

Head to head
with brain tumours

SAMANTHA DICKSON BRAIN TUMOUR TRUST

The largest dedicated brain tumour charity in the UK

Issue 5



Only research can make a difference

**Brain tumours
now account
for more
deaths among
children and
those under 40
than any other
cancer**

We believe research will make the single biggest difference to patients' lives in terms of early diagnosis, treatment and survival. We predict the next decade will see great advances in medical knowledge and we are doing our part to ensure that brain tumour research receives the attention it deserves.

Unlike general cancer charities, SDBTT is fully committed to funding only quality research into brain cancer, which accounts for the loss of more young people than any other cancer.

SDBTT is the largest single funder of laboratory based brain tumour research in the UK but there is still more that needs to be done. The main challenge for the future is to develop more effective techniques to treat brain tumours without damaging the brain.

We want to be able to spend an additional £1 million on research to help bridge the gap between laboratory science and patient care.

This can only be done with your help.

Our policy is to raise awareness, support and funds for brain tumour research to help fight this devastating disease and give hope to brain tumour patients in the future

www.braintumourtrust.co.uk Tel: 0845 130 9733 email: patientinfo@sdbtt.co.uk or enquiries@sdbtt.co.uk
Registered Charity No 1060627

A Word from our Chairman



It only seems like yesterday when Angela and I were sitting at our dining room table making the life-changing decision to set up the Charity.

The need for a dedicated brain tumour charity is as great as ever. Only recently another dreadful statistic appeared on the horizon – more people under 40 now die each year in the UK from brain cancer than any other cancer. We continue to be committed to working towards improving survival and addressing this dreadful statistic. This year will see our largest ever research investment.

We are currently reviewing our research strategy. In addition to providing funding for laboratory based research and adult and paediatric clinical trials, we will, for the first time make funding available for Fellowships. Clinical Fellowships offer a major opportunity for encouraging new researchers into the field of brain tumour research. We are working closely with Cancer Research UK, on our Fellowship Programme. They are also introducing us to their Experimental Cancer Medicine Centres throughout the country. We hope to apply some of the breakthroughs in other cancer types into brain tumour research. This is a fast track approach which will enable us to catch up on the years lost through under-investment in the area of brain tumour research.

Our patient support division has had another busy year. It is a remarkable fact that 60% of our funding comes from patients and families that have been affected by a brain tumour. We now have 39 umbrella groups providing 30% of our total income.

We have received great support from our Patrons and I would like to thank Dawn French, Jonny Wilkinson, Ciara Janson, Fiona Fullerton, Earl Spencer, Alastair Stewart, Sandy Lyle and Lesley Thomas for making personal appearances during the year.

With your help we are making great progress, and with the move to larger offices we are confident we can keep the momentum going and achieve our 11th consecutive record year.

NEIL DICKSON

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Samantha and Angela Dickson

It all started with Samantha whose legacy lives on through the Charity's continued fight against brain cancer

Research

Study of outcome of children previously treated for medulloblastoma:

Professor Colin Kennedy, Professor in Neurology and Paediatrics at the University of Southampton has just completed a seven year study funded by an SDBTT grant of £200,000 with funding partners, Brain Tumour UK contributing £40,000. This project has produced vital information for the future treatment of children with medulloblastoma, the most common malignant brain tumour in childhood.

The purpose of the study was to find out if there are any differences in the quality of life between two groups of children and young people who were given different treatments for medulloblastoma in the 1990s. One treatment consisted of radiotherapy after neurosurgery (RT) and the other included chemotherapy between neurosurgery and radiotherapy (RT+CT). The study looked at 127 surviving patients between 6 – 24 years of age.

It was noted that those who received chemotherapy were consistently found to have poorer scores on a series of well validated questionnaires, indicating poorer health status, more behavioural problems, less pro-social behaviour and poorer quality of life. They also experienced greater restriction of physical activity and required more help at school.

This research provides important information for clinicians treating this tumour type. Not only was the use of chemotherapy not superior in achieving a cure from medulloblastoma but it also had a significant cost to quality of life.

The study has provided evidence to support the growing consensus that collecting information relating to the child's quality of life needs to be an integral part of research to find better treatments for medulloblastoma.

These findings appeared in the Journal of Clinical Oncology - September 2007.

A Scientific Viewpoint

We asked Professor John Darling to review the last ten years and do a little crystal ball gazing for us:

Recent evidence suggests that an increasing proportion of malignant tumours might be curable. A decade ago the only widely used chemotherapy was with drugs like CCNU or the PCV protocol. In this relatively short time a new agent called temozolomide has replaced these rather toxic regimes. Temozolomide is administered at the same time as radiation, and often continued for long periods of time. However few cancers are treated with a single drug; usually combinations of several unrelated drugs are used. The emphasis will be to add additional agents to this type of treatment. There is evidence that a new agent called bevacizumab, which interferes with the ability of tumours to produce new blood vessels, when used in combination with irinotecan produces clinical responses in patients with malignant brain tumours.

Here are some areas of laboratory work that could change clinical practice in the next two to five years:

- Glioblastoma multiforme (GBM) isn't one type of tumour, it's probably about five or six different types and each subtype may respond differently to therapy. Therefore patients need more individualised therapy. We know that an enzyme called MGMT is important in determining response to temozolomide and that something about chromosomes 1 and 19 determines which patients with malignant oligodendroglioma respond to chemotherapy.
- Bevacizumab, is only one drug under development for brain tumours. Others like gefitinib, erlotinib, imatinib, cetuximab and serolimus recognise and block specific cell signalling pathways that drive cell division. These are undergoing clinical trial and we will soon know how effective they will be.
- A population of cells within brain tumours called "stem cells" seem to be the cells from which these tumours arise and if treatment is to be successful then we need to kill them specifically. Work is underway to identify features of these cells so that we can specifically target them.
- There is now considerable evidence that immunotherapy might be effective in treating patients. Extracts of patient's tumours can be used to produce an individualised vaccine and these seem to be effective in both adults and children. There are suggestions that immunotherapy might also enhance the effectiveness of chemotherapy in these tumours.

What will we have in 10 years time? I believe that we will use individualised combination chemotherapy based on an analysis of each patient's tumour. This will be directed against the transformed stem

cells from which these tumours arise. Therapy will involve drug combinations which will be delivered locally following extensive surgical resection of the tumour and at the same time as radiotherapy. Immunotherapy will form part of the treatment. This will result in an increasing proportion of patients who survive five or more years after diagnosis.

One area of brain tumour research continues to be controversial - how to treat low-grade gliomas in adults. Imaging and molecular genetic studies are underway that will be able to predict malignant transformation, but there has not been the same success in developing new therapies. I hope that in the next ten years we can improve this situation and for this to happen there must be rigorous scientific studies carried out without a rush to translate laboratory findings into clinical practice until we know how these treatments work.

Once the laboratory-led stage has been set and definitive trials have been designed there must be effective translation to clinical use. This will be organised at national and increasingly regional level across the UK with scientists and clinicians cooperating together through groups like Brain Tumour North West, a strategic alliance in the north west of England committed to developing new treatments for these tumours. Other regions in the UK will start to develop their own alliances and this can only be of benefit to patients who want to participate in locally

Recent evidence suggests that an increasing proportion of malignant tumours might be curable

organised clinical trials. The development of strong regional partnerships will also go some way to redressing the position of brain tumours as being the poor relation of cancer research.

I look forward to reviewing the developments made in the next 10 years and seeing how accurate I was! However my predictions are based on what we know now and as almost nothing I have discussed was known about in 1997, it is probable that the continued improvements in the outlook of patients with brain tumours will be driven by biologies we are not presently aware of, using techniques that we don't know we have to develop. What is certain is that there are exciting times ahead for brain tumour scientists, clinicians and most importantly brain tumour patients, their families and carers.



Trial Co-ordinator for adult brain tumour Clinical Trial

As a member of NCRI brain tumour clinical trials division, Neil Dickson is very concerned at the lack of adult brain tumour clinical trials in the UK.

To rectify this problem the Charity has formed a strategic partnership with Cancer Research UK to jointly fund a trial co-ordinator for the NCRI adult brain tumour clinical trials group. This position will help the group encourage more innovative Phase II clinical trial applications and make more trials available for adult brain tumour patients.

Our Grant Research Round – the facts...

Sandra Price, Marketing and Communications Manager, interviews Dame Ingrid Allen CBE, Chair of SDBTT's Scientific and Medical Advisory Board.



Dame Ingrid Allen CBE

Sandra **When will the next Research Round commence?**

Dame Ingrid We are currently reviewing our research strategy and are hopeful we can broaden this to include fellowships in addition to laboratory and clinical trial research. Once this review is complete we expect to announce the date of the next research round later in the year.

Sandra **The Charity is a member of the Association of Medical Research Charities and follows their guidelines for peer review. What is peer review?**

Dame Ingrid The Charity ensures that all project proposals are peer reviewed both externally and internally. We draw on an extensive list of eminent scientists and clinicians from around the world who give their time freely. We provide them with a review form and they are able to assess the proposed project under headings such as value for money, relevance and importance. They also score the project between 1 and 5 (5 indicating of major international importance). Many of the projects we receive attract high scores. The peer reviewer remains anonymous. We also have a Conflict of Interest policy of which reviewers are aware.

Sandra **What about the internal review process?**

Dame Ingrid We have 26 members of our Scientific and Medical Advisory Board (SMAB) drawn from the UK, Europe and the Middle East. Each member sees every project and provides an anonymous assessment of its merits.

Sandra **Once all these assessments have been received what happens next?**

Dame Ingrid SMAB meets and each project is then introduced by a member of the Board and thoroughly discussed. Using a numbering system we vote on each proposal which allows us to prioritise which projects should be at the top of the list for support.

Sandra **What happens to this prioritised list?**

Dame Ingrid The list is put to the Board of Trustees who have the final responsibility to agree how much can be spent. Sometimes projects have to wait until more funds are available which is a great pity. This is why the Charity urgently needs additional funds to help with the cost of this year's research round.

Sandra **What part do the Umbrella Groups play in this process?**

Dame Ingrid Once the Trustees have agreed the list of projects to be supported the Umbrella Groups are approached and invited to fund a portion of any project they feel most appropriate.

Sandra **Are there other funding partners you can call on?**

Dame Ingrid Yes, the Trustees and staff at SDBTT work very hard to identify funding partners, particularly other brain tumour charities prepared to help support projects already agreed for funding.

Sandra **How much do you hope to have available to spend on research this year?**

Dame Ingrid Our current commitment is £800,000 a year and we expect to increase this by 30% over the next few years.

Sandra **Thank you.**

“ **Research is urgently needed and is the only certain way to ensure the future life chances of those with a brain tumour** ”

SDBTT Astro Fund



Barbara Howard, Fundraising and Administration Manager and Katie Sheen, SDBTT Astro Fund Chief Executive

Astro Fund is the specialist section of SDBTT providing **support for low-grade brain tumour patients**, families, carers and friends, and raising funds specifically for low grade glioma research projects.

Last year **Information Days** were held in Liverpool and London. Many patients and carers found these beneficial. Please see below for information about the next Information Day.

Astro Fund and the international **internet chat group Low Grade Glioma Support**, founded by patient Joe Ralph in 2005, continues to grow from strength to strength. Katie Sheen helps moderate the group, which provides an invaluable forum for patients and carers to exchange information as well as share both the highs and the lows that low-grade tumours bring. More information is available on the Astro Fund website.

Astro Fund recorded a record year in 2007 through a number of popular and successful fundraising events and would like to thank everyone involved.

Bike 4 Brains

One of the major fundraising events for 2008 will be a sponsored bike ride in partnership with BASIC (Brain and Spinal Injury Centre), who provide rehabilitation services from their base in Manchester. The event is on Sunday 29th June and starts and finishes in Ashbourne, Derbyshire. Two circular routes are offered of 29 and 49 miles in length.

Please contact Astro Fund on 0845 130 7627 for more information.



Dr Jeremy Rees PhD FRCP reports on this recently completed project funded by Astro Fund

Advanced MRI techniques in the evaluation of Low-Grade Gliomas

This report represents the culmination of seven years' work studying the growth of untreated low-grade gliomas. These are slow growing tumours which may cause very few problems for many years until part of the tumour starts to grow more quickly and turns into a high-grade glioma, a process known as malignant transformation.

Patients with low-grade gliomas were monitored using a variety of different Magnetic Resonance Imaging (MRI) techniques. These techniques can provide information on tumour volume, growth rate, blood flow, 'leakiness' of blood vessels (regarded as an early sign of malignant transformation) and tissue ultrastructure, ie how tightly the tumour cells are packed together. Each sequence was analysed to answer three main questions:

- Can a specific sequence show changes of 'early' malignant transformation before it becomes apparent, either on conventional images or before the patient's condition deteriorates?
- Can a specific sequence identify different subtypes of low-grade glioma which have different responses to treatment and survival times?
- How stable is the sequence over time and therefore how much change should be regarded as significant?

There is still more data processing to do, but we believe that we have begun to answer many of these questions. We now move to the next step which is to use the information from this study to help select patients who are at high risk for malignant transformation for studies into new agents aimed at slowing the natural progression of these tumours and hopefully improving overall outcome.

Written on behalf of the UCL Institute of Neurology Glioma Research Group

Brain Tumour Information Day – 17th March 2008

The next Information Day is for both low grade and high grade brain tumour patients and their carers. It will take place at the Imperial Hotel, Russell Square, London. There will be a number of interesting speakers as well as the opportunity to take part in workshops.

Comments from a past attendee:

We just want to thank you for the lovely meeting and fantastic lunch. The day was a complete success... it is nice to know that someone is always there to listen and help.

For more information please contact Heather Waterton Patient Support Manager 0845 130 9733 or email: patientinfo@sdbtt.co.uk

Stories of hope



Matt Winter writes...

This is a story of my own personal journey through diagnosis, treatment and beyond. Many people go on the same journey with different treatments and experiences. The outcome is not necessarily bleak.

It all started in 2004 when I was 34. I would feel nauseous and sometimes be sick and I experienced a sharp headache every time I bent over. Later I

experienced loss of hearing, tingling in my face and occasionally double vision. I went to see my GP who initially misdiagnosed the problem. For many months I was given treatment for other conditions but the symptoms got worse and eventually I was referred to a neurologist and had an MRI scan. We returned to the hospital to be shown the scans which revealed a white mass the size of a satsuma at the back of my head. We were told it was a tumour. Reeling from the shock we were sent to wait outside in an open waiting room.

We had several meetings with the neurologist and I had further scans. At one point I was told the tumour was inoperable but eventually and

thankfully they decided to do surgery. Even then I had to wait for a bed and made many calls to the ward sister! The doctors were not able to remove all of the tumour and I have been left disabled. I also underwent six weeks of radiotherapy, being told at the time that I probably had between 6 months and a year.

Scans since have shown that the tumour has stopped growing and I recently asked the question, "Am I terminally ill"? To which the answer was an emphatic "No". The joy and relief my wife and I felt after hearing that was indescribable.

I would like to finish by saying that there is always hope, I understand I have a life limiting illness but I am now looking to return to work and have sent forms off to DVLA with regard to driving again. The disability has stopped me enjoying things that I used to do, but I am finding many new things. We now own a dog that we love very much. There are actually positive things that can happen after a brain tumour. I also see life with improved clarity - many things now seem perfectly clear and understandable whilst others are trivial. I now look towards the future and realise that you can have a worthwhile life with a terrible illness.

The outcome is not necessarily bleak

Cathi Core writes...

It all started back in 2002 when I was diagnosed with a low-grade brain tumour following fits during pregnancy back in 2001 – the latter hadn't worried me, given I had suffered epilepsy as a teenager and I just thought it was the pregnancy, but someone had the sense to insist I had a CT scan and suddenly we found ourselves facing a whole new future.

Back then in 2002 we all felt very relieved when the grade 2 astrocytoma was resected and I 'bounced' through the experience much to my family's relief and amazement. The follow-up regular MRIs became something we just dealt with each time not really believing anything would happen. I went back to driving and life returned almost to normal – the large scar not being visible.

And so it was, until May 2006 when my neurosurgeon gave us the news that the tumour had grown to approximately 50% of the size it was before and a second resection was necessary. To say it was a big shock was an understatement.

I was lucky enough to find the Yahoo glioma support group run by Joseph Ralph and Astro Fund for those affected by low-grade gliomas. This has helped me enormously, as it is not always easy to find people



Cathi, Tom and Ian Core

in a similar situation and yet the wealth of support and information given by members is amazing.

Once surgery was over I had some excellent counselling which helped me accept the fact that brain tumours don't always go away and stay away. That along with the support group kept me going.

Eighteen months on from second surgery I consider myself one of the lucky ones – had I not had my baby son, diagnosis would in all likelihood have been much later. My tumour is/was in the right frontal lobe which is nicely accessible for surgery and so currently there is no tumour. I am back to driving again although I cycle far more than I ever did before.

The wealth of support and information given by members is amazing

UMBRELLA GROUPS

We now have 39 umbrella groups (please see pg 8 for location and list). Full details of each group, along with information about how to set one up, is available on our website. Many groups are set up in memoriam whilst other groups are fundraising for SDBTT in the name of a patient.

SDBTT Alfie Jack Morland Fund



Alfie was 5½ months old when he was diagnosed with a posterior fossa brain tumour. It was inoperable; he was too young for any other intervention. Tragically, Alfie died a week later. Alfie brought endless amounts of joy to all that met him.

Alfie's parents, Rob and Lucy, had taken him on numerous occasions to be assessed by different health professionals, from their GP to a private paediatrician, regarding a sudden onset squint and a stiff neck.

However, they were made to feel anxious and paranoid. Alfie was never referred to a neurologist or for any further tests. If the doctors had listened not only might the outcome have been different but Alfie's parents may have been spared the suffering and pain that resulted from continued misdiagnosis.

Alfie's parents made an official complaint against those that were involved in his care. They are actively following this up and with the co-operation of different hospital Trusts, medical and nursing managers are trying to instigate changes of policy, working practice and increased training.

An umbrella fund has been set up to support the work that SDBTT continues to do in raising awareness and funding research into this devastating and tragic disease.

SDBTT Jodie Adams Fund

Jodie's Mum writes...

Jodie had been suffering from headaches for 6 months and no medication seemed to relieve her from the pain. She had been to her GP and was told that it was migraine and nothing could be done about it. We were not satisfied with this diagnosis and saw a consultant privately. The day before our beautiful daughter's 24th birthday, Jodie and I went to receive the results of her MRI scan. I was not expecting or even prepared for the words "Brain Tumour".



Jodie had an astrocytoma behind the optic nerve and in front of the motor neurone nerve. The plan was to extract as much of the tumour as he could then review the situation. Because of the tumour's position complete extraction was impossible.

A long period of treatment followed with ups and downs, highs and lows, but Jodie's attitude remained positive and uncomplaining, "Bring it on and I'll bat it away", was her motto.

We would give anything to have another hour with her to tell her how proud we were of her, how much pleasure she had brought us during her 28 years and how much we all loved her. But that will never happen. Every day she is in our thoughts and she will never be forgotten.

SDBTT Ruby Lois Barnard Brady Fund



Ruby's life was taken from her by a high grade, inoperable brain stem glioma on July 19th 2007. She was 4 years old. Ruby was a beautiful little button. She adored nature, baking with her Daddy, adventure, thrills (the faster the fairground ride the better!), chocolate and chips, pink princesses, spiderman and Scooby Doo and any jokes about pool!

SDBTT Anne-Marie O'Riordan Fund

The first thing most people noticed about Anne-Marie was how devastatingly beautiful she was, and then they realised this striking beauty was her plainest feature. Anne-Marie was kindness personified and this, coupled with her empathetic nature made her a beacon for others to turn to in their time of stress.

Anne-Marie was blessed with an incredible intellect which she took into the city, carving out a very successful career in equity derivatives at Goldman Sachs. This gave her the opportunity to use her language skills, particularly Italian which she loved so much and spoke fluently.



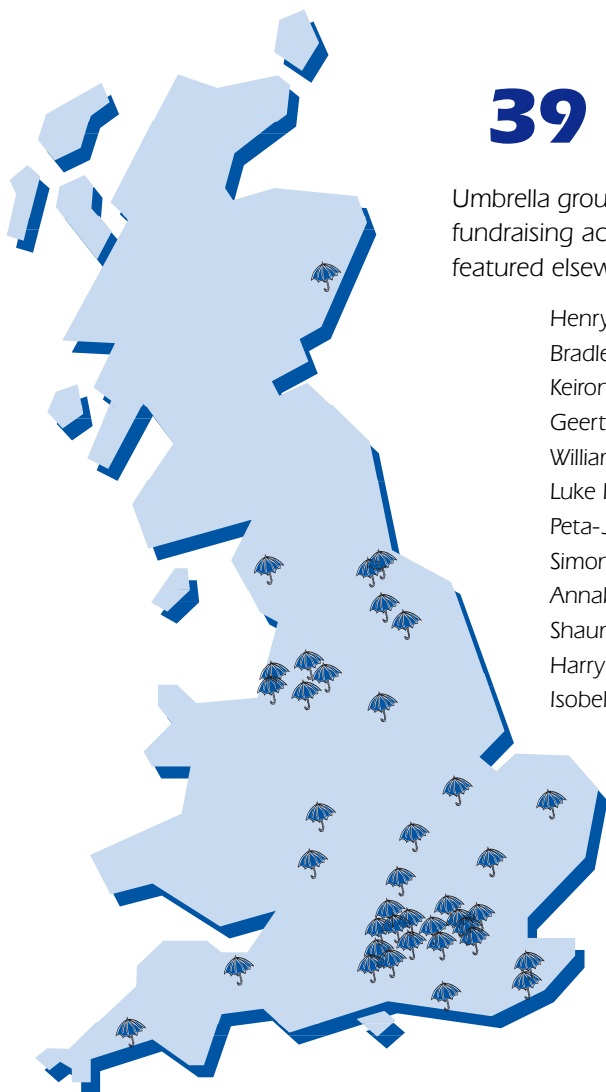
In January 2007 she was diagnosed with a low grade tumour and her uncle Kevin rasped his disappointment that it was the first time she'd ever gotten a low grade in her life! Sadly the diagnosis was wrong and Anne-Marie's mum and I were called into a room and told it was far more sinister and aggressive than anything they'd previously countenanced. Quickly her health deteriorated and we brought her home. She passed away within three weeks and her mum beautifully summarised it as follows, "We'd all been so desperately praying for a miracle and we had one all along, her name was Anne-Marie".

Keith Whelan, Fiancé

SDBTT is funding a project under Professor David Walker which has identified problems associated with late diagnosis. Please visit our website to find out more.

We now have 39 umbrella groups

Umbrella groups raise funds locally throughout the UK. Full details about their fundraising activities can be found on our website. Here is a list of those not featured elsewhere:



Henry Barnfield
Bradley Chilton
Keiron Clark
Geert Cloet
William Doolin
Luke Frost
Peta-Jane Gath
Simon Gaynor
Annabel Goode
Shaun Lee Johnstone
Harry Jones
Isobel Kelley

Gordon King
Christopher Knowles
Gordon Lambert
Robert Lilley
Chloe Pyne
Dennis Ralph
Anne-Marie Ramalingum
Angela Robinson
Connor Roscoe
Claire Rowland
Donna Ryan
Beryl Skippen

Ian Slee
Andrew Stringer
John Tainton
Graeme Turner
Ian Widdup
Antony Wills

Eleanor French
Alice Murphy
Elizabeth Poole
Ben Sambrook

Patient Support Group Worcestershire

If you have a brain tumour and would like to attend this group you will be very welcome. Many patients attend with members of their family or other carers. More information is available by emailing wbtsgroup@fireflyuk.net or via the SDBTT Office.

Dates for 2008:

7th March

Charities, trusts and other support

6th June

Medical perspective

5th September

Driving licences

7th November

Treatments and research

Patient Support Group North Hampshire

This group continues to be well attended and is a place for those affected by a brain tumour to meet, chat, glean information and enjoy Sue's marvellous buffet lunches!

Dates for 2008:

13th March

Website for Carers and Patients

8th May

Coping with fatigue

10th July

Breathing relaxation techniques

11th September

Alternative therapies

13th November

Welfare benefits



Ben Sambrook with David Bailey

David Bailey gave a series of concerts in the UK recently including a home concert in Hartley Wintney in October.

David is an 11 year survivor of a GBM and has an inspirational story to tell. He uses words and music to communicate his beliefs and so far he has recorded 14 CDs.

David plans a second tour of the UK at the end of October this year. Please contact the office for more details.

<http://www.davidmbailey.com>

Returning to School – for pupils with a brain tumour

This excellent guide is available free of charge from:

Cerebra, Principality Buildings,
Guildhall Square, Carmarthen SA31 1PR
Tel: 01267 244200

Coming Soon...

We have a new Patient Support Group starting in York.
Please contact the office for further details.

Our latest news

Dorchester Ball 2007



Picture courtesy of MH Photos

Patrons Ciara Janson, Fiona Fullerton and Alastair Stewart help Angela Dickson, Founding Trustee, draw the raffle

Over 300 guests were treated to a sumptuous evening of gourmet food, fine wine and excellent entertainment provided by baritone, Olafur Sigurdarson and The Mark Tait Band.

Guests were able to bid on a wonderful variety of prizes including a racehorse, a week in Cyprus, Silverjet flights with a stay in New York, a villa in the Algarve, a luxury cruise and a weekend stay at Bleak House, Charles Dickens' former home in Kent.

The evening was a great success and raised over £100,000.

Our thanks to all those who supported the evening in whatever capacity.

The evening was a great success and raised over £100,000

New CEO

In March, Paul Carbury will be joining the Trust from UnLtd – The Foundation for Social Entrepreneurs where he has been Director of Programmes and Operations for the past 5 years raising over £3 million. Paul has worked in the charity sector for 14 years and has personal experience of our work having lost his mother to a brain tumour 7 years ago.

Self Assessment Tax Returns



The government has set up a new scheme that will allow individuals to nominate SDBTT to receive any tax repayment as a donation. Please quote **MAC06EG** on your Self Assessment Tax Return.

Christmas Card Designs needed NOW!

Our range of Christmas cards has proved very popular over the last two years with sales growing rapidly year on year. We are very grateful to the children who designed much of our existing range and to Bob Cook, who was responsible for the four humorous cards we featured.



This year we are holding a competition to find cards for inclusion in our 2008 range. We need card designs that will appeal to a wide range of tastes so would welcome entries from young and old offering both traditional and contemporary designs.

Deadline for entries is 31st May 2008. The decision of the judges will be final. Original artwork can only be returned if an sae is provided. Designs may, in the first instance, be submitted electronically to sandra@sdbtt.co.uk.

Winners will see their card produced, have their name credited within the card and be sent a complimentary pack.

Sponsorship Opportunities

We would welcome sponsorship for the production of each card. In return you can dedicate a card to the memory of a loved one or include the logo and name of your business. Sponsors can choose the card design on a first come, first served basis. The cost of sponsoring the production of one of our Christmas cards is £750. Sponsors will receive 10 complimentary packs of cards (100 cards).

Please contact Maria Birchall, Fundraising Manager, for more information.



We have moved...

The success of the Charity and the resulting expansion made it necessary to seek alternative premises. Our new address is:

Saddlers House, 100 Reading Road, Yateley, Hampshire GU46 7RX

Our telephone number and email addresses remain unchanged.

Fundraising News

Trekking for Charity

Life getting a little too cosy? Fed up with holidays in Spain? You can have the adventure of a lifetime AND raise funds for the Charity at the same time. That is exactly what Karen and Paul Alderton did last year covering 100 km on foot in searing temperatures, miles from civilisation! The Chapada dos Veadeiros, a Brazilian national park was the location of their trek for SDBTT Astro Fund. Karen and Paul have been active fundraisers for Astro Fund since their daughter Josie was diagnosed with an astrocytoma in 2004 when she was just 21.

Karen says, "At the end of the walk we had a chance to put life in perspective and I am sure that many of the group resolved to return home proud of what we had achieved and determined to move on with strength to conquer whatever problems might lay ahead." Karen and Paul raised £4,616 for Astro Fund.

Please contact the SDBTT office if you would be interested in a similar adventure or read on below.



Cooling off by a convenient waterfall

Get 'on your Bike' in Brazil in 2009...



Enjoy a life experience you will never forget!

In spring 2009 a 400 kilometre cycle ride is planned with the aim of raising in excess of £50,000. Starting in São José dos Campos and finishing in Rio de Janeiro, this challenge of a lifetime will take riders along beautiful sandy beaches of the Costa Verde coastline and to some of the most amazing locations in this stunning country.

Register and pay a £250 deposit and pledge to raise £2250 before the end of 2008 to secure your place.

We hope to see you there!

Call Maria on 0845 130 9733
or Dan on 07884 000616
or email us on enquiries@sdbtt.co.uk

Register
NOW!

London Marathon – 13th April 2008

We are grateful to the following people who will be running for the Charity. Good luck!

Dave Kelley, Emma Southon, Jo Hope, Martin Dunn, Hamish Taylor, Caroline Saines, Paul Kirk, Oliver Hawking, Dan McCormack and Ben McCormack.



BRAIN TUMOUR AWARENESS MONTH

March is designated Brain Tumour Awareness Month and a number of events will be taking place to raise funds as well as awareness.

Below we list a small selection:

Tea Party Week : 10th – 16th March

Something which is so easy to organise can help raise funds for the Charity and provide you with an opportunity to meet up with friends and have fun! Tea parties can be held later in the year if you wish. Contact the office for a Fundraising Pack.



Liverpool Half Marathon : 2nd March

Deborah Matthews will be running in this event. Tragically she lost her sister, Wendy, to a brain tumour last year.

Fleet Half Marathon : 16th March

Helen Banks will be running in this event for us.

Marathon des Sables : starts 27th March

Peter Chapman will be taking part in this gruelling event raising funds for SDBTT Shaun Lee Johnstone Fund.

Twinning Assoc Dance : 29th March

To be held at Victoria Hall, Hartley Wintney in Hampshire.

MARCH

Fundraisers United

We have been very impressed by the wonderful fundraising ideas our supporters have had over the last few months. We want to thank each and every supporter for all their hard work and commitment. Here are just a few examples...



St Peter's School, York spent a year fundraising. Proceeds were shared and SDBTT has received £22,500. Paddy Stephen pictured third from right took part in the London Marathon.



East African Safari, 25th November – 3rd December: Peter and Marcus Harland raised over £5,000.



Great North Run – Judy, Jonathan and Langley – raised £1,200 for SDBTT Alfie Jack Morland Fund.

The Hippo Walk for SDBTT Jodie Adams Fund, over 100 people took part and raised over £9,000.



SDBTT Chloe Pyne Fund held a Stars in their Eyes event and raised £950. Pictured with the Pyne's is Jason as George Michael!



Edward Burch, Susanna Twiddy and friends on Dartmoor, they took part in the IBTA Walk and raised over £6,500.



SDBTT Claire Rowland organised a Glitz and Glamour Ball in November and raised £21,000. The Ball was held in Hangar One, Sywell.



Sisters Alison and Rachel raised £800 in memory of their mother Beryl Skippen.



SDBTT Donna Ryan Fund held a 70s night at Oak Park Golf Club and raised over £1,000.



£5,000 was raised by the Sinclair family who did a sponsored 75 mile walk, Fort William to Inverness. Proceeds were shared equally with another charity.



8 ways you can help us



Donate Online

Make a donation online, it's fast and secure, visit our website at www.braintumourtrust.co.uk



Donate in memory

Make a donation in memory of a loved one.



Gift Aid it

Gift Aid

If you are a UK tax payer we can reclaim the tax paid on your donation.



Recycling

Raise money by recycling. Find out how on our website.



Standing Order

Set up a standing order. This helps the Trust to plan its income and expenditure.



Leave a legacy

Make SDBTT a beneficiary in your Will. We can provide a fact sheet to help you.



Fundraising

Organise a fundraising event – look through this newsletter for inspiration!



Christmas Cards

Purchase your cards from us and the proceeds go towards the Trust's work. Details on our website.

- I would like to hold a Tea Party, please send me a registration form
- I would like to make a donation to SDBTT and enclose a cheque (payable to SDBTT)
- I would like to make a credit/debit card donation to SDBTT and have provided card details below
- I would like to make a donation to SDBTT Astro Fund and enclose a cheque (payable to SDBTT Astro Fund)
- I am a tax payer and would like to gift aid this and all future donations
- I wish to donate regularly by Standing Order. Please send me details
- I would like more information. Please add me to your mailing list
- I wish to consider leaving a legacy to SDBTT. Please send me an information sheet

PLEASE COMPLETE IN BLOCK CAPITALS:

Name: _____

Address: _____

Post Code: _____

Tel: _____

Email: _____

CREDIT CARD INFO:

I wish to make a donation of £ _____ using my credit/debit card.

Please debit my card:

Name on card: _____

Card No: _____

Expiry Date (mm/yy): _____

If you have ticked the Gift Aid Box, please sign and date here: _____

No acknowledgement necessary



Send to **SDBTT, Saddlers House, 100 Reading Road, Yateley, Hampshire GU46 7RX**

Tel: 0845 130 9733 Fax: 0845 130 9744 Email: enquiries@sdbtt.co.uk

