



# lymphoma matters

ISSUE 117 | SUMMER 2020

Special COVID-19 edition



Your questions answered  
Health and treatment  
Personal experiences

Lymphoma  
action 



## Message from our CEO

We know living with or supporting someone with lymphoma brings its own challenges, and that everyone's experience is unique. And we know that the current public health emergency has added worry and confusion to what can be, for some, an already difficult situation. Everyone at Lymphoma Action wants you to know that we are still here for you and that you can still access our information and support.

There have been some changes to the way we're operating, with our office and helpline teams all working remotely, something that we were able to make happen with a minimum of disruption. This means that we can continue to support you and take your calls – in fact we're busier than ever listening to your concerns and answering your questions.

From virtual support groups to webinars, we're improving our online presence to bring additional information and support to you. Working side-by-side with other cancer charities and the NHS, and with the input of lymphoma experts, we provide the latest and most accurate information about managing a lymphoma diagnosis at this time.

I want to stress the importance of getting in touch if you have any questions or concerns whether they are coronavirus-related or not. If you are concerned about your condition or symptoms, or that of a loved one, do not delay picking up the phone. We're committed to providing you with the best support we can and we hope that you'll continue to use our services and support us, as you have done over the years. With a significant loss of income projected from the cancellation of fundraising events and activities, we are hoping that your generosity will see us through to a better time.

We're still here so that nobody has to face their lymphoma alone, and with your support we will continue to do this for as long as we are needed. Please keep yourselves and your loved ones safe and well.

Ropinder Gill  
Chief Executive

## Things are constantly changing – check our website for the latest updates

We are delighted to bring you this special issue of *Lymphoma Matters* which we hope will answer any questions you might have at this time. Please note: information about COVID-19 is constantly changing so we suggest you check our social media, and website at [lymphoma-action.org.uk](http://lymphoma-action.org.uk) which is updated daily.

Although we are not providing a clinical trials update in this issue, you can read post-ASH updates on CLL, Hodgkin lymphoma and high-grade non-Hodgkin lymphoma at [lymphoma-action.org.uk/post-ash-updates](http://lymphoma-action.org.uk/post-ash-updates)

 **Helpline (freephone) 0808 808 5555**  
10am – 3pm, Monday – Friday

 **[www.lymphoma-action.org.uk](http://www.lymphoma-action.org.uk)**

 **[enquiries@lymphoma-action.org.uk](mailto:enquiries@lymphoma-action.org.uk)**

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

© Lymphoma Action 2020.

For further information about permitted use of our materials, please refer to our website.

Editor: Anne Hook

Cover: Our staff, safely working from home.



Dr Graham Collins, Consultant Haematologist, Oxford



Dr Wendy Osborne, Consultant Haematologist, Newcastle



Dr Robert Marcus, Consultant Haematologist, London

Your COVID-19 and lymphoma questions answered

With thanks to Dr Graham Collins, Dr Wendy Osborne and Dr Robert Marcus for answering your questions during our webinar on 5 May 2020.

**Q1. Why are people with lymphoma considered extremely vulnerable?**

We didn't know about the existence of COVID-19 until a few months ago, so much of our information is based on assumptions. However, we think that people with lymphoma are likely to be at high risk because:

- Lymphoma is a cancer of the immune system, so there is often lowered immunity.
- For those that have had treatment, many of the therapies are immunosuppressive, which means they lower the immune system, making people more at risk of infections.
- Antibody therapies such as rituximab, used in the treatment of lymphoma, can have a lasting effect on the immune system.

Data is being collected from all people with cancer who contract COVID-19, but at the moment clinicians are trying to be pragmatic. It makes sense to be cautious because many things indicate that people with lymphoma are likely to be at increased risk.

**Q2. Do I need to shield?**

Many people with lymphoma have received a letter from the NHS advising them to shield, and outlining what that involves. This includes not leaving the house and minimising contact with other people as much as possible. We believe most letters have gone out, but if you haven't yet received a letter and feel you should have, then talk to your clinical team or GP. There is still a mechanism to get on the list, so that you will have access to additional support.

The government have made a general statement that shielding applies to all people with a blood cancer (such as lymphoma), but this is very broad and clinicians around the country have been discussing what this actually means for people affected by lymphoma.

With low-grade non-Hodgkin lymphomas such as follicular lymphoma, CLL and mantle cell lymphoma, therapies can suppress the lymphoma, often for long periods of time. However, treatment does not usually

'cure' the lymphoma. Many people experience relapse, suggesting that some lymphoma cells remain, which may affect your immune system. **So it is recommended that everybody with low-grade non-Hodgkin lymphoma shields, whether they have had treatment or not and however long ago their treatment was.**

### **'There are many factors to consider for people with high-grade non-Hodgkin lymphoma and Hodgkin lymphoma.'**

However, the situation is more confusing with high-grade non-Hodgkin lymphomas and Hodgkin lymphoma. Treatment for these types of lymphoma can be curative, but there are many things to consider:

- How long ago you were treated. Some doctors agree that it is sensible to shield if you are within 2 years of finishing treatment for Hodgkin lymphoma or high-grade non-Hodgkin lymphoma. Beyond 2 years, the advice is less clear-cut. There is not enough evidence to know for certain how long after treatment for Hodgkin lymphoma or high-grade non-Hodgkin lymphoma you remain at risk. Some doctors feel it is advisable to shield even if your treatment was longer ago.
- Whether you are susceptible to infection. If so, this could indicate that you would be at greater risk.
- Whether you have had Bleomycin. Bleomycin is a chemotherapy drug that can cause lung damage, which might increase your risk of serious illness due to COVID-19 – although there is not yet enough evidence to know if this is the case or not.
- Your age. If you are over 70 you are likely to be at higher risk.
- Whether you have any other illnesses that increase your risk, such as diabetes, heart disease, etc.
- Whether there are other people who will be going in and out of your house, for example to school or work.
- Whether you need to go to work, and cannot work from home.

As you can see, there are many factors to consider for people with high-grade non-Hodgkin lymphoma and Hodgkin lymphoma. So, we can't give blanket advice. It needs to be individualised based on a discussion with your clinical team to decide what is safe for you.

### **Q3. Will a change in treatment affect my lymphoma?**

Early on, there was concern about delivering cancer services due to hospital capacity and health professionals being redeployed to look after COVID-19 patients. In addition, there have been widespread changes in hospitals to cope with the current crisis.

Fortunately, NHS services have not been overwhelmed, and those concerns have not been realised. The main reason for changes to treatment is your safety. For each individual, clinicians weigh up the risks of having treatment against the benefit the treatment is expected to have for the individual (called the 'risk: benefit ratio'). A clinician will only recommend a treatment where the benefits of treatment outweigh the risks.

Attending hospital (as an outpatient or an inpatient) is an increased risk because of COVID-19. This changes the risk: benefit ratio of treatment. Whether the benefits outweigh the risk depends on a number of factors, including the lymphoma type, the particular treatment used and the way the treatment is given.

### **'A clinician will only recommend a treatment where the benefits of treatment outweigh the risks.'**

For example, if you are diagnosed with a high-grade lymphoma or Hodgkin lymphoma, the benefit of treatment can be high, since it usually aims to 'cure' the lymphoma. Although the coronavirus pandemic means the risk of treatment is higher than usual, the benefit is still likely to outweigh this risk.

However, it can be more nuanced for other treatments. For example, if you are on maintenance therapy for a low-grade lymphoma like follicular lymphoma. Maintenance has the benefit of prolonging time to remission, but it has not been shown to increase life expectancy. Also, maintenance therapy increases risk of infection by a modest amount, but with COVID-19 around, the risk is far greater. So, the benefits are modest but the risk is high. In this case, it may be wise to pause maintenance therapy because the benefit is less than the risk. In these situations safety is the key and decisions are made in the patient's best interest.

When it comes to people with low-grade lymphoma, who are all being advised to shield, clinicians want to avoid bringing them into hospital for an infusion of drugs that may lower their immunity in an environment that may expose them to COVID-19.

The NHS have created more cancer-specific hospitals to help with service recovery as they recognise that COVID-19 will be with us for the foreseeable future.

#### Q4. What should I do if I have lymphoma symptoms?

People who are worried that they have symptoms of lymphoma should not delay contacting their GP. The NHS are concerned about the fall in cancer referrals and are worried that health issues are being missed. If you already have a diagnosis of lymphoma, and notice a change in your health, or have troubling symptoms, your medical team need to know. Contact your team or named nurse for advice. If it's something you would have phoned your medical team about before COVID-19, then we would urge you to make that call now. Do not delay seeking help.

Your medical team are there for you, and if you have any problems, you should ring them.

**'If it's something you would have phoned your medical team about before COVID-19, then we would urge you to make that call now. Do not delay seeking help.'**

Hospitals around the country are keeping capacity for haematological malignancies and other cancer treatment, so are 'open for business'. **DO NOT DELAY.**

#### Q5. When will I hear from my health team?

Follow-ups are still taking place, but will probably happen in a different way. Many consultations are currently being carried out over the telephone. Hospitals are still seeing some people face-to-face when an examination is required. In many places, practices are changing and people can be missed inadvertently. If you haven't heard from your medical team, don't be afraid to contact them.

#### Keep up-to-date with the latest guidance

The government and NHS are frequently updating guidance. Lymphoma Action monitors this on a daily basis to ensure our information is up-to-date. Get the latest guidance at [lymphoma-action.org.uk/Covid19](https://lymphoma-action.org.uk/Covid19)

## Time outdoors - tips on staying safe in the sun

While the government advises us to follow social distancing measures, time outdoors might seem even more valuable. For those who are shielding, government guidance allows you to spend time in a private garden if you have one, as long as you stay at least 2 metres away from other people. With the warmer season upon us, it's important to stay safe in the sun, even on cloudy days, and protect yourself from the effects of ultraviolet (UV) rays.

#### What are ultraviolet (UV) rays?

UV rays in sunlight consist of UVA and UVB. UVA rays stay at equal levels throughout the year, whereas UVB rays are at their most intense during the summer, around midday and at high altitude. It's UVB that causes sunburn.

#### Protect yourself from the effects of the sun

The following tips aim to help you stay safe in the sun:

- Take extra care to protect areas treated with radiotherapy.
- Remember that many chemotherapy drugs (such as dacarbazine, methotrexate and vinblastine) make the skin more sensitive to sunburn from UV rays.
- Avoid being in the sun when the rays are at their strongest, generally between 11am and 3pm.
- Use a sunscreen with a 'sun protection factor' (SPF) of 30 or higher and choose one that protects against both UVB and UVA rays. The SPF is the level of protection against UVB, while the stars on the bottle (1 to 5) show the level of protection against UVA.
- Wear a wide-brimmed hat to cover your scalp, neck and ears.
- Cover your skin with clothes such as long-sleeved shirts and trousers.
- Wear sunglasses that have a guaranteed UV light filter.

## Finding moments of joy within the uncertainty

Clare talks about her diagnosis and treatment of peripheral T-cell lymphoma. Three years on, she is back teaching and exhibiting her art with a very different perspective, thanks to her life-changing experience.



'Over the last weeks, like everyone, I am having to adapt and do the best I can in the circumstances. I am shielding, which is a constant reminder of my vulnerability, and the experience echoes some of the precautions I had to take during treatment, especially during my stem cell transplant. So it has made me quite reflective. My mantra has always been 'this too shall pass' and I find it helpful again. I am using all of the skills I have to find moments of joy within the uncertainty.

I was 33, and looking back I only recognised my symptoms in hindsight. I was getting more infections than usual and losing more weight than I might have expected. I work in a school and was at the gym every day at the time, so these symptoms alone weren't enough to ring alarm bells. I have an auto-immune disorder so I'm used to feeling under the weather and

tend just to keep going. Then my stomach started to swell (on reflection because my liver and spleen were affected) and I started having night sweats and itchy lower limbs. It was only when I started to get hand cramps accompanied by a really high temperature that I thought I ought to seek medical advice. I went for blood tests and ended up in A&E with tachycardia (my heart beating more than 100 times a minute) and suspected sepsis.

Doctors thought it was a viral infection but I knew by now there must be something underlying. I had appointments with immunology and haematology specialists and was booked in for a PET scan.

I was diagnosed with peripheral T-cell lymphoma – a fairly rare form of lymphoma. The specialists at my hospital hadn't seen anyone else with it.

I had six cycles of CHOP chemotherapy treatment, four weeks apart. Each time my side effects would follow the same pattern: sick the next day, then sore and achy (especially my jaw) for a few days. Then I had a two-week window where I felt fine.

**'My mantra has always been 'this too shall pass' and I find it helpful again.'**

I had loads of energy and continued to work through the first three cycles. But then I did stop teaching because of the infection risk. So during the two-week windows I felt well, I decorated the house and treated myself to a convertible car. This was something I'd always planned to do when I was older – but now I had a different perspective on life. And in fact I felt quite positive and less stressed. Little things no longer bothered me. I was focused on getting well again.

The chemo successfully removed the cancerous cells but now I needed a stem cell transplant. Without that, I was told that I would almost certainly relapse. I could have had an autologous stem cell transplant using my own cells, but there was more chance of a relapse. So we decided on a donor (allogeneic) stem cell transplant. We found a match and I began to prepare for the procedure. This involved spending five weeks in isolation during the transplant. So I decided to make it like a retreat! I took in my own duvet instead of using hospital sheets and blankets. I put posters up all over the walls – like I was at university again! I brought my Playstation and a load of books and a diary.

I'm an artist but at the time I just couldn't do it – so I did role play games instead to fire up my imagination and help me escape. I also properly planned ahead for the first time since I'd been diagnosed.

I'd been functioning from treatment to treatment, only ever planning two weeks ahead, but now I wrote down all my targets, hopes and key dates. I Skyped with my husband every day so I could see him and our cats – though they never acknowledged me! I tried to exercise every day and always got out of bed to eat in a chair by the window. As I got weaker it became more difficult.

**'I felt quite positive and less stressed. Little things no longer bothered me.'**



The transplant was a success. I had no side effects and now I have regular check-ups. I'd gone back to a four-day week at work and spent the other day developing my art business, creating, selling and exhibiting. I'd always wanted to do this but teaching can be all-consuming and I was nervous of not having a stable income. My lymphoma experience has helped me find a way to make it work.

During this period of shielding, I am really busy with school work, working from home creating resources and videos for remote art lessons. I've also been using my down time to create portraits of people and using art to reach out and connect with people and hope I am able to make someone's day through my portraits. As I can't access my studio right now, I have had to change my art practice to accommodate the new space and have been exploring lino cutting.' Find out about Clare's art by searching 'Clare Morgan printmaker' or find her on Instagram@curiousinkyme.

**For more personal stories about coping with the pandemic, visit [lymphoma-action.org.uk/stories](https://lymphoma-action.org.uk/stories)**

**'Really early on in the process, I was paired up with a buddy thanks to Lymphoma Action. Although I had a pretty rare form of lymphoma, they managed to find someone a similar age to me who'd had the same peripheral T-cell variety. We emailed one another and spoke over the phone. I didn't need to call on her often, but it gave me peace of mind to know I could. It really helps to be in touch with someone who has been through it.'**  
**To find out more about the Buddy Service call our helpline (see page 2 for details).**

## Providing the best service while keeping you safe

**Calls to our helpline services have increased tremendously over this challenging time. So we put your questions to Charlotte Bloodworth, Lymphoma Clinical Nurse Specialist from the Cardiff and the Vale University Health Board.**

'At the moment things are constantly changing and it will take a while until things settle down. All decisions at present need to take the COVID-19 virus into account and this will continue until a vaccine is found. In addition, people are more wary of coming into hospital and the days of waiting rooms full of people are gone for now.



Despite being forced into a new way of caring for people, it is working well for many. For example, telephone consultations are going well and in the future there may be many more options on how people access their healthcare. For the first few weeks of lockdown, it felt like we were living in an emergency, reactive state and for many people it must have felt like everything had stopped. We now seem to be going into a new stage, where we want to continue services. But we still need to ensure the safety of our patients and avoid risk where possible. ***If you have any concerns about your own health and care, contact your own medical team for advice.***

### **Q1. I am reluctant to contact my healthcare team at the moment, as I feel sure they are swamped with COVID-19. What should I do?**

Our clinics are not the same as they were before. Some health professionals, and some equipment, are being assigned to help with the COVID crisis. But our team is still available and we urge you to get in contact if you have any health concerns so that you can access the care you need when you need it. We also want to avoid a huge surge once the crisis has eased.

### **Q2. It feels like cancer care has been downgraded to make way for COVID-19. Is this the case?**

A lot of people that do not need urgent treatment, for example those on active monitoring (watch and wait) or who are receiving maintenance therapy, are having their appointments or therapy postponed. I can understand why people are confused and feel their care has been downgraded. But the reason for this is to protect people from added risk.

We know that people who receive maintenance therapy are more likely to have infections, and we want to avoid them having to be hospitalised. In addition, maintenance therapy weakens the immune system, making people more vulnerable.

### **Q3. I would like to ask how medics are able to keep us safe if we need to go into hospital?**

Coming to hospital increases your risk of being exposed to coronavirus, which is why outpatient clinics have been stopped and appointments are being carried out by phone. However, some people do have to come into hospital for tests or treatment, and this decision will have been made if the risk due to the lymphoma is greater than the risk of coming into hospital. To help reduce the risk, there is an increasing number of cancer treatment hubs throughout the country that are designed to be COVID-free.

Hospitals are making their own arrangements, and services are being resourceful to ensure people are as safe as possible. Cleaning in hospitals and in areas allocated to where people are being assessed has been improved. In our hospital, before entering the building, you will have observations, temperature and saturations taken and checked. In some areas, community hubs for blood tests have been created, so that people stay in their car, and just go in to have the test and come straight back out. So things are changing all the time and the situation is different in different hospitals and parts of the country. What we have in common is that we are having to be reactive to ensure everything is as safe as possible.

#### Q4. Does it matter that I am not having regular blood tests and scans?

Routine blood tests give us a clinical picture and are typically carried out to gain extra information or to fill in the whole picture. If you are feeling well this extra information is less important, so it isn't worth the current risk to carry them out in these circumstances. I would reassure people that only very rarely does something get picked up on blood tests alone, and if I give the example of relapse, it is almost always that the person has noticed a change themselves first.

For some people, for example with bone marrow involvement, we want to continue to carry out blood tests, and will do this in the safest setting possible.

#### Q5. What tests are being carried out to assess a lymphoma diagnosis or relapse and is there a delay in diagnosis at the moment?

It is more difficult to get tests at the moment. Instead of just making a referral for tests, I now have to contact someone in radiology and get it signed off. But once agreed, the tests are carried out much faster.

Routine tests and scans, for example where we do a 3-month repeat scan or one at the end of treatment, are being postponed. This is because it would pose an undue risk for someone to go into hospital to have the test. However, if symptoms appear, tests and scans are being carried out. If the person is someone we know very well clinically, we may book a scan straight away to cut down visits beforehand. For new referrals, we would invite the person in for an appointment first. People are not being delayed at all.

## Nearly half of the UK are concerned about seeking medical help

The NHS is urging the UK public to seek medical help if they are worried about possible signs or symptoms of cancer. A survey conducted by NHS England has found that nearly half of the UK public have concerns about seeking medical help during the coronavirus pandemic. Out of the people who took part in the survey, one in ten said that they would put off booking an appointment with their GP even if they were concerned about having symptoms of cancer.

'We are all aware of how hard our amazing NHS is working to look after people with COVID-19', says Ropinder Gill, Chief Executive of Lymphoma Action. 'However, they do still have the services in place for people affected by lymphoma. It is so important that people don't ignore health concerns.'

#### Q6. What should I do if I notice signs of infection?

For people who are in treatment or still in contact with their clinical team, for example for follow-up or maintenance, you should use the emergency advice line as normal. For people far on from treatment, then it is probably appropriate to contact your GP.

#### Q8. I am part-way through a clinical trial. Will it continue and are the drugs available?

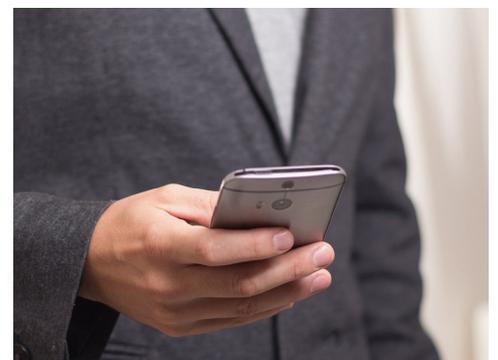
Lymphoma trials are still running but most are not recruiting at the moment. Some trials call for multiple scans and tests which require extra visits to hospital. However, in negotiation with the trials organisers, many are going ahead with fewer of these additional tests. There are no problems with access to drugs, although you may be given drugs that will last a longer period of time to avoid additional trips to get medication.'

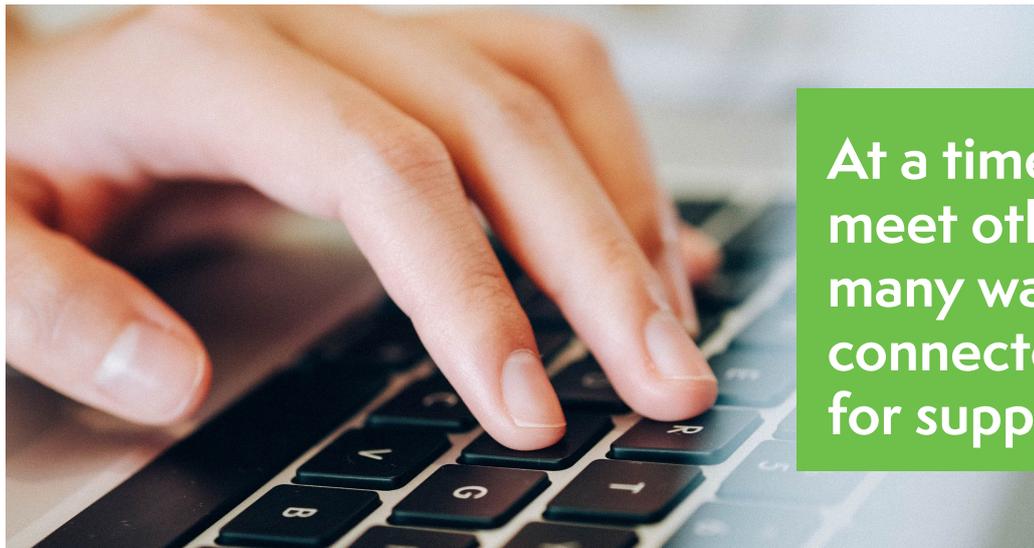
*With thanks to Charlotte Bloodworth, Lymphoma Nurse Specialist, Cardiff and Vale NHS Trust.*

#### Tips for remote consultations

It is important to prepare for remote consultations. If you are at home, making a list of questions you want to ask makes sure you cover everything you want to. Here are some tips:

- Prepare a list of all your concerns and questions.
- Don't be afraid to ask all the questions you have.
- Clarify what to do if you have any health concerns.
- If you need to attend hospital for tests, scans, treatment, ask what is in place to safeguard you.
- Ask how often you will have remote follow-up appointments and how you will be contacted.





At a time when we can't meet others, there are many ways to get connected, and register for support, online

## Register for support from NHS volunteer responders

If you are shielding, you can register for support from the NHS volunteer responders scheme. This scheme offers help with shopping, collecting prescriptions or a friendly chat, and is open to vulnerable or high-risk people who are self-isolating and who need support. You do not need to have received a shielding letter to access this support. Carers can also request support, either on behalf of the person they care for, or for themselves if the support would help them in their caring role. Find out more by calling 0808 196 3646, searching online, or visit the link on our shielding page: [lymphoma-action.org.uk/Shielding](https://lymphoma-action.org.uk/Shielding)

## Join our Facebook Group and connect with others

Join our UK-wide Facebook group to connect with other people affected by lymphoma and CLL. Whether you are newly diagnosed or many years on from treatment, the groups offers valuable peer support at a challenging time. As a closed group, it's a safe place to share your thoughts, and discussions have ranged from dealing with lymphoma symptoms to how everyone is using their spare time during shielding.

**'I've found this excellent. It's so supportive and really helpful to be able to share experiences with people who understand what you're going through.'**

To join the group, search for 'Lymphoma Action Support UK' on Facebook and click join.

**'Being part of the group means you are not alone. It's a source of profound comfort.'**

## Support groups are here, virtually

At this time, we can't to run our face-to-face support group meetings, but to help maintain the strong sense of community these provide, Lymphoma Action has been hosting online meetings of current support groups.

**'It was great to be able to see members of our support group. It brought an element of normality back to this unreal world.'**

Our online meetings are hosted through 'Zoom' so you'll need access to the internet through devices such as a computer, smartphone or tablet. They usually take place in the afternoon and run for up to one hour.

We would like to extend the availability of online meetings during this time. If you are interested in joining an online meeting to connect with others, complete the 'contact us' form on the support group webpage [lymphoma-action.org.uk/support-groups](https://lymphoma-action.org.uk/support-groups) and we will contact you about availability.

## My five ways to wellbeing

Andrea shares how her experience of being a Mental Health First Aid Instructor has helped her manage her self-care during this time, and hopes it might help support our readers too.

'My name is Andrea and I am 59 years old. I was diagnosed with marginal zone B-cell lymphoma, stage 4, in 2013 and after surgery was on watch and wait until April 2019. At that point I started six rounds of R-CVP chemotherapy. The treatment reduced the tumours but didn't clear them completely, so I am back on watch and wait.

I am a self employed Mental Health First Aid Instructor, delivering courses that equip people with the skills they need to support their own and other peoples well being - both young people and adults. What I teach others became my 'self-care survival kit' during long days of chemotherapy and recovery last year and, once again, there's no better time to 'practise what I preach' than right now!

It's not easy at the moment. Like many, I have a heightened sense of vulnerability and some days I feel very anxious and scared. I find giving myself a good talking to and returning to the guiding principles which helped me so much last year works for me. The 'Five Ways to Wellbeing' help frame my day, give me some focus and remind me that I can only control what I can control. That feels better than focusing on the carnage caused by this microscopic virus.

### The Five Ways to Wellbeing are: Connect, Be active, Keep learning, Give and Take notice.

**Connect:** I make sure I talk to someone every day; family or friends. In 'normal' times we send each other a message or two but we've loved learning new video technology to schedule coffee breaks/wine chats to catch up. I don't feel that I am not seeing them – because I am!

**Be active:** Being a Mountain Leader, the hills are where I love to spend my time – either that or I'll be found on my allotment. One thing I've learnt is that life is about adaptation and change – constantly! So without the outside, I've taken up my step-daughter's virtual yoga classes and climb hills via my staircase. The scenery is not the same but I have to say I've never felt my body so stretched and I've found muscles I never knew I had!



**Keep learning:** Every day is a learning day. Yesterday it was a new recipe, online Scrabble with my son, and today I signed up for Futurelearn – some fantastic free online courses.

**Give:** I can't go out and do things for people, but I do what I can from indoors. I keep in touch with other friends who live on their own, by phoning for a regular chat – checking they're ok and passing on local information about support networks. We look out for each other and it feels good to give some of my time to someone else.

**Take notice:** It's easy to get caught up in watching wall-to-wall news; the worry of being self-employed and having all foreseeable work cancelled, and endless thoughts of 'what if'. But I know this doesn't help my wellbeing. So I take each day as it comes. I consciously look around me, notice the colours of spring, warmth of the sun and do something each day that absorbs my attention and focus. It keeps me in the moment.

Most of all I try to go through each day by focusing on three things. These little things just help:

- A sense of achievement - today I tidied under the sink! Desperate times call for desperate measures!
- A sense of closeness - today I video-called a friend who makes me laugh.
- A sense of enjoyment - today I set up a family Coronahair photo competition!

# Emergency Appeal

## Inform, support, connect: never have these words meant more.

All of us are in a situation we never expected to be in and this is a truly anxious time for many of us. But we are here, providing support and trusted information.

Our helpline has seen a significant increase in people seeking support and we have adapted fast to your needs: maintaining up-to-date information on lymphoma and COVID-19 online and moving to virtual support wherever possible. However, we are also experiencing a substantial loss of income and need your help to safeguard our services.

The whole of our team is working hard to make sure no one has to face lymphoma alone and we hope that you'll continue to use our services and support us in the same way as you have done over the years. Please give generously to our emergency appeal - to find out more please visit our website at [lymphoma-action.co.uk/emergency-appeal](http://lymphoma-action.co.uk/emergency-appeal)

### Donate NOW

 01296 619400  [www.lymphoma-action.org.uk/emergency-appeal](http://www.lymphoma-action.org.uk/emergency-appeal)  Text APPEAL to 70191 to donate £10

## We nominate YOU to take on the 5-ingredient challenge!



We have created the 5-ingredient challenge as a fun way to support people affected by lymphoma, and stay connected through the power of food glorious food. There are just five simple steps...

Simply cook your dish, take a photo, post on social media, text **COOK** to **70970** to donate £5 to Lymphoma Action and challenge five friends to do the same. Simple! So, get cooking and show us your wonderful creations! For details go to: [lymphoma-action.org.uk/5-ingredient-challenge](http://lymphoma-action.org.uk/5-ingredient-challenge)

## Lymphoma Lock Down

### Join us for the Lockdown 100 challenge this June!

We have created this challenge as a fun way to keep fit by challenging yourself to 100 active minutes per day for 30 days, or completing 100 repetitions of a certain exercise each day for 30 days.

Get your whole household involved and see who can complete the challenge!

For further details see our website or email [fundraising@lymphoma-action.org.uk](mailto:fundraising@lymphoma-action.org.uk)



Fundraising, payments and donations will be processed and administered by the National Funding Scheme (Charity number 1149800) operating as DONATE. Texts will be charged at your normal standard network rate. For terms and conditions please see [www.easydonate.org](http://www.easydonate.org)

