



# Thalassaemia AUSTRALIA

*Unifying support and genetics*

Thalassaemia Australia Autumn 2010 Volume 2 Issue 5

Quarterly



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Thalassaemia Australia Inc.  
ABN 85 502 428 470  
333 Waverley Road,  
Mount Waverley VIC 3149 Australia  
Phone: +61 3 9888 2211  
Fax: +61 3 9888 2150  
info@thalassaemia.org.au  
www.thalassaemia.org.au

## Community education and advocacy

Thalassaemia Australia has commenced its 2010 community education program, with presentations to both community groups and secondary schools covering a number of different areas across Melbourne.

This year we are expanding our education program to address the increasing needs of our culturally and linguistically diverse (CALD) community, by raising the awareness of thalassaemia, and the importance of carrier testing.

Recent research has indicated that this is a vital role for TA to pursue. In doing this, TA staff will also be given the opportunity to increase their own knowledge and skills through specialist training with Chisholm Institute of TAFE.

Why not join us? Please see page 2 for more details.

We also remind you to please contact Thalassaemia Australia if you would like us to present to your community group/club or secondary school.

## New resources available

Thalassaemia Australia is pleased to announce that we now have a new resource for parents/guardians and children to take to their school, primary or secondary to give them some important information about thalassaemia and its management.

This resource was developed in conjunction with the Medical Therapy Unit, the Monash Medical Centre and the United Kingdom Thalassaemia Society, and was sponsored by the Harcourts Foundation. Please contact TA if you would like a copy.

HARCOURTS  
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Harcourts



# Thalassaemia Australia Inc.

## Committee of Management 2010

Mr. Sotirios Katakouzinou – President  
Mrs. Maria Triantafillou – Vice President  
Mr. George Ambatzidis – Treasurer  
Ms. Mary Konstantopoulos – Secretary  
Ms. Lien Sam  
Mr. John Wilson  
Dr. Jim Vadolas  
Mrs. Bessy Mougou



## Committee meeting dates for 2010

All meetings held at: Thalassaemia Centre,  
333 Waverley Road, Mt Waverley 3149

### All welcome!

Tuesday 16 March 2010  
Tuesday 20 April 2010  
Tuesday 18 May 2010  
Tuesday 22 June 2010  
Tuesday 20 July 2010  
Tuesday 17 August 2010  
Tuesday 14 September 2010  
Tuesday 19 October 2010  
Tuesday 16 November 2010 – **also AGM**  
Tuesday 14 December 2010

# Chisholm TAFE CALD Workshop



This workshop, tailored specifically for presenters and educators working in the health sector, will provide knowledge and insight around the ESL student. Who are they, where have they come from and how do you present to them?

The workshop covers cultural aspects of the CALD community, English as a Second Language Curriculum used through Australia and how to approach presenting to CALD students with little to no literacy in their own language.

**Date:** March 24 2010  
**Time:** 9.30am-10.30am then 10.45am-11.15am (class workshop)  
**Venue:** Dandenong Campus  
Chisholm TAFE, Building G

If you are interested in attending the workshop, please call Thalassaemia Australia on 9888 2211.



If you have an event you would like publicised please send the details to the newsletter editor at 333 Waverley Road, Mount Waverley VIC 3149, Ph: 03 9888 2211, Fax: 03 9888 2150 or email [info@thalassaemia.org.au](mailto:info@thalassaemia.org.au) Please include the date and time of the event; a description in 20-30 words; venue address; any costs involved and a contact name and phone number and/or email address for public enquiries.

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# President's Report

Dear Members, supporters and friends,

Thalassaemia Australia is looking forward to an exciting 2010, with a new committee and some new initiatives targeting the Culturally and Linguistically Diverse community, and highlighting the need for thalassaemia research. Over the next few months we will be participating in a number of key functions that will help define and develop our CALD strategy for now and in the future.

On 9 April we are holding a family night at the Athenia Tavern in Box Hill, at 7pm. Please bring your family and friends and come and join us for some great company, food and entertainment, whilst supporting Thalassaemia Research. Please see the newsletter for more details on this great night out.

During international thalassaemia week, we will be holding a function along with the Murdoch Childrens Research Institute and the Victorian Multicultural Commission. This event will address key stakeholders from the Victorian CALD community, and help them to recognise the importance of understanding thalassaemia and its impact on their communities' lives as well as how thalassaemia research is indeed relevant to them.

On a sad note, on behalf of Thalassaemia Australia Committee, staff and members, we would like to thank Louisa Di Pietro for her dedication and service in her role in Community Development and Education for Thalassaemia Australia. Louisa moves on now to greener pastures, and we wish her every success. Louisa has worked tirelessly in her efforts to support members, and encourage the greater knowledge of thalassaemia and chronic illness on many different levels during her time with us and for this we are truly grateful. I am sure that we will be seeing the results of her work for some time to come. Good luck Louisa, we will miss you!

**Sotirios Katakouzinou**  
**President**



Above: Members of our new TA Committee & Louisa Di Pietro; above right: Louisa presenting.



## Farewell Lou...

Hello everyone,

It is hard to believe that it has been three years since I began working with the fantastic team at TA. With what was essentially a career change for me, TA has represented an incredible growth phase and presented many personal and professional challenges that have truly contributed to my life on the personal and professional level. There has not been a dull moment and I have happily reported via the newsletter on community education and development and highlighted key projects and events that have made up much of my work. I have truly had a wonderful time and embraced the relationships I have made.

At this point I write to you for the final time and officially sign off with TA. I am moving over to another small team also involved in genetics support and although I will not be on staff with TA, will continue to be involved and contribute to this important work wherever possible. Community education will continue as a very important part of TA services and I encourage our members, schools and the community to continue their support of the program.

I would like to take this opportunity to thank the Executive and Committee of TA for their faith and support of my work and indeed for allowing me to push the boundaries in many areas. To Maria and Sarah of the TA office you have been incredibly supportive and I will miss you both terribly. Thank you for the fun, laughter and 'spontaneity' of our working day and for doing a wonderful job in keeping up with me.

I look forward to reporting back to TA from my new position and will pop up in the newsletter from time to time. Until then, I wish all at TA a wonderful and successful year and thank our members, families, funding agencies and supporters for keeping TA firmly entrenched in the community sector.

By for now,  
**Louisa Di Pietro**



## Computers For All

Computers For All work alongside Centrelink to supply computers to those who are currently receiving support payments and allowances.

To be eligible for this program, the individual must be receiving one of the following benefits:

- Parenting Payment
- Family Tax Benefit
- Disability Support Pension
- Aged Pension
- Carer Allowance

Their goal is to give everybody in the community equal access to technology, regardless of their financial situation. For a brochure highlighting the packages on offer and for further information please contact Sarah Broomhall, Sales Consultant, Computers For All on 9012 8492 or [sales@computersforall.com.au](mailto:sales@computersforall.com.au).



A teenager is eligible for the **Medicare Teen Dental Plan** if they are:

- aged 12–17 years:
  - o receiving Family Tax Benefit Part A (FTB (A)), ABSTUDY, Carer Payment, Disability Support Pension, Parenting Payment, Special Benefit, Youth Allowance; or
  - o whose family/carer/guardian receives Family Tax Benefit Part A (FTB(A)), or Parenting Payment or the Double Orphan Pension for the teenager; or
  - o whose partner receives FTB-A or Parenting Payment; or
  - o 16 or older and receiving financial assistance under the Veterans' Children Education Scheme (VCES) or the Military Rehabilitation and Compensation Act Education and Training Scheme (MRCAETS) from the Department of Veterans' Affairs
- eligible for Medicare.

The plan entitles a teenager to one preventative dental check each calendar year.



New website:  
[www.spleen.org.au](http://www.spleen.org.au)

Visit the Victorian Spleen Registry

The Victorian Spleen Registry aims to prevent serious infections in people with reduced splenic function by raising awareness and educating patients, their families and medical practitioners.

**Why not become a member?**

Telephone: (03) 9076 3828 or (03) 9076 8491

## Thalassaemia links

Our new website now has links to some of the different thalassaemia organisations around the world, and we thank them for their participation. Why don't you have a look at some of these websites and see what is going on in their world.

- Thalassaemia Patients' Friends Society-Palestine (TPFS): [www.tpfs.ps](http://www.tpfs.ps)
- Associazione Lotta alla Talassemia: [www.altferrara.it](http://www.altferrara.it)
- Thalassaemia Foundation of Canada: [www.thalassaemia.ca](http://www.thalassaemia.ca)
- United Kingdom Thalassaemia Society: [www.ukts.org.uk](http://www.ukts.org.uk)

## How can the internet help you manage your health?

### Come along and find out:

- how to source quality and trusted health information
- the best health sites to use on the internet
- how to better understand and manage your health care



Information specialists from The Royal Melbourne Hospital and the State Library of Victoria are offering FREE computer-based workshops for the public. Bookings are essential.

- When:** Choose one of these six workshops:
- |                     |                            |
|---------------------|----------------------------|
| Wed 10 March, 4-6pm | Fri 19 March, 10am-12 noon |
| Wed 7 April, 4-6pm  | Fri 23 April, 10am-12 noon |
| Wed 5 May, 4-6pm    | Fri 21 May, 10am-12 noon   |
- Where:** State Library of Victoria, 328 Swanston Street  
Melbourne (Melway ref: 1B N1)
- Who:** Everyone is welcome but bookings are essential
- How:** email [bookings@slv.vic.gov.au](mailto:bookings@slv.vic.gov.au) or phone 8664 7099

*An initiative of the Melbourne Health Community Advisory Committee*

Special feature:



Husband Matt and I one year post BMT.

# Josie Stockden's journey of a Bone Marrow transplant

Living with Thalassaemia I could manage a normal life. But after developing Auto Immune Haemolytic Anaemia (AIHA) in 2001, life became very unpredictable.

With AIHA my own body was destroying my red blood cells at a rapid rate, sometimes bringing my haemoglobin down to dangerous levels within a week of my last blood transfusion. After trying numerous immune suppressant therapies with very little success, I had a central line put into my chest, in 2007, to have red cell exchange therapy using an apheresis machine. This therapy was combined with blood transfusions and blood tests every week to monitor haemoglobin levels.

Leading a 'Normal' life was now extremely difficult. I could not get my central line wet, so having showers was a challenge, I could not enjoy the summer. Running my own beauty salon was getting difficult having to change and cancel clients' appointments at the last minute, because I had to go into hospital for a blood transfusion with a days notice. I could not have holidays for more than a week and I could not plan a family or future with my husband. I was also feeling I was putting a strain on the blood bank, as I needed up to 10 units of blood every 3 weeks.

So in December 2007 after one year of fighting/struggling, the decision to take the challenge of a bone marrow transplant was made, knowing my brother Tony was a very good match. Speaking to quite a few different doctors we all agreed Italy/Sardinia was the best place, due to experience and success.

After months of preparation and correspondence with doctors in Sardinia we arrived in the October 2008. The next day it all started for Tony and myself. We were tested in all sorts of ways. Tony was required to donate blood and platelets as well as his bone marrow for me. I needed to have surgery to have a liver biopsy and to store my own bone marrow in case the transplant was not a success and required a blood transfusion. After 2 weeks of arriving I was shaving my head getting ready to enter the bone marrow transplant isolation ward.

Once I had changed into my sterilised clothes (Which was to be a daily event), I was taken to my very small room. I was hooked up to a pump via my central line and receiving my first dose of Chemo, to zap all of my bone marrow ready for Tony's. I was told I had to measure all things entering and leaving my body at all times (not nice). After 5 days of chemo, feeling very unwell the whole time, with constant nausea, vomiting, no energy or appetite, I then had 2 days break and starting on very high doses of immune suppressant drugs. Tony was now having his surgery to extract his bone marrow. As soon as the doctors had Tony's bone marrow in a very large blood bag, they came in to my room with it, and started the transfusion. It took about 15 hours for the bone marrow to be transfused. The only complication I had was high blood pressure, which made me feel really exhausted. So now it was a matter of time, waiting to see how Tony's bone marrow will accept its new body.

It was very tense for the first few weeks, looking out for fevers, rashes, any signs of rejection. In this time I only needed 2 lots of platelets, but no red cells. My hair fell out, I got horrible mouth ulcers and I had a flare up of the CMV virus, which was why I was feeling extremely exhausted for quite a few days.

Every day was a challenge, not just physically but also mentally. Being stuck in a small hospital room with no fresh air, only 1 visitor a day, having to be so careful with hygiene, the language barrier and the worry that rejection would set in. But luckily I had the support and strength and was just waiting for the all clear from the Doctors to be discharged.



My bone marrow was now 100% of Tony's and my white cells had reached fairly normal levels and all other results were pretty good apart from the AHIA showing positive, but at least it was not active and hopefully it would stay that way.

So after 2 months I was finally discharged from the hospital (2 days before Christmas!) But there were still challenges ahead. I would have to maintain a sterile environment, restricting myself to one area of the house, with minimal contact with the rest of the family. Follow a strict diet and wear a mask when not in the house. I had to go back to the hospital for frequent check-ups. I was doing quite well apart from getting some severe pain in my knee joints that would wake me up at night, which apparently could have been a side effect from the high doses of immune suppressant drugs.

It was just about 1 month since I had been out of hospital when the doctors phoned after receiving the results of one of my blood tests and told me that I once again had another flare up of the CMV and needed to get straight back to the hospital to start IV drugs, as the virus could cause complications.

So I had to go back into the same isolation room I had been in for 2 months already. It was a big blow for me, as I was just starting to feel quite positive all was going in the right direction and I was enjoying the freedom and good food. But luckily it was only for 12 days.

It was getting close to the 100 days post transplant and the Doctors were very happy with all my blood test results; Tony's bone marrow was producing new cells that were slowly maturing, doses of the immune suppression was being decreased even more, the high blood pressure was at a manageable level and still no signs of rejection. I was told that once I had reached the 100 days without any signs of rejection it meant that I was now



out of the very high risk stage and could start thinking about going home. This was not only exciting but also very scary, because of the long flight home, being surrounded by lots of strangers with goodness knows what bugs. So I would have to wear a mask on the flight home.

So after 5 months in Italy, I arrived home safely, having to still keep up with keeping my home as sterile as possible and minimal contact with others, whilst I was on the high doses of immune suppressants. I had my first few check-ups with doctors in Perth and once they were confident that I would not need any blood transfusions in the near future I was finally able to have my central line removed.

After living with it for over 2 years I could now have a normal shower and swim! Considering I'd not long had a bone marrow transplant I was doing fairly well. My energy levels were getting slightly better, so long as I had regular rests and put my swollen feet up.

After being home for 3 months my blood tests showed that the AHIA was now becoming active again and my red cell count was starting to drop, a bit scary but it was not combined with the Thalassaemia, so my new bone marrow was producing new red cells to compensate for the loss. I have required 3 lots of an IV drug called Mabthera to slow down the AHIA. This seems to work quite well with no side effects. My blood pressure returned to normal, so I was finally off the tablets for that and the immune suppressants were being reduced every 2 months, so my bloated look was starting to disappear. After 1 year from arriving home, I no longer have Beta Thalassaemia, I am now a carrier. I have not had a blood transfusion for 1 and half years. I am now starting to lead a normal life, as my energy levels have pretty much come back to normal. I am working part-time, doing the normal household chores and my hair is growing back curly, which I'm trying to get used after having dead straight hair for 31 years.



I have been told that it will still be a matter time for me, needing to continue to very slowly reduce the doses of the immune suppressants so that the risk of rejection is minimal, but also waiting for my brother's bone marrow to produce mature immune cells to hopefully rid the AHIA for good. But hey if it is just a case of having an IV of Mabthera every 4 months I still count myself lucky.

I survived the massive journey of a bone marrow transplant and I can now plan a future and not worry so much, as strange as it is, I'm still getting used to it!

Clockwise from top: Just as my hair started falling out, permanently attached to the pump next to me; with one of the nurses. This is how all visitors entered my room; hair has fallen out, but feeling better.

TA thanks Josie for her contribution to our newsletter, and wishes her good health and happiness always.

# Self management tools

## Drugs and their effects

Australia is a drug-using society. The most common drugs used are alcohol, coffee, nicotine and various medications. Less commonly used are illegal drugs such as cannabis (marijuana), ecstasy, heroin and amphetamines (speed). At some time most of us will be confronted with drugs or drug-related issues. This article answers some common questions about drugs and their effects.

### What is a drug?

A drug is any substance, solid, liquid or gas, that brings about physical and/or psychological changes. The drugs of most concern in the community are those that affect the central nervous system. They act on the brain and can change the way a person thinks, feels or behaves. These drugs are known as 'psychoactive drugs'.

### How are drugs classified?

Drugs are commonly classified according to their legal status or their effects on the central nervous system.

#### Legal drugs

Laws and regulations control the availability, quality and price of the 'legal' drugs; for example, tobacco may not be sold to persons under the age of 18.

#### Illegal drugs

Because they are illegal, there are no price or quality controls on the illicit drugs such as heroin and ecstasy. This means that a user can never be sure that the drug they are taking is in fact what they think it is; for example, PMA (paramethoxyamphetamine), a toxic form of amphetamine, has been sold as ecstasy. The user also cannot be sure of a drug's strength or purity. Various batches of an illegally manufactured drug may have different mixtures of the drug and additives such as poisons, caffeine or even talcum powder.

#### Central nervous system

There are three main types of drug affecting the central nervous system. **Depressants** are drugs that slow down the functions of the central nervous system. Depressant drugs do not necessarily make a person feel depressed. They include:

- alcohol ('booze', 'grog')
- cannabis ('pot', 'dope', 'mull')
- barbiturates, including Seconal, Tuinal and Amytal
- benzodiazepines (tranquilisers), 'benzos', 'tranx' such as Rohypnol, Valium, Serepax, Mogadon, Normison and Eupynol
- GHB (Gamma-hydroxybutyrate), or 'fantasy'
- opiates and opioids, including heroin ('H', 'smack'), morphine, codeine, methadone and pethidine
- some solvents and inhalants ('glue', 'chroming'); many are household products.

In small quantities, depressants can cause the user to feel more relaxed and less inhibited. In larger quantities they can cause unconsciousness, vomiting and even death. Depressants affect concentration and coordination. They slow down a person's ability to respond to unexpected situations.

**Stimulants** act on the central nervous system to speed up the messages to and from the brain. They can make the user feel more awake, alert or confident. Stimulants increase heart rate, body temperature and blood pressure. Other effects include reduced appetite, dilated pupils, talkativeness, agitation and sleep disturbance. Mild stimulants include:

- ephedrine used in medicines for bronchitis, hay fever and asthma
- caffeine in coffee, tea and cola drinks
- nicotine in tobacco.

Stronger stimulants include:

- amphetamines, including illegal amphetamines ('speed', 'crystal meth', 'ice', 'shabu')
- cocaine ('coke', 'crack')
- ecstasy ('E', 'XTC', 'ecce')
- slimming tablets such as Duromine, Tenuate Dospan and Ponderax.

Large quantities of stimulants can 'overstimulate' the user, causing anxiety, panic, seizures, headaches, stomach cramps, aggression and paranoia. Prolonged use of strong stimulants can mask some of the effects of depressant drugs, such as alcohol, making it difficult for a person to judge their effects.

**Hallucinogens** affect perception. People who have taken them may believe they see or hear things that aren't really there, or what they see may be distorted in some way. The effects of hallucinogens vary a great deal, so it is impossible to predict how they will affect a particular person at a particular time. Hallucinogens include:

- datura
- ketamine ('K', 'Special K')
- LSD (lysergic acid diethylamide; 'trips', 'acid', 'microdots')
- magic mushrooms (psilocybin; 'gold tops', 'mushies')
- mescaline (peyote cactus)
- PCP ('angel dust')

Cannabis is an hallucinogen as well as a depressant. Ecstasy can also have hallucinogenic qualities.

Some effects of hallucinogens include dilation of pupils, loss of appetite, increased activity, talking or laughing, emotional and psychological euphoria and well-being, jaw clenching, sweating, panic, paranoia, loss of contact with reality, irrational or bizarre behaviour, stomach cramps and nausea.

## How do drugs affect a person?

The effects of a drug depend on the type of drug, how much is used, how it is taken, the characteristics of the person taking it (body type and mood), the situation or place at which the drug is taken and other drugs used at the same time. Some factors to consider include:

- **How much of the drug is taken and how often.** Generally, the greater the quantity taken, the greater the effect. Overdose occurs when the amount taken exceeds the body's ability to cope with the drug.
- **How the drug is taken.** Generally, drugs that are injected or inhaled act quickly and the effects are more intense. Snorting through the nose is the next fastest-acting method, while the effects of drugs eaten or swallowed take longer to occur.
- **A person's physical characteristics,** such as height, weight and gender also influence how a drug affects them. The proportion of body fat, rate of metabolism and, for women, stage of the menstrual cycle can all influence the intensity and duration of drug effects.
- **The person's mood and environment** also plays a role. How a person is feeling and the social setting can have a significant impact on drug effects. A person is more likely to enjoy the experience in a comfortable social atmosphere than in a threatening environment.
- **Tolerance to the drug.** The first time a person uses a drug, they have a very low tolerance and are likely to feel the effects very strongly. The more often the drug is taken, generally the less intense the effects will be. This means that larger amounts are needed to obtain the desired effect.
- **Other drugs used (poly drug use).** Combining drugs can increase or alter the effects, often in unpredictable ways.

## What problems can drug use cause?

Regardless of the drug used, there are many problems related to drug use, such as:

- family or relationship problems, or problems at work or school
- accidents
- legal or financial problems
- health or sexual problems.

This article was reproduced with permission from Drug Info and The Australian Drug Foundation. Excerpt taken from *Fact Sheet for workers* Number 1.19 April 2003.



## Drugs and pregnancy

Most psychoactive drugs can cross the placenta and affect the unborn child. Heavy and sustained use of some drugs during pregnancy may cause miscarriage, foetal distress or a range of other complications.

## Drugs and driving

Driving safety requires mental alertness, clear vision, physical coordination and the ability to react appropriately. Drug use can affect these driving abilities and increase the risk of having a crash. The risk of having an accident is nine times greater when alcohol and drugs are used together than when a driver is drug-free.

One of the most concerning measures of drug-related harm in the community is the death toll. Drug use is a factor in about one in five of all deaths in Australia. In 1998, 23,310 deaths were attributed to drug use:

- 19,020 associated with tobacco use
- 3270 related to alcohol use
- 1020 as a result of illicit drug use.

## Drug dependence

A common concern is that people who use drugs will become dependent on drugs and become a 'drug addict'. Some alarmist stories give the impression that illegal drugs are instantly addictive and cause the most harm. In fact, no drug is instantly addictive. The greatest drug harms caused in our society come from the legal drugs, alcohol and tobacco.

Drug dependence can be physical or psychological, or both. There are degrees of dependency, from mild dependency to compulsive drug use (addiction). It is impossible to say how long a person must take a drug before they will become dependent.

Experimenting does not necessarily lead to regular or dependent drug use, and regular use does not necessarily lead to problems. However, there is no 'safe' level of drug use. All drugs have the potential to cause harm, not just the illegal ones.

For further information about drugs and drug prevention, visit [www.druginfo.adf.org.au](http://www.druginfo.adf.org.au).



## January 2010

The Review of the *NHMRC/ASBT Clinical Practice Guidelines on Fresh Blood Components (2001)* will result in the production of six comprehensive, evidence-based, patient-focused blood management guidelines in three phases as follows;

- Phase 1:** Peri-operative (Patient) Blood Management Guideline  
Critical Bleeding (Patient) Blood Management Guideline
- Phase 2:** Medical Conditions (Patient) Blood Management Guideline  
Intensive Care (Patient) Blood Management Guideline
- Phase 3:** Obstetrics (Patient) Blood Management Guideline  
Paediatrics/Neonatal (Patient) Blood Management Guideline

The Peri-operative and Critical Bleeding guidelines are currently in their final stages of development as Phase 1 nears completion, and the first stages of the Phase 2 Medical and Intensive Care Guidelines are due to begin.

### Change of Systematic Reviewer/Technical Writer for Phases 2 and 3

IMS Health Australia Pty Ltd (IMS) was contracted by the NBA to provide Systematic Review and Technical Writing Services for the patient blood management guidelines. Due to an organisational restructure, IMS is unable to complete the full services. The NBA has contracted Health Technology Analysts Pty Ltd (HTA) to complete the services and IMS is in the process of transitioning the work program to HTA. HTA has a wealth of experience in systematic review and technical writing for NHMRC approved clinical practice guidelines.

### Clinical/Consumer Reference Group (CRG) Meetings

#### *Phase 1 - Teleconference*

A teleconference has been scheduled for February to approve the draft Critical Bleeding Guidelines expected to be released for public consultation in March 2010.

#### *Phases 2 & 3 - Workshop*

The newly formed CRGs will meet for 2 days in March with HTA to:

- Gain an understanding of the systematic review process
- Review and refine **generic foreground** questions for systematic review for all guidelines
- Review and refine **specific foreground** questions for systematic review for Phase 2 only
- Develop and confirm the **background** questions for Phase 2 only

### Public Consultation

The Critical Bleeding Guidelines are expected to be completed and available on the NBA website for public consultation in March 2010. In addition to seeking input on the draft guidelines, the NBA will also be seeking views on desired patient and doctor materials to support guideline uptake.

It is anticipated that the Peri-operative Guidelines will be finalised soon after (in mid 2010). Future updates will include the latest information on public consultation commencement dates.

For further information please contact the NBA at [guidelines@nba.gov.au](mailto:guidelines@nba.gov.au)

## Happy easter kids! Easter basket word puzzle



BASKET  
CHOCOLATE BUNNY  
CHOCOLATE EGGS  
COLORED EGGS  
COLORFUL  
CREAM EGGS  
DECORATED  
EASTER BUNNY  
EASTER EGGS  
EASTER MORNING  
EGG HUNT  
EGGIES  
FAKE GRASS  
HANDLE  
HARD BOILED EGGS  
JELLY BEANS  
MARSHMALLOW  
PEEPS  
TREATS  
WOVEN

C	H	S	O	C	C	O	J	L	D	A	T	E	B	U
N	S	N	P	R	I	E	E	S	E	A	N	D	Y	G
S	G	G	E	E	T	A	L	O	C	O	H	C	N	N
P	G	E	E	A	E	P	L	S	O	A	R	O	N	I
E	E	T	H	M	E	P	Y	M	R	O	S	L	U	N
T	D	H	P	E	U	R	B	T	A	C	T	O	B	R
H	E	A	A	G	S	E	E	S	T	D	N	R	R	O
E	L	N	A	G	S	K	A	T	E	E	U	E	E	M
R	I	D	B	S	S	A	N	S	D	I	H	D	T	R
W	O	L	L	A	M	H	S	R	A	M	G	E	S	E
O	B	E	B	T	R	E	A	T	S	K	G	G	A	T
V	D	E	L	U	F	R	O	L	O	C	E	G	E	S
E	R	T	T	F	A	K	E	G	R	A	S	S	R	A
N	A	E	A	T	S	G	G	E	R	E	T	S	A	E
C	H	O	C	O	L	A	T	E	B	U	N	N	Y	S

Q: How does the Easter bunny stay in shape?

A: Lots of eggs-ercise!

Q: Why did the Easter egg hide?

A. He was a little chicken!



# Noticeboard

## New facilities at medical therapy unit

Have you noticed the new facilities that have arrived at Medical Therapy Unit to make transfusions days a little nicer?

This equipment includes:

- Flat Screen Television
- Recliner Chairs
- Drawers
- Refrigerator
- Children's tables & chairs

This equipment has been purchased with the funds raised by the Limnian Community of Victoria. On behalf of all TA Members, families, patients and friends we would like to thank the Limnian Community for their kind donation and ongoing support.



## Introducing Nancy Lucich

Centre Coordinator  
Thalassaemia Society of New South Wales

Hello my name is Nancy Lucich (pictured with my 3 year old son, Nicholas), I am the Centre Coordinator for the Thalassaemia Society of NSW. I provide information and support to our patients and their families, also helping raise community awareness about Thalassaemia and other related blood disorders.

In my role I work closely with the main Thalassaemia treating hospitals in NSW which are Sydney Children's Hospital Randwick, Prince of Wales Hospital Randwick, Children's Hospital Westmead and Royal Prince Alfred Hospital Camperdown.

I welcome new patients and their families, and encourage any of you who may be travelling to Sydney at anytime and require help, support, information or just a friendly face to contact me!

I am in the office Monday, Tuesday and Wednesday from 8am to 3pm. Feel free to email me at [coordinator@thalnsw.org.au](mailto:coordinator@thalnsw.org.au) or call 02 9550 4844 or 0400 116 393.

Thank you.



Family & Friends come along & support  
**Thalassaemia Australia Inc.**  
& raise vital funds for

**Thalassaemia Research**

When: Friday, April 9 2010

From: 7.00pm

Where: **Athenian Tavern**

2A Cambridge Street, Box Hill

Cost: \$55 (adults)

\$25 (children)

*All inclusive (food, beer, wine & soft drink)*

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Great Greek Cuisine and live music provided

Please call Thalassaemia Australia office

On 9888 2211 for ticket sales.