay antibiotic resistance. Research continues into developing new treatments to combat the problem.



Image: stock-photo

Irradiating blood is protecting these people, but the risk of TA-GvHD is low overall.

Do people with Hodgkin lymphoma need irradiated blood forever?

People treated for Hodgkin lymphoma are recommended to have irradiated blood if they ever need a blood transfusion in the future.

Irradiating the blood (treating it with X-rays) prevents any donor white blood cells from dividing. This prevents the donor white blood cells attacking your own tissues, a rare but serious complication of blood transfusion called 'transfusion-associated graft-versus-host disease' (TA-GvHD). People who have had Hodgkin lymphoma are thought to be at increased risk of developing TA-GvHD so it is

currently recommended that they have irradiated blood for the rest of their lives.

There have been only two reported cases of TA-GvHD in the 16 years since irradiated blood was recommended for people considered at risk of developing this complication. Prior to 1999, there were around four cases of TA-GvHD per year. Clearly, irradiating blood is protecting these people but the risk of TA-GvHD is low overall. A reported 1,215 'at-risk' people

received transfusions of blood that had not been irradiated in the same 16 year period. One person who previously had Hodgkin lymphoma had 487 non-irradiated blood transfusions and did not develop TA-GvHD.

New guidelines for irradiated blood are being developed. These guidelines may follow the previous recommendations for lifelong irradiated blood, but there is a suggestion that it may be safe to stop using irradiating blood 5 years after the last treatment for Hodgkin lymphoma. We'll report on the final guidelines when they are published.

You can view guidelines on the BSH site, www.b-s-h.org.uk/guidelines

Precision medicine – haematology is leading the way

We now know that not only do different types of lymphoma behave differently, but that every person's cancer is unique. What is more, different areas of lymphoma in the same person can have different mutations (genetic changes that make the cells behave abnormally).

The aim of precision medicine is to match the right treatment to the features of each person's lymphoma. It is still early days but haematology research (studying lymphoma and other blood disorders) is

leading the way in precision medicine. It is challenging to design clinical trials that can identify people for certain treatments but it is possible. The ReMODL-B trial didn't succeed in its

aim of improving treatment for a subgroup of people with diffuse large B-cell lymphoma (DLBCL) but it did show that it is possible to find genetic changes in lymphoma cells quickly enough for this information to be used in treatment decisions.

What's ReMODL-B?
ReMODL-B was a clinical trial



that tested whether certain types of DLBCL responded better to adding a targeted drug called 'bortezomib' to standard treatment. To do this, researchers looked at the genes of each person's lymphoma cells to decide what type of DLBCL they had: activated B-cell (ABC) or germinal centre B-cell (GCB). People with ABC-type DLBCL have been reported to have a worse outcome than people with GCB-type DLBCL. Adding bortezomib didn't improve the outcome for either group. However, for most people, researchers were able to complete the tests to find out what type of DLBCL each person had before treatment started. Current and future trials can build on this approach to identify treatments that work well for people with certain gene changes.

Reducing treatment for Hodgkin lymphoma

The idea of reducing treatment for Hodgkin lymphoma to reduce side effects, without reducing the effectiveness of the treatment, is a topic discussed at every major lymphoma meeting.

Results from the HD18 trial showed that the course of chemotherapy can be reduced for people who respond well to their first 2 cycles of escalated BEACOPP. This chemotherapy regimen (combination of drugs)

works well as a treatment for Hodgkin lymphoma, and is often used for people with risk factors that mean their lymphoma might be difficult to treat. The downside is that escalated BEACOPP causes more serious side effects than the other standard regimen for Hodgkin lymphoma, ABVD. HD18 showed that people

who respond well to the first 2 cycles of escalated BEACOPP do just as well if they have only 2 more cycles instead of the usual 4 or 6 more cycles. Importantly, a total of 4 cycles causes fewer side effects than 6 or 8 cycles.

More debatable were the results of the ECHELON-1 trial. This trial tested whether bleomycin (the 'B' in ABVD chemotherapy) could be replaced with the targeted drug brentuximab vedotin. After 2 years' follow-up, more people in the brentuximab vedotin

and AVD chemotherapy group were still in remission compared with the standard ABVD group (82% versus 77%).

Clinicians are divided on whether brentuximab vedotin should be used first-line. A full course of ABVD was used in this study but results from other studies support the idea that bleomycin can be dropped from ABVD after 2 cycles in people who are responding well to treatment, reducing the lung toxicity associated with this treatment. Adding brentuximab vedotin

increases side effects like neutropenia (low white blood cell counts that can increase your risk of infection) and peripheral neuropathy (nerve damage). Newer targeted drugs like brentuximab vedotin also increase the cost of treatment significantly. There is still debate over the best time to use brentuximab vedotin for treatment of Hodgkin lymphoma. However, it is clear that progress is being made in reducing the side effect burden of treatment of Hodgkin lymphoma overall.

Targeted drugs ibrutinib and venetoclax are still highlights

Targeted drugs like ibrutinib and venetoclax continue to be a key focus in improving outcomes for people with lymphoma.

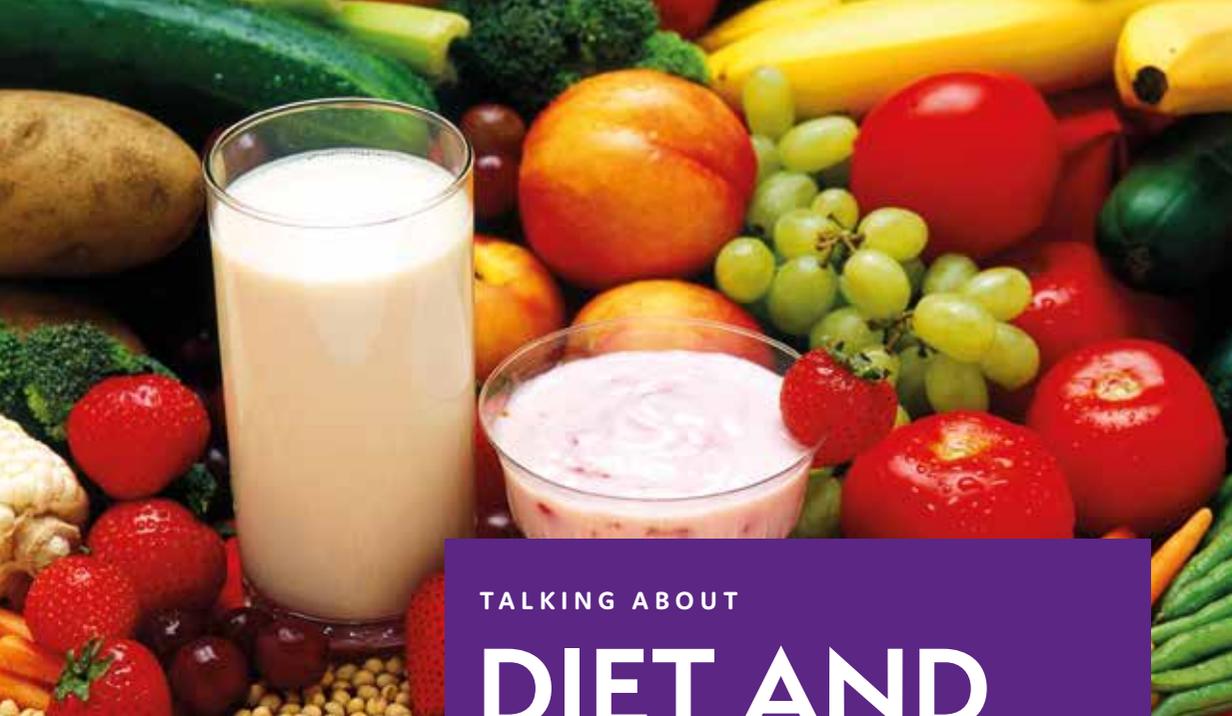
Ibrutinib is becoming increasingly established as an important treatment option for people with mantle cell lymphoma that has come back or didn't respond to previous treatment. One study pooled information from several clinical trials to find out how

people treated with ibrutinib do long-term. The results showed that more than a quarter of people treated were still in remission and nearly half still alive 3 years after ibrutinib treatment started. Importantly, people with mantle cell lymphoma were more likely to stay

in remission if they had only received 1 previous course of treatment before starting ibrutinib. Adding venetoclax to ibrutinib gives high response rates in people with chronic lymphocytic leukaemia (CLL) that has been treated before. The results of the FLAIR trial, which is testing this combination and others in people who haven't had previous treatment, are eagerly awaited.

With thanks to the British Society of Haematology for giving us access to the meeting.

With thanks to Dr Andrew McMillan, Consultant Haematologist, Nottingham University Hospitals NHS Trust for reviewing this article.



TALKING ABOUT

DIET AND NUTRITION

Lymphoma Action receive many calls about diet and nutrition, so we put the most commonly asked questions to Ciara Tansey, Specialist Dietitian at the Royal Marsden NHS Foundation Trust.

I have a lymphoma diagnosis; do I need to change my diet?

If you are not suffering from any problematic symptoms, then it is not necessary to change your diet. It is really important to keep your weight stable during treatment and you should avoid trying to lose weight intentionally at this stage.

What is considered a healthy diet?

The definition of a healthy diet depends on the individual and clinical situation. A balanced diet can be achieved using the Eatwell Guide (see right) as a reference, which gives guidance on what proportion of each food group to aim for – carbohydrates, proteins, dairy and fruit and vegetables.

I am losing weight, what can I do about that?

It is important that people do not lose weight intentionally during treatment. You may need to increase energy or protein intake, for example by eating more cheese and dairy products, or adding a banana, ground nuts, honey and full fat milk or cream to your breakfast cereal. You may also need to add snacks to your diet between meals to increase the number of calories.

If you continue to lose weight, despite making changes to your diet, you may require oral nutrition supplements, which are drinks high in energy, proteins, vitamins and minerals. These can be sourced from your doctor or dietitian.

I have a loss of appetite due to my treatment and really don't fancy eating. What do you suggest?

A lack of appetite can be really difficult. However the

best thing you can do is to continue trying to eat, aiming for little and often - every two hours or so. This should help to stimulate your body's appetite and will ensure you maintain your nutrition.

I have put on weight since treatment. Is it safe to try and lose weight?

If you have completed treatment, are no longer suffering from side effects and are eating and drinking normally, it is OK to aim for slow, sustainable weight loss to achieve a healthy weight and healthy BMI. Safe weight loss is about 1-2lbs a week and a healthy BMI is between 20 and 25. BMI is calculated from your weight in kilos divided by your height in metres squared.

If you want further weight loss advice you could ask to be referred to a dietitian.

My neutrophils are low. Are there any foods I should avoid?

Ask your team what your neutrophil count is and what they recommend, as different centres offer varying advice.

If your neutrophil count is less than 2, usual advice is to avoid unpasteurised dairy products, blue veined or mould-ripened cheese,

raw and undercooked meat, poultry and fish. It is also advised to avoid bio or live dairy products. If your neutrophil count is lower than 0.5, further restrictions might apply.

I am struggling with mucositis (sore mouth). Are there foods that are easier to manage?

Oral mucositis can be really painful and can make it difficult to eat, even if your appetite is good. Speak to your team to make sure you have adequate pain relief and get mouth washes or oral gels that can help.

People can find citrus foods, salty things like crisps, spicy foods and very hot or very cold food problematic. The best foods to manage if you have mucositis are soft or moist foods.

Can I drink alcohol?

If you are having treatment, check with your nurse or doctor that drinking

alcohol won't interact with your medication. From a dietitian's point of view, drinking alcohol within the recommended limits of 14 units per week for men and women is fine. One unit is a 25ml spirit measure, half a pint of 4% beer and a 125ml glass of 9% alcohol wine.

Can I drink tea or coffee?

If you enjoy them, drinking tea or coffee is a way of keeping your fluid intake up. If you opt for caffeinated drinks, we usually encourage people to have a mix of caffeinated and decaffeinated drinks.

And finally...

- Try to maintain your weight during treatment.
- Don't be afraid to ask to be referred to a dietitian.
- Although you may have finished treatment, it takes time to get back into a normal routine of eating and drinking.



Find the Eatwell Guide at www.nhs.uk/live-well/eat-well/the-eatwell-guide





Brothers celebrate 25th anniversary of allogeneic bone marrow transplant

Brothers Stephen (above left) and Andrew (right) have good reason to celebrate a significant anniversary. 25 years ago, Andrew donated his bone marrow to his brother Stephen who needed a transplant to treat his T-cell non-Hodgkin lymphoma.

Stephen tells the story of how he got the opportunity to celebrate 25 extra years: 'In 1986 I was 23 and was diagnosed with T-cell lymphoma. After a course of chemotherapy and radiotherapy I was in remission and life carried on. Then having achieved nearly five years in remission

my lymphoma returned and it was time for a different approach. My medical team explained that I would need an allogeneic bone marrow transplant, so a donor would need to be found. My brother and sister were both tested and fortunately for me my brother Andrew was an ideal match.

After being admitted into my own room at the hospital, I received chemotherapy to get me to what is known as Day Zero, 'transplant day'. I can still vividly recall how the day went. Andrew was in the hospital and had the bone marrow removed under

general anaesthetic in the morning. I was in my isolation room in the same hospital waiting anxiously. During the early evening while watching a TV programme with my girlfriend Francesca, who later became my wife, my new life began. I received Andrew's bone marrow via a drip and it was all completed within an hour. Andrew was able to go home a few days later with a slight twinge in his hips and told to rest. I had no idea what to expect for the rest of my stay in hospital. I think at the time the process of how the stem cells in the bone marrow worked to rejuvenate the body's system was only just being understood.



“
Without my brother I would not have been around to tell the tale.
Thank you bruv!

Three months after entering the hospital to start the process I was home. I had survived the time in isolation, nausea from the chemo and some minor ailments with a positive attitude, a sense of humour and the wonderful staff on the ward. It took another few months of trips back to the hospital for check-ups, the occasional blood transfusion and lots of invaluable support from Francesca before getting to the stage of having a normal life again.

Just when I thought I had received a lifetime of luck I got a bonus. Because of the chemotherapy regime I was given, I was told I may not be able to have children naturally, so when Francesca and I had our baby daughter Freya, it was a miracle. I have been blessed that thanks to my brother, the advances in medical science and the NHS staff, I have lived to see my daughter grow into a lovely young woman and my brother has a wonderful niece.

It has recently been the 25th anniversary of my bone marrow transplant and I celebrated it with my brother Andrew and his partner, my wife and daughter and close friends. We raised a glass to celebrate, had a piece of a special cake and reminisced. Without my brother I would not have been around to tell the tale.’

Is stem cell donation painful?

90% of people now donate directly from their bloodstream, in a procedure known as peripheral blood stem cell donation (PBSC). In this procedure the donor receives a series of hormone injections for four days to make their stem cells multiply into the bloodstream. Then the stem cells are extracted from one arm in the clinic, much like donating blood. They will then go into hospital to donate their stem cells which are taken from their bloodstream over four or five days.

Just 10% of people are asked to donate from the bone marrow itself. This takes place under general anaesthetic, so there isn't any pain while it's happening. Afterwards, people report that they feel a bit tired and bruised, and will need a short time to recover.

Thank you bruv!



Did you know?

Lymphoma Action have information about stem cell transplants at www.lymphoma-action.org.uk/SCT.

With thanks to Anthony Nolan for reviewing this information. You can find out more about donating stem cells by visiting anththonolan.org

Lymphoma Action Support Groups

- Aylesbury
- Bangor
- Bath
- Bolton
- Cambridge
- Canterbury
- Cardiff
- Cheltenham
- Chester le Street
- Colchester
- Colne
- Frodsham
- Glasgow
- Guildford
- Ipswich
- Isle of Man
- Kendal
- Lancaster
- Leeds
- Leicester
- Macclesfield
- Manchester
- Mold
- Nantwich
- North Mersey & West Lancs
- North London (Barnet)
- North West London (Northwood)
- Norwich
- Peterborough
- Plymouth
- Poole
- Portsmouth
- Preston
- Reading
- St Helens
- Southampton
- Southport & Ormskirk
- South West Essex
- Stratford-upon-Avon
- Swindon
- Tayside (Dundee)
- Teeside
- Truro
- Upminster
- Warwick
- Whitehaven
- Wigan
- Wirral
- Lymphoma Action Support (closed Facebook support groups):
North West, South West,
Yorkshire & North East.

Support Groups

Over 50 Support Groups



Welcome to your online community forum

Earlier this year we relaunched our online community forum as part of our website development. With a new look and feel, the forum provides a valuable source of information and peer support.

We know that information and support is invaluable and we offer this support in various ways. But while our team are here to support you, we know that sometimes speaking to someone who has personal experience of lymphoma is incredibly important. Our community forum gives you that opportunity to meet – virtually – people from all over the country to ask questions and share experiences.

If you're new to the forum, or you're not sure if it's for you, you can browse the topics and messages first and see what other people are saying. If you'd like to join the conversation, it's quick and easy to create an account with the sign up button.

All the topics and conversations from our previous forum are still available to read and respond to, so if you were a previous user, press log in, enter your email address and click **'I forgot my password'** to reset your account.



If you'd like to know more about lymphoma, there are lots of ways to get information and support:

Web inc Live Chat: www.lymphoma-action.org.uk
Freephone helpline: 0808 808 5555
Email: information@lymphoma-action.org.uk
Facebook: @LymphomaAction
Twitter: @LymphomaAction
Instagram: @Lymphoma_Action

The forum can be a lifeline to anyone affected by lymphoma. To know you are not alone, that there are others out there going through a similar experience and who have the same concerns can be so reassuring and comforting.

John



Using the forum

The forum is organised into subject categories, making it easy to browse.

You can organise the forum by 'latest' to see what's new.

If you post a message, you can get email notification when someone responds.

Join our online community forum at www.lymphoma-action.org.uk/Forum



John explains why he finds the forum so valuable

John is a regular on our community forum. He explains why he joined the forum and why he feels it offers such valuable support.

'In April 2009 I was diagnosed with diffuse large B-cell lymphoma (DLBCL) and started to use the website for information. Then I found the forum and other people who had been through treatment or who were going through it. I met individuals, carers and family members.

It's a great place to ask questions, seek reassurance, share your worries or have a rant. I've talked to many people over the years and been able to return the help and support I received. People

often say it's the only place where they can talk to others who understand and where they can feel safe. And it's easy to use.

People want different things from the forum – some have a specific question only and others want to know everything. Over the years people have told me that the forum has been a life saver for them, helping them through their treatment.

Some people have been using the forum for many years and have developed friendships, while others stay for a while and then drift away as day-to-day life takes over.'



Shine a Spotlight

ON LYMPHOMA THIS CHRISTMAS

Sponsor a lantern on our website for loved ones living with lymphoma. Your lantern could also be in memory of someone.

We will send you a certificate to commemorate your lantern, personalised with your loved one's name. Your donation will highlight lymphoma across the UK and

help ensure that nobody has to face their lymphoma alone this Christmas. To shine a spotlight this Christmas go to www.lymphoma-action.org.uk/Christmas or call 01296 619419

Do What You Love This Christmas

Do What You Love This Christmas and raise vital funds for Lymphoma Action. Christmas is a time filled with love and we ask you to share the festive things you love to do with friends and family to help us spread more joy this Christmas. It's a great way for young people to get involved in fundraising.

- Have a mince pie and mulled wine party and put out a collecting box for donations.
- Do a festive makeover for a friend in return for a donation, or until they pay you to stop.
- Gift wrap your friends presents for a small fee.
- Sing carols to colleagues or neighbours.
- Be a personal Christmas shopper and charge people for your service.



Contact us today for your free fundraising pack on 01296 619419 or online at www.lymphoma-action.org.uk/Christmas or email fundraising@lymphoma-action.org.uk

2018 SANTA RUN

Get in the Festive Spirit and take part in a Santa Run near you this December.

The Santa Run is fantastic fun and a great way for all the family to get in the festive spirit.

Join Team Lymphoma to make a difference to those affected by lymphoma.

Find a Santa Run near you at www.lymphoma-action.org.uk/Christmas. Alternatively you can contact us on 01296 619419 or email fundraising@lymphoma-action.org.uk



DETOX AND DONATE

Shed lbs and gain ££s to help us by taking part in our detox and donate campaign.



Try giving up something like sugar, chocolate, wine, beer or meat during January and feel the difference. Please donate the money you save on the things you give up to us. The money you raise will help support young people, as lymphoma is the UK's most common cancer for 15-24 year olds. This January, 34 young people will receive a lymphoma diagnosis, so your detox and donate will ensure that we will be there for them.

Go to www.lymphoma-action.org.uk/January, email fundraising@lymphoma-action.org.uk or call **01296 619419** to register.

NEW YEAR NEW YOU

Jump into January with a fun challenge for a new you!

Join one of our many fundraising events to help support the 125,000 people living with lymphoma in the UK. There's something for everyone, from country or London sightseeing walks, to running and cycling events; there are also sky dives and obstacle races. We even have overseas trips to test your endurance and stamina. No matter whether you're a beginner or a pro we have something for you.



Challenge yourself, Jump into January and take action with Lymphoma Action!

Go to www.lymphoma-action.org.uk/January for more information and to register for one of our many events in 2019.



Don't forget to order your Lymphoma Action Christmas cards

Use the form enclosed or go to www.lymphoma-action.org.uk/Christmas

Join Team Lymphoma

on 12 MAY 2019

for our Bridges of London Walk



Sign up and join us at

www.lymphoma-action.org.uk/BridgesWalk

Alternatively, contact Adele on 01296 619419 or
email a.matthews@lymphoma-action.org.uk