



newsletter

ISSUE 01 2008

Newly refurbished thalassaemia treatment unit at RPAH unveiled

Executive Director of Royal Prince Alfred Hospital, Ms Diane Gill, on Tuesday 22nd January 2008 opened the newly refurbished Haemophilia Centre at Royal Prince Alfred Hospital, where thalassaemia patients receive their life saving treatment; regular red cell blood transfusions approximately every 3-4 weeks and which are continued for the life of the patients.

The refurbishment of the centre at RPA began with a fundraiser luncheon organised in 2007 by 3 mothers of thalassaemia patients, Mrs Dina Aravantinos, Mrs Angela Dimitrakas and Mrs Maria Matsas, who understand that patients respond better to their treatment in a comfortable and positive surrounding. Funds raised from the day enabled the purchase of 2 recliner chairs and a wall mounted flat screen TV, while an additional 3 recliner chairs (a total of 5 were required), were supplied by the hospital. Sunbeam Australia were approached and were delighted to donate a much needed electric kettle and sandwich maker for the comfort of the patients whose treatment could take from 6 to 8 hours per session.

Ms Maria Aravantinos, President of the Thalassaemia Society of NSW said "the refurbishment of the centre which accommodates thalassaemia patients at RPA represents a very tangible result from the joint efforts of fund-raising through our volunteers, and through the support from RPA and Sunbeam Australia. This support is crucial for the well being of our patients and is deeply appreciated."

The Thalassaemia Society of NSW, a charitable organisation since 1979, raises money for treatment, medical equipment, research and education, while providing support for patients and carers of patients with thalassaemia, sickle cell anaemia, blackfan diamond disorder and other haemoglobinopathies at Royal Prince Alfred Hospital, as well as Sydney Children's Hospital, Children's Hospital at Westmead, Prince of Wales, Westmead and Liverpool Hospitals.



Pictured from left to right:

Mrs Angela Manson, Area Director, Multicultural Health Services, Professor Joy Ho, Haematology Dept RPA, Mrs Dina Aravantinos, Mrs Maria Matsas, Ms Diane Gill, Executive Director RPAH and Mrs Angela Dimitrakas.

upcoming events

- **Thalassaemia Awareness Promotion** at Westfield Burwood **Tues 13th & Tues 20th May 2008**
- **30th Anniversary Dinner Dance** at the Grand Roxy Brighton-Le-Sands **30th August 2008**
- **Weekend Camp at Vision Valley** for families, friends and treating hospital staff **31st Oct to 2nd Nov 2008**
- **See our website at:** www.thalnsw.org.au Support Services, Updates and Events for future events

donations in memoriam

We gratefully acknowledge donations received in memory of:

- **George Tsirigotis**
- **Severino Scarfo**

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Story ideas and photos are welcomed. Please contact Jane Lampitsi at coordinator@thalnsw.org.au or phone (02) 9550 444 regarding any newsworthy item or photos you would like included in our publication.

It takes someone special to give blood
To become a blood donor visit www.donateblood.com.au or call 13 14 95

Chairman's Report 2007

It is gratifying to see our members slowly increasing as the Thalassaemia Society of NSW reaches out to all families and friends with thalassaemia, sickle cell anaemia, blackfan diamond and other related blood disorders.

It would not have been possible to fulfil our obligations to our patients this year without your continued support, and the support of outside organisations as they are becoming more aware of our work and raising funds on our behalf.

Our valued supporters include Mrs Koula Sakellaris and Mrs Maria Solomou, who both instigated separate fundraising functions over the last 12 months.

The Society will continue with its program to educate year 12 students of thalassaemia and other related blood disorders, and the gift of life by becoming blood donors through the Australian Red Cross Blood Service.

It is noted with thanks that All Saints Grammar School Belmore will be welcoming speakers from the Thalassaemia Centre of NSW on a yearly basis.

Without our corporate sponsors and supporters, the Society would not be as successful in our fundraising and charitable work, therefore I wish to thank our long time supporters and Major Sponsors:

- ◆ Singapore Airlines and
- ◆ Laki Poliviou of Kyrenia Travel
- ◆ ACK IT Services
- ◆ Strathfield Auto Electrical
- ◆ Lipsian Brotherhood, and
- ◆ Panayia Iamatiki

ThalNSW also gratefully acknowledges:

- ◆ All Saints Greek Orthodox School Belmore
- ◆ Australian Red Cross Blood Service
- ◆ Avery Dennison
- ◆ Coca Cola Amatil
- ◆ Cyprus Community of NSW
- ◆ Greater Union Burwood
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- ◆ Hellenic Club Canberra
- ◆ Hellenic Bakery
- ◆ Sunbeam Australia
- ◆ Wests Ashfield Leagues Club

as sponsors and supporters in this last 12 month period.

The Society wishes to express its gratitude to companies, associations, and individuals for whom without their support, we would not be able to meet our commitments.

I also wish to thank our Patron, Sir Arthur George, for his continued and generous support over many years.

The Society is greatly appreciative of the care given to our patients by the dedicated medical staff at the Children's Hospital at Westmead, Sydney Children's Hospital, Prince of Wales Hospital, Royal Prince Alfred Hospital, and Westmead and Liverpool Hospitals.

The Society's achievements over the last 12 months have included:

- ◆ Education Afternoons held in January 2007 and again in October 2007, with special guest speaker Dr Vasili Berdoukas, OAM, for patients, carers, family and friends, regarding updates on the oral and subcutaneous iron chelators.
- ◆ An Education Day held at the Australian Red Cross Blood Service on International Thalassaemia Day (8th May 2007)
- ◆ An Information Morning held in the Main Foyer of RPA, Camperdown on the 15th May 2007.
- ◆ The establishment of the Thalassaemia Society of NSW website www.thalnsw.org.au which became live on the 31st May 2007.
- ◆ The steady increase regarding hospital liaison and support of the six Thalassaemia treatment units.
- ◆ The purchase of 15 infusion pumps provided free of charge to our patients at a total cost of \$25,075.
- ◆ The support of patient activities including the funding all NSW patients to attend the 2006 weekend camp at Vision Valley at a total cost of \$7,736.
- ◆ The donation of \$2000. to the Murdoch Children's Research Institute in Melbourne for research into Thalassaemia.

- ◆ The instigation of community awareness programs such as the "Shrek Movie Night" resulting in over 260 people attending from the wider Sydney metropolitan area.
- ◆ A Christmas Picnic held late November 2007 for the children (and children at heart) with over 100 in attendance.
- ◆ The appointment of the Thalassaemia Centre Coordinator of NSW, Jane Lampitsi, who is responsible for the co-ordination of medical, nursing and allied health support services to all those affected by thalassaemia, sickle cell anaemia and other blood related disorders in NSW.
- ◆ The appointment of the Thalassaemia Centre Psychologist, Jenny Morabito, who is responsible for providing short and long term counseling for both patients and family/carers. Jenny can see clients in her office, peoples homes, treatment centres, or wherever is convenient for them. Referrals are not required.

ThalNSW gratefully acknowledges the support of the Sydney South West Area Health Service for funding both these positions within the Thalassaemia Centre of NSW.

The Society's vision for the next 12 months is optimistic with the following functions and activities planned:

- ◆ Movie Night
- ◆ 30th Anniversary Dinner Dance - 30th Aug 2008
- ◆ Vision Valley Retreat – 31st October to 2nd November 2008

To bring that vision to fruition requires a dedicated group of Executive Committee members and sub-committees working together over the next 12 months. Everyone is welcome to join.

I wish to extend my most sincere gratitude to everyone who has assisted in making 2007 a tremendous year; a year which has seen the steady expansion of the Society's services.

Continued on Page 6.....

Award Winning Doctor and Presenter stand together in honour

at AHEPA's 53rd Annual National Convention, Sydney

Dr Vasili Berdoukas MB.BS.,L.LLB OAM was recently presented with the **AHEPA Hippocrates Lifetime Achievement Award** for his dedication and commitment to medicine, in particular in the field of Thalassaemia research and treatment, by **Mr Tasha Vanos**.

The Australasian Hellenic Educational Progressive Association (AHEPA), encourages understanding between the Hellenic and wider Australian communities. AHEPA also raises funds for various educational, youth, and health and welfare organisations.

The relationship between AHEPA and Vasili Berdoukas began in the mid seventies when Tasha Vanos returned from the AHEPA USA Conference with information on "Cooley's Anaemia" as Thalassaemia was then known in the USA. AHEPA under the direction of Tasha Vanos and the Thalassaemia Committee of AHEPA, worked in union with doctors from the Prince of Wales Hospital, in particular Dr Berdoukas.

Blood tests were carried out every Thursday evening at the Castellorizian Club where Mr Vanos was then President, and people of Greek descent were tested for Thalassaemia. The AHEPA Thalassaemia Committee continues to exist and support Thalassaemia research and the treatment of sufferers.

Mr Vanos is a Past National President of AHEPA Australasia, Past State President, is Secretary of the AHEPA NSW Management Committee, Chairman of the AHEPA Foundation Inc, he was also the Chairman of the AHEPA 2007 National Convention Organising Committee.

The Thalassaemia Society of NSW would like to congratulate both Dr Berdoukas for the honour bestowed on him by AHEPA, and to Mr Tasha Vanos for having received an OAM in 2008 for his service to the Greek community through the promotion of Hellenic culture and traditions in Australia, particularly through AHEPA.



*Pictured from left to right
Mr Tasha Vanos and Dr Vasili Berdoukas*

In Memory of Severino Scarfo (1958 – 2007)

Our dear friend Severino (Sev) sadly lost his battle with thalassaemia on 26th November 2007.

Severino was one of our older patients at Prince of Wales Hospital and was a mentor to those around him. He was involved in the formation of the patients group ATAC (Australian Thalassaemia Action Committee) and was known for his gentle and caring nature. Severino was a brother figure to many and was always ready to listen to other's needs.

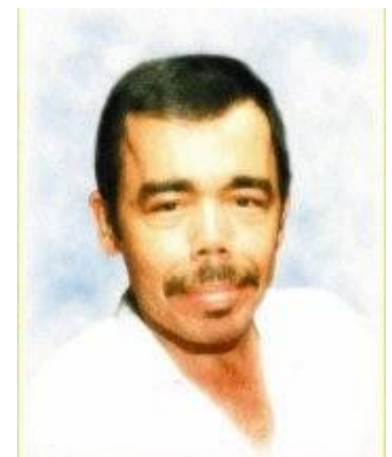
Severino's last 5-6 years had taken their toll on him. He spent many painful days and nights in and out of hospital, however he

remained strong-minded and a loving son to his devoted parents.

Severino will be remembered for his incredibly sharp wit and cheeky smile. He was a "great mate" who would do anything for his friends, had immense willpower, and enjoyed life to the fullest despite living with Thalassaemia.

Severino's memory will live on, not only by the many friends made through the Thalassaemia Society of NSW, but also the countless others who he touched throughout his life's journey. The medical and nursing staff of Prince of Wales Hospital, in particular the haematology nurses, will remember Severino for his strength, humour and his endurance.

Severino was an inspiration to all who knew him and is sadly missed.



Transfusion-dependent thalassaemia: a new era

Vasili Berdoukas and Bernadette Modell

"Berdoukas V et al. **Transfusion - dependent thalassaemia: a new era**. MJA 2008; 188: 68-69. ©Copyright 2008. *The Medical Journal of Australia* - reproduced with permission".

With three iron chelating agents now available, management options have substantially increased

Outcomes in patients with thalassaemia major have been revolutionised over the past 50 years. Without transfusions, death usually occurred in the first decade of life. In the 1950s, transfusions were given to manage the symptoms of anaemia, which resulted in increased survival but significant morbidity. In the 1960s, regular blood transfusions were introduced to maintain relatively high mean haemoglobin levels in order to suppress the production of abnormal red cells in the bone marrow. This permitted good quality of life in childhood, but led to cardiac death from transfusional iron overload at a mean age of 18 years.¹ Fortunately, the parenteral iron chelating agent desferrioxamine was also introduced in the 1960s, and its use to control iron load led to improved survival² and reduced morbidity.³ Nevertheless, the difficult treatment regimen (subcutaneous infusion for 8–12 hours per night, 3–7 nights per week) resulted in poor compliance. Cardiomyopathy remains the most common cause of premature death in patients with thalassaemia,³ even in well chelated patients.⁴

The recent development of new magnetic resonance imaging (MRI) techniques (T2*) has allowed the assessment of tissue iron levels (albeit indirectly), including myocardial iron levels, and has increased our understanding of iron overload. The use of this methodology has demonstrated that practically all thalassaemia major patients with cardiomyopathy have excess cardiac iron. It has also shown that the conventional surrogate markers — liver iron concentration and/or ferritin levels — are not predictive of cardiac iron levels.^{5,6} Cardiac iron overload has also been observed in patients who were previously thought to be well chelated.^{5,6}

The licensing, in 1999, of the oral chelating agent deferiprone as a second-line iron chelator was initially embraced as a relief for patients who could not tolerate desferrioxamine or had adverse reactions to it. Recent data demonstrate that deferiprone is more effective than desferrioxamine in removing excess cardiac iron⁷ and suggest that it may even be more protective of endocrine glands (eg, the pancreas, thyroid and gonads).⁸ The beneficial effect may be related to the characteristics of deferiprone, which has a low molecular weight, an uncharged molecule and favourable lipophilicity and is largely unbound to plasma proteins, enabling easy entry into all tissues. The use of deferiprone and desferrioxamine in combination has even been demonstrated to reverse established cardiomyopathy.⁹

The bottom line is survival. For ethical reasons, prospective studies of survival are not feasible, and in any case it would take many years to acquire meaningful results. Data from observational and retrospective studies must therefore be given due

consideration. An Italian epidemiological, natural history study of 516 patients demonstrated a higher incidence of cardiac disease and cardiac-related deaths in a group of patients who continued on desferrioxamine (359 patients) than in a group who were switched to deferiprone (157 patients).¹⁰ The latter group experienced no de-novo cardiac disease or iron-related deaths. Reports from other centres are also indicating reduction in cardiac deaths over the past few years, which may be attributable to the use of deferiprone.¹¹

Both chelators are needed because the value of desferrioxamine is limited by poor compliance with treatment, and, although deferiprone is well accepted, its use is limited by concerns about potential adverse effects, particularly agranulocytosis. Although the incidence of this complication is low, its potential occurrence necessitates weekly blood counts. Some patients also complain of the relatively large number of tablets that need to be taken in three divided doses daily.

The article by Kidson-Gerber and colleagues in this issue of the Journal¹² comes from a unit in which patients are offered optimal management with appropriate monitoring and treatment, including prescription of desferrioxamine and deferiprone ([→ Management and clinical outcomes of transfusion-dependent thalassaemia major in an Australian tertiary referral clinic](#)). The authors quantified compliance by comparing prescriptions written with the actual amount of drug collected from the hospital pharmacy. This confirmed that, on average, patients took only 50% of the desferrioxamine prescribed, and only 10% took it exactly as prescribed. Their report firstly confirms the relationship between acceptance of chelation therapy and morbidity, making it clear that acceptance and use of chelation therapy is crucial for satisfactory outcomes, and secondly demonstrates increased compliance with oral chelation therapy. Seventeen patients (mainly non-compliant with desferrioxamine therapy) were additionally prescribed deferiprone. Relatively few took the prescribed quantity of desferrioxamine, but most took the deferiprone, sometimes even more than prescribed, indicating “creep” on the part of the patients towards the more acceptable oral therapy.

The therapeutic armamentarium has been further expanded by the recent licensing of the oral chelator deferasirox in Australia and a number of other countries. Deferasirox is a soluble tablet that needs to be taken only once daily and therefore has high patient acceptance. At adequate doses, deferasirox is equivalent to desferrioxamine in its ability to reduce liver iron concentration.¹³ It has produced some adverse effects, particularly a rise in creatinine levels, but overall its safety profile is acceptable.

Transfusion-dependent thalassaemia: a new era

Prospective studies of its ability to remove cardiac iron are in progress. We need to ensure that all patients with thalassaemia major have access to MRI (to assess their myocardial iron load) and the full portfolio of iron chelation options.

In developing countries, the treatments available will be strongly influenced by cost. If the newer oral agents can be shown to be at least as effective as desferrioxamine in preventing iron-induced morbidity, the higher cost of deferasirox may be offset by the reduced cost of managing complications secondary to poor tolerance of desferrioxamine treatment. With three chelating agents now available, the options for chelation management are significantly increased. Chelation therapy can now be tailored to individual patients based on the severity and tissue distribution of the patient's iron load.

Intensive chelation regimens, combining deferiprone and desferrioxamine, are now possible, and data on the various potential combinations of the three chelators are expected to be available in the near future.

In summary, the management of thalassaemia major has improved significantly with the ability to monitor not only iron load but also the sites of iron loading, and because clinicians now have the choice of three iron chelators. It can be anticipated that mortality and morbidity will be further reduced and that life expectancy will approach the norm — especially for younger patients. However, as shown by Kidson-Gerber and colleagues,¹² prognosis will be largely dependent on compliance with iron chelation therapy.

Competing interests

Vasili Berdoukas is a consultant for ApoPharma, the company that markets deferiprone, and he has a confidentiality agreement with Novartis for the development of deferasirox. He has also received travel assistance and honoraria for attending conferences and for presentations at such conferences.

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References

1. Modell B, Letsky EA, Flynn DM, et al. Survival and desferrioxamine in thalassaemia major. *Br Med J (Clin Res Ed)* 1982; 284: 1081-1084. [<PubMed>](#)
2. Modell B, Khan M, Darlison M. Survival in beta-thalassaemia major in the UK: data from the UK Thalassaemia Register. *Lancet* 2000; 355: 2051-2052. [<PubMed>](#)
3. Borgna-Pignatti C, Rugolotto S, De Stefano P, et al. Survival and complications in patients with thalassaemia major treated with transfusion and deferoxamine. *Haematologica* 2004; 89: 1187-1193. [<PubMed>](#)
4. Berdoukas V, Dakin C, Freeman A, et al. Lack of correlation between iron overload cardiac dysfunction and needle liver biopsy iron concentration. *Haematologica* 2005; 90: 685-686. [<PubMed>](#)
5. Aessopos A, Fragodimitri C, Karabatsos F, et al. Cardiac magnetic resonance imaging R2* assessments and analysis of historical parameters in patients with transfusion-dependent thalassaemia. *Haematologica* 2007; 92: 131-132. [<PubMed>](#)
6. Tanner MA, Galanello R, Dessi C, et al. Myocardial iron loading in patients with thalassaemia major on deferoxamine chelation. *J Cardiovasc Magn Reson* 2006; 8: 543-547. [<PubMed>](#)
7. Pennell DJ, Berdoukas V, Karagiorga M, et al. Randomized controlled trial of deferiprone or deferoxamine in beta-thalassaemia major patients with asymptomatic myocardial siderosis. *Blood* 2006; 107: 3738-3744. [<PubMed>](#)
8. Farmaki K, Angelopoulos N, Anagnostopoulos G, et al. Effect of enhanced iron chelation therapy on glucose metabolism in patients with beta-thalassaemia major. *Br J Haematol* 2006; 134: 438-444. [<PubMed>](#)
9. Tsironi M, Deftereos S, Andriopoulos P, et al. Reversal of heart failure in thalassaemia major by combined chelation therapy: a case report. *Eur J Haematol* 2005; 74: 84-85. [<PubMed>](#)
10. Borgna-Pignatti C, Cappellini MD, De Stefano P, et al. Cardiac morbidity and mortality in deferoxamine- or deferiprone-treated patients with thalassaemia major. *Blood* 2006; 107: 3733-3737. [<PubMed>](#)
11. Telfer P, Coen PG, Christou S, et al. Survival of medically treated thalassaemia patients in Cyprus. Trends and risk factors over the period 1980–2004. *Haematologica* 2006; 91: 1187-1192. [<PubMed>](#)
12. Kidson-Gerber GL, Francis S, Lindeman R. Management and clinical outcomes of transfusion-dependent thalassaemia major in an Australian tertiary referral clinic. *Med J Aust* 2008; 188: 72-75. [<eMJA full text>](#)
13. Cappellini MD, Cohen A, Piga A, et al. A phase 3 study of deferasirox (ICL670), a once-daily oral iron chelator, in patients with beta-thalassaemia. *Blood* 2006; 107: 3455-3462. [<PubMed>](#)

With your continued support the Thalassaemia Society of NSW will continue in its mission to "provide support for patients and carers of patients with thalassaemia, sickle cell anaemia, blackfan diamond disorder and other haemoglobinopathies, while providing funding for medical treatment, equipment, research, education, and ultimately a cure".

I would like to make a special mention of two of the Society's Foundation Members and long time supporters:

Dr Boyd Webster who retired early in 2007 from the Haematology Department at the Children's Hospital at Westmead, and yet continues to support our Society, and Dr Vasili Berdoukas OAM, who now lives overseas and yet

continues to give medical updates on the treatment of Thalassaemia to our members.

Finally, I wish to thank the President and Executive Committee of the Thalassaemia Society of NSW for their commitment and dedication over the past 12 months, giving of their time to improve the lives of others.

Theo Matsas

Photo Gallery – Christmas Picnic 2007

A fabulous day of fun and frivolity for patients, families, carers and friends

(Kindly sponsored by Woolworths Metro Marrickville, and the Hellenic Bakery)



Introducing Jenny: a new face at the Thalassaemia Centre

Jenny Morabito has been with the Thalassaemia Centre of NSW since September 2007 where she has already met many families and supporters at such functions as the AGM and the Christmas Picnic. She is delighted to be a part of the Thalassaemia Centre team and looks forward to meeting more of the Societies members in 2008.

Jenny is a psychologist and her role is to provide counseling and support for patients and their families, both children and adults. This is a free service generously funded through Sydney South West Area Health Service.

She understands that coping with Thalassaemia can be a difficult challenge and to ask and accept support is not always easy. Counseling can be helpful for patients and their family in terms of improving coping skills and managing anxiety, worry and depression.

Jenny is also interested in running various support groups, therapy groups, workshops and seminars. These groups can be very beneficial for patients providing an environment where they can learn new ways of coping and share information, ideas and experiences.



Jenny can be reached at the centre on (02)95190312 or 0437044830. Please feel free to give her a call if you would like any further information. Jenny can see clients in her office, peoples homes, treatment centres, or wherever is convenient for them. Referrals are not required.

If you have any advice or suggestions in areas of support you would like to see provided to patients and families, Jenny would love to hear from you.

Thalassaemia Society of NSW gratefully acknowledges NSW Health / Sydney South West Area Health Service for funding the positions of Coordinator and Psychologist through the Thalassaemia Centre of NSW

Thalassaemia Society of NSW is proudly supported by:



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Sir Arthur George AOM

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Avery Dennison
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Rydges Bankstown Hotel
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Woolworths Metro Marrickville

Introducing ThalNSW's Executive Committee for 2007/08

The Thalassaemia Society of NSW's AGM was held on Sunday 14th Oct 2007 with the following members being duly elected to the Executive Committee.

Chairman: Theo Matsas

President: Maria Aravantinos

Secretary: Helen Matsas

Treasurer: Carol Fotheringham

Press Secretary: Courtney Roche

Vice President: George Houssos

Asst. Secretary: Marianne Dimitrakas

Asst. Treasurer: Rosa Dimitrakas

and the Executive Committee members, (in alphabetical order):

David Bradshaw, Ginetta Diblasi, Halime El-Afshal, MD Faisal, Martha Gerolomou, Maria Skarparis and Stella Stilianou

It takes a special person to donate blood.



Photo courtesy of the Australian Red Cross Blood Service

Nobody knows this better than Georgio.
He suffers from thalassaemia major
and requires blood transfusions every 2-3 weeks.

To become a blood donor visit
www.donateblood.com.au or call 13 14 95



Support the work of the **Thalassaemia Society of NSW**

Become a member or make a donation

Yes..I would like to become a **Financial Member \$20 (Single or Family)**

Yes..I would like to become a **Lifetime Member \$200 (Single)**

Yes..I would like to become a **Lifetime Member \$400 (Family)**

Yes..I would like to **donate \$** _____ Donations of \$2. and over are tax deductible

Title _____ Given Name _____ Surname _____

Address _____ State _____ Postcode _____

Phone (H) _____ (W) _____ Mobile _____ Email _____

My cheque/money order is enclosed Please charge my credit card: Name on card _____

MasterCard Visa Expiry Date: ____/____

Credit Card Number:

Cardholder's signature: _____ Date:...../...../.....

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