



Target

Welcome



We are there for you – and this year we have reached out to more people affected by brain tumours than ever before.

We have launched new services to ensure you can get support whenever and however you choose. Our new online service provides support at the click of a button (see story alongside).

For young people like Kieran Widdowson, (page 6) living with a brain tumour is particularly isolating. That is why we launched our Text Hedz SMS support service for under 25s to make it easier for people like Kieran to get in touch.

We want to encourage you to lighten the load by sharing your experiences with others like you. Soon you will be able to blog for us and join our website forums.

Meet our growing team of development co-ordinators on page 3 and find out how they help build networks of support to help you across the country.

This year we have given financial help to more people than ever through The Denny Care and Relief Fund, created in memory of Andrew Denny. His daughter Alice helped boost the fund in his name. (see story alongside).

Thank you, Alice and all our other fantastic fundraisers for helping us make a positive difference to the lives of so many people this year.

Jenny

Jenny Baker OBE
Chief Executive

Support is one click away

If you or someone you know has a brain tumour, you can now get support from Brain Tumour UK at the click of a button.

The launch of an online one-to-one support service last month is one of a range of digital initiatives rolled out this year.

“Online support is a logical extension of the other services we offer. We want to give people support when, where and how they want it,” says Moira Dennison, Brain Tumour UK’s Head of Support and Information Services.

“We want to give everyone a choice to contact us in the way which they’re comfortable with. People might not be able or want to talk on the phone and may prefer to reach out to us online,” says Moira.



This is the second new support service introduced by us this year and follows on from the launch of the dedicated under 25s SMS service, **Text Hedz** which went live in September.

To access online support, click the online support button on our website www.braintumouruk.org.uk/supporting-you (9am-5pm weekdays).

This is a confidential service and all queries are answered by one of our trained helpline team.

“We’d love to know what people think about this service, so let us know,” says Moira.

We are currently planning more ways of helping you share your stories with others. If you would like to blog for us or join our web forums contact us on support@braintumouruk.org.uk

Alice wants to help people like her dad

Alice Denny raised £1,000 at her school in memory of her dad.

The 16-year-old from Hastings, East Sussex, was two when her dad, Andrew, was diagnosed with a brain tumour. He died three years later, aged 32. His family started the Denny Care and Relief Fund to award financial grants to people with the condition, an idea first mooted by Andrew himself. Brain Tumour UK now has responsibility for developing and administering this fund.

“People tell me I am so much like my dad. I would have liked to have him around a lot longer,” says Alice.

Alice persuaded her school to adopt Brain Tumour UK as charity of the year by telling them her story.

“I was fed up with my school raising money for the same old charities. I never really talk about Dad. But I explained why the Denny Care and Relief Fund was close to my heart and people listened.”



Inspiring: Alice Denny

Memory Matters

If you can't remember what you did yesterday or forget the faces of people you know, don't despair. Neuropsychologist Dr Peter Murphy has some advice.

Q: Why do I forget things - can I do anything about it?

A: Memory problems are common among brain tumour patients. Patients are sent to me if there are concerns about their memory or ability to pay attention. My job is to find out why the patient is having the problems and help manage the problem.

Q: Are all memory problems the same?

A: No, not all brain tumours patients have memory problems, and for those who do, the problem can be very different depending upon a number of factors.

Q: Does the location and size of the tumour play a role?

A: Because different memory functions are located in different parts of the brain, the position of the tumour plays a role. A person with a tumour on the left side of the brain around the ear, may find it difficult to recall words, whilst if it was in the right temporal lobe, they may have no problems with words but struggle to recall pictures or faces.

Q: Will radiotherapy and chemotherapy affect my memory?

A: Some patients may find their memory has been affected by radiotherapy. This may not show for months or even years and depends on the dose and focus of treatment. However, it can be a relatively small effect compared to the tumour itself.

Q: Why can I remember what I did as a child 20 years ago but forget what I did yesterday?

A: Long-term memory tends to be very resilient against the effects of a brain tumour.

A brain tumour is more likely to affect the ability to lay new memory traces (i.e. new learning). We may find we are more easily distractible and can't concentrate as well, so we don't take it in so well in the first place. Then we are unlikely either to store the memory, or if we do store it, we can't find it so easily.

Q: How does memory affect my emotions?

A: When we lay down memory traces of events in our lives, we also store a memory of how we feel.

The best way to recall a memory is to be in the same mood as when the event took place. If it was a happy event, being in a good mood will make it easier to recall. If you're sad, it'll be hard to recall happy events but easy to recall sad ones.

So, if we are feeling down, sad memories will easily come back to us. It is not that we are inaccurate in recalling our memories but we tend to be biased without realising it.

We can take advantage of this 'bias tendency' by having reminders around us of happy times, for example family holiday photographs or memorabilia that make us smile.

Sometimes we need to be prompted to remind ourselves of our good times.

"I feel I'm letting my children down"



Undergoing treatment: Lisa Robson

As a busy mum of 5 children aged between 5 and 20, Lisa Robson relies on her memory to make the household run smoothly.

However, since undergoing treatment for a brain tumour, the 40-year-old finds it harder to remember things.

Lisa was diagnosed with a meningioma in March after being told she had migraines for years.

She had gamma knife radio surgery and since the operation, she's started forgetting things, especially when tired and stressed.

"I have to use a timer when cooking, because I forget I have something in the oven. I've lost count of the number of times I've burnt food."

Lisa also forgets where she'd put things or what she was saying.

"I can get lost mid-sentence."

Her longer-term memory has been affected.

"Just remembering what I did last week is hard. I just don't retain information in the same way as before."

She uses her phone calendar to remind her of things.

"I used to be quite organised and I panic sometimes now. I want to be able to do what I've done before. I feel really bad when I forget to do something for the children."

Busy mum: Lisa Robson with her partner and some of her children



Useful websites:

Human Memory: What it is and how to improve it
<http://www.epub.org.br/cm/n01/memo/memory.htm>

Mind Tools - Memory Techniques and Mnemonics
<http://www.mindtools.com.memory.html>

BrainBashers (games, puzzles and optical illusions)
<http://www.brainbashers.com>

Our eyes and ears in the regions

Memory tips

- When answering the phone, always have a pen in hand and a notepad, noting down key words.
- Use the camera on your phone – pictures say a thousand words and modern phones store location and other data that can serve as prompts.
- A notice board in the kitchen for family communication about jobs to be done etc. Keep it up to date and uncluttered.
- When taking a message on the phone, use the answer machine on your phone as a voice recorder.
- Develop habit memories -everything in its place and a place for everything. Put your house keys in the same place, so it becomes a habit.
- Use bizarre visual imagery to help you remember things. For example, items on a shopping list include beans, bacon, sausage and potatoes. To help you remember, create a bizarre visual image of the items together: a cowboy in the shape of a sausage riding the potato horse trying to round up the pigs with Danish written on his back!
- Reduce distraction/ clutter in your life – you may be more easily distracted than before. A boiling kettle or radio may make it difficult to listen to someone. Encourage people to speak one at a time. Manage fatigue – often memory problems can be made worse by tiredness and reduced concentration. If you're learning something new, remain fresh and take breaks.

Brain Tumour UK has development co-ordinators across the UK.

Their job is to find out what services brain tumour patients and families need and to work with other charities, doctors and nurses to meet these needs.



Gina Rutterford,

Brain Tumour UK's Development Co-ordinator in Central, Eastern UK and Greater London, says:

"The best part of my job is meeting families at support groups. Hearing personal stories helps me understand what support is needed. I then seek out and work with local partners to provide it. In the end it's a full circle effect!"

gina.rutterford@braintumouruk.org.uk



Sue Wreglesworth,

Brain Tumour UK's Development Co-ordinator in the North and Midlands, says:

"What we do makes a real difference to people's lives during times of personal crisis. We make a difference by being there. We want people affected by brain tumours to know - you are not alone."

Sue.wreglesworth@braintumouruk.org.uk



Gus Ironside,

Brain Tumour UK's Development Co-ordinator in Scotland," says:

"One day I'm hearing the stories of patients and carers at a support group in Ayrshire and the next I'm attending a meeting at a Neuro-centre in Glasgow or the Scottish Parliament in Edinburgh. My job creates a direct link between people affected by brain tumours and the people who shape and deliver health services. Every day I meet amazing, inspirational people motivating me to do all I can to raise awareness and improve support services."

gus.ironside@braintumouruk.org.uk

Clinical trials made easy

“Clinical trials are the ‘lifeblood’ of research in cancer medicine. Without them there can be no progress,” says neuro-oncologist Professor Roy Rampling. He explains how clinical trials work and how to get involved.

Q: What is a clinical trial?

A: A clinical trial is a medical test or experiment on people including a new treatment or a new way of giving an existing treatment.

Most often the treatment is a drug, but it could be a medical procedure or investigation.

The treatment will have been tested on animals or in the lab with positive results, before getting to the clinical trial stage.

Q: How does a trial start?

A: A scientist develops a new idea either as a result of clinical experience or from laboratory experiments, for example:

“If I give chemotherapy and radiotherapy together will patients have better outcomes than with radiotherapy alone?”

The scientist then writes a detailed plan for the trial (a protocol) and independent, experienced people have to like the idea (peer review) before it can be developed.

The idea also has to be approved by various other regulatory bodies, mainly to ensure the patients’ wellbeing is looked after. This process can take several years.

Q: Who pays for a clinical trial and how much does it cost?

A: Clinical trials can cost millions of pounds. The scientists have to find money from government, or more usually, from specialist charities such as Brain Tumour UK and drug companies.

Q: What is the aim of a clinical trial?

A: The overall aim is to find out if a new treatment or procedure is safe, helps patients feel better, has side effects or is better than existing treatments.

Clinical trials are often defined in 4 phases. Not all ideas have to complete all four but a new drug having to do so can take 10 – 12 years to come into general use.

Phase 1 trials ask: “Is the treatment safe, if so, how much treatment can we give? Does it have any harmful effects?”

Phase 2 trials ask: “Does the treatment do what we hoped - shrink tumours, stop them regrowing (for longer)?”

If the treatment works, Phase 3 trials ask: “Does it work better than the standard treatment?”

If a treatment reaches Phase 4, it has been shown to work and is being used to treat brain tumours. This phase looks at long-term side effects and benefits of a drug after it has been licensed for use.



Brain Tumour UK and clinical trials

Brain Tumour UK is funding a part-time clinical trials nurse at the Queen Elizabeth Hospital, Birmingham, for three years.

The nurse’s role will be to recruit patients, help look after them and manage the extensive paperwork for each patient who takes part in a trial.

“We are not going to better the lot for patients with brain tumours unless we get objective information about new treatments and it is essential that we try and get as many patients into clinical trials as we can,” said Garth Cruickshank, Professor of Neurosurgery at Birmingham.

“We felt that adding the support of a research nurse to our team would make a big difference to allow us to not only recruit more patients but manage more patients within our trial structures. I am extremely grateful to Brain Tumour UK for their support.”

Commonly used terms:

Randomisation: People taking part are put into different treatment groups at random (like the toss of a coin but with the help of a computer). Each group gets a different treatment eg. one group will get the new drug and the other will get the standard treatment they would get if they were not in the trial (the control group). Patients in control groups may get a dummy treatment called a placebo.

Toxicity: The unwanted side effects of a drug or treatment – they vary from being upsetting but medically unimportant eg. hair loss to life threatening eg. suppression of the immune system.

Blinding: Patients on the trial and sometimes even the doctors don’t know which treatment a patient is getting. This helps ensure that any effect seen is truly due to the treatment.

'Sometimes I think: why did I do this to him?'

When Elliot Scoffield was three he was diagnosed with a high grade tumour on his brain stem and given a five percent chance of survival.

Doctors offered a chance for him to take part in a clinical trial for a new form of treatment.

Eleven years on Elliot is still alive

"The trial saved his life," says his mum, Helen Catchpole.

The treatment entailed a combination of three different types of chemotherapy and six weeks of radiotherapy and although some of the tumour is still there, it has not grown.

However, Elliot, now 14, suffered severe side effects and has the learning age of a four-year-old. He has to have daily hormone injections because the radiotherapy damaged his thyroid and adrenalin gland.

"I do sometimes think, 'What have I done? Why did I put him through all of this?'" says Helen.

"I am finding it more difficult now he is older because he realises he is different. Every time he asks why, it cuts like a knife."



Still together Elliot and mum Helen Catchpole

However, Helen says they were informed of the risks and it was the right decision to put Elliot on the trial.

"If you're told there is no chance, you cling to every bit of hope. If someone gives you a one percent chance, you take it," she says.

Because of the trial, Elliot was monitored closely, including regular blood tests and scans. Tissue from his tumour was also taken for research.

"Even if it could not change Elliot's life, it might offer hope for someone else in future," she says.

Clinical trials and me

Q: How do I find out about clinical trials?

A: Ask the doctors looking after you

Look on the Internet – Search for trials in the UK and abroad eg.

Cancer Research UK – www.cancerhelp.org.uk

National Cancer Research Network www.ncm.org.uk

National Cancer Institute – www.cancer.gov

Brainstrust – www.braintumourhub.org.uk

Q: What are the risks?

A: The new treatment may not be better and could even be worse than existing treatments. You may experience side effects that the doctors had not anticipated.

Q: What are the benefits?

A: The treatment might work and you could be one of the first to receive it. You are likely to be monitored more closely than if you were not on the trial.

Q: How am I chosen for a clinical trial?

A: Every trial has entry criteria or conditions for taking part to ensure you're fit enough and to increase the chance of the trial being successful. Criteria might include: type and stage of cancer, age, health and other treatments. If you do not fit the criteria your doctor can't commit you to the trial.

Q: What happens next?

A: You will meet the trial doctor so that you can be given all the information and can ask questions. Your partner, carer or someone else can go with you for support.

If you want to go ahead, you will have to sign a statement to say you understand what it means to take part in the trial. The process is called giving informed consent.

Q: What if I agree to enter the trial but then want to leave?

A: You can withdraw from a trial at any time without having to give a reason.

Q: How long do I stay on the trial?

A: You will stay on the trial until one or more of these things happen:

- the trial ends
- the side effects patients are having approach the limit agreed in the protocol document.
- the treatment is clearly not working
- the doctor running the trial thinks it is in your best interest to leave
- you decide to leave

Q: Will I be out of pocket?

A: No, patients have to be reimbursed for any out-of-pocket expenses they have as a result of taking part in the trial, eg. travel fees.

'People of my age avoid me'

Kieran Widdowson hardly recognises the carefree student he was before a brain tumour changed his life forever.

The 21-year-old from Walsall was diagnosed with a tumour in the pineal region of his brain when he was 17.

"My whole life has totally changed. I feel too mature for my age. The experience has made me very responsible. I don't see the point of going clubbing or drinking," he says.

Since his diagnosis, Kieran has lost most of his friends.

"It is too much for them. They can't cope and just avoid me," he says.

He finds the loneliness and isolation the hardest.

"My tumour is very rare and I have not found another person in the UK who has the same tumour," he says.

Talking to other patients in the Brain Tumour UK support group in Birmingham has helped.

"They have some idea of what I'm going through and we are a community. It's great to talk to someone," says Kieran

He recently started using Txt Hedz, Brain Tumour UK's SMS service for under 25s.

"I am addicted to my Blackberry and I can contact them for advice whenever I want," he says.

Kieran received money from Brain Tumour UK's Denny Care and Relief Fund for new clothes because radiotherapy has damaged his pituitary glands - causing excessive sweating.

"I go through so many clothes because of the sweat. I have also gained a lot of weight because of the steroids I was on. I will buy a few jeans, a T-shirt and a suit."

Kieran's troubles started with repetitive and very painful headaches while he was studying for a diploma in public services.

After a few visits to the GP, he was sent for a CT scan, MRI and biopsy and was given the devastating diagnosis.

He was about to start radiotherapy, but his symptoms took a turn for the worse and another MRI revealed an abscess covering 80 percent of his brain.

Doctors had to remove part of his skull to treat him and he was bedridden for weeks.

To date Kieran has had 21 operations, which included having a shunt fitted into his brain. The shunt failed and had to be replaced by a different type of shunt, which he still has.

He was sent home, but that was not the end of his problems - next followed 25 sessions of radiotherapy over 5 weeks, which affected his pituitary gland.

Unable to work because of memory problems, Kieran volunteers at the local hospital. He suffers headaches every day and has hearing problems as a result of his treatment.

"I don't make plans any more. I class each day as a new day," he says.



Before the tumour: Kieran during his last year of school in 2006



After: Kieran in hospital during his treatment

Text us if you're under25

Our Txt Hedz service offers a confidential text messaging support and information service for under25s.

To access this, text: 0753 7410025

'My brain tumour has made me a nicer person'

"Since I have had a brain tumour, I am a lot more tolerant. Everything used to be black or white. Some changes have been for the better," says Mairi, who was diagnosed with a benign meningioma six years ago.



More tolerant: Mairi

The 47-year-old occupational health nurse from Uddingston, Scotland, volunteers for Brain Tumour UK. She wants to help other people with brain tumours because of the lack of emotional support and information she experienced.

Mairi had suffered headaches, tiredness and moodiness for years.

What she knows now is that her symptoms had in fact been partial seizures caused by the tumour.

"I kept going back to the GP, who put it down to hormones or stress. I was referred to a neurologist, who also diagnosed stress."

The meningioma was eventually spotted after Mairi had a more serious partial seizure and was sent for an MRI scan.

"I was at the station on my own, when my phone rang. It was the neurologist. He said: 'You have a brain tumour. I was totally stunned. I got on the train, got off at the wrong station and had to take a taxi to my sister's house.'"

The tumour was removed during a four-hour operation, but Mairi still suffers seizures that have to be controlled with medication.

"My outlook on life has changed. I appreciate everything - nature, friendship and family. I have become more assertive and I have taken up photography again, which I love."

"For the first six months after the operation, I was just so delighted to be alive, but a year down the line, I had to accept epilepsy as part of my life. That has been very hard."

'The rug has been pulled from under my feet'

Chris has had to break bad news to hundreds of cancer patients as part of his job, but nothing could prepare him for being on the receiving end.

The surgeon, who specialised in prostate and kidney cancer, was 47 when he was diagnosed with a slow-growing, low grade oligodendroglioma this year.

"No matter how many times you tell people they have cancer, when it is you, it is a massive jolt. It is like having the rug pulled from under your feet," says Chris.

Until then, the super fit dad of two young girls was successfully juggling a challenging career, busy family life and hectic training schedule involving running, skiing, mountaineering and cycling.

"Out of the blue I had an epileptic fit. I had a CT scan and an MRI the next day, when the tumour was spotted."

Even though the prognosis was good, Chris knew his future was unpredictable. "You can't escape the word cancer," he says.

He had an awake craniotomy to remove the tumour in August.

"Even as a surgeon I was not prepared for what this operation meant. It was very long and quite painful and I felt very disorientated afterwards."

Not all of the tumour could be removed and it is likely to grow again slowly.

"I take things as they come now. I think I have taken the best option and hopefully as a result will have a better outcome in the longer run."

What Chris finds frustrating is fatigue, which stops him doing the things that define him as a person – his job, being involved in family life and sports.

When it comes to dealing with the emotional impact, the Brain Tumour UK helpline was very useful.

"It was good to have someone not medical to speak to. I needed to know if what I was feeling was similar to what others were feeling who had gone through the same thing."

Chris is determined to get back to his old self and plans to run the Silverstone half-marathon for Brain Tumour UK in March.



Family support: Chris and his family

To find out more about the Silverstone Marathon or running for Brain Tumour UK, contact the fundraising team on 0845 4500 386x2 or fundraising@braintumouruk.org.uk

Mum to walk along Hadrian's Wall in memory of son



Five years after losing her little boy to a brain tumour, a mum is helping to raise funds to help others and to keep his memory alive.

Vanessa Voysey, 40, of Bridgnorth will be doing a sponsored two-day trek alongside Hadrian's Wall in Northern England to raise funds for Brain Tumour UK in May 2012.

The walk is the latest fundraising effort in memory of her youngest son, Mewen, who was diagnosed with a brain tumour when he was 10 months old.

"Mewen and his older brother Kelig both had chicken pox and for some reason Mewen did not get better," says Vanessa.

Because he could not tell doctors how he felt, his condition was difficult to diagnose until a scan showed a tumour in the posterior fossa area of his brain.

He had to have surgery within 24 hours, which left him with vision, speech and mobility problems.

This was followed by chemotherapy and another operation,

which failed to shrink the tumour. Mewen had radiotherapy, but this also failed. He died six months later, aged three and a half.

"The most difficult thing has been the effect on our family. We somehow coped, but it has not been easy – it is not easy now. My older son never got used to being on his own and neither did I. There is a big gap in our lives and there always will be."

Even though NHS staff provided excellent care, Vanessa welcomes the role of charities such as Brain Tumour UK to offer emotional support to families dealing with the long-term impact of losing a child to a brain tumour.

"It is something I'll carry with me through my life. Even though our son is not here anymore, emotionally he's still here with us. That is something the NHS can't deal with, but Brain Tumour UK understands and helps."

To support Vanessa, visit www.justgiving.com/VanessaonHadriansWall

To find out more about Hadrian Wall sponsored walks for Brain Tumour UK, contact our fundraising team on 0845 4500 386x2 or fundraising@braintumouruk.org.uk

VOLUNTEER WITH BRAIN TUMOUR UK

If you have a few hours to spare, why not volunteer for us. Jan Eedle-Wells, Brain Tumour UK's Volunteer Co-ordinator, says:

"Volunteering is a big part of people's lives now as many realise they're able to give precious hours whether they're employed or not. Some employers are actively encouraging staff to consider volunteering, allowing staff time away from the workplace to help in the community."

Visit www.braintumouruk.org.uk/about-us/work-with-us for the latest volunteer roles or contact Jan on 01494-549180 or jan.eedle-wells@braintumouruk.org.uk

Social networking in focus at European congress



Patient advocate: Maryanne Roach



**BRAIN
TUMOUR
UK**

**Providing support
Funding research
Raising awareness**

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Brain Tumour UK is the leading, caring charity committed to fighting brain tumours. Our personalised support is available online, on the phone, by email and through support groups. Our scientific research improves the quality of life for brain tumour patients and identifies better treatments. We raise awareness to change things for the better, for everyone affected by a brain tumour.

Registered charity 1117538 (England & Wales) and SCO42096 (Scotland)

Company limited by guarantee and registered in England no. 5983336

Registered office: Cawley Priory, South Pallant, Chichester, PO19 1SY

The views expressed in this magazine are not necessarily those of Brain Tumour UK.



FRSB
give with confidence

Social networking is leading to new ways of collecting evidence and sharing information among patients and with healthcare professionals and scientists.

This emerged from discussion at the European Multidisciplinary Cancer Congress in Stockholm in September, attended by Brain Tumour UK trustee, Maryanne Roach. Brain Tumour UK was awarded one of 33 patient advocate grants by the European Cancer Organisation, ECCO.

"Social networking is no longer just used for sharing information among patients," says Maryanne, "but to help collect patient-reported outcomes such as daily reports on quality of life and adverse side effects. Patients can take a printout to their doctor, and the data can be aggregated and compared. This forms the basis of a completely new form of evidence to complement that from traditional controlled clinical trials."

Another development is the creation of highly controlled websites ("walled gardens") where users are rigorously

checked before being given access. These encourage fuller sharing of information, including with scientists and doctors.

"I was interested in talks about patient participation in clinical trials (see our story on page 4). Although there are issues to consider before taking part in a trial, there are many benefits, such as extra monitoring and access to treatments often already in use in other countries. The proportion of brain tumour patients taking part in trials is much lower than for other types of cancer and we'd like to ensure patients are given all the information and offered the chance to take part."

"It was a great compliment to be invited to attend the congress and to be able to feed back information which could help patients and carers in the UK."

To view webcasts of the conference, go to: <http://www.ecco-org.eu/PatientsAdvocacy/2011-Stockholm-Cancer-Congress/Ethics-Track.aspx>

Brain Tumour UK conference: A strong feeling of community

Patients, families and carers joined researchers, doctors and nurses for Brain Tumour UK's 11th annual conference.

The conference in Glasgow in September was an opportunity to share experiences and learn about the latest research in a relaxed environment.

Jenny Baker OBE, Brain Tumour UK's Chief Executive, says: "Year-by-year there is a stronger feeling of community among the people attending the conference. It is a special place where patients and carers can share their experiences of what can often be a lonely and isolated time."

Patient Mairie Anderson, 47, says: "It is humbling listening to other patients' stories. It helps to give me perspective to hear that other people have gone through similar experiences."

Medicine and Me: book your place

Learn from each other and leading experts at the Medicine and Me Conference.

The event to be held in Birmingham on 12 March 2012 is funded by a generous benefactor, jointly organised by the Royal Society of Medicine and Brain Tumour UK and is open to patients, carers and health professionals. Brain Tumour UK's President, Professor Colin Blakemore, will chair the event.

For further information email support@braintumouruk.org.uk or phone 0845 4500 386.