

Kind Support

For the second year running the Soroptimist International of West Auckland (SIWA) has kindly supported the Leukaemia & Blood Foundation with a donation.

In February Pamela Lisamore (Secretary SIWA) and Janne Deacon (President SIWA) visited to present a \$1,000 cheque. Soroptimist International has a proud history of providing international and local support and has a particular interest in helping women and children.



Pru Etcheverry, Janne Deacon & Pamela Lisamore.

Funds are raised by a variety of activities including private movie and dinner nights.

The Leukaemia & Blood Foundation is very appreciative of these donations which will contribute to LBF's Patient Support Programmes.

Volunteers

As the LBF has grown and is providing more services in more areas our need for volunteer support has also grown. In particular, our National Office workload and need for volunteer support has significantly increased over the last few years.

Our call for volunteers to help in the office (and with other projects from time to time) is now at the point where we need increasing support through the working week. Ideally we need people for 2-4 hour periods both morning and afternoon each working day. It would be very helpful to have a team of different supporters who might only do one of these times a week thereby not being too onerous on any one person. If you know of anybody who may like to help us out we would love to hear from them. We guarantee a friendly, lively, welcoming workplace team and environment.

We also would love to hear from you if you would like to participate in volunteering during Leukaemia Appeal Week and at other times and for other events taking place nationwide.

Contact us on 0800 15 10 15 or lbf@leukaemia.org.nz

Appealing to you with our cheerful lanyards

Frustrated with losing your car keys? Can't find your identification, security card or name badge?



Tino, LBF Administration Assistant sporting the LBF lanyards

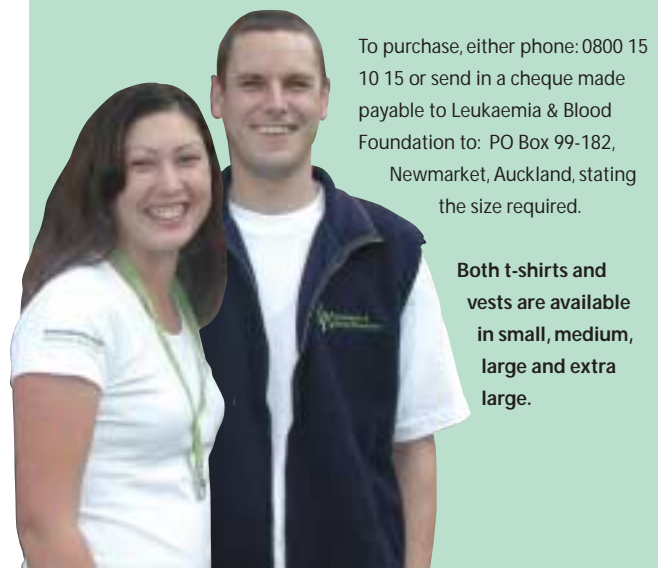
If you want to grab attention in true Leukaemia & Blood Foundation style consider a lanyard. Lime green or cobalt blue with our cheerful chromosome characters, the LBF lanyards are available upon \$4 donation to the Leukaemia & Blood Foundation.

Lanyards are also available as presents for your friends, work mates, family or team mates.

To purchase, either phone 0800 15 10 15 or send in a cheque made payable to Leukaemia & Blood Foundation to: PO Box 99-182, Newmarket, Auckland, stating the number required.

LBF Clothing

Fitted and non-fitted T-Shirts sporting the new LBF logo are available priced \$25 incl gst (+ \$6 postage) Vests are priced at \$45 incl gst (+ \$6 postage)



To purchase, either phone: 0800 15 10 15 or send in a cheque made payable to Leukaemia & Blood Foundation to: PO Box 99-182, Newmarket, Auckland, stating the size required.

Both t-shirts and vests are available in small, medium, large and extra large.

SHAVE FOR A CURE® AND COLOUR FOR A CURE® ARE REGISTERED TRADEMARKS OF THE LEUKAEMIA & BLOOD FOUNDATION.

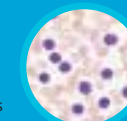
LifeBlood

THE NEWSLETTER OF THE LEUKAEMIA AND BLOOD FOUNDATION OF NEW ZEALAND

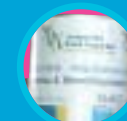
ISSUE 28 / FEB 2005



PASSION FOR PATIENT CARE
Becky Charman has recently been appointed as Support Services Coordinator for the North Island. ... See page 1



LEARN ABOUT CHRONIC LYMPHOCYTIC LEUKAEMIA
CLL is the most common type of leukaemia accounting for about 20% of all leukaemias. ... See page 6



APPEAL WEEK 2004
Check out the activity highlights throughout New Zealand ... See page 3 & 4

INSIDE THIS ISSUE

The best advice... recognising our new sponsor Fidelity Life



Fidelity Shavees, Peter, John, Edith, Yolanda & Rowan

Fidelity Life, the country's largest NZ-owned and managed life insurance and savings company, is looking to its staff and advisers to get into the community spirit and perform extraordinary community service through Shave for a Cure®.

Families will benefit as Fidelity Life intends to raise over \$100,000 in sponsorship over the next year for the Leukaemia & Blood Foundation (LBF).

Milton Jennings, Chief Executive Officer of Fidelity Life says that "we just want to help others" and in this spirit Fidelity Life wants to recognise and promote their advisers through getting them to commit to Fidelity Life's Shave for a Cure® during March. "This is our way of reassuring New Zealanders that we are here to protect their business, their livelihood and reduce any strain on family relationships."

Cancer is Fidelity Life's most common cause of death and critical care claims and second most common cause of income protection claims so the LBF sponsorship has a real and tangible link to the insurance policies that Fidelity Life provides.

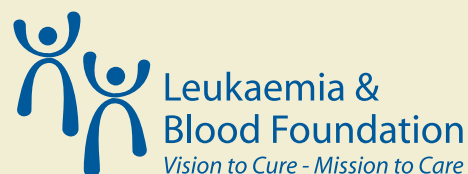
Fidelity Life has also got in behind the LBF by staff volunteering for the Auckland street appeal in November and running a short-term campaign donating \$10 to the LBF for every policy redeemed late last year, raising

\$10,000 in the process. The company has itself committed to sponsor over \$50,000 in the current year.

"Insurance is about safety and protection and it is easy to see the fit with a vital patient organisation," says Jennings. "The LBF symbolises care for people with bone marrow cancers and their families, so it's a perfect fit with our goal of helping 'New Zealanders focused on life', he says.

The team at Fidelity Life has already organised and held two very successful Shave events raising over \$39,000 for the LBF. So enthusiastic are they that a second big Shave event was held during their recent conference for their advisers, some of whom are running their own local shave events around New Zealand.

Pru Etcheverry, Executive Director of the LBF says "we are truly delighted with the sponsorship and feel the two organisations fit well together with Fidelity Life clearly understanding our organisation's needs" Fidelity Life staff involvement has been high in support of LBF. "It has been wonderful having Fidelity Life staff participating in and supporting our fundraising events, this is really appreciated and of great benefit to the LBF increasing our ability to support patients."



WRITE TO US: Do you have a comment about this edition of LifeBlood? We are always open to suggestions about this magazine and welcome contributions.

ATTENTION: THE EDITOR, LIFE BLOOD MAGAZINE
PO Box 99-182 Newmarket, Auckland or Fax (09) 638 3557 or Email lbf@leukaemia.org.nz

LIFE BLOOD IS KINDLY PRINTED WITH THE HELP OF LOCHIEL PRINTING

Passion for patient care

Becky Charman has recently been appointed as Support Services Coordinator for the North Island. Together Becky and Jo Lilley form the patient support team established three years ago as the Leukaemia & Blood Foundation moved towards a more patient focused health organisation.



Becky Charman, Support Services Coordinator, North Island

Becky has recently worked as the Transfusion Nurse Specialist at Middlemore Hospital. Previously she worked as a staff nurse in the Haematology and Bone Marrow Transplant Unit at Auckland City Hospital and also in the Haematology Unit at St Georges Hospital in London. A large part of her role is coordinating patient & family enquiries, organising support groups and providing formal education sessions upon request. When North Island patients and families contact us, it is Becky to whom they are referred.

When asked why she chose a career in Support Services, Becky is quick to point out that she is "passionate about patient care and supporting people who are experiencing the trauma of a new diagnosis such as leukaemia".

Having an outgoing social nature, Becky enjoys expressing her empathetic nature through providing patients with emotional support and education.

Amongst the achievements she brings to the LBF are experience in the care of patients with haematological conditions and patients undergoing bone marrow transplantation, and a specialist knowledge of blood products and their usage.

In her spare time Becky engages in aerobics, gardening, socialising and enjoys the warmth of the beach.

Neutropenia and infection

Through our support groups, people with leukaemia and related blood disorders often share their most common side effects – and often the most difficult to cope with is infection. The good news is that there are approaches you can take to not only manage, but in some cases prevent these challenging and worrisome side effects. This issue of LifeBlood focuses on the risk of infection.

Risk of Infection

WHAT IS NEUTROPENIA?

Some people with cancer have an increased risk for infection because of the changes in their body's defence systems. Cancer and treatments for cancer can affect these systems in different ways. Two common effects of cancer and cancer treatment are a weakened immune system and a decreased production of blood cells by the bone marrow. All types of blood cells can be affected, but when the numbers of neutrophils and lymphocytes (types of white cells) are low, your body cannot protect itself against harmful germs, and you are more likely to get an infection. The condition – when your neutrophil count is very low – is called neutropenia.

Neutropenia can be detected and monitored by measuring the number of neutrophils in the blood as part of a full blood count (FBC) test. This measurement is called the absolute neutrophil count (ANC). The normal range for a neutrophil count is 2.2-7.5 x 10⁹/L for an adult. A patient's risk of infection begins to increase when the ANC falls below 2.2 x 10⁹/L. The risk is greatest when the ANC is below 0.2 x 10⁹/L. Ask your doctor about your neutrophil count and the steps to take if yours is low.

WHY SHOULD I BE ALERT TO THE RISK OF INFECTION DURING CHEMOTHERAPY?

Chemotherapy is the most common cause of a weakened immune system and can cause a decrease in the number of red blood cells, white blood cells and platelets. When chemotherapy is given, the drug destroys both normal cells and cancer cells.

Avoiding infection should be one of the goals during chemotherapy. Infection can lead to hospitalisation, which can be costly and disruptive,

keeping you from engaging in your everyday life and activities. At its most serious, infection can be life threatening.

Infection or low white blood cell count can result in a reduction in your chemotherapy or delay your treatment schedule. Current research suggests that both the timing and intensity of the dose of chemotherapy can affect outcomes for some patients. Giving lower doses or giving doses over a longer period of time than initially planned may reduce the effectiveness of treatment in some types of bone marrow cancers.

Postponing treatment due to low white blood cell count (or other distressing side effects) can leave you feeling disappointed, anxious and fearful.

Studies have shown that when delays to treatment are experienced due to a low white cell count, patients experience additional stress that can be mild to extreme. Delays can be emotionally troubling for patients who become concerned that their cancer may progress while waiting to restart treatment.

Patients in the past who have experienced a delay in their treatment have said that they felt emotionally troubled enough to want to quit their treatment at some point. Ideally you and your healthcare team want to complete your treatment as quickly and successfully as possible.

Studies have shown that when delays to treatment are experienced due to a low white cell count, patients experience additional stress that can be mild to extreme.

WHAT ARE THE SYMPTOMS OF INFECTION?

A fever – the body's natural response against invaders such as viruses, bacteria and fungi – is often one of the first symptoms of infection. Fever that occurs when your white blood cell count is low is considered very serious, requiring prompt medical attention. When you are on chemotherapy it is recommended that you take your temperature at least once daily. If you have a fever higher than 38 degrees Celsius, call your doctor or nurse immediately - it could mean that you have an infection.

Also report these symptoms of infection to your doctor, treatment centre or nurse right away:

- Cough, sore throat, shortness of breath, chest pain
- Redness, warm skin or swelling around a wound or a catheter site
- Chills/sweating/rigors (uncontrollable shaking)
- Loose bowels or diarrhoea for more than 24 hours
- Pain or a burning sensation during urination
- Unusual vaginal discharge or itching
- Mouth ulcers
- Feeling confused/tired
- Pain in the abdomen.

HOW CAN I AVOID INFECTION?

Fortunately you may be able to prevent infection before it occurs or reduce the risk of infection in the following ways:

- Washing your hands often and with extra care, especially before eating and after using the bathroom. Scrub thoroughly with soap and warm water.
- Taking a warm bath or shower every day and pat your skin dry.
- Clean your rectal area gently, but thoroughly, after each bowel movement, wiping from front to back.
- Apply lotion or oil if skin becomes dry and cracked, use an electric shaver instead of a razor, and use warm soapy water and antiseptic to clean cuts and scrapes.
- Make sure all food is properly handled and thoroughly cleaned and cooked. A dietician can further advise on safe food handling and nutrition.
- Wear protective gloves when gardening and cleaning up after pets.
- Avoid large crowds of people and anyone with a cold, flu or other infections.
- Maintain good oral hygiene by brushing your teeth twice daily with a soft toothbrush to avoid hurting your gums and using mouthwashes recommended by your nurse or doctor.
- Avoid keeping fresh flowers or live plants in your room.

To help protect you against infection your medical team may provide preventative therapy such as anti-bacterials to attack bugs that the body would not otherwise have the white blood cells or immunity to defend. Prophylactic antibiotics are not frequently used in New Zealand – due to the risk of resistance etc.

HOW LONG WILL I BE SUSCEPTIBLE TO INFECTION?

You will be susceptible to infection for as long as you have a reduced number of neutrophils circulating in your blood stream. Occasionally you may have a normal white cell count and still be at risk of infection due to immunosuppressive medication. Your medical team will discuss this with you.

The period of time it takes for white blood cells to recover varies, depending on the type and dose of chemotherapy, as well as your body's own ability to replace the damaged cells.

WHAT IS THE TREATMENT FOR INFECTION?

If you develop an infection, you will most likely be treated with antibiotics. In some cases, hospitalisation may be necessary.

You may be given a growth colony stimulating factor (eg G-CSF) to help your white blood cells grow. G-CSF is a protein produced by the body that helps white blood cells grow, reducing the time that you are at risk of infection. Neupogen (filgrastim) is an example of a bio-produced G-CSF that can be used in neutropenia. Not everyone will be given growth factors and it will depend on your chemotherapy regime and the length of time that you have neutropenia. Your doctor will know what is most appropriate for you.

NEWS

2004 Leukaemia Appeal Week activities

Fashionable fundraising to fight leukaemia

Showcasing the latest styles and fashions houses was all the rage to raise funds for leukaemia. Over 280 people watched local models for Finns Fashions, Grace, McKenzie Country, Parrots on Hinemoa, Pollards Menswear and Webbs Shoes.

The focus was on latest summer styles with each shop providing models for the catwalk at Rydges Hotel, Rotorua.

Carol Clarke, volunteer for the Rotorua local volunteer group of the Leukaemia & Blood Foundation, "I think it's fantastic that the fashion houses came together for such a good cause," she said. The amount raised has reached \$5,000 and will go towards purchasing the Leukaemia & Blood Foundation building to accommodate patients who have to travel to undergo treatment.

The Rotorua volunteer group worked with Quota International (of Rotorua) who initiated and organised the fashion show with props provided by Mike Steiner Interiors and background arias with special guest singer Timua Brennan. Fantastic.



Summer fashions on the Rotorua catwalk

That's the Southland Spirit!

In true Southland spirit a community of around 60 people got in behind Shave for a Cure. Many participated including Jimmy Pink, whose family had never seen him without a moustache, one of his distinguishing features over the past 26 years. The family reacquainted themselves with the new man to the applause of fellow participants.



1.

Christine Willis, a teacher at Rosedale Intermediate School in Invercargill, had pupils buzzing with her bold move to shave her head if funds reached a particular threshold, a mind-blowing total of \$5,600 was raised by pupils, families and the local school community towards seeing Christine's new look. (see left)

The Southland Volunteer Group of Adam Jensen, Ross Cunningham and Joanne Hebbend have had personal experiences and associations with leukaemia. Ross who has been a tireless supporter of patients and a strong campaigner for the LBF "We were overwhelmed by the turnout and support from Southland businesses in our Shave for a Cure event." he said.



1. Carters Shaved Squad 2. Southland Nursing Students Adam and Nikki get into the spirit with colour and shave 3. Christine Willis and her new look



2.

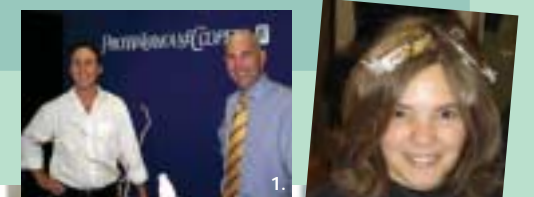
Show time in Canterbury

Show weekend in Christchurch is THE time for the family to relax, mingle and appreciate the lifeblood of New Zealand's economy.

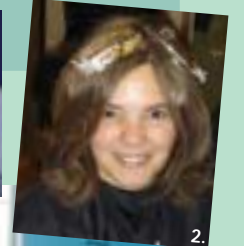
time over three, almost eleven hour days to field questions and collect for the Leukaemia & Blood Foundation.

This year to increase awareness of the LBF's Support Services Programme and stimulate giving opportunities among the throng of Canterbury Agricultural & Pastoral show visitors, [Helen DeLilla, Annette Gibson, Kathy Gibson, Paul O'Malley, Marie O'Malley and family, Warren Greenwood, Toni Greenwood] tirelessly donated their

Morale was high as balloons were knotted and stickers were applied to jackets in return for donations. The LBF stand attracted a lot of visitor interest including those who were not aware of the LBF. Throughout the showgrounds the distinct yet cheerful chromosome characters on the LBF balloons were seen waving in the breeze and in the grip of children's hands.



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More Hair-Erasing Fund Raising from PwC

For the second year running PricewaterhouseCoopers have generously supported LBF's Shave for a Cure event. In 2003, John Waller shaved and Warwick Hunt boldly went peroxide blonde. This time around both John and Warwick stepped forward once more for the challenge of 'taking it all off' in return for generous sponsorship from the PricewaterhouseCoopers' community and business contacts. They were this time joined by five other partners: from Christchurch, Craig Armitage who shaved and Maurice Noone who coloured, from Wellington Suzanne Sniveley and Gary Crawford joined in with stunning colour, Kevin Best also dazzled the crowds with his hot pink colour.

The team raised \$20,000 with generous backing from the PwC Foundation, an incredible achievement. Our thanks to all participants, sponsors and the PwC Foundation.



3.

1. Maurice Noone & Craig Armitage, PwC South Island PwC Partners 2. Suzanne Sniveley, PwC Wellington Partner, 3. PwC CEO Warwick Hunt, John Waller Managing Partner & Kevin Best 4 & 5. Gary Crawford, PwC Partner Wellington before and after.



4.

5.

Keeping it Real

While they may compete fiercely in the marketplace, beverage manufacturers and their suppliers know when to bury the hatchet as they came together to raise funds by participating in Shave for a Cure.

New Zealand Juice & Beverage Association (NZJBA) Executive Director, Bronwen Bartley, commented "Many NZJBA members support charities and projects around New Zealand, but it is the first time we've seen the industry joining forces to make a difference."

Brave shavees included Alison Sykora of Coca-Cola, Chris Tollemache of Arano and Damian Honiss from RD2 International. The 'Shave' required venturing into enemy territory at Coca-Cola headquarters which saw a great afternoon of fun and camaraderie.

While their hair has now grown back, other members of the Association remember the "sacrifice" with admiration. The NZJBA continues to support the Foundation's Vision to Cure and Mission to Care.



1.



2.



3.

1. Cool Coca Cola team with the Shave Squad 2. Chris Tollemache of Arano 3. Alison Sykora of Coca Cola

www.shaveforcure.co.nz



Visit our website for more information: www.leukaemia.org.nz

NEWS

Firefighters Review

A cool Auckland night late last year saw some hot fiery action at the Firefighters Review. Not quite the Full Monty but an evening of fun, frivolity, firemen, and fundraising ensured a good time was had by all. Scottie, (Tony Scott) our friendly climbing fireman (Issue 27 LifeBlood) organised his firefighting colleagues to hold the evening of fun. "We wanted to create a novel way of raising more money for the LBF," commented Scottie. More than 250 people, (mainly women) made up the audience who generously supported the event.



More 2004 Appeal Week Activities



Julien and Debbie Truesdale open Hatherley Park to the public

Open handed generosity through open heritage home

After painstakingly restoring one of Christchurch's finest heritage homes, Debbie and Julien Truesdale opened Hatherley Park to the public for the first time to raise money for the Leukaemia & Blood Foundation.

The Truesdale's have been working full-time over the past two years to renovate the 20-roomed house. The house tour raised \$10,000 with over 600 Cantabrians visiting the home over a Leukaemia Appeal Weekend during November.

Julien was diagnosed with Acute Myeloid Leukaemia 10 years ago and spent six months in hospital undergoing treatment. The family have just celebrated his 10th year in remission.

Hitting the streets



Fidelity Life Volunteers, Marie Stuart, Heather Matich, Wayne Johnson and Danielle Diedericks collecting during Leukaemia Appeal Week in Auckland

The Auckland central streets were awash with green and blue Leukaemia & Blood Foundation t-shirts and buckets during the Friday lunch-time of Leukaemia Appeal Week.

Fidelity Life volunteer, Danielle Diedericks got into the spirit of street collecting and was enthused about doing it all over again. "This is great fun, can we do this again next week?" she said after meeting new people and interacting over a short space of time.

LBF collectors in Auckland were also out in force at the Out of Africa, Street Festival in Howick which saw hundreds of people celebrating the 10th year of democracy in South Africa.

Running a street appeal takes a great deal of organisation, requiring permits, liability insurance and permission from the council well in advance of the actual event, often without final confirmation of the volunteers available. We would like to thank companies Fidelity Life, Roche and New Zealand Financial Planning for prioritising their personal lunch and volunteering for us. We would also like to thank the many other individuals who generously gave up their time to help collect.

If you are interested in volunteering two hours of your time for a street collection during next Leukaemia Awareness Week 9-14 November 2005 please email us on lbf@leukaemia.org.nz or phone 0800 15 10 15.

Volunteer Blue Skies Weekend



Dedicated and long serving LBF volunteers gathered from around New Zealand to participate in a 'blue skies' weekend meeting late last year. The purpose of the meeting was to network, share ideas and best practices and also to take part in key workshops that were to contribute towards determining the direction of the LBF over the next few years.

In 2001 the LBF expanded its focus from solely funding research to providing Patient Support Programmes*. The introduction of Patient Support Programmes has been a very important initiative and with patient referrals to the LBF growing steadily every year since it has been in place this has demonstrated the considerable unmet need. Last year new patient referrals to the LBF grew by over 37%. Outcomes of the Blue Skies Weekend workshops demonstrated overwhelming support to continue to develop and expand the patient programmes.

*Please note research remains a very key part of LBF's funding and money allocated to research continues to be increased.

MEDICAL FILE



Chronic Lymphocytic Leukaemia (CLL)

By Nigel Patton, Haematologist, Canterbury DHB

The term chronic leukaemia refers to an abnormal proliferation of mature blood cells. These leukaemias tend to develop and progress extremely slowly in comparison with the acute leukaemias which affect immature and rapidly dividing cells. B cell CLL is the most common type of leukaemia accounting for about 20% of all leukaemias and is associated with the best prognosis.

The condition is rare in young people, starts to occur in the fourth decade and rises exponentially thereafter with the average age at diagnosis being nearly 70 years with greater than 80% of patients being older than 60 years. Some clustering of cases occurs within a very small minority of families when the disease also tends to occur at a younger age when compared to the much more common sporadic cases.

In B cell CLL the abnormal cells increase slowly over a prolonged period and accumulate in the bone marrow, blood, lymphatic organs such as the liver, spleen and lymph nodes as well as other tissues. This means that the condition is often diagnosed coincidentally on a routine blood test. The body has a large reserve capacity for the accumulation of these cells and many patients never require treatment for the condition or only need treatment when certain thresholds for tissue accumulation have been reached. Such patients can be monitored in the community by their general practitioner.

Various systems have been developed to identify these differing stages of the disease. The vast majority of patients (63%) present with low risk disease (stage A) and have a median survival of greater than 10 years. As most patients present to their doctor with the condition late in life, life span is often not affected by the diagnosis, but this may not be the case for younger patients.

Thirty percent of patients have intermediate risk disease (stage B) with an historical median survival of 7 years and only 7% of patients present with high risk disease with a survival of 5 years. Newer treatments coming on stream are likely to improve on these historical survival figures. Of the patients with low risk disease at

presentation only approximately half of these patients will require therapy at some point.

Features of CLL that might be indications for treatment are listed in Table 1. These include features of disease progression as well as the much less common phenomena of auto-immune haemolytic anaemia and immune thrombocytopenia where the immune system produces 'auto-antibodies' which destroy ones own red blood cells (the cells that transport oxygen around the body) or platelets (small cells that stop spontaneous bleeding). Other features of the condition include a weakened immune system caused by the disease itself and treatments for it leading to an increased risk of infections (eg. shingles and certain types of pneumonia) as well as secondary cancers, especially skin cancer.

Some important self care points are emphasized in Table 2.

Treatment of B cell CLL is available and is usually very effective especially in the short to immediate term. Your specialist is best able to advise on the most appropriate treatment option for you (Table 3). Some therapies are convenient and available in oral forms and are well tolerated even in elderly patients, whereas others are more complex either in terms of their administration eg. by intravenous infusion and/or their risk of side effects which may require special monitoring and additional supportive care. Some newer agents eg. the monoclonal antibodies rituximab (Mabthera) and Campath 1H, are still under investigation and are not yet widely available in New Zealand but are looking extremely promising. Stem cell transplantation remains an experimental approach which may be appropriate for certain selected younger patients.

TABLE 1. SOME INDICATIONS FOR TREATMENT IN B CLL

- Rapidly rising lymphocyte count (x 2 in 6 months)
- Progressive painful enlargement of lymph glands, liver and spleen
- Weight loss and night sweats
- Anaemia (Hb < 100 g/L) or low platelets (< 100 x 10⁹/L) implicating either bone marrow involvement, immune breakdown or a very enlarged spleen

TABLE 2. IMPORTANT SELF CARE POINTS FOR PATIENTS WITH B CLL

- Stop smoking
- Avoid sun exposure
- Yearly influenza immunisation
- Consider pneumococcal immunisation (every 5 years)
- Report shingles (Herpes zoster) early: unilateral nerve pain which precedes a vesicular rash
- Prompt treatment from your GP for bronchitis, sinusitis and pneumonia

TABLE 3. POTENTIAL TREATMENT OPTIONS FOR B CLL

- Oral chlorambucil
- Fludarabine
- Cyclophosphamide
- Splenectomy
- Radiotherapy
- Immunoglobulin therapy
- Corticosteroids – for immune complications
- Monoclonal antibodies: Rituximab; Campath 1H
- Stem Cell Transplantation
- Supportive care strategies for patients on steroids/more intensive chemotherapy protocols