BRAVEHEARTS

MAGAZINE ISSUE 8 - CHRISTMAS EDITION 2024

CONTENTS

EDITOR'S NOTE

Welcome, dear reader, to the 8th issue of BraveHearts magazine!

I hope you have all been enjoying our feature stories, crosswords and wordsearches so far. In this issue, we have focused on something seasonal as well as our survivor stories who are courageous, skilled and resilient. Thank you to Dr Kristian Aquilina, Katie Schuster and Anthea Hobbs for your feature article contributions. I hope to welcome many more of you to our pages (as readers and writers!) in the near future.

Annabelle Higgins

Hello Welcome

You have received this copy of Bravehearts either because you work with children who have been diagnosed with a brain tumour before their 25th birthday, or because you or a sibling have been diagnosed with a brain tumour before your 25th birthday.

Bravehearts is written by the survivors or childhood brain tumours, for survivors of brain tumours.

It is published by Success Charity.

We are on a mission:

- To support survivors of childhood brain tumours
- To allow survivors of childhood brain tumours to have a voice
- To lobby for improved recovery services for survivors of childhood brain tumours

To achieve this we:

- Have an online friendship groups for people just like you are
- Produce a survivors manual, written by survivors for survivors
- Host workshops and conferences to share lived experiences, enable clinicians, and champion for change

We would love you to join us:

Its Free

All you have to do is drop us an email: **info@successcharity.org.uk**

We look forward to hearing from you soon

www.successcharity.org.uk

Bravehearts Live!

You are invited to join us...

Every month we :

- **Chat with Helen**
- **Meet together**
- **Create friendships**
- **Share experiences**
- **Write our survivor manual**

Want to know more, then email Sam at info@successcharity.org.uk


success charity
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Would you like to develop your language and thinking skills?
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We are offering a new FREE 12 week programme, delivered online with a registered therapist, to help you develop your movement, language and thinking skills.
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A parent's perspective – the unexpected

By Anthea Hobbs

Nothing can prepare you for being told your child has a brain tumour.

When I took Alex to the doctor in 2017, he seemed like any other typical, happy three-year old boy. He'd started to lose his balance occasionally and one of his eyes would sometimes squint, but he would always correct himself when questioned – children are great at compensating. He'd been sick a few times and had a random rage outburst at his sister which was very unlike him. But again, nothing out of the ordinary for a three-year-old.

I walked into our local GP thinking he had an ear infection but instead we were sent straight to our local hospital. There, the fear started to creep in, as more and more doctors came in to observe Alex. With only 65 children a year in the UK diagnosed with Medulloblastoma, it's a rare sight and Alex was diagnosed on the 17th of September 2017. We were so lucky the doctor spotted his symptoms, as I know now this is rare and misdiagnosis is so common.

The following days were a blur; from the Consultant who bluntly delivered the life-changing news, to the blue lights as we sped in an ambulance to GOSH. Scans, medications and cannulas. And then, just four days after first seeing the doctor, a nine-hour operation.

It's like you're outside of yourself. One minute you're working and excited about your children starting school and nursery; next thing you're living in a hospital, everything out of your control, making life-changing decisions on your child's behalf, piecing together what's next, and all the time wondering, will he survive?

That operation was just the beginning. We had no idea at that point of all the other things Alex would have to endure. He had five operations in total including inserting and removing lines and learning to care for him at home – it was terrifying at first, but eventually became our new normal. Despite shielding from the world, infections saw us back in hospital in isolation. The IV antibiotics came to be one of the worst parts of the treatment process: they were so tough on his little body that we used to sit there and cry together when they started. And the anaesthetic before radiotherapy was a daily trauma for all of us. It's hard to explain the constant push and pull desperate to escape the horrendous situation you're in, but not wanting to leave Alex's side.

You become very grateful for everyday moments you used to take for granted – and for small acts of kindness. There was the fantastic mum whose son also had cancer. She helped me take control of Alex's care, timetable everything from appointments to medications, showing me how to become his advocate and in the end, helping me realise that you know your child best. We met many other beautiful people along the way, and I think of them often.

But you also learn that when the going gets tough, not everyone is there for you. For a lot of people, the realisation that a child they know is so gravely ill, is just too much to cope with.

The kindness and dedication of the nurses got us through it, day by day. Alex had to learn to walk again, and as he also stopped eating at the beginning of radiotherapy he was also seen by a dietician, physio and an OT. We were so lucky to have had this intervention at the outset, as it had a massive impact on Alex's recovery and rehabilitation.

During treatment things are constantly happening; it feels like you're progressing towards an end goal. When it was over, I went into the rehabilitation stage thinking, this poor boy has been through the most horrendous thing imaginable - surely the system will have his back.

Sadly, this is not the case. In fact, post treatment, parents have to become the front-line fighters, the advocates, the seekers of rehabilitation and support opportunities, all while operating on minimal sleep, coping with anxiety, trying to work and look after other siblings. It all takes a massive toll.

We've been lucky to have counselling support, both locally and through GOSH, along with a fantastic network around us - without it, I think we would have really struggled to rebuild our lives. Alex is doing well with all the support we can currently find. Unfortunately, it is a constant battle to keep this in place. This is why the work Success is doing is so important, creating a pathway to enable the right support at the right time.

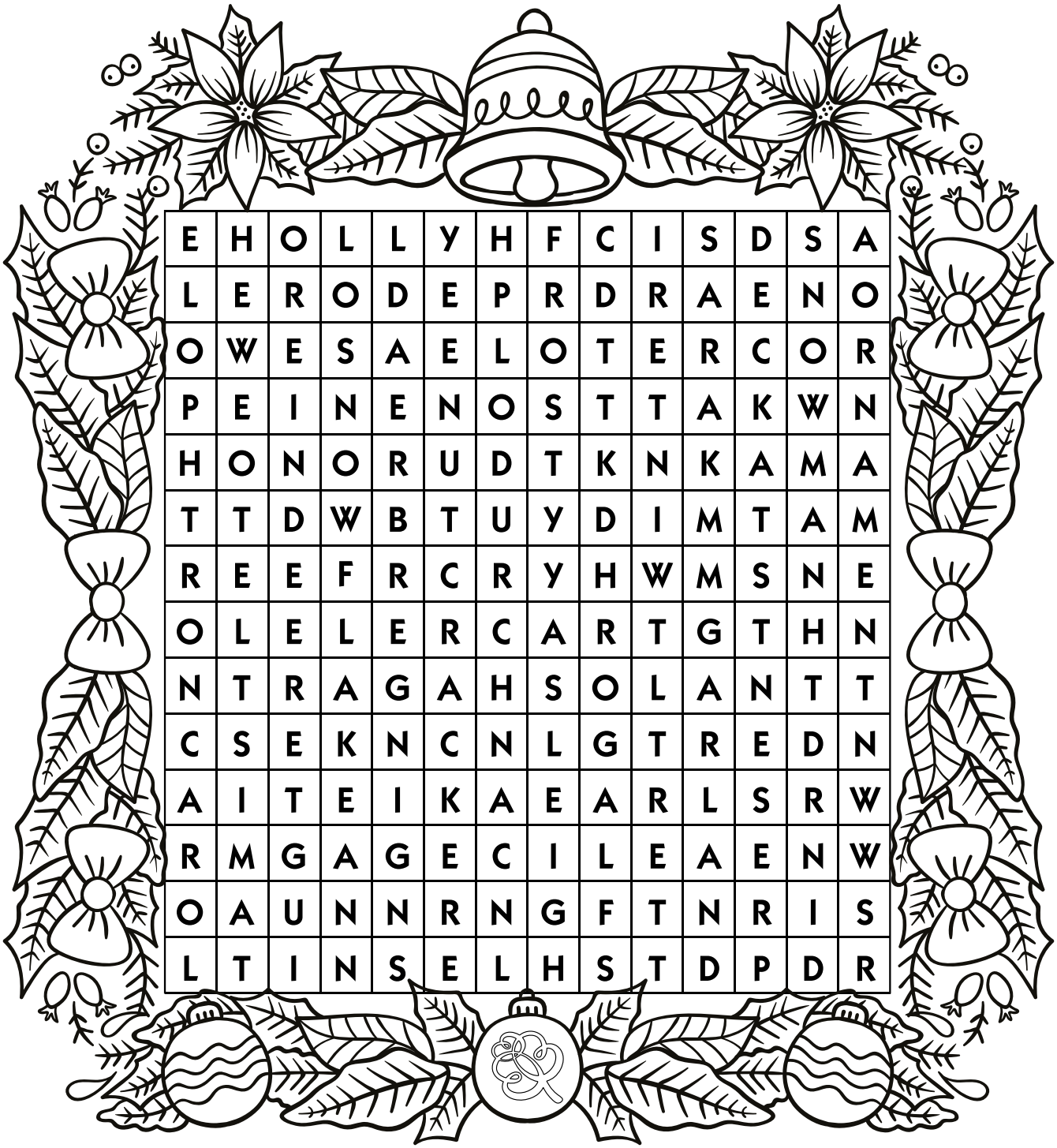
Family life has not turned out how we imagined. There's sadness and fear. Seeing all the things Alex's peers do with ease, the normal childhood moments that won't be a part of his journey. Feeling guilty about the time we spend away from his sister, caring for him. The ever-present dread of relapse, and of missing something if you take your eye off the ball.

But we also have moments of pure joy, witnessing Alex achieving things we never thought possible, and being forever grateful that he's still with us. Grateful too for Alex's sister who, through it all, has become such a kind, caring soul.

This journey has changed us all forever.

As we look forward, I believe the work Success is doing is so vital, to give Alex and all these other amazing children the opportunity to live the best life they can.

CHRISTMAS WORDSEARCH



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RUDOLPH ORNAMENT GINGERBREAD GARLAND MISTLETOE
TINSEL SNOWMAN WINTER CAROL FROSTY SNOWFLAKE
NUTCRACKER PRESENTS

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Christmas Quiz

1. How many reindeer are in Santa's sleigh (including Rudolph)?
2. What type of vegetable is traditionally left out for Santa's reindeer?
3. In the song "The Twelve Days of Christmas," what gift is given on the fifth day?
4. Which popular Christmas beverage is also known as "milk punch"?
5. What is the name of the snowman in the movie "Frozen"?
6. Who sang the song "All I Want for Christmas Is You"?
7. In "Home Alone," where were the McCallister family going for Christmas when they accidentally left Kevin behind?
8. Finish this famous Christmas song lyric: "Rudolph the Red-Nosed Reindeer, had a very shiny..."
9. Which country is credited with starting the tradition of decorating Christmas trees?
10. In which country is "La Befana," the friendly witch, known to bring presents to children?
11. What is the traditional food served during Christmas in England that contains fruit and is sometimes set on fire?
12. What is Frosty the Snowman's nose made out of in the song?
13. How many ghosts show up in Charles Dickens' "A Christmas Carol"?
14. What is the Grinch's dog's name?
15. I come with many colors, so beautiful and bright, I turn so many houses into a beautiful sight. What am I?
16. What is the mission of Success Charity?
17. How does Success Charity assist young people and their families?

Answers are available at the back of the magazine.

What does a Neurosurgeon do?

By Annabelle Higgins

Back in March 2024, Annabelle Higgins, BraveHeart's editor, took the opportunity to interview Dr Kristian Aquilina, who is a Neurosurgeon at Great Ormond Street Hospital (GOSH). Below is the transcribed interview where they talked about life in the operating theatre, the ups and downs of the profession and the importance of Success' mission.

Annabelle: **What inspired you to choose neurosurgery as a career?**

Dr Aquilina: I was always inspired by medicine, and from a young age, I realised that I was going to become a doctor. I wanted to do something surgical as I have always felt that you should develop skills with both your hands and mind. I saw surgery as a way of developing both. As time went by, it became clear that through surgery I could help individuals and families, during a time that is very difficult for them to live through.

My idea of doing surgery carried through with me to medical school, and had various placements, as all students do: general surgery, orthopaedics, plastics etc. I began to realise that I didn't like these surgical specialties that much. Then I had a very short placement in a neurosurgical department, and I thought, "Wow, this is really exciting". I think it was there that I realised that surgery can be "different". It doesn't have to be big bone or bowel surgery per se; there's another type of surgery that you can grow into as a medical professional. So, from then on, the dream was to learn, train and aim to become a neurosurgeon one day.

Annabelle: **That's fascinating. What might a typical day in your life as a neurosurgeon look like?**

Dr Aquilina: Well, a typical day at GOSH, where I work at least five days a week (as well as being on-call on weekends), usually starts with a handover on the ward. It's very important we all work as a team, so we meet up to go through an electronic list of patients who have been referred over the last 24 hours. Many of these patients will not have been admitted to GOSH yet and will be in local/district hospitals. We discuss their management, review their scans, look at their histories, and ensure that we all agree as a team (there are usually about 3 – 4 consultants every day) on the plan for them. Then our trainees, one of whom will be on-call, will inform the referring doctors of the plan for each patient the next day.

After this, we discuss the patients on the ward by discussing their clinical progress and any scans that have been done in the last 24 hours. After which we then do a general ward round (there are usually about 6 – 7 of us) and meet and review each patient together. We make sure we are happy with each patient's progress and plan the next 24 hours. We then

attend the Intensive Care Unit, Neonatal Intensive Care Unit and any other wards where our patients are. All our patients are seen at least once a day as a group.

The rest of my day varies with at least one or often two operating lists a week and I also have an outpatient clinic. There are always meetings as well, because we try to do some research as well, not to mention some management meetings relating to how the department is running, and perhaps some educational meetings, where we may have teaching sessions for nurses or medical students. Of course, one of the things that has become inevitable over the years is administrative work. Every patient has a lot of administrative actions surrounding them, whether it's clinic letters or planning surgeries or organizing scans – all these things need to be done to ensure good patient care, using out new electronic patient record system, neurosurgeons do most of this work themselves nowadays. It takes a huge amount of time. So that, in a nutshell, is a day in my life.

Annabelle: **What a lot to fit in! My goodness, you work hard, and it's such important work too. As one of your patients you operated on, I am qualified to say that the amount of gratitude we have for you is incalculable.**

Dr Aquilina: It's very kind of you, after all, it is my job. Patients are very patient as well; things don't always go perfectly well, and we then must depend on their patience and kindness to work through it. Surgery is, to some extent, of course, unpredictable; you can do an operation many times, but even then, there are always risks. Although we feel we can predict what's going to happen, and we talk to parents and children about predicted outcomes, sometimes it doesn't quite happen as planned – not because you've done anything differently, but because that's just the way things are sometimes. So, we rely a lot on their understanding as to why things might not have gone according to plan, and we try to prepare them as much as possible for all potential outcomes before the surgery.

Annabelle: **I suppose that leads on to my next question, which is: What is the hardest part of your job?**

Dr Aquilina: I think when it comes to the hardest part of the job, there are two parts to my answer: one is routine, and one is, thankfully, less routine. The bit that's routine is the realisation, in the anaesthetic room, when a child is anaesthetized and the parents leave – at that point, you realise that it's entirely your responsibility now. A child to a parent is the most beautiful, valuable, precious individual in their life, and the fact that they have left their child with you is a very humbling experience. It really is a huge responsibility, and it's very hard; so hard that you try not to think about it.

The other hard bit is dealing with any complications of surgery. Although we do everything possible to reduce the risks of an operation, complications still happen from time to time. Openness and communication with the family is key, supporting them through what is hopefully only a transient setback. We are all in this together.

Annabelle: **Well, us patients are aware that though you seem divine, surgeons are indeed humans like us, not gods. I'm sure fellow survivors will appreciate this insight into the humanity of the people that saved us.**

Dr Aquilina: Surgeons aren't gods at all. I think something like neurosurgery makes you feel quite vulnerable. There is no day that's a walk in the park; every day brings its own challenges, whether surgical, or giving bad news, or you must make a difficult diagnosis or make a difficult decision. So yes, it makes you vulnerable – and humble.

Annabelle: **Of course. On a lighter note, what's the most rewarding part of your job?**

Dr Aquilina: When children do well, it's extremely rewarding; also, when you feel there's been a challenging case, or procedure, or tumour, and you managed to achieve what you hoped for safely, with a good result. I do quite a lot of cerebral palsy surgeries on children who aren't able to walk very well, in which we operate to remove the stiffness in their legs, and that works well. These children do very well after surgery, and it is so rewarding to see them six months later, or even, sometime, ten years later, when they have grown and are able to do so much more. It's one of the nicest things we do on a day-to-day basis.

When it comes to tumours, removing them is always a positive experience. Parents come to us, often in emergency situations, often transferred in the middle of the night from another hospital; they will have just been told that their child has a brain tumour, and they're processing all these things – is it malignant, is it benign? Of course, many of them are malignant, and that is difficult – surgery is then just the first step in a whole process which, for families, is painful and long and hard to get through. But there are benign tumours also, and when we manage to remove them, when the children are fine and go home a few days later, it's very rewarding for us.

When more treatment is needed, we always talk to our oncology colleagues and introduce them to the families. We try to emphasize that treatment, even though it is long and difficult, may be successful and reassure them they will receive the best treatment available anywhere in the world.

Annabelle: **That's wonderful to hear. Would you mind telling me a bit more about the process of neurosurgery and how it works?**

Dr Aquilina: It all takes place under general anaesthetic; the child is put to sleep, a process managed by paediatric anaesthetists. Once we're in the theatre, we first make sure the patient is in the correct position for surgery. We often use image guidance, where, like the map on a SatNav, there are scans loaded up onto a special computer; the computer has a camera which can track the position of our instruments on the scan. We confirm where the tumour is located and plan our incision and approach to it. This will involve removing a small piece of bone, which we replace at the end of the operation. Once we find the tumour, we very carefully work around it, to separate it from the surrounding tissues and remove it slowly. We do this under a microscope.

We use a tool called an aspirator, which can slowly suck up the tumour very gently while protecting the surrounding tissues. When we think we have removed all the tumour, we usually carry out an MRI scan. We have an MRI scanner adjacent to our operating theatre and can take

the patient over to the scanner while keeping everything sterile. That scan is then discussed with a radiologist, and they give us their opinion on whether we have done enough; if there is some tumour left, we go back and remove it. When the operation is finished, the child is taken to the recovery room, and then we update the parents. These operations sometimes take all day.

It also takes a while for the child to wake up from the anaesthetic. At that point their parents well have been waiting a long time, and they are always very anxious to know how the surgery went. Patients are monitored very closely after surgery to ensure their pain is well-controlled and reduce any risks or complications. While they are on the ward, they also receive physio and occupational therapy. We have a very dedicated team of play therapists. The patient is usually ready to be discharged within a week, but this can vary.

Annabelle: **And then, for so many of us, life is completely different – it reverts to normality or maybe we get to experience being "normal", as such, for the first time.**

Dr Aquilina: Hopefully, yes. I mean, you try to give your patient as much normality as possible, but it may take a while. There's a recovery period, and then there's an adjustment period.

Annabelle: **Of course. For my final question, to tie things in for our BraveHeart readers, I wanted to ask: What do you think of Success' mission to improve life for childhood brain tumour survivors?**

Dr Aquilina: I think what Success is doing is really crucial. Many children need long-term care and support after treatment for a brain tumour. The NHS can provide some rehabilitation, but longer-term care and support in the Community is very resource intensive. The needs of children also change as they grow, requiring regular expert assessments and reviews, with changes to their support systems. Success has been amazing at supporting these aspects of care and advocate for these children in the wider community by disseminating their vision where surviving a brain tumour is not the success we should be aiming for. It is about surviving well and maintaining a quality of life, so that these children can grow to contribute to society and live their best lives.

I think Success is so effective as they draw attention to these problems; it brings people who are decision-makers together, providing them with explanations and understanding of the situation, and they in turn can use their authority and influence to push for change. Dr Spoudeas, Success Founder, is very persuasive and passionate and this combination attracts the right individuals to hear her mission. Success also fundraises, providing some provision to necessary services for these survivors and that can make all the difference to those who need it. Success brings survivors together so that their shared lived experiences are useful to share with other survivors and their families. Sharing difficult memories and moments can be very therapeutic and helpful to others.

Annabelle: **It really is, for all of us. Thank you very much for your time and expertise, Dr Aquilina. It has been an honour to interview you.**

All I Want for Christmas

Sam Ryan
wants a magic wand that makes his dog behave all the time

Phil Austin
wants to become a better photographer

Marco Previero
wants for there to be a magic cure for hypothalamic hyperphagia

Jane Williams
wants everyone in the world to be able to have a cracker at Christmas

Vanessa Cadle
wants Arsenal to win

Hugh Stewart
our chairman, wants a new trustee to help with fundraising & development

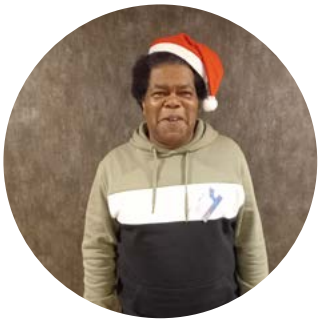
Isabel Perkins
wants a horse of her own

Serena Baron-Servini
wants to win the lottery, wouldn't that be nice

Helen Spoudeas
wants the charity lottery bid to go through

Alex Hobbs
would like some Pokemon Cards, particularly Paldean Fates

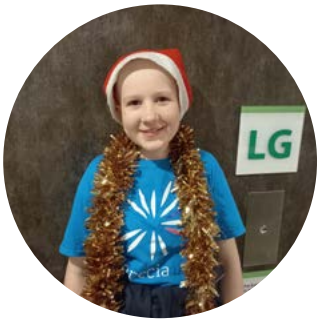
Emelia Hobbs
would like a White Fox hoodie - the one that's called Ocean



Elwin Harewood
... has a long list of dreams to support his son's development

Tom Cadle
wants an art studio

Alexandra Karaziniou
wants an Eiffel Tower, go big or go home



Phoebe Lollar
wants a telescope to watch the night sky

Elspeth Meikle
wants a Jelly cat (smudge monkey)

"I feel lost
I feel isolated
No one really understands

I wish I had someone
to talk to..."

"I like helping people
I want to make a difference
I wish someone had been
there for me

I wish I could be trained
and make a difference
to just one person"

SUCCESS PEER MENTORING

Our new Peer mentoring programme is looking for people over 14 who need someone to talk to, or who would like to be trained to listen to and help others.

To find out more contact Sam James at: info@successcharity.org.uk today.

www.successcharity.org.uk

Braveheart Art

Have a bit of fun and do some colouring in this Christmas and add a Success Logo as the star on the top of the tree. Now finish colouring and take a photo with your Success Star and send it in to: info@successcharity.org.uk

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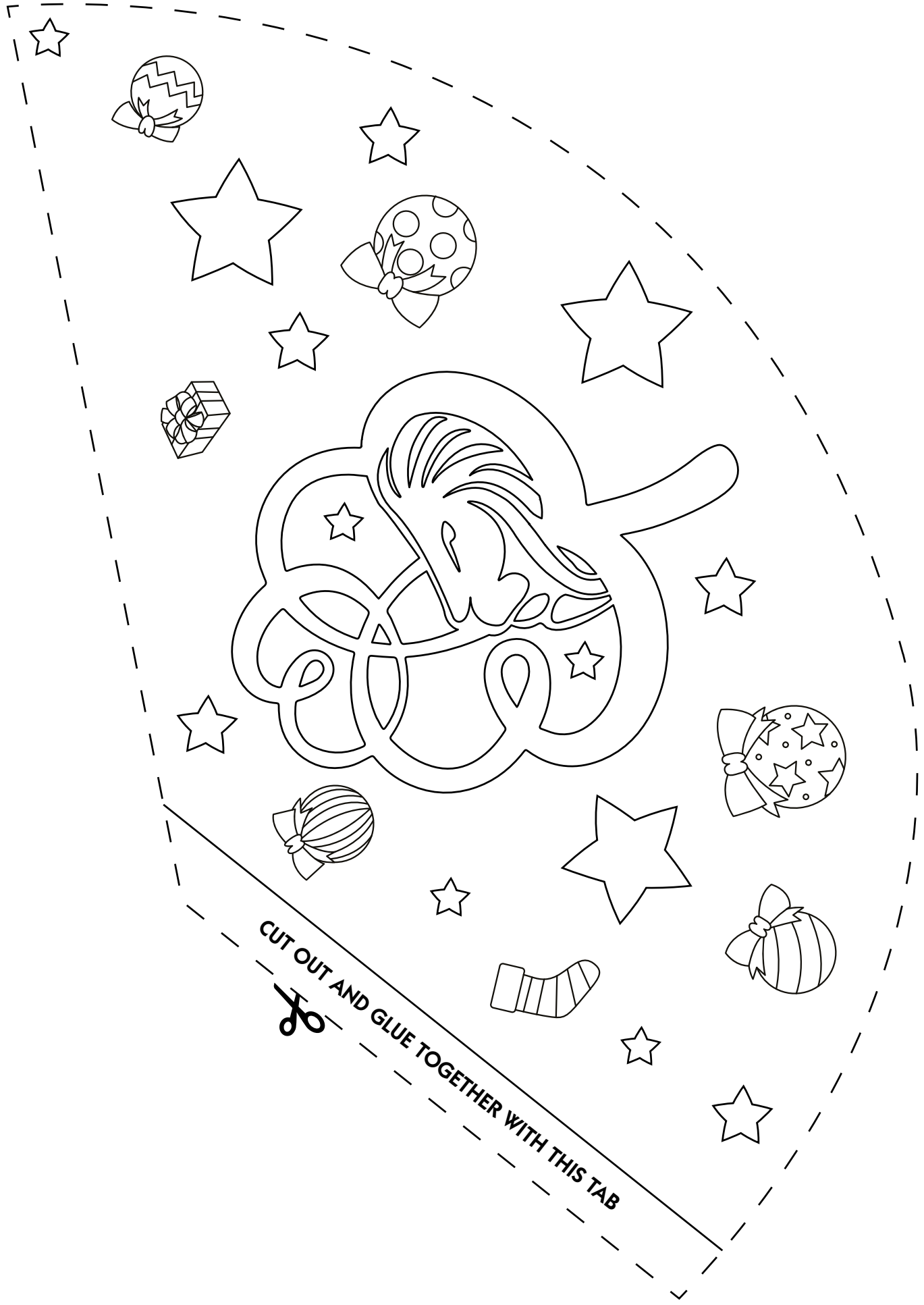

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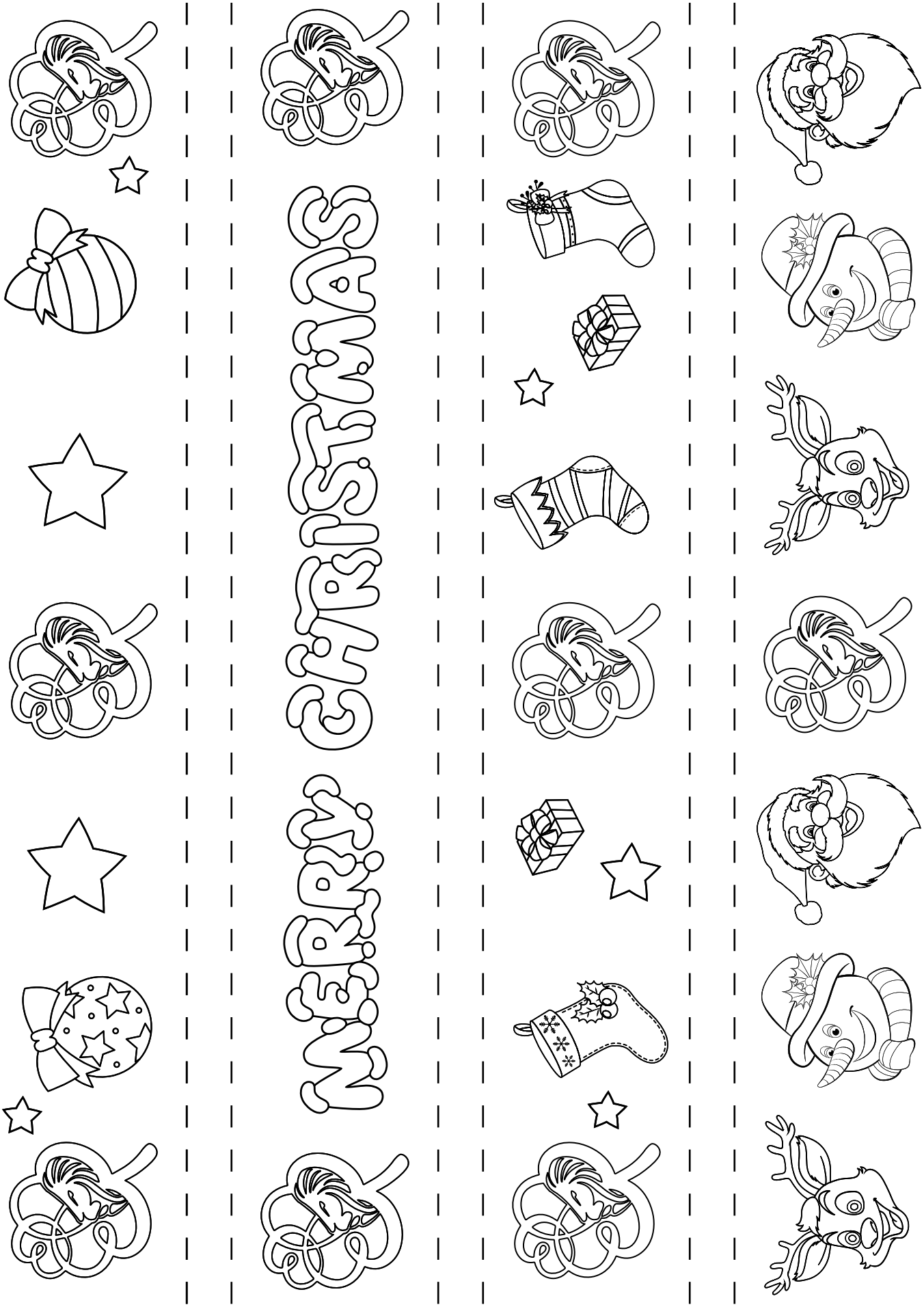

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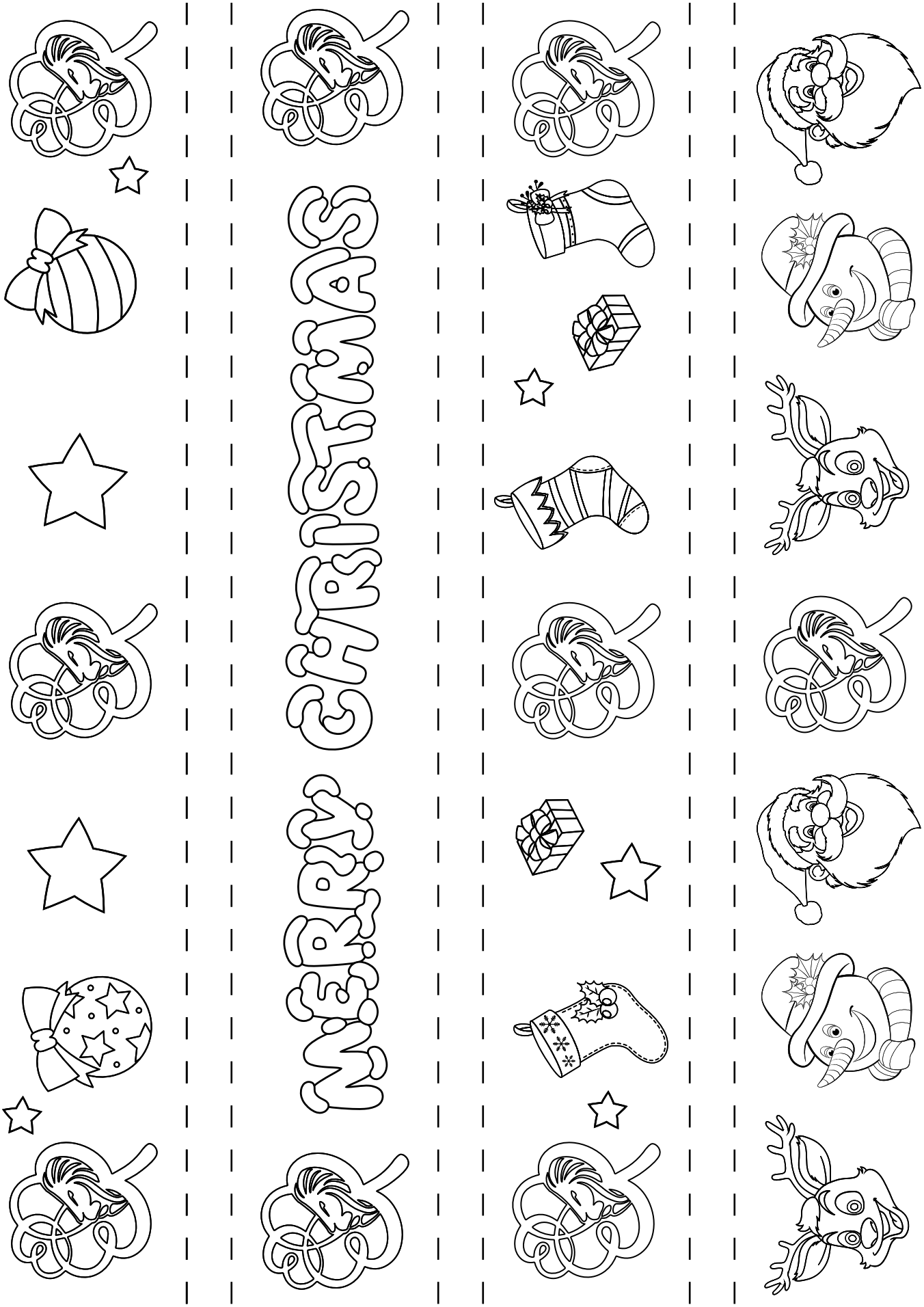

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Katie's Report on her Diagnosis and Treatment Journey

by Katie Schuster

1. Diagnosis Overview:

In 2001, at the age of 10, Katie was diagnosed with a PNET (Primitive Neuroectodermal Tumor) brain tumor, a rare and aggressive type of cancer. Her diagnosis was made at Great Ormond Street Hospital after her parents noticed her gradually losing control of the left side of her body. Katie did not experience common symptoms like headaches but showed physical signs, such as a limp in her left leg and reduced use of her left hand. Following an initial misdiagnosis of a trapped nerve by her local GP, her parents sought further investigation, leading to the correct diagnosis.

2. Treatments Undertaken:

Katie underwent a combination of radiotherapy and chemotherapy:

- **Radiotherapy:** She received six weeks of radiotherapy at Middlesex Hospital (now UCLH), which required daily commuting from her family's home near Guildford. The treatment was physically draining, especially as Katie began feeling its effects during the later weeks.

- **Chemotherapy:** Katie received a full year of chemotherapy treatment. Some of her chemotherapy was administered closer to home in at The Royal Surrey, Guildford, while the rest occurred in London.

The brutality of both treatments took a significant toll on Katie and her family.

3. Family and Support Network:

Katie's family played an instrumental role in supporting her through treatment. Both her parents and her older brother were heavily involved, ensuring she received the care she needed. Katie recalls that her parents were deeply affected, particularly by the moment they learned of her diagnosis after the biopsy. Her brother, three years older than Katie, also had to adjust to the family's new dynamics, with their parents dedicating a lot of time to Katie's care. Nevertheless, the family received an outpouring of support from extended family and friends, which was crucial during the difficult times.

4. Friendships and Social Life:

Despite her illness, Katie formed new friendships during her time at Great Ormond Street Hospital, including a close bond with another young girl being treated for leukemia. The two girls, born on the same day, became fast friends, and their relationship has continued into adulthood. Katie found it difficult to reintegrate into her school social circles after missing a year, as many of her peers could not fully understand what she had been through. However, she managed to form a new group of friends and gradually adjusted.

Katie was also introduced to the **Ellen MacArthur Cancer Trust**, a sailing charity that connects young people who have undergone cancer treatment. This group offered the opportunity to meet others who had shared similar experiences which offered a level of support to Katie knowing that she was not alone on the cancer journey.

5. Studies and Academic Life:

Despite the hardships caused by her illness, Katie remained committed to her education. She missed a year of school during treatment, but with the flexibility and support from her school, she was able to keep up with some schoolwork at home and through occasional hospital tutoring. Fortunately, Katie was able to rejoin her original school year without falling behind academically.

After finishing her GCSEs and A-levels, she attended university, where she pursued an undergraduate degree in **French**. Despite some challenges, such as needing extra time for exams due to slower processing skills (a lasting effect of her treatments), Katie successfully completed her degree. She then went on to do a **Master's in Business Management.** Although she had not originally planned to continue studying, her postgraduate degree turned out to be a beneficial move for her career.

6. Career and Job:

Katie's career journey eventually led her to become a **freelance copywriter**, which she started just as the COVID-19 pandemic hit. She discovered that freelancing suited her perfectly, allowing her the independence to manage her own schedule and work environment. Katie enjoys the flexibility that comes with working for herself, as it gives her the freedom to collaborate on various projects without the pressures of a traditional corporate setting. She has built a strong professional network through **business networking** and continues to develop her copywriting business.

Her resilience through cancer treatment has shaped her career choices, as she found that working independently helps her thrive. She is particularly passionate about **blog writing** and content creation for clients across different sectors.

7. Hobbies and Personal Life:

Outside of work, Katie leads an active and fulfilling life. Her hobbies include **yoga, tennis**, and more recently, **golf**, which she picked up in the past year. Although she plays tennis and golf casually rather than competitively, these activities provide her with a sense of enjoyment and relaxation. Katie is also passionate about being outdoors and has a love for the sea. Over the years, she has taken part in sailing activities and enjoys spending time near the water. Additionally, Katie has always been interested in **art and art history**, which she explores in her free time. She also loves to travel, particularly to **Scandinavia**, where she has enjoyed exploring Norway, Sweden, and Finland.

8. Christmas Traditions and Family Celebrations:

Katie's Christmas celebrations changed significantly after the loss of her father seven years ago. In the first few years following his passing, the family found it too emotional to spend Christmas at home, so they celebrated with close friends in places like the Isle of Man. This allowed them to enjoy the holiday season in a different environment, away from the difficult memories.

In recent years, Katie and her family have returned to spending Christmas at home, reconnecting with extended family members. Although Katie describes her immediate family as small, her extended family is quite large, with many cousins and relatives gathering for the holiday season. These celebrations have become a cherished time for reconnecting and sharing the festive spirit. Last year, the family adopted a potluck-style Christmas meal, where each member contributed a dish, making the holiday feast a collaborative effort. This arrangement not only reduced the stress of preparing a large meal but also made the celebration feel more personal and inclusive.

9. Impact on Life and Moving Forward:

Katie's experience with cancer and treatment had a profound effect on her life. While she acknowledges the trauma and challenges, she endured, she also recognizes the strength and perspective it gave her. Despite experiencing two further cancer scares, Katie has continued to build a positive and successful life, balancing her career, hobbies, and relationships.

Katie's resilience is reflected in her determination to grow her freelance business and maintain a fulfilling personal life, surrounded by the support of her family, partner, and friends.

WE WOULD LIKE TO HEAR ABOUT MORE JOURNEYS LIKE KATIE'S

If you would like to share your journey please email us at:
info@successcharity.org.uk

Friendship Group!

success charity

Introducing Our New Online Friendship Group!

Come and join our friendly community. This is a safe, supportive space to connect with others who understand your experience.

What is it about?

- A weekly online meetup for survivors, siblings and friends affected by a childhood brain tumour.
- Hosted each week by a Success lived experience volunteer.
- Share your story, listen to others, and find encouragement in a group that gets you.

Why join?

- Meet new friends who have had a similar journey.
- Inspire and be inspired as we celebrate victories, big and small.
- Contribute to the "Voice of Success" perhaps becoming a conference speaker, or writing for Bravehearts.
- In time, the opportunity to host your own week on topics that matter to you.
- Play games, chat about life, and most importantly – have fun!

When?

- Every Monday 6.30 – 7pm, from the comfort of your home via zoom! This is your space to laugh, share, and build lasting friendships with others who have been through what you have. Let us lift each other up and create an unbreakable community together!

Want to know more, then email Sam at info@successcharity.org.uk

Puzzle Answers from Issue 7

Crossword:

Across:

1. FRESH
4. DIET
6. OUTDOORS
7. EXERCISING
8. VITAMINS
10. SUNSHINE
13. BACON
14. RICE
18. SLEEPING
20. NATURE
21. MEAT

Down:

2. SPICES
3. FOOD
5. NUTRITION
9. RELAXING
11. SOYA
12. FISH
15. EGGS
16. TREES
17. CHICKEN
19. PASTA

Wordsearch:

Am I eating the right food?

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

CRISPS
READING
VITAMINS
FUN
RECIPE
WELLBEING
ORANGES
COOKING
CALORIES
MUSIC
BATHING
CARROTS
WALKING
DRIVING
SWEETS
EXERCISE
SLEEPING
PASTA
SPORT
SINGING
ACTION
GYM

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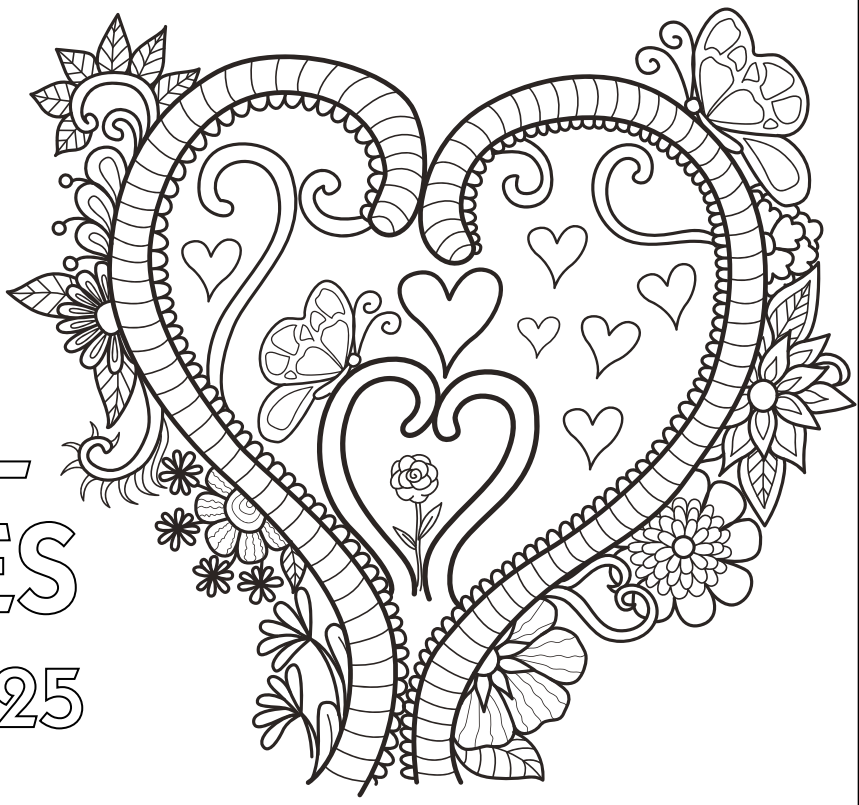
SUCCESSFUL EXPERIENCES

15th of March 2025



YOU ARE INVITED

We need your help!
We want to invite some very special people to our next conference.
Can you colour in this invitation, and then send it to us,
Success Charity, c/o Company Secretarial Department, 280 Bishopsgate, London EC2M 4AG

Christmas Quiz Answers

1. 9
2. Carrots
3. Five golden rings
4. Eggnog
5. Olaf
6. Mariah Carey
7. Paris
8. Nose
9. Germany
10. Italy
11. Christmas pudding
12. A button
13. Four (Jacob Marley and the Ghosts of Christmas Past, Present, and Yet to Come)
14. Max
15. Christmas lights
16. Supports lifelong, unrecognised brain injury caused by a childhood brain tumour before the age of 25 and believes 'cure alone is not enough'.
17. Success Charity provides resources such as emotional support, rehabilitation programs, social activities, and helps them build connections to support their recovery and reintegration.

Empowering Survivors: Success Charity's Manchester Roadshow

On Saturday 19th October Success Charity brought its Manchester Roadshow to life, creating an inspiring and supportive event for childhood brain tumour survivors, their families, and the healthcare professionals who care for them. This special day focused on empowering and connecting everyone involved, with sessions designed to offer education, emotional support, and new ways for survivors and families to navigate the journey of recovery.

Featuring an engaging programme filled with interactive sessions, hands-on workshops, and expert panels that put survivors and their stories at the centre. Hearing directly from survivors about their personal journeys is always the highlight of the day. Helping everyone understand the challenges they've overcome and the importance of continued support after treatment. These stories reminded healthcare professionals how essential it is to keep survivor voices at the forefront of care.

All in all, the Manchester Roadshow was a heartwarming day of learning, connection, and empowerment—bringing people together around a shared mission to support survivors and ensure they thrive in every way.

Watch the roadshow videos on our YouTube Channel @Successcharity

Roadshow Feedback

"Be brave, trust yourself and take ownership of your condition"

"Get the right support package in place early – you decide who you want to be!"

"Incredible day – got a lot out of it. Determined to make progress on this with Success!"

"I think we will move forward and make a difference together".

"Thanks so much Helen – this was such a valuable experience for me and others in our team that attended."

"It was hugely rewarding but more importantly than anything, it seems that it had a real impact on some key decision makers who were present".

Thank you to our conference sponsors: Pfizer, Bolt Burdon Kemp, Dimitris Restaurant, National Lottery Awards for All Community Fund and Baker McKenzie.

Peer Mentoring

by Daisy Archer

Almost a year ago, I discovered the peer mentoring program, which aligned perfectly with my desire to provide the kind of guidance I wished I had received when I was going through treatment. The training was invaluable, boosting my confidence and introducing me to various mentoring approaches. Feeling well-prepared, I embarked on my first mentoring session where sharing my experiences and offering advice was incredibly rewarding. I'm excited about continuing my role as a mentor and becoming more involved in the Success Charity community.

For more information see page 33

Submission Notice

We hope you have enjoyed this issue.

There are so many ways you can contribute to this magazine; you could write your survivor story, draw us a picture, draft a poem, draft a short story, or article or simply suggest content you would like to see, and we will work some magic with it.

We want to hear from all of you, as well as from our BraveHeart families and friends. This magazine is for ALL our voices to be heard, and we cannot wait to hear yours. Please email your entry to the editor at **info@successcharity.org.uk**

Disclaimer

The medical information in this magazine is provided by survivors for information resources only and is not to be used or relied on for any diagnostic or treatment purposes. This information does not create any patient-physician relationship and should not be used as a substitute for professional diagnosis and treatment.

Please consult your health care provider before making any health decisions for guidance about a specific medical condition. Success Life After Cure expressly denies responsibility and shall have no liability, for any damages, loss, injury, or liability whatsoever suffered because of your reliance on the information contained here within.

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SUCCESSFUL EXPERIENCES

Saturday 15th March 2025
1, Wimpole Street, London

- Share your story
- Lobby for change
- Meet leading clinicians
- Make new friends
- Access survivor services

Access funds available to assist with transport costs

For more details visit successcharity.org.uk