BTAA newsletter

International Brain Tumour Awareness Week Edition

28 October – 3 November 2012

ABN 97 733 801 179 Icorporated in the ACT: AO4837

Caption: Matthew Pitt, Founding Chair, BTAA Inc. Photo courtesy of Damien Magee, Sanguineti Media 2012.

Inside this edition

- Letter from the Chair
- BTAA AGM and new BTAA committee
- Brisbane forum and COGNO
- Oxygen Therapy
- AIHW statistics
- Care Coordinator update
- Sydney Cancer Research Summit
- Rare Diseases Voices
- Melbourne Clinical and Professional Day
- How to donate to BTAA
- Thanks
- Diary dates

Letter from the Chair

Hello. In this issue we learn a little about our committee, read about so called "oxygen therapy", about plans for this year's International Brain Tumour Awareness Week and I hope to inspire you to act and support BTAA.

During **International Brain Tumour Awareness (IBTA) Week (28 October – 3 November 2012)** BTAA will present the case to the Australian public for greater support and services for brain tumour patients, their caregivers, and the health professionals who provide their treatments.

During this week BTAA lifts our efforts to raise awareness of the burden of brain tumours and to raise funds to support those affected by the disease. We will again be providing grey ribbons to all Members and Senators of the Federal Parliament, with the support of the Parliamentary Brain Tumour Awareness group convenors Senators Bilyk and Ryan.

Another key activity will be the second year of ***'Wear a Hat for a Day for BTAA'***. For more information and to receive your 'Wear a Hat for BTAA' kit - Email committee member MaryAnne Rosier on fundraising@btaa.org.au

BTAA has funded the production of a television ad to raise awareness of brain tumours. We would like to thank Daniel and the team at Sanguineti Media for the opportunity and guidance.

BTAA makes an annual appeal for funds during the IBTA week and I ask you to support our activities. Those who attended our AGM would have seen our audited accounts which highlight that BTAA operates on a turn over well short of $50K per annum. In addition, BTAA is run solely by volunteers and receives no government support.

There have been notable improvements in care since my own diagnosis in 2001, but there is much more that can be done for brain tumour patients, caregivers, their family and friends in Australia. The information below shows how you can donate, join and/or work with BTAA to make further gains through advocacy and peer support!

Social Media

BTAA's **Kelly Webster** is working on developing and increasing our social media presence through the creation of a brand new web site! BTAA also have a Facebook, Twitter, and linkedin profile allowing you to interact with us daily. Please visit our pages and help lift our profile across Australia. We also have a variety of presentations from guest speakers at forums BTAA have held across the country available on YouTube (also onour web site).

Kelly lost her mother to an Oligodendroglioma in 2010.

Kelly hopes to raise awareness for the plight of brain tumour patients and their families - through greater advocacy, funding for community support, patient care and above all hope.

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Letter from the Chair

In this issue we report on how to access information recently presented at the Brisbane Forum in August; organised by committee member **Catherine Hindson**. Catherine was a Registered Nurse for 40 years. Her interest in Brain Tumour support arose in 2010 when her then 36 year old daughter **Renee Hindson** was diagnosed with a Grade 3 Astrocytoma. Catherine has her husband Bill's active support in her committee activities. Also in this issue committee member **Mark Dalliston** writes about Oxygen (including ozone) Therapy.

Mark is a five year survivor of an Oligoastrocytoma. By working with BTAA, Mark hopes that he can make the journey of other survivors easier than it was 5 years ago. Read more about the incoming BTAA committee at http://www.btaa.org.au/committee.html

I don't usually talk about individual members of our brain tumour community but I would like to make an exception and thank Mark for his support for Nives Leslie and her family; members of the ACT brain tumour support group. Their story is heartbreaking, and instructive of the devastating impact that a brain tumour diagnosis is capable of.

No one, let alone a young mother should so suddenly lose their life to disease. But this remains the case for brain tumours as of 2012 for too many of our partners, relatives, friends, neighbours, and colleagues.

While undertaking research into more effective treatments is a vitally important function and is justifiably the focus of the annual Brain Cancer Action Week (6-12 May this year), there are battles to be fought on the ground right here, right now. The story of the Leslie family highlights the benefits of local support networks created by patients, their caregivers, and allied health professionals; the latter of whom are yet are not available in all parts of Australia and this needs to change.

My condolences to Brian, his infant twins, the Leslie family, and to all the other families and friends who have lost a loved one to this disease.

BTAA AGM

We have a new committee following our 2012 AGM, held on 23 September 2012. See www.btaa.org.au for information on the incoming committee.

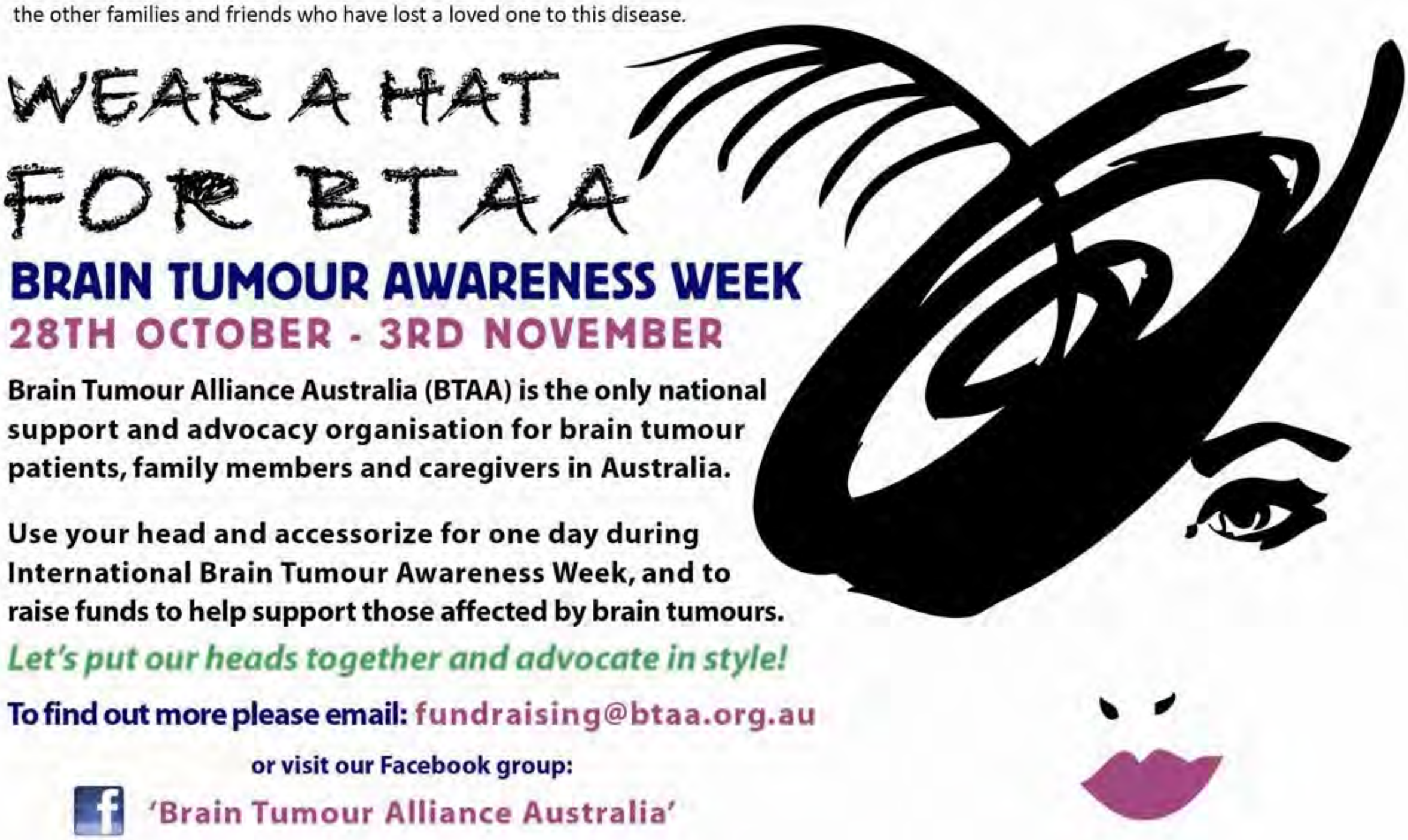
On behalf of the committee and our members I pay special tribute to our outgoing Foundation Secretary **Denis Strangman** who has stepped down as Foundation Secretary to focus on his role as Chair of the International Brain Tumour Alliance (www.theibta.org).

Denis was the driving force behind the formation of BTAA. Without Denis's guidance, drive and commitment BTAA would not have been formed and grown into what it is today. Denis continues on as a committee member and BTAA benefits from the knowledge he brings from his world wide activities. Denis's motivation derives from his late wife Marg's journey with a GBM.

Kelly Webster (vicechair@btaa.org.au) moves from the committee to the Vice Chair role. **Susan Pitt** (secretary@btaa.org.au) moves to the Secretary role. I would also like to thank our outgoing Treasurer **Danny O'Dea**. Danny hands over to new committee member **Jo England** (treasurer@btaa.org.au) - Jo currently lives with a tumour in her brainstem. Jo's background includes working in several banks and the Australian Taxation Office. Jo looks forward to supporting BTAA in the role of Treasurer.

All of the new committee are fired up and ready to help you, your family, and friends! We aim to help you face the brain tumour journey through empathy, understanding, and appropriate timely medical services.

Matt Pitt
chair@btaa.org.au



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COGNO and the BTAA Brisbane Forum

August 2012

BTAA hosted a very successful brain tumour forum at the Cancer Council Queensland in Brisbane attended by 60 patients/survivors and carers.

Dr Susam M Chang addresses the Brisbane Forum

The keynote speaker in attendance was **Professor Susan M Chang**, a neuro-oncologist from San Francisco (U.S.A). Professor Chang was the international guest speaker at **COGNO's*** annual scientific meeting held in Brisbane this year. Thanks also to **Dr Gail Robinson**, **Dr Po-ling Inglis**, **Dr Lindy Jeffrey** for their participation. The forum was made possible due to an educational grant sponsorship by Roche Products Pty Limited.

Renee Hindson (survivor) tells her story.

Audio-recordings of the sessions from the BTAA Brisbane Brain Tumour Forum are available on www.cancerqld.org.au as podcasts and as Powerpoint presentations.

***COGNO** is a national neuro-oncology clinical trials cooperative for clinicians with a specialist interest in treating brain tumours.*

BTAA was represented by Matt Pitt, Denis Strangman, and Catherine and Renee Hindson.

***Email** chair@btaa.org.au for copies of Matt's notes.*

For more information on COGNO visit:
www.cogno.org.au

Extract from the AIHW Brain Cancer Statistical Snapshot*

Source: Cancer survival and prevalence in Australia: period estimates from 1982 to 2010. Australian Institute of Health and Welfare, Sept 2012, and other AIHW data.

- The survival prognosis for a person with a brain tumour varies according to the histology of the lesion and its location in the brain.
- Brain tumours are the highest cause of disease-related deaths in children 0 - 14, second only to accidental drowning for all causes of death. (AIHW 2011)
- They are the highest cause of cancer related death in females under 40 and males under 44 (AIHW 2011).
- In 2006–2010, individuals with a brain tumour had a 22% chance of surviving for at least 5 years after adjusting for the effect of age on life expectancy.
- While the probability of surviving for at least five years was 22% at diagnosis, survivors at one year after diagnosis experienced a doubling of the 5-year relative survival rate to 45%. This nearly doubled again to 80% by five years after diagnosis.
- Between 1982 and 2007, brain tumour incidence and mortality trends at the population level showed little change despite some improvements in imaging, diagnostics and treatment options.
- While the rate of new cases of brain tumours was low at around 7 per 100,000 – which is around 1.4% of all cancer incidences, the death rate from brain tumour remained relatively high at about 5.5 per 100,000, or around 3% of all cancer-related deaths.
- By the end of 2007, there were almost 5,600 Australians alive who were diagnosed with brain tumours in the previous 26 years, including 2,400 diagnosed in the previous five years. This represented a 26-year prevalence of 26 people per 100,000 population.

Care Coordinator Update

BTAA continues to promote the need for brain tumour Care Coordinators as a key priority.

A Care Coordinator is a health professional who acts as the central focal point for a patient and their interaction with the health system and other institutions. They can be thought of as an interpreter and guide for a patient during their journey through the health system. It is a varied role adapted to the needs of the cancer type and composition of a given areas' health care professionals, services and support services. The difficulty in defining 'the' role of a brain tumour care coordinator is due to the position's unique flexibility. Without this flexibility the positions may not be as effective, and it is incumbent on the coordinator to determine how best to assist patients. They are therefore vital positions that deserve far more support across health networks in Australia than is currently the case.

Good news for the ACT and surrounds. The Canberra Hospital will retain the services of a brain tumour Care Coordinator following an evaluation of a trial "non-special cancer nurse Care Coordinator" funded in part by the Cancer Institute. Juliane Samara will coordinate gynaecology, and brain and central nervous system cancers.

Contact Juliane on juliane.samara@act.gov.au.

The ACT BT network's **MaryAnne Rosier** is working with Juliane to trial a "Brain Bag" of information and useful things for newly diagnosed brain tumour patients using funding provided by the **ACT Southern Cross Club** and **Hellenic Club.**

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Clinical Trials

The Celldex ACT IV study for patients with newly diagnosed EGFRvIII expressing glioblastoma is recruiting patients at 12 sites in Australia (Prince of Wales, Royal North Shore, Westmead, Royal Brisbane, Royal Adelaide, Calvary North Adelaide, Royal Hobart, Monash, The Austin, Epworth, Sir Charles Gardiner, and Liverpool Hospital) with a further site at the Launceston General Hospital.

For more information please see:
www.clinicaltrials.gov/ct2/show/study

National Council Research Summit

The Cancer Research Leadership Forum (CRLF) convened a National Cancer Research Summit on 7th & 8th September in Sydney, with the aim of developing a community sector cancer research plan. **Matt Pitt** and **Kelly Webster** represented BTAA at the summit.

Our key messages were that patient cancers with poorer outcomes (e.g. brain tumours) deserve special research attention, and that medical research should encompass laboratory research but also supportive care, quality of life, and other types of applied public health research.

It was a highly informative summit and BTAA commends the CRLF for its initiative in fostering cooperation and coordination in the philanthropic sector's funding of medical research. A key agreement between all attendees of the Summit, was that medical research and its outcomes need to be embedded in health care services rather than maintaining an artificial separation between 'theory' and 'practice'. The comparatively higher costs of conducting clinical trials in Australia compared to other countries was also discussed by participants: There is a general consensus that new funding models are required to incentivise inter-institutional cooperation, sharing of infrastructure such as imaging equipment and patient databases, and meet 'hidden' costs such as administration, transportation, storage, analysis of pathology samples, among other activities vital for clinical trials and other types of medical research.

For more information on the Summit contact:
chair@btaa.org.au.

Rare Diseases Voices

Rare Voices Australia (**http://www.rarevoices.org.au/**) held a community consultation meeting in Sydney on 13 September which was attended by 80 people from around Australia who have an interest in rare diseases. BTAA was represented by former Secretary **Denis Strangman** and representatives of the Australian Pituitary Foundation were also in attendance.

All brain tumours are "rare" by definition, as are all paediatric cancers. Rare cancers in Europe and Australia are defined as those with an incidence of 6 cases per 100,000 people per year. Brain tumours represent one of the largest groupings of the rare diseases.

Denis reports that it was a surprise to learn from some other participants that they are actually envious of the treatment options available to brain tumour patients because in the case of some diseases of, say, only 3 or 4 cases in Australia per year, there are absolutely no treatment options. Denis will be meeting with the Chair of the newly-established Rare Cancers Australia (**http://www.rarecancers.org.au/index.html**) during October. The group was established by **Kate** and **Richard Vines**. Kate has had a medullary cell carcinoma of the thyroid for over twenty years.

Andrew Donnelly, from Bairnsdale Victoria provided a rural/regional patient's perspective. An extract from his talk is reproduced below with his permission. An edited edition is available on the BTAA web site: **www.btaa.org.au.**

Andrew Donnelly with his daughter Laura

"I am a Uniting Church Minister, and have been for nearly 20 years. I enjoy veggie gardening, writing, the occasional game of golf, art and I am a local goal umpire. We have a house in Harrietville and enjoy our acre of garden there. My wife, Jo, is ACN in the operating theatre at Bairnsdale Hospital. We have five children:

During the year of 2009 I had been very busy and a bit stressed and had been experiencing some funny turns, much like de-ja-vu, I mentioned it to my GP and thought nothing more about it, until I was riding my motorcycle one day and had a zone out (a petit mal). Well, I was shocked!! Back to the GP who thought it might

"The MRI revealed a tumour! So the Neurologist said then I missed most of the conversation."

be epilepsy and so off to a Neurologist and then back to Melbourne Epworth for an MRI and EEG at The Royal Melbourne. So much travel already!! The MRI revealed a tumour! So the Neurologist said then I missed most of the conversation. Late November 2009 I was admitted to the Epworth and remained there for 2 weeks until scans, tests and introductions were all made, I didn't want to return home during it all, though I could have, due to the travelling pressure, I was relieved not to have that, best to get it over and done with. Get in, get it out, and go home. Early Dec surgery with Gavin Fabinyi, a Cats supporter too!

Surgery: *no problems with recovery, then waiting for diagnosis of the pathology of the tumour took another week. A grade 2 Oligoastrocytoma, a good result if there is one I was informed. Lawrence Cher also consulting as Neuro-Oncologist.*

I still find it hard to believe I am a cancer victim; it's still a bit surreal. That's for sick people.

Having been diagnosed with such a tumour I went about trying to gain some more info and was told it is the sort that can regrow but maybe not for many years. It was a shock to hear some 12 months ago that changes have been noticed and 4 months ago they had taken a step up in activity so now was the time to get onto it again. I had joined the Low Grade Glioma clinical trial as I believed it would be beneficial to all but also to help with some of the costs of treatment, MRI's aren't cheap! And it has assured me of constant monitoring and care though it does mean more travel to Melbourne. Unfortunately it does mean I can't access the assistance with travel from the federal govt. I was randomised to chemotherapy and take Temozolomide orally. So far, side effects have been minimal.

Costs: *travel and the time mainly, not accommodation as we have 2 daughters in Melbourne we can stay with. It's a good thing for us to enjoy and Jo says "Let's do something special every time we visit." So we can go out to a nice restaurant, show or footy match. My employer support is unsurpassed, 'don't worry, just get better!' 'Do what you want at your own pace' the expectations for work are most often the worst from yourself so to have a supportive network is so helpful.*

Carer: *Jo my wife is a trained nurse, so not a problem (except when I misbehave!) we are going through this together, we often use the pronouns 'us, our and we'. I can't speak highly enough of her care and concern and fortitude. Typical nurse!*

For Jo I am the same person, I look the same yet am different. You can't prepare for that; you have to learn to accept a new person, the same yet with subtle differences. Children: scary for them, not knowing outcomes and thinking the worst.

Financial: *travel and time. I am now working half time with support from my Super fund and am appreciating this arrangement and look to continue it in my next appointment. As a regional patient and family we note the importance of these supports and not being too proud or afraid to ask for and accept help in any form.*

Side effects: *tiredness, grumpiness, headaches, moderate depression, moodiness, irritability, forgetfulness, subtle changes in behaviour and character, often only picked up by those who know you well.*

And finally Dr Cher may need to rethink his footy allegiances! In Victoria a person is often validated by their team choice, and I know I'm on a winner. You can't always be on the top of the ladder, sometimes you slide down, but rest assured you can bounce back. Just get the right coach and support staff. I am very happy with my treatment and care and wish you all well in your endeavours to improve care for folk such as me."

Oxygenation Therapies

A Non technical review

By Mark Dalliston, BTAA committee member

A brain tumour diagnosis is usually followed by initial disbelief. Sometime later, often following initial treatment, this disbelief is followed by fear - I like to highlight these points as cancer is an ongoing emotional rollercoaster! It is into this environment that alternative treatments, like oxygen (ozone) therapy, are introduced.

It is easier to believe than disbelieve alternatives therapies such as oxygen therapy. You go to a search engine, read about a cancer 'cure', go to a website with lots convincing testimonials and you are potentially converted. It is more difficult to hold off on your judgement until you have evaluated both sides of the argument.

Every treatment has risks, including financial. Perhaps the greatest risk to for a cancer patient is that they become so convinced oxygen therapy will work, they neglect to use standard medical treatments. In selling treatments, like oxygen therapy, these risks are seldom discussed and it is unlikely the practitioner will recommend working with your existing doctors.

> *"As a health consumer, it is up to you to be sceptical of any treatment being offered"*

The aim of oxygen therapy is to increase the amount of oxygen around the cancer. Cancer is a disease caused by a deficit of oxygen. Hence the emphasis is on supplying more oxygen as an antidote to this deficit. While at first this theory may sounds plausible, application of a little common sense shows it to be implausible.

Anaerobic energy metabolism is not the cause of cancer. Instead, the primary cause is epigenetic changes and/or mutations in DNA. Cancer starts in normal cells that turn rogue. That cancer cells can adapt to hypoxic environments is not by itself evidence that cancer can be treated by increasing oxygen levels.

Apart from such cursory logical considerations, there is a problem with the available data for anti-cancer oxygen therapies. For example the available scientific evidence shows that hydrogen peroxide, the main method that is used; neither oxygenates tissues nor exerts an anti-cancer effect. It just does not work and neither do any of the other approaches such as ozone therapy.

In fact "oxygen therapies" such as ozone therapy have been used for decades in cancer patients without any sign of an anti-cancer effect. The most common method for re-oxygenating tissues, hydrogen peroxide, simply doesn't work. Anti-cancer oxygen therapies is an idea that has had its day but that should now be relegated to the history books. If it were only as simple as oxygenating cancer cells, we would already have a cure for every type of cancer.

As a health consumer, it is up to you to be sceptical of any treatment being offered – whether complementary or alternative or scientifically established. Oxygen therapies are not free and they are not free of additional, unnecessary, risks to your health: you really should be a tough critic. But what of all the great testimonials recommending oxygenating therapies, such as those for ozone therapy?

Perhaps the person attributes benefits to ozone therapy that it did not provide. The most recent, authoritative statistics in Australia showed that the combined average 5-year relative survival rates cancers were ~64% for females and ~58% for males. If any treatment that does not cause them direct harm, then someone could claim that it was the cause of their survival. There is a tendency to credit benefits received from established medical treatments to the use of complementary treatments.

Every treatment has risks and the risks depend on the method. Here's a list of 13 people who were harmed or died as a result of ozone therapy. There are lots of methods of administering oxygen therapy, each with their own risks.

The worst outcomes tend to happen when patients forgo standard medical treatments. This is a serious risk to the patient's health. Such 'alternative options' can only work if the patient would have survived anyway. The reverse is also true, that those who have had standard treatments tend to do better anyway. In the case of brain tumours, the prognosis may create a tipping point where the patient or family are willing to try anything, proven or otherwise.

When patients leave the country to have alternative treatments such as anti-cancer oxygen therapy, they are leaving themselves highly vulnerable to exploitation. Some practitioners have the best of intensions, but not all are so well intentioned. Even if the patient's health wasn't compromised, these treatments can cost tens of thousands of dollars and leave a financial burden on the family.

In many countries oxygen therapies are marketed as cancer cures. Even if they don't mention a cancer cure, there are other health claims that also don't stack up.

"If you looked to your doctor for what to do after treatment, it is unlikely you received detailed advice."

If you are fortunate to have a scheduled break in your treatment, then medical specialists treating cancer typically don't instil much hope when they are not offering their treatments. The message is go out and enjoy life until you need further treatment. This doesn't deal with the fear and often depression associated with a cancer diagnosis. I believe it is in this environment that patients often turn to alternative treatments such as ozone therapy and where the testimonials from other patients can become so powerful.

There are some complimentary treatments that benefit brain tumour patients. The best understood are exercise and diet, and their benefits should not be underestimated. Managing fatigue plays an important part in managing cancer and improving quality of life. There are individual differences but increasing energy goes a long way towards overcoming the symptoms of cancer.

If you looked to your doctor for what to do after treatment, it is unlikely you received detailed advice. While many websites use the advice "ask your doctor" as a disclaimer, the fact is that outside of standard medical treatment, most doctors don't know what you should do. To a patient, this may create a sense of being in an 'advice or treatment vacuum'.

"I believe that patients would do better to look to complementary therapies. With hope, energy, and the right advice, we can face whatever the future holds."

Anti-cancer oxygen therapies don't even work as a theory as the ideas on which they are based are flawed. Even if you increased oxygen levels in an affected tissue it wouldn't successfully treat cancer. Fermentation is not the cause of cancer, and both normal and cancer cells undertake glycolysis (the anaerobic conversion of glucose to energy in the cytoplasm of cells).

The main risk is forgoing standard medical treatments; for brain tumour patients this is usually fatal. A secondary risk is when the treatment is very expensive or treatment involves overseas travel. It may be especially attractive when it is sold overseas as a cure and there appear to be no alternatives.

Hope is not something that is instilled in brain tumour patients. This isn't helped if your health professional won't even look you in the eye. Rather than ozone therapy, I believe that patients would do better to look to complementary therapies. With hope, energy, and the right advice we can face whatever the future holds, without turning to treatments like ozone therapy.

References

1. http://www.quackwatch.org/01QuackeryRelatedTopics/Cancer/oxygen.html
2. http://www.aihw.gov.au/WorkArea/DownloadAsset.aspx?id=6442453674 (see Chapter 5.1)
3. http://whatstheharm.net/ozonetherapy.html
4. http://www.oxygenmedicine.com/ozonetherapyed.html

Matt Pitt's thoughts on Oxygen Therapy.

Thanks Mark for another great article. Oxygen therapy usually involves the use of oxygenating substances such as ozone ("ozone therapy") or hydrogen peroxide. The dispensers of ozone therapy may console themselves that at least they are providing 'hope'. But in my view, rather than hope, ozone and other such therapies are a costly, potentially hazardous, and indeed a cruel deception.

If oxygen was an anti-cancer compound, why would cancer occur in oxygen enriched tissues? Why would lung cancer be such a devastating disease would it not be self-limiting?

Medical specialists are generally too busy providing established treatment to spend time rebutting spurious health claims of unproven and often disproven anti-cancer products.

As Mark says below this vacuum is all too easily filled by providers of spurious therapies –rather than by established health professionals such as general practitioners, nutritionists, occupational therapists, clinical psychologists, psychologists, psychiatrists, palliative care nurses, and counsellors.

Patients are advised to see these latter health professionals. They are likely to be worse off for seeing providers of spurious therapies.

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Melbourne Clinical and Professional Day

Susan Pitt represented BTAA at the Brain Tumour Clinical Professional Day for health professionals in Victoria who support patients with brain tumours on August 17, 2012.The forum was organised by **Kelly Mills**, Project Officer at the Austin Hospital. Around 120 people, primarily from nursing and allied health backgrounds attended to learn more about the needs of brain tumour patients and their families. Health professionals interested in finding out more about the forum can contact Kelly.Mills@austin.org.au.

Annalisa Cannizzano from Carers Victoria, Kelly Mills and BTAA's Secretary Susan Pitt.

Thanks

Many thanks to the family and friends who made donations in memory of Gina Raditsis, Sam Manno and Kevin McGregor.

Thanks to the Southern Cross Club ($2K) and the Hellenic Club ($1K) for the community grants to BTAA to support the ACT Brain Tumour Support Network activities. (Good work MaryAnne Rosier.)

Thanks to Roche for their grant to support the Brisbane Forum. (Good work Catherine Hindson.)

Thanks to Dianne Gray and Debbie Pollard who have set up an automatic direct debit donation to BTAA each fortnight.

BTAA annual appeal

BTAA needs your support to help those diagnosed with a brain tumour and to advocate for improved services for our brain tumour community Australia wide.

There are many ways you can help and donate to BTAA.

- **Donate Online to BTAA by Pay Pal.**
  Visit www.btaa.org.au and follow the links.
- **Direct debit to our Bank Account.**
  CBA BSB 062900 Account Number 10603153.
- **Send a cheque to Brain Tumour Alliance Australia Inc.**
  PO Box 76 Dickson, ACT, 2602
- **Ask us to assemble a customised memorial pack.**
  c/- secretary@btaa.org.au
- **'Wear a hat for a day' during International Brain Tumour Awareness Week (28 October - 3 November 2012) to raise funds to help support those affected by brain tumours.**

  Interested in finding out more and how you can receive a 'hat day support' pack? Email fundraising@btaa.org.au or go to our website www.btaa.org.au.

  Please don't forget to drop an email to treasurer@btaa.org.au with details of your donation so we can send you a receipt or acknowledgement of your donation!

Please note, BTAA has tax deductible gift status.

Wear a silver ribbon for Brain Tumour Awareness Week

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2012 Diary Dates

14 October: Perth - BTAW Support contact: Braintumourwa@hotmail.com

19 October: Melbourne - Funds to Cure for Life, email: blackwood8@live.com.au

28 October-3 November: International Brain Tumour Awareness Week!
Organisations wishing to be listed as supporters, contact: chair@theibta.org.au or kathy@theibta.org.au

28 October: Adelaide Family Picnic - Adult Brain Cancer support association contact: andy.stokes@sa.gov.au

28 October: Canberra Hospital display and launch of 'Wear a hat for a Day for BTAA.

28 October: Brisbane - New Farm Park, Neuro Foundations Walk to launch International Brain Tumour Awareness week. See: newrofoundation.com.au

28 October: Sydney - Minto Touch Football Gala Day! In memory of the late John Maxwell, Kayess Park - Minto, Sydney. Kicks off at 9am, register now at: www.johnmaxwellmemorial.webs.com
Proceeds to Liverpool Hospital Brain Tumour Support Group

31 October: Grey Ribbon Day - Federal Parliament, organised by BTAA

2 November: Brisbane paediatric Forum - Brain tumours in childhood: A support forum for parents www.cancerqld.org.au

3 November: Hats to Help - Dinner at the Hellenic Club Canberra. Tickets available from: http://hatsonhelp.eventbee.com
For enquiries please call Cath Brinkley, Beeline Partnerships - 0410 026 042 OR events@beelinepartnerships.com.au

4 November: Sydney walk for a cure - Cure for life foundation: www.cureforlife.org.au
Facebook.com/cureforlife

4 November: Canberra - Ben Donohoe Run & Walk for fun. Funds to the Eden-Monaro Cancer Support Group, Make a Wish, Ronald McDonald House Canberra: www.hawkerc.act.edu.au/runandwalkforfun

23 November: Hobart Brain Tumour Education & Support Forum - Royal Hobart Hospital.
Contact: caitlin.daniels@dhhs.tas.gov.au
(03) 6222 8466

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HATS TO HELP

A Fundraising Dinner For The Brain Tumour Alliance Australia

Come and enjoy a night of fun and frivolity, hat parade, on line and on site auction, dancing and dining in style at the Hellenic Club in Woden.

Bring a friend - or arrange a table of ten!

Dinner at the Hellenic Club

3 November 2012, 7.00pm

Dress: Fancy Frocks and Lounge Suits

Hats: Mandatory

Tickets: $110

Table of 10: $1000

Tickets available from

http://hatstohelp.eventbee.com

For enquiries please call

Cath Brinkley, Beeline Partnerships

0410 026 042

events@beelinepartnerships.com.au

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