



Thoracic Society News

Volume 20, Issue 2, June 2010

Inside this Issue:

Education & Research Subcommittee Report

Obituary: Dr Murray Maxwell

New Executive Members

Annual Scientific Meeting Prize Winners

TSANZ Research Medal Winner Guy Marks

The Australian Respiratory Council

Advanced Trainees

Tasmanian Branch

Contents

Volume 20, Issue 2, June 2010

Inside this Issue:	Page
A Message from the President	3
Education & Research Subcommittee	4
Obituary: Dr Murray Maxwell	5, 8
Report from the Executive Committee	6
New Executive Committee Members	7
Accreditation Update	8
Annual Scientific Meeting Prize Winners	9-12
Research Medal Winner's Speech	13-16
The Australian Respiratory Council	17-19
Advanced Trainees	20
Interventional Pulmonology SIG Course: "Practical Aspects of Pleural Drainage"	21
Tasmanian Branch Report	22
A very brief history of ISEIRE Inc – CPX International Inc	23
From the TSANZ Office: Executive Officer's Report	24-25
Trainees under the Specialty Training Committee in Respiratory and Sleep Medicine	26
Australian Lung Foundation	28
National Asthma Council	29
New TSANZ Members	30
The H.M. (Bill) Foreman Memorial Fund	30
Calendar	31

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The Thoracic Society of Australia and New Zealand Inc

Newsletter (Heather Hunter)

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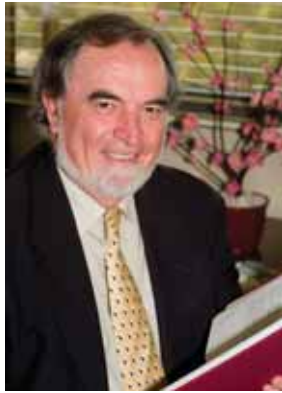
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Message from the President, Professor Philip J Thompson



Phil Thompson

This issue of our Newsletter traditionally salutes the success and activities of our Annual Scientific Meeting and highlights the achievements of many and acknowledges the hard work that underwrites such a successful meeting. The Brisbane meeting was recognized by all as one of our best. I would like to publically thank all those who were involved and in particular, thank Richard Wood Baker, Geoff Eather and Elizabeth Eaton and their respective teams. The meeting is also a time when members get together, catch up on news, renew friendships and form new relationships both professional and socially. I was particularly gratified to receive many positive spontaneous comments about the Society and its meeting: “this is the best scientific meeting yet”; “this is my first attendance at the TSANZ meeting and it is fantastic to see how science and medicine are operating in such harmony”; and “I am so proud to be a member of the TSANZ”. Comments such as these are revealing and reassuring.

Later this year we will start to celebrate the Society’s 50th anniversary which is an important milestone. I am deeply indebted to Michael Burns our honorary historian who ensured we did not overlook this occasion. We will ensure the ASM in Perth suitably acknowledges our 50th but we would also like to have a year long celebration. The Executive is busy thinking of appropriate activities for the year but I would also like to invite members to put forward their thoughts as well. Let’s make sure it is memorable for all of us.

Three key activities are underway. The search for an office for the TSANZ has been very active and a small taskforce (David Serisier, Peter Van Asperen, Peter Gianoutsos, Brian Jarvie, David Michail and myself) assisted by some external advisors from the Australian Respiratory Council (ARC) have been pursuing this. We have been very close to obtaining an appropriate property but have just missed out. The work involved is considerable but we are determined to obtain the best property both in terms of utility, future potential and investment value. The current financial downturn may open up some possibilities. The review of our Rules has been initiated and a taskforce, the Executive and Council are involved. It is likely that we will move to being a company limited by guarantee which is a more robust model for our organization, but will require a Special Meeting of the Society to vote on such a change; we will inform you in the next few weeks about this. Finally Peter Wark is putting together a taskforce to look at Standards of Care in respiratory medicine which will be of great importance to the Society, and we welcome everyone’s input.

The Executive recently had its annual planning meeting for the year and a number of topics were discussed including the processing of our own position statements as well as documents from third parties. In light of a number of positive suggestions from members and a review of what has been our approach in the past we will revisit the way these are managed and promulgate an updated set of rules. We will similarly try to refine our laboratory accreditation process further while acknowledging that significant progress has occurred. We have agreed to trial having a media service all year round as opposed to only at the ASM and to progress rapidly a mechanism for the TSANZ to have formal affiliations with other respiratory organisations. Our major new initiative in the year ahead is to review our workforce situation and to take a more active role in this area.

It is with some sadness that I report to the Society that Murray Maxwell, one of our previous Presidents, has died. An obituary is included in our newsletter. Murray will always be remembered for his passionate loyalty to all things thoracic including this Society. He was fearless in expressing his views and always happy to engage with all he met. It is also with some sadness that I report that Jeff McLennan, a long standing member of our Society and the first President of the ALF, is seriously ill in a hospital in the United States and we send him and his family our thoughts and best wishes at this time.

Phil Thompson

Education & Research Subcommittee

What's new on the Education & Research Sub-committee?

The Education & Research Sub-committee (ERS) exists to support the continuing professional development of the TSANZ and its members. Our responsibilities include organising various courses linked to the Annual Scientific Meeting (ASM), judging the Young Investigator's Award and reviewing applications for research grants and travel awards.

At the recent ASM, Jane Bourke stepped down as Chair of the ERS. Jane had led the ERS with great skill and commitment for the preceding two years. During her time as Chair, she spearheaded a review of the eligibility criteria and application forms for all research grants and awards, in order to standardise and streamline the application and review process. The Society will continue to benefit from Jane's contribution for many years. It has been a tradition in recent years that the post of ERS Chair rotates between a clinician and a scientist. I think this arrangement has worked well, and personally I think the tradition should continue.

The ERS oversees the review process for many of the research grants, prizes and fellowships offered by the TSANZ and the Australian Lung Foundation. The numbers of awards, and the numbers of application for these awards continues to grow each year. The ERS is now also responsible for assessing research grant applications for the Dust Diseases Board of NSW. In order to do justice to the review process, I plan to expand the number of members on the committee this year, and also establish a panel of expert reviewers who can assist the committee with the assessment of grants and awards.

Many of the activities of the ERS are deliberately targeted at junior members of the Society. The ERS organises and promotes the very popular Short Course for Advanced Trainees at each ASM, together with a Short Course for Junior Researchers, held every second year. The two courses have been very successfully organised by the junior members of the ERS with very little input from the 'old guard'.

Members of the ERS include advanced trainees, ANZRS scientists, clinical and basic science researchers, PhD students, nurses, physiotherapists, adult physicians and paediatricians. The committee is an ideal way to be involved in the Society,



John Upham

though the number of people interested in being part of the ERS usually exceeds the vacancies in any one year.

The new members who will be joining the ERS in 2010 are Bruce Thompson, Kylie Hill, Paul Foster, Denise O'Driscoll, Grant Waterer and Sandy Hodge.

John Upham

Obituary: Dr Murray Maxwell



Dr Murray Maxwell

William Murray Ivan Maxwell MBBS (Hons), MD(Melb), FRCP, FRCP (Lond), FRACP, FAMA.

6.1.1924- 15.5.2010

Murray Maxwell, Past President of the Thoracic Society from 1983 to 1985 has died of cancer and heart failure at the age of 86. Murray was also President of the Victorian Branch of the AMA in 1975 and chairman of the Federal Assembly of the Australian Medical Association (AMA) from 1977 to 1979.

Murray was the son of Ivan Maxwell, a prominent Melbourne consultant physician who had a particular interest in the then new specialty of allergy. He was educated at Melbourne Grammar and graduated from Melbourne University in 1947. During medical training he fell in love with another student, Joan Eggleston. They both became outstanding young physicians and after hospital residencies at The Royal Melbourne Hospital (RMH) he and Joan proceeded to London as ships' doctors. Murray worked at the Brompton Hospital and they

married in London in 1951. He obtained the MRCP in 1954 and, on returning to Australia, the MRACP in 1955. The Fellowship naturally followed and he was later awarded his Doctorate of Medicine (Melb). His initial hospital appointment in Melbourne was as assistant physician to the Royal Melbourne Hospital, with later appointments as Honorary Physician to the Western General Hospital (as it was then) and Prince Henry's Hospital where he became a senior physician.

Murray's practice in internal medicine flourished. He thrived on the diagnostic process, at a time when clinical acumen was yet to be replaced by sophisticated investigations. He loved clinical meetings and greatly valued the sharing of ideas and research.

With the encouragement of C.H. (later Sir Clive) Fitts, Murray developed his interest in thoracic medicine and established lung function testing at RMH in 1956, publishing his early experiences in that area- *The clinical value of Lung Function Tests: A Review of 90 Cases* - in the RMH Clinical Reports XXVI, 1958.

Murray represented the last link with the early days of the Thoracic Society. He was the second Honorary Secretary from 1964 to 1968. In this period there was considerable activity directed towards improving the standing of the Society and a draft constitution was developed by John Read, Maurice Joseph and Geoff McManus and submitted to the membership in 1966. At the meeting in 1967, the constitution was formally adopted and has, with some changes over the years, served the Society well. Murray was instrumental in guiding the draft through many procedural stages and he was delighted at the successful outcome.

Murray maintained a strong interest in the Society and regularly attended the Annual Scientific Meetings while his health allowed. During his Presidency, a most successful joint scientific meeting was held in Adelaide with the British Thoracic Society. He was the initiator of the John Read Prize for physiological research.

Murray had many passions. Thoracic medicine was, of course, number one. Murray also had a flair for teaching which became apparent when he was a tutor at Melbourne University's Trinity College for seven years and later at Monash University through his appointment at Prince Henry's Hospital.

Music came next. He was a fine baritone in his younger days and was especially fond of Schubert Lieder. His other favourite composers were Bach and Wagner. In 2004 he startled everyone, and particularly the staff in the nursing home, by announcing that he had booked himself a ticket for the Wagner Ring Cycle in Adelaide. He was 80, could not walk and could hardly see. But he did it. He checked into a hotel across the road from the Festival Centre, talked the hotel staff into wheeling him to the theatre for each performance and went into raptures over fifteen hours of Wagner.

Murray believed in the almost forgotten art of conversation. There were lunches at the Melbourne Club every Monday and at the table he would often be joined by architects Robin Boyd and Neil Clerehan, or journalist Keith Dunstan. The topics of the day would be discussed as actively as Question Time in the House. His entry in 'Who's Who' lists "Music, Current Affairs, Words and Wine." It was the meaning of words that intrigued him and the two books he always kept handy were *Brewer's Dictionary of Phrase and Fable* and *Fowler's Modern English Usage*.

Continued on page 8...

Report from the Executive Committee



Topics Discussed by the Executive May 2010

- Sleep curriculum – confidence in Specialty Training Committee (STC) and Royal Australasian College of Physicians (RACP). Approve curriculum; then discuss training pathway options
- RACP – agreed we should try to strengthen our relationship
- Conflict of Interest Guidelines – discussed strengthening these
- Year of the Lung and working with the Australian Lung Foundation (ALF) – agreed to support where feasible
- Accreditation of Physiology Laboratories – improve greater uniformity of assessment
- Standards of Care – importance and enormity of this and need to support
- ASM Meeting 2014 – potential for meeting in Christchurch
- Peter Phelan Award – keen to see this preserved and managed by TSANZ
- SIGs – discussed progressing role further
- Spirometry Task Force – Reiterated the need for this taskforce to be activated
- Award to attend the American College of Chest Physicians (ACCP) meeting in US – to be announced and enhanced
- Rob Pierce award to be announced
- Advanced training – training posts, uniform appointment selection, exit exams
- Purchase of office – efforts to date supported by Executive
- Change of Rules – Executive support for changing to Company limited by Guarantee
- Respiratory workforce – need to document workforce issues as best we can
- Department of Immigration – possible future interaction regarding Respiratory Health of Immigrants
- Strong desire for TSANZ to have affiliation agreements with other Respiratory Organisations
- Collaboration with the Australian Research Council (ARC) supported.

New Executive Committee Member Profiles: John Upham and Peter van Asperen



John Upham

John Upham

John is a respiratory physician and clinical scientist with research interests in the immunological basis of asthma and COPD. He completed medical school and specialist training in Brisbane Australia, before completing a PhD in lung immunology at the University of Western Australia, followed by a research fellowship at McMaster University in Canada.

After working in Perth for many years, John moved to Brisbane in 2007 to take up a professorial position with the University of Queensland and Princess Alexandra Hospital. His research has a strong immunology focus, trying to improve current understandings of respiratory allergy and respiratory virus infections, with the aim of developing new ways of treating asthma and COPD. He is married to Susan and has four daughters. Outside of work he enjoys cycling, bushwalking and reading.

Peter van Asperen

Peter is currently Head of the Department of Respiratory Medicine at The Children's Hospital at Westmead, and Macintosh Professor of Paediatric Respiratory Medicine, Discipline of Paediatrics & Child Health, Sydney Medical School, University of Sydney.

He has had an active clinical research interest, particularly in the areas of the development of asthma and atopy and in the management of childhood asthma, and more recently in the management of cough in children. In the past, he has served on the Board and Committees of the Australian College of Paediatrics, Committees of the Royal Australasian College of Physicians, and was on the Board of the NSW Asthma Foundation from 2002 until his recent resignation.

He has not previously served on any TSANZ Committees nor does he profess to have abundant financial skills but he looks forward to the opportunity to contribute to the Society, both as its Treasurer and as a member of the Executive, at a time that has both challenges but also opportunities for improving the care of patients with respiratory disease in Australia and New Zealand.



Peter van Asperen



Accreditation Update

Congratulations to the following laboratories for receiving re-accreditation:

**Austin Health, VIC
Gosford & Wyong Hospitals, NSW**

The Executive Committee, at its meeting on 28 May 2010, agreed to endorse accreditation for Austin Health and Gosford & Wyong Hospitals. The Assessment Panel congratulated the Units on the high standards of their applications and the quality provided to their clients.

The TSANZ would also like to thank the following accreditation panel members for the significant time and expertise they have provided in these applications:

Austin Health
Prof Michael Pain
A/Prof David Johns
Mr Paul Guy

**Gosford & Wyong
Hospitals**
Prof Iven Young
Mr Peter Rogers

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Obituary: Dr Murray Maxwell continued

Murray was also a great lover of sport and one of his greatest regrets was not seeing his beloved Demons win a Premiership again after 1964.

Murray touched many colleagues and students during his medical career. On the night Murray died, a locum GP attended to pronounce death. Having expressed his sympathy, he left, only to return a short while later and ask: "Was that *Murray* Maxwell? I just wanted to say what a fine doctor he was - I was a student of his at Prince Henry's."

Murray had a happy life, as a busy physician and family man always making time to take the children camping each Easter and to their holiday house at McCrae.

Towards the end of the 1990s Murray's health started to fail. He lost mobility in his legs and macular degeneration progressively destroyed his eyesight. Yet his interest in everything around him never failed and it was his love of music that made life pleasurable. His radio was tuned permanently into ABC FM.

Murray loved to organise events and this was no more apparent than the way he planned his own funeral, all in precise detail, written using his traditional sharp pencil. The service, of course, was at Trinity College Chapel, with some superb items, all by J.S. Bach. By amazing good fortune, Murray's three talented nieces, cellists Rosanne and Tanya and violinist Elizabeth happened to be in Melbourne. Murray would have been happy indeed with their performances. Murray's sister, Marianne an accomplished cellist, was also present.

Murray is survived by his sisters, Marianne and Rosemary, his four children, Christopher, Richard, Philip and Katharine, 11 grandchildren and a great-grandson. He will be remembered with fondness by a large number of friends and colleagues.

Vale Murray.

*Michael.C.F.Pain
John.M Hunt*

Thoracic Society News

2010 Annual Scientific Meeting Prize Winners

Prize Winners at the 2010 Annual Scientific Meeting

TSANZ Awards / Prizes

Ann Woolcock Young Investigator Award



Renaë McNamara

WATER-BASED EXERCISE
IMPROVES EXERCISE CAPACITY
IN PEOPLE WITH COPD WITH
PHYSICAL CO-MORBID
CONDITIONS

Maurice Blackburn Lawyers International Travel Awards



Kathryn Ramsey

EARLY LIFE EXPOSURE TO
ARSENIC AND INFLUENZA HAS
ADDITIVE EFFECTS ON LUNG
FUNCTION IMPAIRMENT



Wei Xia

FGK45 IMMUNE-BASED TREATMENT
MAY CURE MESOTHELIOMA IN MICE
WITH OR WITHOUT COMBINATION
WITH VIRAL THERAPY



Sally Lansley

A Staphylococcal Superantigen Induces
Apoptosis in Malignant Mesothelioma
Cells

Slater & Gordon International Mesothelioma Travel Grant



Wei Xia

FGK45 IMMUNE-BASED TREATMENT
MAY CURE MESOTHELIOMA IN MICE
WITH OR WITHOUT COMBINATION
WITH VIRAL THERAPY

2010 Annual Scientific Meeting (cont.)

Janet Elder Travel Awards



Juliet Foster

ADHERENCE WITH INHALED
CORTICOSTEROIDS IN ASTHMA
IS PREDICTED BY BELIEFS,
BEHAVIOURS AND SIDE EFFECTS



Pamela Martin

COMBINED CHILDHOOD FLEXURAL
ECZEMA AND RHINITIS PREDICTS
ATOPIC ASTHMA BUT NOT NON-
ATOPIC ASTHMA IN MIDDLE AGE

Carol Lang

Dietary zinc protects against inflammation
and muscle wasting in mice exposed to
sustained cigarette smoke

Renaë McNamara

WATER-BASED EXERCISE
IMPROVES EXERCISE CAPACITY
IN PEOPLE WITH COPD WITH
PHYSICAL CO-MORBID CONDITIONS

TSANZ / Allen & Hanbury's Respiratory Research Fellowship

Bradley Edwards

The Mechanisms Underlying the Aging
Predisposition to Obstructive Sleep Apnea

TSANZ / Allen & Hanburys Paediatric Career Development Grant-in-Aid



Danielle Wurzel

Merck Sharp & Dohme Peter Phelan Travel Fellowship (Paediatric)



Ann-Marie Gibson

TSANZ President's Award



Prof Mike Daube

2010 Annual Scientific Meeting (continued)

TSANZ Research Medal



Prof Guy Marks

Wunderly Orator



Prof Warwick Britton

TSANZ Special Interest Group Prizes



Diana Hart
Best Oral Presentation by a Respiratory Nurse Prize



Juliet Foster
Best Presentation on Primary Care Related Issues Prize



Ann Reynolds
Best Presentation in Orphan Lung Disease / Lung Transplantation / Interstitial Lung Disease / Pulmonary Vascular Disease Related Issues Prize



Robert Young
Best Presentation on Lung Cancer Related Issues Prize



Phan Tien Nguen
Best Presentation on Interventional Pulmonology Related Issues Prize

2010 Annual Scientific Meeting (cont.)



*Ross Vlahos, winner of
the Tobacco Control
SIG prize*

Australian Lung Foundation Awards

ALF / Boehringer Ingelheim COPD Research Fellowship



Tanja Effing

The (cost) effectiveness of self-treatment of exacerbations on the duration of exacerbations in COPD patients with co-morbidities

ALF / Slater & Gordon Asbestos Research Fund Grant-in-Aid - 2009 / 2010



Tony Velkov

Structural biology of mesothelin in the metastasis of asbestos-induced malignant pleural mesothelioma

ALF Lung Cancer Program Postgraduate Grant-in-Aid For Lung Cancer Research



Morgan Davidson

Identification of Aberrant microRNAs in Lung Cancer

ALF Lung Cancer Program Undergraduate Grant-in-Aid For Lung Cancer Research



Joanne Thomas

Relationships between pleural plaques, lung asbestos content and asbestos exposure in Australian patients undergoing surgery for lung cancer



Research Medal Winner's Speech

By Prof Guy Marks



It is a great honour to accept this award. For me it represents recognition by a peer-group, this Society, which has supported me for 22 years. I respect and value this Society because it respects and values the things that are important to me: knowledge and the application of that knowledge to the betterment of society. It is a society that encourages vibrant debate while remaining open and inclusive, and I hope it will be forever so.

The people who have previously received this award give it real significance to me. However, the honour is magnified further by the names of people who have made substantial and sustained contributions to respiratory and sleep research, but have not received this award, yet.

I have been very fortunate during my career to have had several wonderful mentors: each outstanding contributors to research, medicine and society. I am going to mention just three of them here. The first of these was a former Wunderly Orator, Ian Webster: a remarkably wise, compassionate and humble person of great integrity and with a broad vision of the role of doctors as a force for good. Ian took me on as an under-graduate BSc Med student. I was the first to attempt to do a Community Medicine project for this degree at UNSW. With help from a group of fellow students, I conducted a survey of the health and social needs of elderly people in South Sydney Municipality. It was a challenging year in many ways but I learnt a number of valuable lessons: about working with communities and about working with teams. I also learnt how to touch type and about the power that derived from being able to work with a statistics package: SPSS.

That was 1978. After that came a few minor details like completing undergraduate medicine, residency in Newcastle, a year in London, and further clinical training at Sydney, Prince of Wales and St Vincents. That brings me to my first TSANZ meeting, the bicentennial meeting in Sydney. There I met with Ann Woolcock, later another Wunderly Orator, and the second mentor I wanted to mention. She supervised my PhD. Ann is well known to many in this audience for her enormous drive and energy, for a wonderful capacity for grasping big ideas, and as a great communicator. Ann was one of the great clinical researchers of her time. I was privileged to benefit from that but also from some of her other skills. She was a great teacher. She showed great loyalty and she instilled in me a sense of confidence that I could succeed in this rather daunting field called "research".

With Ann, and also Wes Green, Cheryl Salome, Jenny Peat and, particularly, Euan Tovey, I met the house dust mite. I have had a fraught relationship with house dust mites for many years now. My PhD centred on testing whether a dust mite spray, together mattress encasings, improved symptoms, lung function and airway hyperresponsiveness in people with asthma. It didn't. I was a slow learner. Soon afterwards, with Jenny Peat, Steve Leeder, Craig Mellis and others we started a large trial to test whether house dust mite avoidance would prevent the onset of asthma in high risk infants. Sadly, it didn't.

There was an interesting by-product from my PhD though. At that time most treatments for asthma were evaluated in terms of their effect on FEV_1 . It seemed to me that this was a very limited view of asthma and that real benefits to patients might occur without much measurable change in lung function. At the time the concept of quality of life as a holistic outcome measure for use in clinical trials was being discussed in the literature. I decided to develop an asthma-specific quality of life questionnaire to use as an outcome measure in the dust mite avoidance trial. HDM avoidance had no effect on quality of life either but the questionnaire took off and has now been translated into many languages and I still get requests to use it from time to time.

After my PhD studies my young family and I took off to London. Apart from having a wonderful time, it also marked the start of a series of collaborations with Peter Burney, the third mentor whom I wanted to mention. Peter is now Professor of Public Health Medicine at Imperial College, London and probably the leading respiratory epidemiologist in the world, although he would be far too humble to admit it. A remarkably clear

Research Medal Winner's Speech continued

thinker and a great methodologist he challenged me with a series of difficult but interesting projects. Perhaps the most interesting was the opportunity to analyse historical data for respiratory disease and its risk factors extending back into the 19th century: a task that indulged both my love of statistical analysis and my love of history.

While I was in London, I was fortunate enough to be offered a position as a staff specialist respiratory physician at Liverpool Hospital and returned to Sydney to take this up in late 1994. My role there was to take over from the legendary Dr Chitta Mukherjee in providing TB services for SW Sydney and also to assist Dr John Mann in providing a specialist respiratory consultation service for the hospital. Clinical medicine is challenging in this ethnically diverse and socio-economically disadvantaged part of Sydney. It has been seriously underserved for decades. I really enjoy working at Liverpool, not just because of this challenge, or the wonderful multi-disciplinary and multi-talented team of people I have the privilege of working with, but also because of the local community and the patients, whose down-to-earth values and priorities I respect and admire. I have many friends at Liverpool.



Guy Marks (right) in Vietnam

Now to one of my other “homes” in Sydney: the Woolcock, or the Institute of Respiratory Medicine as it was previously known. I have been working at the Woolcock since 1989. The Woolcock IS the people who comprise it. They are there because they want to do research and they want to work together to do this. This is a luxurious environment for anyone interested in research and once there, very few people leave. It is an intellectually-stimulating environment where ideas are freely and frequently discussed and

challenged. It is also a nurturing and supportive environment where successes are celebrated and setbacks consoled. I have many long-standing friends and colleagues at the Woolcock: Ron Grunstein, Greg King, Christine Jenkins, Helen Reddel, Cheryl Salome, Paul Seale, Brett Toelle, Euan Tovey, and, of course, Norbert Berend, who brought us to the promised land at Glebe.

I do have another home in Sydney and this is an appropriate time to acknowledge my family. Although my mother, Sonia Marks, died 25 years ago next month she remains an inspiration to me. She was an academic who valued scholarship and knowledge but, equally, valued compassion, social justice and concern for others. She lived those values in her daily life and I had to share my love, respect and grief at her passing with scores of others who lived in her orbit. I am very pleased to say that my father, Colin, and I continue to debate the political and current affairs issues of the day. These are discussions seem to go back as far as I remember. His strong humanist and small ‘I’ liberal values have also greatly influenced my outlook on the world. Indeed our home was one that placed a high value on rationality. Perhaps that’s why both of the offspring have ended up as academics. My sister has pursued her career on the opposite side of the world and is Professor of International Law at the London School of Economics, University of London.



I am delighted to have one of my daughters, Lucy, with me here today. I want to take the opportunity to pay tribute to my wife Maria, who has supported me throughout, and my three daughters Eliza, Lucy and Beatrice, of whom I am enormously proud and who have grown used to having a father who is frequently absent: even when he is at home.

I want to pay particular tribute to the team of people with whom I work at the Woolcock: those who actually do all the work. Brett Toelle, whom I have already mentioned, leads this team. His organisational skill, empathy, thoughtfulness, and loyalty make him the real hero of our group. He is the person who turns ideas into data. Together we do this with a fairly small core team: Wei Xuan, our senior statistician, Elena Belousova, database manager and sometime field worker, Kitty Ng, Tessa Bird, Wafaa Ezz, Christine Cowie, and at ACAM, Leanne Poulos, Rose Ampon, and Anne-Marie Waters. In addition, we have been fortunate to have had several excellent PhD students working with our group over the years: Sara Downs, Linh Nguyen and, more recently, Frances Garden, Bronwyn Brew, Greg Fox and Claudia Dobler.



So what, you ask, are all these people doing? Well our work has been following five themes of recent years. First, I have long-standing interest in using epidemiological tools to understand why people get asthma, and possibly, to devise strategies to prevent this. CAPS, the Childhood Asthma Prevention Study, has been the main vehicle for this research. This is a high risk birth cohort, recruited in the late 1990s, who participated in a randomised controlled trial of HDM avoidance and of dietary fatty acid modification for the first five years of their lives. Neither of these interventions reduced the incidence of asthma or of atopy at age five years. However, we are learning other things from this cohort. For example, we have shown that the traditional view of the allergic march preceding from atopy, through eczema, to asthma, may not be the whole story. Among those members of this high risk cohort who were NOT atopic at age 18 months, those with eczema at this age were more likely than those without eczema at this age, to subsequently develop atopy by age 5 years. This implies that eczema may precede atopy in the allergic march, at least in some children. Is it possible that abnormalities of the skin are the initiating event for the allergic march, at least in some children?

My second area of work is in disease monitoring. The main aspect of this work has been the Australian Centre for Asthma Monitoring, a collaborating unit of the Australian Institute of Health and Welfare. Here we have been fortunate enough to have been supported by AIHW and the Department of Health and Ageing to collate, analyse, interpret and report on nation-wide data for asthma. Although Australia is geographically remarkable homogeneous for most asthma indicators, it is not socioeconomically homogeneous. Those living in disadvantaged areas have worse asthma outcomes than others. Also, using PBS data, we have shown that so-called “preventer” medications are mainly not used regularly as we expect them to be. Most people who take inhaled steroids only purchase 1 to 3 units per year. Price may be a major barrier. People who pay \$30 per script cannot afford to buy it as often as those who pay only \$4 per script.

In recent years, I have had a particular interest in TB control, both locally and globally, where it is a much bigger problem. I started out examining the outcome of screening refugees and migrants for TB after arrival in Australia. More recently, we have been looking at other risk groups: people who have previously been treated for TB, people with diabetes and people with ESRF. Jun Bai, Linh Nguyen and Claudia Dobler worked on these projects. I have also had a very satisfying collaboration in this field of work with our next Wunderly orator, Prof Warwick Britton, and also with Dr Nhung Nguyen of the National Lung Hospital in Vietnam. The major fruit of this collaboration is a large-scale cluster randomised trial of active case finding in household contacts of people with smear positive pulmonary TB in Vietnam. Greg Fox is working extremely hard in Vietnam to get this started.

The fourth, and most recent research theme, has been examining adverse respiratory health impacts of air

Research Medal Winner's Speech continued

pollution. Christine Cowie and Wafaa Ezz are working in this area. Although air pollution is not a particularly hot topic in respiratory science, it certainly is a hot button issue for the general public and much of our work here has been conducted under the glare of public scrutiny.

Finally, I have always had a particular interest in methodological and statistical aspects of research. I have enjoyed being able to work with colleagues in other fields of research by contributing some epidemiological knowledge to assist in the design and analysis of their research studies. For example, I have valued my collaboration with Peter Bye, last year's winner of this medal, and more recently with Scott Bell, on projects related to cystic fibrosis, and with Ron Grunstein and other colleagues on clinical trials in sleep medicine.

Research has been good to me. Personally, combining research and clinical careers has been satisfying, not just because of the obvious synergies between the two, but because of the complementary rewards of these two domains of my life. However, I do believe that with these rewards comes responsibility. That responsibility is to focus on solving problems that matter; that produce social good. It is wonderful to see so many young investigators in this Society who are setting out along this path.



Prof Guy Marks (right) with Prof Warwick Britton (left)

I encourage them to stay the course, to enjoy their successes, to accept the setbacks, but most of all to keep focused on creating knowledge that leaves the world a better place.

Once again, I want to thank the Society for honouring me with this medal and all of you for listening to these few words today.



The Robert Pierce Grant-in-Aid for Indigenous Lung Health

The Robert Pierce Grant-in-Aid for Indigenous Lung Health honours the memory of the late Professor Rob Pierce, and is awarded to a member of the TSANZ for a project focused on understanding and improving the lung health of indigenous people in Australia and / or New Zealand.

The TSANZ received six applications for this Award in 2010, and all were of a very high standard. We are pleased to announce that the winner of the 2010 Award was **A/Prof Graeme Maguire**. A summary of A/Prof Maguire's project will be included in the next Newsletter.

The Australian Respiratory Council

Celebrating 100 Years in 2013

Since its first meeting in 1910, ARC has been contributing to respiratory health in Australia and neighbouring countries. Today, as a self-funding not-for profit organisation, ARC funds research, undertakes projects and provides technical expertise and training within the Asia-Pacific Region.



The Australian Respiratory Council (ARC) is a charity organisation supporting prevention, treatment and research into respiratory disease at a national and international level. The ARC focuses its activity on the Asia Pacific Region and around marginalised communities within Australia. It is a self funding organisation and does not rely on the provision of government grants to pursue its mission.

The Australian Respiratory Council has a long and proud place in the history of public health in NSW. Founded before World War I as the, *National Association for the Prevention and Cure of Consumption*, it opened the first anti-tuberculosis dispensary in Australia in September 1912. It has been a unique entity amongst anti-tuberculosis organisations in Australia in that from 1912 to 1981 it was directly involved in the delivery of public health anti-TB programs. This included: the provision of TB dispensaries; the delivery of mobile TB screening programs particularly in New South Wales and the Northern Territory throughout the twentieth century; the provision of facilities for TB research and diagnosis and technical assistance to emerging and under-resourced National Tuberculosis programs in the Asia Pacific Region.



Over the years its name has changed to reflect the changing mission of the organisation. Some may remember it as the *Community Health and Anti-Tuberculosis Association*, the name adopted in 1973 reflecting increasing community mobilisation around the issue of tobacco. The current name was adopted in 2006 to reflect its relevance to the changing and expanding priorities in respiratory disease in Australia.

Today, ARC is a vibrant and energetic organisation, having consolidated its role in the support of scholarships, research, projects and the provision of technical expertise and training in the Asia-Pacific region. It is the Australian constituent member of the International Union against Tuberculosis and Lung Disease with whom it shares a respiratory focus on tuberculosis, respiratory disease related to other infections, tobacco and associated respiratory conditions.

The Australian Respiratory Council is managed by a dedicated Board, led by President, David Macintosh since 2001. ARC Board members are also active within the respiratory community in Australia including the Thoracic Society of Australia and New Zealand, the Australian Lung Foundation and the Woolcock Institute for Medical Research. The organisation's research and project activities are administered by subcommittees. Prof Iven Young Chairs the Research Committee, which over the last 10 years has expended approximately \$2.5million to support respiratory research in Australia. Ms Amanda Christensen chairs the Projects Advisory Group, which has been responsible for delivering almost \$1.5 million to respiratory projects throughout the region over the last decade.

ARC Mission

To develop and support innovative and effective approaches to research and development, in lung health and to improve lung health in communities, with emphasis on disadvantaged groups.

ARC Vision

- Continue to build expertise in respiratory health
- Foster innovation in respiratory health research
- Deliver and measure positive impacts to communities and research

The Australian Respiratory Council continued



- Enhance ARC's role in the country as a unique non-government organisation in the area of lung health
- Advocate to improve respiratory health, particularly in relation to TB and smoking at State, national and international levels

ARC Patrons

Her Excellency Professor Marie Bashir, AC, CVO Governor of New South Wales
Sir Nicholas Shehadie, AC OBE

Research Grants and Fellowship

Each year, ARC funds research relevant to Tuberculosis, respiratory diseases due to other infections and respiratory disease related to tobacco use.

The *Harry Windsor Medical Research Grant* has been offered annually since 1992. Named in honour of Dr Harry Windsor, ARC President from 1977 to 1986, this grant supports researchers highly recommended, but unfunded by the National Health and Medical Research Council (NHMRC). Grant applications are sought each October and are accessible via the ARC website

The *Ann Woolcock Fellowship Award* is a four year scholarship instituted in 2005 in honour of Prof Ann Woolcock, internationally renowned respiratory researcher and ARC President from 1995 to 1999. Dr Ingrid Laing, Telethon Institute for Child Health Research, Perth, was the first Fellowship recipient and recently completed her study into the genetic influences on causal pathways of acute lower respiratory tract infections in highly susceptible infants in Papua and New Guinea.

Dr Jodie Simpson from the Department of Respiratory and Sleep Medicine, University of Newcastle has recently commenced her Fellowship, investigating the character and treatment of the immune system in older people with obstructive airways disease. The next Fellowship Award will be offered in 2013, for commencement in 2014. Applications can be accessed via the ARC website.

Project Work

The Australian Respiratory Council offers financial support and technical advice to Australian and international projects, with a focus on capacity building and health promotion activities which aim to reduce the rate of TB and other respiratory diseases, including those related to tobacco use. The ARC seeks to collaborate with partners to develop, implement, monitor and evaluate sustainable, cost effective and achievable projects that promote respiratory health.

Projects in 2010 include:

Cambodian TB Control in the Elderly, vulnerable community groups and factories. This project is undertaken in collaboration with the Cambodian and Japanese Anti-Tuberculosis Associations and includes training and support of health and community workers, extensive TB awareness and case detection campaigns in factories and communities.

Development of posters to assist health teams in the Pacific address Stigma associated with TB. Following our work with TB nurses in the Pacific, ARC have been asked to develop posters to assist health workers combat the negativity and non-compliance generated by stigma in the community toward those with Tuberculosis disease.

Thoracic Society News





Development of Respiratory Resources

The Menzies School of Health Research will develop Respiratory Education Resources for use by Health Workers in indigenous communities. ARC will not only fund this activity, but also hopes to adapt these for use in pacific communities in the future

Tobacco Control

In response to the high incidence of smoking in indigenous communities, in 2007, ARC funded two significant indigenous tobacco control projects. In Western Australia and in collaboration with Healthway, ARC is funding the Aboriginal Health Council of Western Australia's, *Beyond the Big Smoke* project. This project has been responsible for the adoption of smoke free workplaces policies in a number of Aboriginal Community Controlled Health Services between Perth and the Kimberly region. It has also enabled the training of staff to increase the availability and effectiveness of brief smoking cessation interventions in the community. In New South Wales, the Aboriginal Health and Research Council established the BREATHE project, an innovative tobacco control and smoking cessation program with a research component, in nine Aboriginal Community Controlled Health Services across the State. This project has recently attracted both State and Commonwealth funding.



FSM Training

Technical Assistance and Training

Since the 1940s, ARC has contributed technical assistance and delivered training to Tuberculosis Programs within our region.

ARC has conducted laboratory technician training in Cook Islands, Kiribati, Samoa and Tonga to build capacity in the detection of TB.

At the invitation of the World Health Organisation, the US Centres for Disease Control and Prevention and the Secretariat of the Pacific Community, ARC conducts regular training for TB nurses and related workers in the form of conference workshops. ARC has also delivered training for TB program staff in country in Kiribati and the Federated States of Micronesia.

ARC's team of nurse consultants led by Amanda Christensen, Pam Banner and Lesley Cotton have developed a TB Resource Kit to support Training in the Pacific which combines a training manual, facilitators guide, technical DVD and culturally appropriate materials for professional and community education.

A communication and drama training workshop for TB Community and DOTS workers in Kiribati was held in 2008. The resultant video addressing stigma and treatment compliance in young people is now an important tool in Kiribati's school health education program. In June 2010, ARC will return to Kiribati to evaluate the impact of this community intervention project.

Currently ARC is working with pacific countries to develop a TB curriculum for medical staff.

The Australian Respiratory Council invites health professionals to work with us to develop and support innovative and effective approaches to research and lung health and, to improve lung health in communities in our region, particularly those which are socially and economically disadvantaged.



Cambodia Elderly Group

Contact ARC:

Level 4, 16 O'Connell Street, SYDNEY, NSW 2000
Australian Respiratory Council
GPO Box 102
SYDNEY NSW 2001

Tel: 61 2 9223 3144

Fax: 61 2 9223 3044

Email: arc@thearc.org.au

Advanced Trainees

My role as the Advanced Trainee Representative on the TSANZ Executive, is to bring issues affecting trainees to the Executive and to provide a trainee perspective during discussions at executive meetings. The Executive is keen to see the New Zealand and Australian State Branches all appoint trainee representatives to their branch executives. This initiative will enhance my ability to convey the concerns of trainees across Australia and New Zealand.

The growing popularity of advanced training in Respiratory and Sleep Medicine means that access to accredited advanced training positions is becoming increasingly competitive. This is particularly a problem in the eastern States. Two large Victorian hospitals have increased training positions by having registrars rotate to peripheral metropolitan sites for three month terms. Another suggestion that may address the over supply of trainees in some states and the relative undersupply in others would be to allow trainees greater movement and flexibility between state training programs. At the present time, application and appointment dates vary considerably between states. The TSANZ is considering ways to co-ordinate timelines between States.

Our training via the apprenticeship model is largely focused on clinical skills and knowledge acquisition. This has been further enhanced by the recent addition of the Lung School. The Executive is also keen to foster the existing mentorship program. Under this program, trainees will receive career advice, discuss research opportunities and learn about the transition to becoming a consultant. We are hoping to establish a program that offers both one-on-one mentoring and structured talks about these issues.

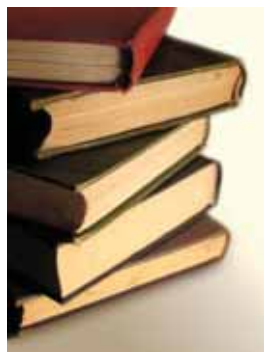
A survey of trainees at the TSANZ Brisbane Advanced Trainee course showed that trainees are keen for more didactic teaching in general and especially about respiratory physiology. Trainees have also expressed frustration at difficulty in obtaining a suitable research project and time in which to complete their project. A number of trainees have voiced concerns about their inability to find sufficient accredited core sleep training.

Finally, the TSANZ is hoping to develop a system for trainees to provide thorough feedback about their training sites. Trainees will be asked to assess their training hospitals across a variety of domains and highlight areas of particular strength to assist future trainees in choosing where to train.

I look forward to representing trainees in the year ahead and welcome contact with any trainees who wish to raise concerns or who have any ideas for enhancing our situation.

Eli Dabscheck

Thoracic Society News



Interventional Pulmonology SIG Course: “Practical Aspects of Pleural Drainage”

By Luke Garake



This one day course was held at the Princess Alexandra Hospital prior to the TSANZ 2010 Annual Scientific Meeting, and had 32 participants who registered, with 14 facilitators (respiratory physicians, emergency physicians, radiologists, thoracic surgeons). Seven companies provided sponsorship and equipment, as well as a trade display (Atrium, Olympus, CareFusion, ControlMedics, Cook, Covidien, Rocket). The morning session provided background information,

focused on the learning objective of when and how to perform pleural drainage for patients with pleural effusion and pneumothorax. Speakers included Simon Bowler, Helen Ward, Scott King (Ultrasonographer), John Coucher (Radiologist), and Luke Garske. The presentations by Scott King and John Coucher provided an introduction to the principles and practical aspects of thoracic ultrasound to guide pleural drainage. The value of ultrasound to improve safety of pleural drainage was emphasised. It was recognised that the TSANZ would need to take a leading role, in partnership with radiologists, if a recognised training pathway to perform thoracic ultrasound is to be developed for respiratory physicians. The international move to small bore chest tube insertion with Seldinger technique was also discussed, with significant ongoing challenges for training in this technique for respiratory physicians.



The afternoon session was predominantly hands-on, using models, with two participants per station. Each participant performed centesis, then large bore chest tube insertion with blunt dissection, small bore chest tube insertion with Seldinger technique, and tunnelled catheter insertion. At the conclusion of the course, there was consensus that this type of course should continue, if possible, on an annual basis.



Tasmania Branch Report



As I write, snow is forecast for Mt Wellington in Hobart and a minority Labor state government holds an uneasy power with help from the Greens...

The second half of 2009 and the early months of 2010 have been difficult for public respiratory services within Tasmania. There have been two significant departures from Hobart in recent months, Prof H. Walters and Dr David Reid. David's considerable clinical and research contribution will be sorely missed. In the North of the state, outreach clinical services to the North-West coast (Burnie) stretch the three physicians based in Launceston.

Despite these hurdles, a successful Branch meeting was held at Diamond Island, Bicheno during late October 2009. Local researchers gave a variety of presentations on topics including asthma, lung cancer, bacterial infections in COPD, and self management. Competition was strong and standards were high, with the Young Investigator Award shared between Mike Austin and Romy Sukhinder, for work on pre-hospital oxygen therapy in COPD (randomised controlled trial) and airway epithelial-mesenchymal transition in smoking and COPD. Airways disease research remains extremely strong with Dr Richard Wood-Baker and Prof H. Walters continuing to lead a research team at the University of Tasmania affiliated Menzies Centre.

Priorities for 2010-2011 include improved staffing, streamlining of NW clinics and further efforts to achieve accreditation of Respiratory advanced training at the Launceston General Hospital. The Royal Hobart Hospital is affiliated and included within the Victorian advanced training scheme. The establishment of both a public sleep laboratory and endobronchial ultrasound service at the Royal Hobart Hospital are also in the pipeline.

Nick Harkness

Secretary/Treasurer Tasmanian Branch



Cardiopulmonary Exercise Testing (CPX)

The International Society for Exercise Intolerance Research and Education (ISEIRE Inc) is presently in the process of setting up national chapters, representing the interests and needs of individual countries. The following article provides a brief history of the Society.

In 2010 we will be running the 14th European Practicum in Bucharest under the auspices of the newly named CPX International Inc – formerly ISEIRE Inc.

The first European Practicum was held in Essen, Germany in 1996. At the sixth Practicum in Maastricht, Holland in 2002 it was decided to form a Society, ostensibly to run the European Practicums. In 2004 the International Society for Exercise Intolerance Research and Education was formed. For convenience reasons the society was incorporated in Victoria, Australia as ISEIRE Inc in the same year. In 2008 the name of the Society was changed to CPX International Inc. This was done to allow more ready identification of the Society as being involved with cardiopulmonary exercise testing on the internet. In particular it would allow 'Google' to associate the society with CPX

Our society is now expanding to embrace other countries involved with CPX as affiliates of CPX International. This new website will have news and information from many other countries. There are also articles of assistance to all those involved with our speciality as well as abstracts form various medical journals.'

I would like to see an "Australian Chapter" to our society and to that end I would like to see as many people as possible to join the society via our current website www.iseire.org.

A visit to that site will give you an insight into ISEIRE and also to see who is on the Board.

This Chapter would allow us to remain in touch with you all and to provide regular updates on CPX, via abstracts. Our society will also assist in interpretation of those difficult tests. I am hoping that we will succeed in these aims as I believe that the future of CPX lies within the Respiratory medicine domain.

Paul Older
culham@westnet.com.au

The Waka Huia

Dear Heather,

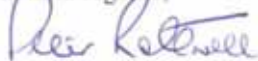
Would you please convey to the President, the Executive Officer, and the Executive Committee my deep appreciation of the comprehensive and stylish report on the Waka Huia in the latest Thoracic Society News.

This presentation far exceeded my expectations, and has been very thoughtfully and professionally produced.

If it is possible to provide me with 2 -3 further copies, it would be a pleasure to donate these to the University of Auckland Department where he worked, and to close relatives.

The whole magazine is a credit to our organisation, and deserves hearty congratulations.

With kind regards,



Peter Rothwell MNZM

From the TSANZ Office

Executive Officer's Report



The Website

Since the upgrade to the new TSANZ website last January, the office has worked on a number of teething troubles concerning the transfer of information from the old website. We are now happy with the way the new website is working, but we would like to hear from members you if you come across a website problem. Please send an email to david.begg@thoracic.org.au Please note in particular, that members can update their contact details on the members only page.

Additionally John McLachlan (Chair of the Executive Committee's Clinical Care and Resources Subcommittee) is currently reviewing all position papers on the website.

Accreditation

At the May meeting of the Executive Committee it was noted that work on accreditation of respiratory laboratories was progressing. Accreditations for Austin Health, the Children's Hospital at Westmead, and Gosford & Wyong Hospitals had recently been approved. Additionally, recommendations for accreditation of the Gold Coast Hospital, Royal Brisbane & Women's Hospital, and Southern Respiratory Services were with the Professional Standards Subcommittee, and recommendations for accreditation of the John Hunter Hospital and the Sir Charles Gairdner Hospital were being considered by the Executive Committee.

Thoracic Society News

It is now twelve months since the launch of the TSANZ's upgraded Newsletter in June 2009, with a new format and more comprehensive content. After five editions the Executive Committee and the office are pleased to note that the upgraded Newsletter has been well received by the members. As always, the office would like to receive any thoughts, comments or criticisms you may have concerning the Newsletter.

e-Bulletin

The monthly e-Bulletin has now become an important means by which the Executive Committee and the office communicates with the members. It is sent to all members on the first working day of each month. In addition to the e-Bulletin, circulars are also sent to the members of particular Branches concerning Branch meetings and other activities. Please remember that members are always welcome to contribute items to the e-Bulletin, and the copy deadline is 9.00 am AEST on the last working day of each month.

Awards

Following on from the Annual Scientific Meeting in March 2010, the office has recently assisted the Education & Research Subcommittee (ERS) with arrangements for the assessment of two new awards - the TSANZ / Robert Pierce Grant-In-Aid for Indigenous Lung Health, and the TSANZ / American College of Chest Physicians Travel Award (ACCP). The ERS is pleased to announce that the winner of the TSANZ / Robert Pierce Award is A/Prof Graeme Maguire of James Cook University. The ACCP Travel Award is presently being assessed, and the winner will be announced shortly.


Thoracic Society News



TSANZ Office

Following on from the decision at the March 2010 Council meeting to proceed with purchasing an office in Sydney, the staff has started working on a plan for consolidating the offices files, both paper and electronic. Our aim is to improve and streamline the TSANZ information storage systems, and to coordinate this with the move to the new office premises.

David Begg



TSANZ and ANZSRS Annual Scientific Meetings

1 – 6 April 2011
Perth Convention & Exhibition Centre
Perth, Western Australia

ANZSRS Invited Speaker

- Professor John Moxham, King's College London School of Medicine, UK


TSANZ Invited Speakers

- Professor Harm Tiddens, Erasmus MC-Sophia Children's Hospital, The Netherlands
- A/Professor Daniel Sterman, University of Pennsylvania School of Medicine, USA

TSANZ abstracts due: 29 October 2010
ANZSRS abstracts due: 19 November 2010
Early Bird registration: until 18 February 2011

Further information:
Festival City Conventions
PO Box 949 Kent Town
South Australia 5071
P +61 8 8363 1307 (Int.)
08 8363 1307 (Aust.)
F +61 8 8363 1604 (Int.)
08 8363 1604 (Aust.)
E tsanz@fcconventions.com.au

<http://www.thoracic.org.au>



Advanced Trainees

The RACP has recently provided the following listing of Advanced Trainees who are presently training under the auspices of the Specialty Training Committee in Respiratory and Sleep Medicine.

Dr Adelaide Lindsay Withers
Dr Adrian Max Chazan
Dr Ajantha Raguparan
Dr AKM Nizam Uddin
Dr Aleisha Nielsen
Dr Ali Asghar Aminazad
Dr Ali Parappil
Dr Alistair Lewis Abbott
Dr Alpana Marissa Antony
Dr Alvin Hon-Man Tung
Dr Amy Hollingworth
Dr Andre Schultz, FRACP
Dr Andrew John Burke, FRACP
Dr Andrew M Stone
Dr Andrew Rafik Dimitri
Dr Andrew Rosenstengel
Dr Angela Mary McCullagh
Dr Angus James Husband
Dr Anne-Marie Ebdon
Dr Ashan Khurram
Dr Barton Ruthven Jennings
Dr Bliegh Mupunga
Dr Boloor Sudhir Rao
Dr Brendan Dominic Dougherty
Dr Chetan Anand Pandit
Dr Chin Yee Goh
Dr Chong Weng Ong
Dr Christopher Phillip Daley
Dr Collin Chun Kiat Chia
Dr Danielle Fortune Wurzel
Dr David Nathan Deller
Dr Edmund Man Tai Lau
Dr Eli Joseph Dabscheck
Dr Emma Louise Ball
Dr Eric Ka Cheong Wong
Dr Erica Jane Meggitt
Dr Francesco Piccolo
Dr Garrick William Don
Dr Gaurie Palnitkar
Dr Hayden Thomas Wesley White
Dr Heather Coughtrey, FRACP
Dr Henry Matthew Gallagher
Dr Huang-Liang Lee
Dr Irshad Ali
Dr Ivan Thian Wai Ling
Dr James Boddington Geake
Dr James McCracken Trauer
Dr James Michael Ward
Dr Jason Adrian D'Costa, FRACP
Dr Jayasundarage Shanka Kapila Parakrama Karunarathne
Dr John Kwok Wei Wong
Dr Juan Lebeaux Mulder
Dr Kathy Low
Dr Katrina 'Oto'ota Tonga
Dr Kelvin Hsu
Dr Kindin Paulus Ongugo
Dr Kirk Keh Huat Kee, FRACP
Dr Krishan Gupta
Dr Laina Sheers
Dr Lauren Kristie Troy
Dr Liam M Hannan
Dr Liang Wooi Lim
Dr Lucy Davina Burr
Dr Madhu Gayani Chandratilleke
Dr Marc Theilhaber
Dr Mark Benzimra
Dr Mark David Lavercombe, FRACP
Dr Martin Ian MacDonald
Dr Mathew Jockim Rodrigues, FRACP
Dr Matthew Robert Salamonsen
Dr Megan Lucy Howden
Dr Michael Peter Fanning
Dr Michael Walter Hayes, FRACP
Dr Miranda Ann Paraskeva
Dr Miriam Vassallo, FRACP
Dr Moya Vandeleur
Dr Naomi Elizabeth Atkins
Dr Nicholas Richard Coatsworth
Dr Nur-Shirin Harun
Dr Odette Julie Erskine
Dr Patricia Louise Hullah
Dr Peter Matthew Spencer
Dr Rachel Laura Wiseman
Dr Rajesh Thomas
Dr Rajiv Sharma
Dr Ranjan Lal Shrestha
Dr Richard Nankervis
Dr Sabine Carola Zimmermann
Dr Saidul Ansary
Dr Sameer Kaul
Dr Sandra Ya-Chu Chuang
Dr Saurabh Gupta
Dr Shalini Anne Bastiampillai
Dr Shiv Kumar Erigadoo
Dr Shyamala Pradeepan
Dr Simon Andrew Joosten
Dr Sophie Williams
Dr Steven Chi Sheng Leong
Dr Steven Chung
Dr Subash Heraganahally, FRACP
Dr Subash Srikantha
Dr Sultana Syeda Aziza
Dr Suvenesh Sanjeshwar Prasad
Dr Tommy Wang Hei Tsang
Dr Tracy Li-Tsein Leong
Dr Tze Ping George Tay
Dr Vanitha Visvalingam
Dr Veenu Mubarak
Dr Vinod Aiyappan
Dr Wai-Kuen Chow, FRACP
Dr Yasaman Djavadkhani
Dr Zafar Ahmad Usmani



The Australian Lung Foundation, in conjunction with the Thoracic Society of Australia and New Zealand has developed ARNOLD (Australasian Registry Network for Orphan Lung Disease) to assist in raising the profile of rare lung diseases and determine the prevalence of orphan (rare) lung disease in Australasia. Orphan lung diseases are defined as those with a prevalence of less than 1 in 2000. These data will help to ensure greater public and government awareness, as well as encourage the development of new therapies and patient support.

The site also contains useful information on specific diseases, links to rare lung disease sites and support groups and an on-line patient forum.

Will you help The Australian Lung Foundation determine the incidence of rare lung disease in Australasia by registering with ARNOLD? Once you have signed up, you will be contacted by email on a quarterly basis to record data on pre-determined lists of paediatric and adult orphan lung diseases.

For more information, visit www.arnold.org.au, email juliet@lungfoundation.com.au or call The Australian Lung Foundation on 07 3251 3600.



Australian Lung Foundation



The Australian Lung Foundation Update

2010: Year of the Lung

The Lung Foundation and TSANZ are jointly promoting public awareness about respiratory health and will be coordinating various events throughout the year. Highlights include:

- Distribution of 50,000 Lung Health Checklist flyers and posters to general practice, pharmacy, RSL clubs and community organisations.
- A Community Service Announcement currently being played on many TV networks across Australia.
- Lung cancer commemorative tree planting on Sunday 29 August.
- Australian Lung Cancer Conference in Melbourne - 7 to 9 October.
- World Spirometry Day (or 'Test your lungs day' as we are characterising it here in Australia) on Thursday 14 October in each capital city.
- World COPD day on 17 November.

We are most grateful to the many TSANZ Members who have so unselfishly offered assistance on the YOTL project ...not least the COPD Coordinating Committee and Industry Partners.



ALF COPD National Program - Coordinating Committee with Industry Partners

Human resources update:

Two new positions have been created to cover Fundraising and Public Relations. As a result Margaret Goody has moved on from the Lung Foundation after two years as Director of Development. We wish her well in her future endeavours.

Australian Lung Cancer Conference ('ALCC'):

Registrations and a call for abstracts have opened for the ALCC to be held at the Sofitel Hotel, Melbourne from 7 to 9 October. A raft of international speakers will present at the conference. Members are encouraged to both register and submit abstracts at www.alcc.com.au.

Strategic Planning:

We held a strategic planning retreat on 30 April and were privileged to have representation from the respiratory world, as well as from the National Council Executive and senior Lung Foundation staff members. Outcomes from the day include agreement on a new three year Strategic Plan and Vision Statement. Our vision is:

"Ensure lung health is a priority for all in Australia"

The key activities that will be the focus of our work for the next three years will centre on the following:

- Broaden services to cover all aspects of lung health
- Develop collaborative partnerships
- Brand development and management
- Strengthen organisational capacity

Breath of Life Concert in Tasmania:

The second Breath of Life Music Festival was held in Devonport, Tasmania on 27 March. The Australian Lung Foundation was supported by well-known artists including:

- **Jimmy Barnes**
- **Diesel (Mark Lizotte)**
- **Deni Hines**
- **Beccy Cole**
- **Troy Cassar-Daley**
- **Kasey Chambers**



Jimmy Barnes topped the bill

These artists kindly volunteered their time and the final concert attracted a record attendance in the region 4,500 people.

The festival would not have been possible without massive investment of time by the multi-talented Lizotte family.

The Australian Lung Foundation National Council update

The Australian Lung Foundation National Council met just before the March TSANZ ASM in Brisbane and a number of changes to the Council's composition were ratified:

- Mr. Jim Mattock, who had been Treasurer for the past 16 years, retired, and
- Mr. Andrew Churchill, a Brisbane businessman, was appointed as Treasurer.
- Prof Christine Jenkins stepped down from Council after a four year term, and
- Prof Paul Reynolds was been appointed as a TSANZ nominee.

The Australian Lung Foundation is deeply grateful for the time and effort given by both Jim and Christine.

National Asthma Management Program

The Asthma Management Program (2009-10 to 2012-13) now embraces "linked respiratory conditions" which includes both allergic rhinitis and COPD. As a result of this, The Australian Lung Foundation has been asked to work with the National Asthma Council Australia and Asthma Australia to assist with the delivery of their relevant programmes. The National Asthma Management Program was formally launched in Adelaide on 3 May by the Hon Mark Butler MP Parliamentary Secretary for Health.

ALF Active

The ALF Active event was held during the TSANZ ASM in Brisbane and attracted a strong field of participants for running, kayaking and yoga. Left - two of the leading athletes





National Asthma Council Update

This year marks the 21st anniversary of the National Asthma Council Australia.

Since its inception, the National Asthma Council Australia has worked to improve asthma health outcomes by educating health professionals and consumers about asthma, its triggers and evidence-based asthma management.

Maintaining a high profile for asthma management messages is a priority for the Council, which utilises an integrated communications strategy to inform and educate.

Asthma in the News

The National Asthma Council Australia recognised the power of the press early in its establishment phase.

Since that time, it has retained a team of communications specialists to ensure it maintains a high profile on-line and in both health industry and consumer press.

It is now the first port of call for Australian journalists seeking content for asthma-related stories and reports.

On average, the Council receives between three and five unsolicited media enquiries a week and maintains an extensive data base of expert spokespeople – including TSANZ representatives - who have kindly indicated their willingness to provide comments to the press on behalf of the National Asthma Council Australia.

Recently we have contributed to a major Men's Health feature in the Australian Financial Review on exercise-induced asthma; provided Woman's Day with information for its Spring feature; and, organised an interview with ABC Radio's national 'World Today' program featuring National Asthma Council Australia Director and TSANZ representative, A/Prof Peter Wark.

The National Asthma Council Australia's media relations strategy also includes the placement of regular, timely and topical media releases.

On average, one media release a month is developed highlighting a wide range of topics from the launch of new resources on the website to seasonal survival tips for people with asthma.

Releases issued to date in 2010 have highlighted the new children's inhaler usage video on the National Asthma Council Australia website; commented on the FDA's recent review of the use of LABAs; and provided advice relating to back to school asthma.

Asthma Media Awards

This year, the National Asthma Council Australia is again staging its popular Asthma Media Awards.

The Awards, which were originally established in 1998, celebrate the important role the media play in asthma education in Australia, acknowledging and rewarding achievement and excellence.

Typically, winning stories are those that provide a balanced and accurate report of asthma issues; demystify the complexities of asthma; portray a realistic picture of what it is like to live with asthma; and, encourage medical professionals to continually update their knowledge and practice of asthma management.

The Awards are open to professional journalists, who can submit asthma-related stories published or broadcast during the 2009/10 financial year. All entries must be logged via the National Asthma Council Australia website: www.NationalAsthma.org.au Entries close on 9 July 2010. Winners will be announced in August.





TSANZ Members

New Members

The Executive Committee would like to welcome the following new members, who were elected at the last Executive Committee meeting on 20 March 2010

Ordinary

Manuel FERREIRA, QLD
John WONG, SA

Associate

Yasaman DJAVADKHANI, NSW
Odette ERSKINE, NSW
Chin GOH, NSW
Krishan GUPTA, NSW
Saurabh GUPTA, NSW
Kate HARDAKER, NSW
Amy HOLLINGWORTH, NSW
Patricia HULLAH, NSW
Jennifer MACKNEY, NSW
Ajantha RAGUPARAN, NSW
Andrew STONE, NSW
Katrina TONGA, NSW

Lauren TROY, NSW

Christina MCLACHLAN, NZ
Chris ROTHMAN, NZ

Nathan GODDARD, QLD

Kelly HOWELLS, QLD
Richard NANKERVIS, QLD
Cheryl OATS, QLD
Sarah MADIGAN, SA

Sudhir RAO, SA

Aliasghar AMINAZAD, VIC
Angus HUSBAND, VIC
Kathy LOW, VIC
Elizabeth ROBINSON, VIC
Kirsty TILDEN, WA
Jamie WOOD, WA

THE DR H. M. (BILL) FOREMAN MEMORIAL FUND

The Trustees of the above fund invite applications for grants relating to study in Respiratory Disease and allied fields (e.g. microbiology, histopathology, radiology, biochemistry and molecular biology.)

Limited funds are available for registered medical practitioners to assist in travelling to countries other than their own to study Respiratory Disease, and also for support for clinical research abroad.

Intending applicants should write for further details to

Dr Brian H Davies,
University Hospital Llandough,
Penarth Vale of Glamorgan CF64 2XX
U.K.



Calendar of Events

2010

September	18-22 September 2010 European Respiratory Society (ERS) Congress Barcelona, Spain http://www.erscongress2010.org/
October	7-9 October 2010 Australian Lung Foundation 3rd Annual Lung Cancer Conference Melbourne, VIC http://www.alcc.net.au/
November	14-18 November 2010 The Australian Health & Medical Research Congress (AHMR) 5th Congress Melbourne, VIC http://www.ahmrcongress.org.au
	22-25 November 2010 Asian Pacific Society of Respirology (APSR) 15th Congress Manila, Philippines http://www.apspresp.org/ congress/2010.php
2011	1-6 April 2011 TSANZ Annual Scientific Meeting Perth, WA http://www.thoracic.org.au





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SPIRIVA is not indicated or PBS listed for the treatment of asthma in the absence of co-existing COPD. **Indications:** Long-term maintenance treatment of bronchospasm and dyspnoea associated with chronic obstructive pulmonary disease (COPD). Prevention of COPD exacerbations. **Contraindications:** Hypersensitivity to atropine or its derivatives, or to any component of SPIRIVA. **Precautions:** Acute bronchospasm, immediate hypersensitivity reactions, renal impairment, hepatic impairment, narrow-angle glaucoma, prostatic hyperplasia, bladder-neck obstruction, micturition difficulty, urinary retention, children, pregnancy, lactation. Avoid powder entering eyes. **Interactions:** Co-administration with anticholinergic drugs. **Adverse Reactions:** Dry mouth, urinary difficulty, urinary retention, constipation, throat irritation, paradoxical bronchospasm. **Dosage:** Inhale the contents of one capsule, once daily using the HandiHaler® device, at the same time each day. **Presentation:** Cartons containing blister packs of 30 capsules. For expert medical information on SPIRIVA call 1800 116 113. Minimum Product Information prepared December 2008. PBS dispensed price: \$76.89. **References:** 1. SPIRIVA Approved Product Information. 2. Tonnel A-B, et al. *Int J Chronic Obstruct Pulm Dis* 2008;3(2):301-310. 3. Barr RG, et al. *Thorax* 2006;61:854-862. Boehringer Ingelheim Pty Ltd, ABN 52 000 452 308. 78 Waterloo Road, North Ryde NSW 2113. Pfizer Australia Pty Ltd, ABN 50 008 422 348, 38-42 Wharf Road, West Ryde NSW 2114. Spiriva® was developed by Boehringer Ingelheim and is being co-promoted by Boehringer Ingelheim and Pfizer Australia. ©Registered trademark Boehringer Ingelheim. 04/10 BOE0574/CJB

